

Family therapy

Barbara Gale RN MSys Psych
Chief Executive, St Nicholas Hospice, UK

This selection of key principles taken from systemic family therapy can usefully be applied to bereaved individuals and families, particularly those with children.

Relational processes

Systemic theories focus on relational processes rather than internal processes, so that a family is considered as a system with members, rules and boundaries. If we think about our own family we can identify its overt and covert rules and the different roles that members take on. Furthermore, every family's beliefs and behaviours sit within wider social and cultural contexts and need to be seen against the background of past, present and future. Talking about the impact bereavement has had on all members of a family expands conversations about the individual to the whole family experience (Bowen 1991).

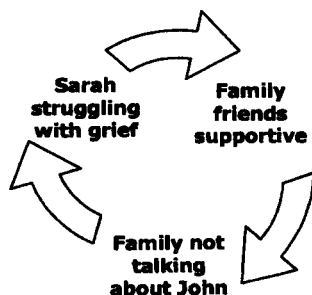
Social constructionist ideas have influenced family therapy, arguing that meanings are created through the dynamic processes of conversations, and an individual's experience and identity are not static but shift in relation to each social context. Words are an important part of therapy, and social constructionism reminds us that all the words we employ in our external and private conversations (either as patients or professionals) are 'soaked in the legacy of meanings of our cultural and family contexts' (Dallos, Draper 2000). Death, depression, anger, and sadness are all words that have different meanings in each family. Asking about family meanings can help a therapist understand individual reactions. Conversations that focus on meanings can help members understand how meanings have been constructed in their family and how they may be affecting their problems.

Circularity

Systemic thinking focuses on a circular, rather than a linear way of looking at problems. Circularity helps us think about the pattern a person/family may be

in and what is contributing to keeping that pattern going, eg:

Circular view



Sarah had suffered from severe post-natal depression. When her husband John died, her family thought it was helpful to distract her from talking about him as she often became so very tearful. They were concerned that her depression would return. Although their intention was to help, her behaviour had a different meaning for them and their responses made things worse for her.

It is very important to remember that families get stuck in these patterns of behaviour not because they are trying to make things worse, but simply because they are trying a way to sort out a problem that doesn't fit at that time.

Family trees

Talking about feelings can be hard, so exploring the family by drawing a family tree or genogram (McGoldrick, Gerson *et al*, 1999) provides a way of bringing the family into the room. The genogram can be used to ask about how a family works together, or communicates, or has dealt with crises in the past and found strength.

Jane was having counselling after the death of her mother. Talking about her family highlighted how much her mother had helped with child care and that Jane's children were struggling. Jane's view of their needs was very much influenced by her own experience of bereavement (her father died when she was eight). Looking at her genogram showing the wider family (see below) then helped Jane recognise resources, such as her husband's parents.

Whilst assessing risks and giving information is an important part of practice, it is equally important to help an individual/family reconnect with their strengths and resources. The Family Assessment (Bentovim, Bingley Miller 2001) is a good example of how an assessment can be therapeutic in its own right and help someone look at their strengths and ways of coping.

Hypothesising

Generating ideas, or hypothesising (Dallos, Draper, 2000) can help us to be more open to the reasons behind the client's predicament. Before we meet a client we may already have an idea of what the problem is; however, if we only have one idea and this doesn't fit, we can easily feel stuck. Therefore it is vital to try to generate several ideas and then be able to adapt them in response to feedback from the person or family. In complex situations we can get drawn into the detail or content of what is going on – 'who said, or did, that?' – but at those particular times we need to widen our thinking to consider processes that are happening either in the room or in a wider context, eg:

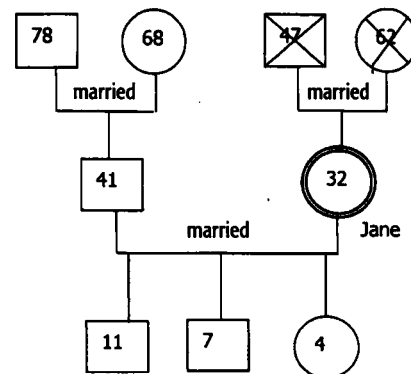
- Why might they be reacting so strongly about this?
- Why are they presenting now, at this time?
- What has precipitated this?
- What is maintaining the problem?

Our ideas should also stimulate our curiosity and help us make connections with our own thinking and beliefs and could include asking:

- Why a client has been referred to you?
- Why the referrer has referred them?

Jane's genogram

□ male ○ female numbers = age



- Why the client thinks they have been referred? (Are they all the same?)
- What else is happening or has happened that might affect this problem?
- How would the parents/family/individual normally deal with this?
- Have you become more attached to one idea than the other?

Systemic family therapy can broaden our thinking when working with individuals

and families, but its principles and ideas can also be applied to professionals as it is important to understand the context and beliefs of professionals in teams and how those might be impacting on the team and the family. ●

References

BENTOVIM A, BINGLEY MILLER L (2001). *The Family Assessment*. Brighton: UK. Pavilion.

