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BOWEN FAMILY SYSTEMS AND GRIEF

Thinking about variation in the grief response and recovery

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Abstract

This paper will draw from Dr Murray Bowen's family systems theory to consider two questions about how different families manage the death of a member. The first question considers how grief responses can vary according to which family member dies. Rather than simply look at the degree to which the loss is expected and/or generationally timely, this paper will focus on how the relational functioning position of a family member impacts the intensity of the grief response and the capacity of a family to recover. This will consider Bowen's idea of the shock wave of grief in the family. The second question of variation is how different families, experiencing a similar type of loss, can vary so much in the impact and the length of time it takes for family members to resume a functional life. Bowen's continuum of a family's level of differentiation, or emotional maturity, will be considered to think about why some families recover much faster than others. The paper will conclude with implications for counsellors and carers: how understanding such variations from a systems perspective can influence the nature of the help provided; and how this can inform the workers expectations of what the recovery process can look like for different individuals and families.

Introduction

Most grief and loss counselling approaches, while acknowledging the impact on families and groups, are usually focussed on the individual's experience and recovery. Individual frameworks speak of normative stages of a person's response to a significant loss in their life as a progression from denial to acceptance. A family systems understanding of grief and loss broadens the lens to consider the variations in how families respond to an acute event. Each individual's experience of loss is seen in a context of intergenerational relationship patterns. As a family is faced with a death they "must adjust to more than the loss of a loved one. The fundamental reorganisation resonates with the history of previous generations and will resound into generations yet to come". Two key questions

open up a broader family systems view: How is it that some deaths are mourned and recovered from more easily than others? And: How is it that some families are able to recover their life functioning after a traumatic loss while others experience on-going struggles for decades (and sometimes generations) after the event? This paper will explore how Bowen family systems theory understands these variations in grief responses and the implications this can have for counsellors working with grief and loss.

A Bowen family systems view of loss

Systems' thinking has influenced most family therapy approaches that emerged in the 1960s and 70s. One of the most formative of these approaches was developed by Psychiatrist and researcher Dr Murray Bowen (1913-1990). Bowen formed his family systems theory while researching whole families with a schizophrenic member as well as observing patterns of interaction in his own extended family and in his work place. He noticed that the same patterns of relationship reactivity that were seen in highly symptomatic families could be seen, with variations in intensity, in all families or important relationship groups. From his research, Bowen viewed every human experience in its relationship context and described ways that families respond to threats to their cohesiveness through several predictable patterns, such as his concepts of triangles, fusion, emotional cut off, over and under-functioning. He saw that all families would experience death as a significant challenge or threat, and would react with varying degrees of avoidance. He believed that, "Chief among all taboo subjects is death. A high percentage of people die alone, locked into their own thoughts which they cannot communicate to others".

A Bowen family systems view of loss considers the impact the death of an individual has for the family as a functional unit; a unit where each member's coping and development is interdependent, hence any loss will have immediate and long term reverberations for every member and all other connected relationships. Grieving a death and loss is seen as much bigger than a response within an individual. In writing about families and loss, Walsh and McGoldrick express concern that "the mental health field has failed to appreciate the impact of loss on the family as an interactional system".

Factors affecting the grief response

Bowen identified four groups of factors that affect family member's adaptation to loss.

1: The acute or factual details of the loss: Was the loss sudden or lingering? Was it peaceful or violent? Was it predicted or untimely and ambiguous?

2: The availability of extended family and broader relationship resources as protective factors in grief: The more connections family members have to extended family and community, the more they are able to spread their distress around a variety of relationships. A nuclear family group with few external family networks is much more vulnerable to becoming overwhelmed by the intensity of strong emotions because those strong emotions are contained within a few relationships. The

isolated family unit has fewer relationship pathways for their reactions to loss, leaving each of its members carrying a much greater load of tension.

3: The functional position or role of the deceased: While every death is sad for a family, not every death presents the same degree of adjustment. The death of a family member who held an important position in maintaining family equilibrium, will present a much more challenging recovery than the death of one who was relied on less to keep others in balance.

4: The level of family cohesion and maturity: Bowen proposed that each generational family unit inherits varying degrees of emotional maturity or differentiation. Variations in maturity in families can be seen in differences in family flexibility. Does a family become more closed and rigid in relationship styles following a death? Or does a family have some flexible capacity to open up and reshape its relationships?

The degree of importance to family stability and the emotional shock wave

These relational factors can help the counsellor to appreciate the variations between families in their adjustment following the death of a family member. Bowen proposed the idea that certain deaths have an emotional shock wave for family members.

