

## MFT 603 Week 10 Three Points

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As a student of marriage and family therapy, this chapter on grief and family systems brought many points to my attention and informed me about how the family system can help or hinder adequate grieving. Families that cope most effectively are more open in their emotional intimacy and communication and vulnerability. Unresolved grief may not serve the family in the present, nor future relationships across generations. This is why it is so important to understand the family at the time of intake, and why genograms are a significant process, and getting this right, and with the family members present, is a critical foundation for efficacy and ethical and effective therapeutic care for the family. And, it should cover at minimum two generations. In assessment of grief and family systems functioning, three areas are important, as outlined below.

The functional position or role the deceased played in the family is important in defining who played which role in the family. The degree the deceased played and their role has an impact on the disturbance of the system's functional equilibrium. Early Family Systems, Bowen, saw the family as a system having stasis and calm when each member was functioning at reasonable role efficiency. Additions, losses, changes disrupt the system and cause disequilibrium. Death may set a host of circumstances in play. The death of a child, the family breadwinner, the spouse and parent. Financial, emotional, relational, financial, mental and physical support for family system and each member is affected. The biggest surprise is counseling with one person in the system, rather than the everyone in the family, is harmful to the family and its healing and new relational possibilities with one another.

The death of the breadwinner, decision maker and leader of the family system throws it into not only emotional disequilibrium but chaos, especially in terms of family businesses, parenting duties, and often someone who seemed a peripheral force, say in the extended family, is now embroiled or involved in the family system. Recently, a young woman at our church's stepfather suddenly passed away. She and her mother both worked for the business he owned. She is 38 years old, and has worked there her whole career. With his death, he left no living trust or business ownership legal documents, leaving both she and her mother now working through the legal and government systems trying to make sense of retention of ownership. His former wife and his children, once neutral, if not entirely out of the picture, are now engaged in legal proceedings.

A second assessment area is the emotional integration of the family. A family that is well-integrated is able to support and encourage one another as they cope with death, even of a significant member of the family, with little need for help. But, a less integrated family may show minimal grief reaction at the time of death, and members later have physical and emotional symptoms, or even physical ones. Sometimes they suffer social misbehavior. Getting a family into counseling to discuss their grief requires a therapist to even into the realization that members of this system may have little self awareness and emotional expression abilities needed to increase their emotional and affective expression. We have a close friend who passed away last September after battling cancer during the pandemic. He and his small family are from England. Despite their spiritual development being very advanced, their emotional expression and affective skills are dimmed. The adult son, age 50, has Asperger's Syndrome, and in fact was once a student at Alliance University. We have gotten together with him, as he is high functioning and lives alone, but does not work, although he does drive. He spoke a bit of his Dad, really one of his few friends on the planet. Last weekend, we hosted his widow at our home for a small dinner with another English gentleman and a quiet married couple, also middle

aged like my husband and me. She was noticeably nervous coming along, and I am so grateful the Lord brought her to the dinner because we are concerned for her. She keeps her schedule busy, as there was much to do, and her two grandchildren in Brooklyn and her daughter and son in law are close. My worry is they are so busy, they have not yet dealt with the deep loss of their family's leader. And, how they take time to speak about their feelings, will affect the future generations. Being able to bring the feelings into discussion, and to openly share them, rather than be busy or put on a "happy face" is so important to working through grief. The family may believe they had a long goodbye, given the stress of the pandemic and two clinical trials and how much effort they put in to saving his life. They have not gone to grief counseling because that is just not what they do, and this is a concern for my family and me, as their friends. The meaning making about his death, and its impact on their life, pain and why it was not prevented will take time to process, and the good news is, this family is cohesive, which helps. They spent Thanksgiving together with the daughter's in-laws and Christmas in England with the brother of the deceased and his family. They ask our friend to Brooklyn to babysit the two grandchildren. But, doing is not the same thing as grieving.

The last and third point is how society views the death of a spouse, age 70, after a marriage of 48 years. The mediators of grief are important to consider as a therapist working with a widow or widower. The sense of touch is often missed, and of course, the less emotionally and physically demonstrative the person, perhaps the more difficult it is to read their needs. Asking the grieved about suitability to whether they long for touch, or if wanting to be held in embrace, or ready to be held by hand or embrace is very important to understand and clarify. Jumping to a conclusion this is a need not being met is a bad decision. Being sensitive to asking first cannot be overstated. Other mediators such as reminiscing about the loved one may be internalized, and there is an important element of seeking to understand how the bereaved wishes to continue bonds of the deceased through external representations. For example, I have

wondered if our friend's gravesite has a headstone yet, and if our dear friends have gone to it, and if they want to discuss it, or process it.

Relocation after death, especially for the elderly, is often very hard, and if the person can stay in their home they shared with their beloved, it is recommended. I already see our friend making some home changes, but it seems clear, she has no plan to move, nor does her son, in his nearby apartment in town.

Skillbuilding is another mediator. At first our friend was paralyzed, really from being exhausted, shocked by how quickly the cancer took over her husband when treatment stopped, and last because there were so many arrangements and things to be done. She asked me to go to the DMV with her to have the car title changed to her name, and it surprised me as she has the skills to do so, but I did it anyways, because I think she more needed the moral support to face down the fact her husband was gone, and she had to go on, and this was telling someone face to face at the DMV, her husband had died. It made sense to me afterwards, and I do believe she began to feel some self esteem in mastering the strength to face this new reality and to say it aloud.

In closing, the point most important was the fact that caring for a sick spouse or loved one before they pass away is stressful, and taxing in every way. And, early interventions are most definitely helpful to the caregiver. Our dear friend was not overweight at all, and she lost 40 pounds in the race to save her dear husband. It hurt to see how much the toll took on her. This is something I would ask about, in as caring a way, and with the right person in the family, perhaps their daughter. A friend of mine is a Chaplin for a hospital, and she recently shared ELO Card Game with me. It's the End of Life Card Game and meant to be conversation starters with people facing terminal illness, hospice and palliative care. I have to imagine it is hard, and

this, at least frames the conversation and may reduce the tension and avoidance this terrible loss and pain brings on to us. Even the most devout believer in heaven and the faith of their beloved deceased, will face the deep pain of not being near or with the one they loved, for a time we know not.