BOWEN N (1991). Family reaction to death. In: WALSH F, MCGOLDRICK M. *Living Beyond Loss: Death in the Family*. New York: Norton.

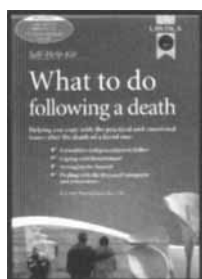
DALLOS D, DRAPER R (2000). *An Introduction to Family Therapy: Systemic Theory and Practice*. Maidenhead, Berks, UK: Open University Press, p93.

MCGOLDRICK M, GERSON R, SHELLENBERG S (1999). *Genograms: Assessment and Intervention*. New York: Norton.

REVIEWS

*What to Do Following a Death

Cruse Bereavement Care



London: Lawpack
2007
56pp + 3 sheets
£9.99 (pack)
ISBN 1 90526 115 4

In the first shock of bereavement, some sort of guide to the administrative practicalities and the process of arranging a funeral can be very welcome. Designed for a UK-wide readership, this self-help kit consists of a manual and three sheets tucked into an A4 card folder.

The manual opens with a guide to understanding feelings after a death and goes on to discuss the tasks to be undertaken. The sheets summarise the text, with a checklist of the necessary actions, a funeral planner in questionnaire format, and useful notes on coping with bereavement. All the text is in a generous type size and in easy-to-understand terms.

The closest comparison is with *What to Do when Someone Dies* (Harris, 2006), published by Which?, the UK consumer association. This provides more detail on the practicalities in a compact A5, 220-page guide. It is slightly more expensive, and covers Great Britain but not Northern Ireland. Two free UK government booklets, D49 (DWP, 2006) and D49S (DWP 2005) express the bare facts for England, Wales and Scotland clearly but do not cover emotional issues.

The emphasis is different in the Lawpack kit, which has addressed the issue of bereavement in greater depth. There is a short section on grief in the

Which? guide, but you have to seek it out at the end of the first section, and it is less comprehensive. If the reader is looking for a very factual, business-like guide, the Which? Guide is probably better value, but for those seeking a rather gentler and more sympathetic entry to the tasks to be undertaken – or for those who live in Northern Ireland – the Lawpack guide is more appropriate.

Anne Barber

Chairman of the Institute of Civil Funerals

DWP (2006). *What to Do After a Death in England and Wales (D49)*. London: DWP.

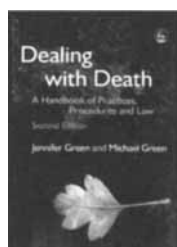
DWP (2005). *What to Do After a Death in Scotland (D49S)*. London: DWP.

HARRIS P (2006). *What to Do When Someone Dies*. London: Which?

*Order on line from Cruse Bereavement Care at www.cruse.org.uk or tel (0044)20 8939 9533

Dealing with Death (2nd edn) A Handbook of Practices, Procedures and Law

Jennifer Green, Michael Green



London, UK: Jessica Kingsley, 2006
352pp
£40.00/\$75 pb
ISBN 1 84310 381 8

This authoritative and informative handbook on UK legal, technical and forensic procedures has become a standard for professionals who deal with death, dying and disposal. The new edition adds a section outlining the implications for practice of a range of religious beliefs and death rites, reflecting the increasing cultural and spiritual diversity in Europe.

The text also takes full account of the forthcoming major changes in British laws and protocols being implemented

following recommendations by the Shipman and Alder Hey inquiries. These arose following widespread public concern over the ease with which Harold Shipman, a medical general practitioner, had concealed the murder of at least 15 patients, and emerging evidence of the retention after autopsy of large numbers of organs without the relatives' knowledge or consent. The authors draw on their combined experience in public health and forensic pathology, not just to be informative but also to provide clear and critical reflections, including regretting the decline in the practice of autopsy.

While much of the factual elaboration was clearly for reference, I found myself surprisingly (should that perhaps be morbidly?) fascinated by some of the detail, such as the natural stages of deterioration of corpses. The historical and contextual explanations of forthcoming legal changes greatly helped my understanding of the principles as well as the procedures to be applied. Whilst the text is specific to the UK context, the discussion of issues around, for instance, euthanasia and assisted suicide refer to attitudes and practices internationally.

I recommend this as a valuable reference text for UK professionals such as lawyers, police, funeral directors, clergy, and for many health and social care professionals, but with the minor caveat that psychosocial care is given scant attention. Indeed, bereavement – surely a part of practice in dealing with death? – is only allotted five pages. This was disappointingly prescriptive and outdated, but the real surprise is that in an otherwise useful appendix of organisations, Cruse Bereavement Care is completely omitted! ●

Jonathan Hartley

Consultant, trainer and therapist