The emotional shock wave is a network of underground aftershocks of serious life events that can occur anywhere in the extended family system in the months and years following serious emotional events in the family. When the functioning position of the family member who has died leaves significant gaps in the capacity of others to manage life, there is likely to be a domino impact of symptoms that appear over the years following the death.

In the patterns of interdependence between family members there are some individuals who come to occupy positions that are particularly important to how others function. In this way not all deaths are the same for the family. For example, the death of a parent and spouse who tended to over-function for others, by solving their problems, is likely to leave a substantial vulnerability in the family. Another potential shock wave might follow the death of a child who had become very impotent in filling the breach in the parent's marriage. For such families, where the triangle with the child steadies the marriage, the loss of the child can precipitate significant marital symptoms. It may be that the death of a person who was less important to the functioning of others will present an easier recovery for the family. This does not mean that they are less loved or mourned but that the future adjustment repercussions are less. Bowen went so far as to say that "suicides are commonly followed by prolonged grief and mourning reactions, but the shock wave is usually minor unless the suicide was an abdication of an essential functional role".

For some families a death can represent a significant relief from the demands of caretaking. After an initial period of mourning these families may actually function better following the death of their loved one. It is useful to think about how each death presents quite different adjustments for the family as a whole. When counsellors can predict ahead of time the possibility of an emotional shockwave, they can assist families to take some steps towards prevention.

To appreciate the degree of shock wave for a family's recovery it is helpful to ask:

- To what degree does the death disturb the emotional equilibrium of the family? How critical is this person's functioning to the overall wellbeing of the family?
- How important is that person's functioning to the family – financially, socially and emotionally?
- How central was this person in family matters? Was focusing on them a stabiliser for other relationships?

Case example from the author's own family

The author's mother's untimely death from breast cancer is an example of the shock wave effect on the whole family system. When my mother died at age 54, the youngest child was 15 and the eldest in her early twenties. My mother was the centrifugal force for relationships in our family, putting much of her life energy into her five children and our family's connections with the community. She was on numerous committees at school, sporting clubs and church and was the initiator of many family events and holidays. My father was comfortable having his wife take on most of the functioning for family routines and activities. The over and under-functioning exchange in their marriage provided them with a complimentary steadiness which comfortably replicated their positions in their families of origin. It is easy to see how important my mother's relationship position was to the functioning of other family members.

As with many over-functioners in relationships, my mother dealt with her cancer diagnosis with a stoic resolve to not upset the family. We were all free to focus on our own interests with little discussion about the implications of her cancer, its treatment and the concerning prognosis given by her doctor. When she died four years after her surgery, the family had lost its clan leader. There was an initial sense of coping, as the community rallied around our family; but as the years proceeded, the ripple effect of the loss of balance could be seen in the range of symptoms that developed in various family members. These included alcohol and marijuana dependence, anxiety symptoms and eating disorder traits. Over the years there have also been marriage breakdowns and physical symptoms. While the family has gradually been able to recover a sense of cohesion, with each sibling maintaining good contact to this day, there have been times when this has been threatened by emotional reactivity between family members.

The emotional shock wave following the death of a functionally important family member can be more profound if the significance of the loss is denied or minimized. This was certainly the case in my own family, with a picture of initial grief alongside a "soldiering on" attitude. Indeed the "shockwave of my mother's death and the limits to being able to grieve openly were evident in my family for a long while".

The amount of relational/ emotional maturity in the family system

Another relationship factor that Bowen family systems theory proposes as a key to understanding variations in family's responses to grief and loss is the differences in levels of family cohesion and maturity. Each family system inherits from previous generations a certain amount of relational

maturity or differentiation that is available as a coping resource during stressful times. This level of system maturity helps explain why some families have the capacity to recover a functional life much faster than others. An experience of loss can present a temporary adjustment challenge to one family while to another family a very similar loss can present a challenge to coping resources that exceeds its capacity. Members of the second family may be unable to resume their earlier level of life functioning.

Bowen proposed a continuum of each family's level of differentiation, or emotional maturity. Differentiation refers to "the ability to think as an individual while staying meaningfully connected to others. It describes the varying capacity each person (& family system) has to balance their emotions and their intellect, and to balance their need to be attached with their need to be a separate self". He observed that there are no families that are perfectly differentiated but that families and individuals can vary from greater to lower capacity to manage reactivity in important relationships. There is no blame associated with appreciating that the transmission of relationship anxiety across the generations means that each family is dealt a different hand of cards in terms of resilience in the face of stress.

