

## CHAPTER 10

## Loss, Recovery, and Resilience

In coming to accept death, we can more fully embrace life.

—VIKTOR FRANKL, *Man's Search for Meaning*

I recall my delight, as a child, watching our neighbors' celebration when their only daughter got married. Like other families, they planned for the perfect wedding, the bride and groom looked radiant, and everyone cheered as they drove off on their honeymoon. En route to their romantic destination, their car skidded off the icy, winding country road, ending their lives. Tragedy struck at the happiest moment for all, shattering their hopes and dreams.

Coming to terms with death and loss is the most difficult challenge families face. From a systems orientation, loss is seen as a transactional process involving those who die with their survivors in a shared life cycle, recognizing both the finality of death and the continuity of life (Walsh & McGoldrick, 2004, 2013). A significant death affects all family members, their relationships, and the family as a functional unit. A family resilience approach fosters the ability to face death and dying and for survivors to live and love fully beyond loss.

This chapter presents a framework for resilience-based systemic assessment and intervention with bereavement challenges. With a developmental perspective, loss and recovery processes are considered over time and across the family life cycle. Major family adaptational tasks are described, identifying variables that heighten risk for dysfunction and key processes that facilitate healing and resilience. Guidelines are offered for dealing effectively with complicated situations.

## DEATH AND LOSS IN SOCIOHISTORICAL CONTEXT

Families over the ages have had to cope with the precariousness of life and the disruptions wrought by death. Across cultures, mourning beliefs and practices have facilitated both the integration of death and the transformations of survivors (Walsh & McGoldrick, 2004). Each culture and religion, in its own ways, offers assistance to the dying and to loved ones who must move forward with life (Rosenblatt, 2013). Most traditions hold a world view and rituals that facilitate acceptance of the inescapable fact of death, including it in the rhythm of life, passage to a spiritual realm, and an abiding faith in a higher power. Most approach loss as an occasion for family and community cohesion and support the expression of grief. Our dominant Anglo-American culture, in contrast, has tended to avoid facing mortality, minimizing the impact of loss and encouraging the bereaved to quickly gain "closure" and move on. With the exception of bereavement specialists, mental health and health care professionals have been slow to deal with loss, reflecting this cultural aversion.

Yet, there has been growing recognition of the importance of facing death and loss. Technology and the media have brought worldwide catastrophic events into greater awareness. Large-scale epidemics such as HIV/AIDS, major disasters, war, and terrorist attacks have heightened attention to the precariousness of life and death in our volatile and uncertain global environment (see Chapter 11).

Amid social, economic, and political upheavals in our times, families are dealing with multiple losses, disruptions, and uncertainties. This chapter focuses on loss through death, yet family adaptational processes apply broadly to loss issues in other experiences, such as physical and mental illness, unemployment, migration, family separations, divorce, foster care and adoption, interpersonal and mass trauma, and community disasters, which are considered in other chapters. In strengthening family resilience to deal with losses, we enable members to deepen their bonds and forge new strengths.

## UNDERSTANDING LOSS IN SYSTEMIC PERSPECTIVE

Attention to bereavement in clinical theory, research, and practice has focused primarily on distressed individual grief reactions in the loss of a significant dyadic relationship for a child, parent, spouse, or sibling (Rubin, Malkinson, & Witzuin, 2012). Nonsymptomatic family members may be presumed to be functioning normally and not in need of attention. A

systemic perspective expands our view to the transactional processes and mutual influences throughout the relational network with any significant loss. Bowen (1978) observed how death or threatened loss can disrupt a family's functional equilibrium. Beyond the grief reactions of the closest members, emotional shock waves can reverberate throughout an entire relational network immediately or long after a death. Unattended grief may precipitate strong and harmful reactions in other relationships—from marital distancing and divorce to precipitous replacement or extramarital affairs (Walsh & McGoldrick, 2004).

As I have seen in my research and practice, how the family handles the loss situation has far-reaching effects, as in the following case:

Marie, a woman in her 50s, came for therapy at the urging of her adult children, who complained, "You've got to stop your overmothering of us—we're grown adults with children of our own!"

In the first session, she said she couldn't help worrying about them. She added that she didn't know how to be a mother of adult children, since she had lost her own mother to cancer when she was 7. As we explored that loss, she recalled feeling abandoned in the months before the death as her father hovered over her mother and tried to shelter her from child care "burdens." She recalled the last night, when many relatives came to the house where her mother lay dying. Marie dressed her younger brother, Jim, and herself in their Sunday best and sat holding his hand, waiting to be called in to say their good-byes. No one came for them, nor were they taken to the funeral.

In the chaotic aftermath, with the father too bereft to care for them, well-intentioned relatives each took in a child, separating them, with uncertainty when or if they would reunite or return home. When she returned home several weeks later, her father, isolated in his unbearable grief, drank heavily and came into her bed at night, abusing her sexually. A year later, his remarriage ended her secret torment. She showed no anger in telling me about this abuse—the first time she had ever revealed it to anyone. When I asked about her feelings, she said she never blamed him because she felt so sorry for his deep sadness and loneliness; it comforted him and eased her fear of losing her only surviving parent. She later married a man who, like her father, was a heavy drinker and endured his physical abuse for many years to keep her family intact for her children. Her close bond with her brother remained her lifeline over the years. It was only at that point in our session that she broke down in tears, revealing that Jim had died recently in the crash of a small plane.

As in this case, some families fall apart with an unbearable loss, with adults unable to care for their children and provide comfort, reassurance,

and security through disruptions. Anxieties with secondary losses of separation, unclear communication, and uncertainty about the future increase suffering. Sibling bonds can be vital lifelines through disruption and for years to come. The recent death of Marie's brother was a devastating loss and reactivated her childhood trauma, with reverberations in her relationships with her adult children. Legacies of loss find expression in far-ranging patterns of interaction and mutual influence among the survivors and across the generations. The impact of loss touches survivors' relationships with others, affecting even those who never knew the person who died.

Death or threatened loss can disrupt a family's functional equilibrium. As Bowen (1978) observed, the intensity of the emotional reaction is influenced by the integration in the family at the time of the loss and by the significance of the lost member. The emotional shock wave may ripple throughout an entire family system immediately and long after a significant loss. Therefore, therapists need to assess the family network, the position of the deceased member, and the family dynamics surrounding the loss in order to understand the meaning and context of presenting symptoms.

Loss is a powerful nodal experience that shakes the foundation of family life and leaves no member unaffected. Individual distress stems not only from grief, but also from the realignment of the family emotional field. The meaning of a particular loss event and responses to it are shaped by family belief systems, which in turn are altered by other loss experiences. Loss also modifies the family structure, often requiring major reorganization of the family system.

A death in the family can involve multiple losses: the loss of the particular person, the loss of each member's unique relationship, the loss of role functioning, the loss of the intact family unit, and the loss of hopes and dreams for all that might have been.

Death is more than a discrete event; from a developmental systemic perspective, it can be seen to involve many interwoven processes over time—from the threat and approach of death, through its immediate aftermath, and on into long-term implications. A family life cycle perspective attends to the reciprocal influences of several generations as they move forward over time and as they approach and respond to loss (McGoldrick & Walsh, 2004). Each loss ties in with all other losses and yet is unique in its meaning. We need to be attuned to both the factual circumstances of a death and the meanings it holds for each family in its social and developmental contexts. In family assessment, we explore past, present, and future connections, not with deterministic causal assumptions, but rather in an evolutionary sense. Like the social context, the temporal context of loss holds a matrix of meanings and influences future approaches to loss and to life.

## FAMILY ADAPTATION TO LOSS

Contemporary approaches to bereavement, grounded in research, have advanced from early theories of normal grief. There is wide variation in the timing, expression, and intensity of normal grief responses (Wortman & Silver, 1989), and mourning processes have no orderly stage sequence or timetable. Adaptive coping over time involves a dynamic oscillation in attention, alternating between loss and restoration, focused at times on grief and at other times on mastering emerging challenges (Stroebe & Schüt, 2010).