One indicator of the level of family differentiation is the amount of openness in a family system. This is evident in the degree to which individuals are able to communicate inner thoughts and feelings to each other. Every system has varying degrees of closure that can also vary with different relationships within the family. Closing off direct communication by avoiding sensitive subjects is an instinctual effort to preserve harmony and avoid discomfort in the system. These sensitivities are automatic reflex responses driven by anxiety and not by the intellect.

In my own family, our lack of differentiation is seen in the avoidance of conversation about my mother's cancer and death. In the face of my mother's deteriorating health she did not open up her experience to family members and none of us knew how to broach the topic of death with her. "All of us were using distance to cope with what was too painful to confront. We just shut out the facts and the aching emotions in order to keep moving forward".

While my mother's Christian faith was a deep comfort to her during her process of dying, the pattern of avoiding discussing upsetting topics meant that the testimony of this faith to each family member was reduced. What was central to my mother's peace, as an individual facing death, was somewhat limited as a family resource because of the degree of emotional closure in our system.

My family's differentiation resources, while not high, have been sufficient for us to recover the ability to stay connected in meaningful ways and to improve the degree of openness in the face of illness in family members. This capacity to stay more open in the face of the threat of loss is a challenge to some members more than others.

The implications for helpers involved with grieving families

When counsellors pay attention to factors that affect the variations in family's capacities to deal with the acute challenge of the loss of a loved one, they can be better able to respect the differences in the experience of recovery for each family and individual. When a helper has realistic expectations of what the recovery process can look like for different individuals and families they are more able to

come alongside the bereaved, as opposed to pushing them towards a prescribed ideal of adjustment stages.

A family systems' goal is to assist family members to open up their contact and communication a notch without being pushed into doing what they haven't the capacity to manage. The worker takes a posture of calm curiosity to assist people to bring their thinking about their loss in line with the expression of their feelings. Rather than a focus on expressing feelings that can overload the coping capacity of the family member and lead them to increased cut off, the helper invites people to talk about the issues behind their feelings and to develop some awareness of the patterns of coping that different family members display in the face of a challenge. They begin to think about:

- Who are the distances and who are the pursuers?
- Who are the insiders and who are the outsiders?
- Who over-functions by managing others and
- Who gives up responsibility by letting others take over?

They may be helped to see beyond individuals to the bigger picture of family systems over time by considering:

- How has illness, death and loss been dealt with in the generations of my family?

The worker's own effort to appreciate and responsibly manage their emotional maturity is central to this process. According to Bowen, "The more anxious the physician, the more likely he/she is to do too much speechmaking and too little listening".

Bowen wrote about the role of rituals of grieving, such as funerals, in assisting a grieving family. He stressed the importance of making as much contact with as many people as possible as opposed to the anxious drive to shut down and avoid people as a coping mechanism:

The goal is to bring the entire family system into the closest possible contact with death in the presence of the total friendship system and to lend a helping hand to the anxious people who would rather run than face a funeral.

Bowen thought that funerals could provide an opportunity to resolve emotional attachments and for people to define themselves more openly to other family members by being present and accounted for. To get alongside other family members, even those who may have become estranged, is an opportunity for growth. It enables people to be clear that they choose to be present with others even when emotions are charged, that they have a part to play in the family and that they are not willing to allow themselves to avoid difficult times. In contrast to taking up the opportunity to be in contact with family members after a death, any patterns of relating that serve to deny death can prolong unresolved attachment issues for family members well into the future.

The following is a summary of Bowen's suggestion using a family systems lens for managing a death of a family member:

- Visit dying family members as often as possible
- Include children (children aren't hurt by exposure to death as much as they are hurt by the anxiety of survivors.)

- Involve as many extended family as possible
- Open caskets in order to provide as much contact between the dead and living as possible.
- Prompt obituary notices and communication with relatives and friends.

Conclusion

Bowen's family systems theory provides a road map to better understand the variations in recovery from death and loss for different family members and between different families. Considering the functional significance of the family member who has died or is dying, along with the differences in emotional maturity that every family inherits, can assist a worker to bring greater awareness and compassion to the helping process. In coming alongside those who are mourning, without expectations of what stage they should be experiencing, the helper works to understand the unique set of challenges they are facing in their family. In so doing, the helper is better able to assist family members to appreciate what they are up against in terms of the shock wave effect and to identify their family's patterns for dealing with substantial upset. This broad theory of understanding the patterns of families in response to life challenges in this anxious world can also assist the worker to understand better their experience of their own family as a system. The bigger picture in view goes beyond the individual experience to the interdependence of each family member. This lens makes it easier to get past blaming those who manage stress through over controlling or avoidance and to have an appreciation of how each person is affected by and affecting the responses of the others.

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