Adaptation to loss does not mean resolution, in the sense of some complete, "once-and-for-all" getting over it. Significant losses may never be fully resolved. Similarly, resilience in the response to loss, commonly misconstrued, does not mean quickly getting "closure" on the emotional experience or simply bouncing back and moving on. Rather, mourning and recovery are gradual, fluid processes, usually lessening in intensity over time. Yet various facets of grief may reemerge with unexpected intensity, particularly with anniversaries and other nodal events. Although painful and disruptive, grieving, in its many forms, is a healing process.

Death ends a life but not relationships: mourning processes involve not a detachment from the deceased, but rather a transformation of those relationships from physical presence to continuing bonds through spiritual connections, memories, deeds, and stories that are passed on through kinship networks and to future generations (Stroebe, Schüt, & Boerner, 2010; Walsh & McGoldrick, 2004). The ability to accept and integrate loss is at the heart of all healthy processes in family systems (Beavers & Hampson, 2003).

### Facilitating Family Adaptational Tasks

Families navigate varied pathways to meet emerging challenges with loss over time. While we must be mindful of the wide variation in individual, family, and cultural modes of dealing with death, families confront basic adaptational challenges. If not addressed, they increase members' vulnerability to dysfunction and the risk of family conflict and dissolution. In developing a systemic approach to loss, grounded in our clinical research, Monica McGoldrick and I delineated four major tasks that facilitate immediate and long-term adaptation for family members and strengthen the family as a functional unit (Walsh & McGoldrick, 2004). We approach these challenges as tasks (as does Worden, 2008, for individual challenges), which families actively engage in and clinicians can facilitate. They involve

an interweaving of key processes for family resilience in the three domains of family functioning—belief systems, organizational patterns, and communication/problem solving.

#### *Shared Acknowledgment of the Death and Loss*

Family members, each in their own way, need to confront the reality of a death and grapple with its meaning for them and for each other. With the shock of a sudden death, this process may start abruptly. When possible, contact with a dying member facilitates adaptation, including opportunity for children to express their love and say their good-byes. Well-intentioned attempts to protect them from potential upset can isolate them, stir anxious fantasies, and impede their grief process.

Although individuals, families, and cultures vary in their direct expression of information and feelings around death, clear communication is important. Clinicians need to provide support through a climate of trust, empathic responses, and tolerance for diverse reactions. Sharing clear information about the facts and circumstances of the death facilitates mourning processes. A family member who is unable to accept the reality of death may avoid contact with others or become angry with those who are grieving. When death and dying are faced courageously with loved ones, relationships can be enriched. At the death of her partner after a debilitating illness, Bonnie was sad but also at peace:

"The simple fact is, Jennie's body stopped. There was no unfinished business between us. I had carried a lot of fear about death. Jennie showed me how to feel more alive and more open, even in her last days. She accepted that she was dying, even though she didn't want to go. Acceptance didn't mean feeling jolly or that she liked the situation, just that this was the truth at the moment."

Funeral rites and memorial services provide direct confrontation with the reality of death, the opportunity to pay last respects, and a way for the bereaved to share grief and receive comfort from kin and community (Imber-Black et al., 2012). Families are encouraged to plan ahead for a meaningful service and for burial or cremation, honoring the preferences of the dying or deceased. Increasingly, loved ones take part in the rites—through meaningful eulogies, personal stories, photos, and artistic expression—to remember and celebrate the life passage and the multifaceted personhood and relationships of the deceased. In one especially moving service, a father's son and daughter from his second marriage recounted

both poignant and humorous stories from their childhood interactions. Then his son from a previous marriage came forward, saying he was never comfortable with words, he played a stirring flute melody that he had composed in memory of his father.

In the Jewish tradition, as in many others, it is considered even more important to attend a funeral than a wedding, because it both honors a life and marks its loss. Key processes in resilience are movingly expressed in the following Jewish mourners' prayer, read aloud together by those gathered at the shiva after the burial:

At times, the pain of separation seems more than we can bear; but love and understanding can help us pass through the darkness toward the light. And in truth, grief is a great teacher, when it sends us back to serve and bless the living. . . . Thus, even when they are gone, the departed are with us, moving us to live as, in their higher moments, they themselves wished to live. We remember them now; they live in our hearts; they are an abiding blessing. (Central Conference of American Rabbis, 1992)

Sharing the experience of loss, in accord with family preferences, is crucial in the healing process. I encourage families to urge reluctant members to attend a funeral or memorial gathering. Some may intend to go but say they can't make the time. Others say they'd rather remember the person when alive. Yet, paradoxically, the life and the relationship can be appreciated more fully when the loss is marked.

As it becomes common to announce a death on the Internet to a kin and social network, it can be meaningful if done thoughtfully. One young adult daughter of immigrants invited relatives, friends, and acquaintances from afar to her website, where she had composed a moving tribute to her father at his death. She shared stories of his life journey and a photo album with pictures from his childhood and important milestones in their family life.

It is never too late to hold a memorial service, to lay a headstone at a grave, to hold a ceremony to scatter ashes, or to plant a tree in memory of a loved one. Drawing family members together on an anniversary or at a holiday-gathering to "re-member" one who has died can be a profoundly healing and connecting experience. On the 20th anniversary of my mother's death, I wanted to find a meaningful way to celebrate her life with my husband and daughter, who had never known her. My mother's deep love of music as a pianist and organist brought to mind the carillon bells of the Rockefeller Chapel on my campus at the University of Chicago. I arranged a simple concert in her memory, and we were invited to climb to the roof of the bell tower. As the bells pealed harmoniously, we looked out into the evening sky and felt in touch with her spirit among the shining stars.

### *Shared Experience of the Loss*

Open communication is vital for family resilience over the course of loss and recovery processes, especially in the transitional turmoil of the immediate aftermath. We can appreciate the complexity of a family mourning process in light of the many fluctuating and sometimes conflicting reactions of all members in a family system. For instance, sibling differences are common, in part associated with their gender, birth order, age at loss, and family dynamics. Tolerance is needed for members' varied coping styles and timing in grief and recovery processes, as they may be out of sync with one other.

The mourning process involves shared narrative attempts to put the loss into some meaningful perspective that fits coherently into the rest of a family's life experience and belief system. This requires dealing with the ongoing negative implications of the loss, including the loss of hopes and dreams for the future. Nadeau's (1998) qualitative research, based on symbolic interaction theory, explored family meaning-making processes in response to the death of a family member. Nadeau interviewed nonclinical, multigenerational, bereaved families. She found that the story of "what happened" emerged from a process of co-construction, and she identified strategies that families employed in their shared meaning-making process. These included storytelling, dream sharing, comparing the death to other deaths inside and outside the family, "coinciding" (attaching meaning to events that occurred near the time of the death), and characterizing (identifying qualities of the member who died). Families also engaged in "family speak," with an intricate weaving together of individuals' threads of meaning. Communication patterns included agreeing/disagreeing, referencing other members' meanings, and cooperative interrupting by supporting, echoing, finishing sentences, elaborating, and questioning. Family meaning-making was also facilitated by the participation of in-laws, who were less susceptible to family rules and could open discussion of what might be considered taboo subjects. Problem solving at the family level involved finding solutions to instrumental issues. For example, when a family member died, family interactions were aimed at filling the vacant role once held by the lost member. Her study revealed the ongoing interplay of beliefs, organizational patterns, and communication processes.

As a family experiences a loss, members touched in various ways are likely to show a wide range of reactions. Empathy is needed for one another and an ability to respond caringly. Tolerance for different responses and timing is important. Strong emotions may surface at different moments, including complicated and mixed feelings of anger, disappointment,

helplessness, relief, guilt, or abandonment, which are present to some extent in most family relationships. In Anglo-American culture, the expression of intense emotions can generate discomfort and distancing in others. Moreover, fears of loss of control in sharing overwhelming feelings can block all communication about the loss experience.

When grieving is blocked, emotions may explode in conflict; some children internalize their grief in symptoms of anxiety or depression, while others externalize their distress in behavioral problems. Adolescents may withdraw from the family and/or engage in risky behavior and drug or alcohol abuse. If a family is unable to tolerate certain feelings, a member who directly expresses the unacceptable may be scapegoated or extruded. Unbearable feelings may be delegated and expressed in a fragmented fashion by various family members. One may carry all the anger for the family, while another is in touch only with sadness; one may show only relief, while another is numb. The shock and pain of a tragic loss can shatter family cohesion, leaving members isolated and unsupported in their grief, as in the following case (see Figure 10.1):

Mrs. Ramirez sought help for her 11-year-old daughter Teresa's worsening school problems over the past 2 months. In the first session, the therapist and mother focused on Teresa, who seemed at a loss to explain her drop in grades and inattentiveness. As a consultant, I suggested that the therapist explore recent stress events in the family. The oldest son, Ray, age 18, had been caught in the midst of gang crossfire. The shot that killed him had also shattered the family unit. The father withdrew, drinking heavily to ease his pain. The second son, Miguel, carried the family rage into the streets, seeking revenge for the senseless killing. A younger son showed no reaction, quietly keeping out of the way. Mrs. Ramirez, alone in her grief, deflected her attention to Teresa's school problems.

Family sessions provided a context for shared grief work. Family members were encouraged to share their feelings openly and to comfort one another. It was especially important to involve the brother, who had been holding in his own pain so as not to upset or burden their parents further. The therapist helped the parents to obtain legal counsel, gain the necessary information to navigate the court system, and plan and carry out concerted actions, with Miguel's assistance, to seek justice for the murder. They were also encouraged to sort through Ray's possessions, each family member choosing a keepsake—his jacket, a favorite shirt, his prized guitar. Dreading Ray's impending birthday, they were encouraged to plan something they might do together to remember him. The family decided to go to church together—for the first time in a long time—and to light candles in his memory. They

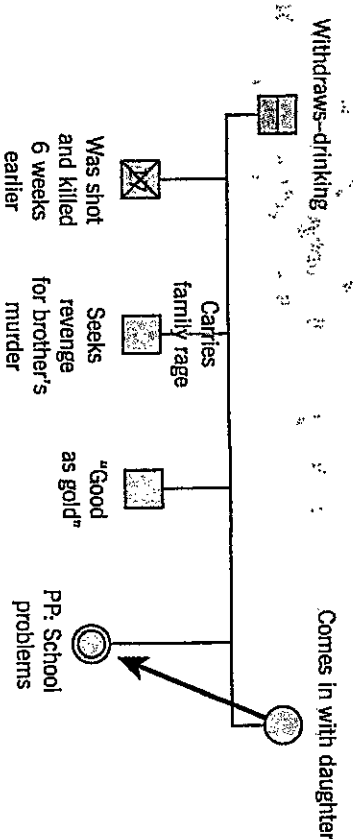


FIGURE 10.1. Genogram highlighting the impact on the family system of the past death of the oldest son.

invited aunts, uncles, and cousins to join them there. Afterward, they spent the whole day together, telling old family stories, as Miguel strummed Ray's guitar.

Such processes repaired the family's fragmentation, promoting a more cohesive network for mutual support and healing. On follow-up, Teresa's school problems and the father's drinking had subsided. The experience of pulling together to deal with their loss had strengthened their resilience, helping them to cope better with other problems in their lives.

### Reorganization of the Family System

The death of a family member leaves a hole in the fabric of family life. It can disrupt established patterns of interaction. The process of adaptation involves a realignment of relationships and redistribution of role functions to compensate for the loss, buffer transitional stresses, and carry on with family life. Often, family reorganizational tasks must be addressed before parents are able to deal with their own grief.

One father, an immigrant from Central America, brought his 8-year-old daughter for therapy after the death of the mother. He declined therapy for himself, not wanting to "fall apart" by facing his own grief and guilt. He had contracted HIV/AIDS and had passed it on to her, leading to her death. Moreover, at risk himself, he wanted to keep strong, working, and functional for as long as possible for the sake of his daughter. While respecting his decision not to come to therapy for himself, given his life-threatening condition, the therapist asked if he would come for a consultation concerning his daughter's well-being.

She was careful to express her hopes for his continuing health, while exploring his thoughts and plans for his daughter's custody and care if he were to become too ill or die. He told the therapist he had thought about it; he assumed that a friendly neighbor, with children of her own, would take his daughter in, a common informal arrangement in his home country. But he had not actually asked his neighbor, and he was unaware that legally, in the event of his death, his daughter would become a ward of the state in the foster care system. It was important to work with him and a legal aid consultant to make appropriate arrangements.

Family roles and responsibilities may interfere with mourning. A parent's job demands and breadwinning role may constrain emotional expression in order to keep functioning at work. Children may sacrifice their own needs to bolster a bereaved parent whom everyone depends on, particularly in single-parent families. It is important to help family members structure the time and space for overburdened parents' own grieving, and to rally others' contributions to provide needed respite.

It is crucial to help families pace their reorganization. If a family takes flight from losses by moving precipitously from their homes or communities, further dislocations generate more disruptions and loss of social supports, and children must adjust to a new school and the loss of friends. At the other extreme, others hold on too rigidly to former patterns in family life that are no longer functional, as in the following case:

After her husband's death, Mrs. Miller vowed to carry on family life and to raise their daughters according to his rules. She took a stressful full-time job, yet continued to keep the house spotless and prepare the father's favorite meals, keeping his empty chair at the head of the table. As the girls reached adolescence, conflict arose because she insisted on continuing his favorite family activities and outings, which they had outgrown. The girls wanted to spend more time with friends and to give up elaborate meals and activities they only pretended to enjoy, yet they didn't want to be disloyal. The mother acknowledged the exhausting strain of trying to be "two parents" and live up to her husband's standards as she idealized him. We worked on finding ways to honor the father's memory, sustain valued continuities, and yet make changes to better fit the daughters' emerging developmental priorities and their structure as a single-parent family.

Family structures can crumble with an overwhelming loss. Leadership and communication may falter, and parents may be unable to nurture and

protect children. As we saw in the case of Marie, children can suffer not only from a parental loss and exclusion from family mourning processes, but even more by further separations, confusion, and lack of protection in the aftermath of loss.

With the death of a parent, it is natural for children to worry about losing the surviving parent, so reliable contact is important, especially when living apart. Every effort should be made to keep siblings together, as a vital lifeline. It is important to provide clear information about what will happen and when, and who will take care of them. Extended family members need to help the surviving parent reorganize daily patterns of living and provide appropriate care and protection for children through the disruption. Social supports often dwindle after the first few weeks of a loss, so it is crucial to link those who are bereaved and isolated with kin and community support over the many months that follow.

#### *Reinvestment in Other Relationships and Life Pursuits*

As time passes, survivors need to reconfigure their lives and relationships to move forward, reenvisioning their hopes and dreams. Relationships taken for granted often become more valued. New and unforeseen life directions may open up.

In some cases, the formation of other attachments and commitments is blocked by overidealization of the deceased, a sense of disloyalty, or catastrophic fear of another loss. Others may take flight from painful losses through precipitous replacement by a new partner or another child. Well-intentioned friends or relatives may rush the surviving parent unwisely into premature remarriage "for the sake of the children," risking complications if mourning processes were unattended. A bereaved spouse's rapid remarriage may spark upset by children or former in-laws if they view it as disloyal. Often children balk at acceptance of a new stepparent when the loss has not yet been integrated. Therapists can help families to navigate and pace these steps forward.

A resilience-oriented systemic approach to loss requires the same ingenuity and flexibility that families themselves need to respond to various members and subsystems as their issues come to the fore. As changes occur in one part of a system, changes in others will be generated. Decisions to meet with an individual, couple, or family unit at various points are guided by a systemic view of the loss process.

This practice approach encourages active steps that facilitate mourning and recovery processes over time, as illustrated in my continued work

with the Miller family (above), whose grief at the father's death had been blocked for several years:

I encouraged the mother and her daughters to sort through the old sealed boxes stored away in the basement from their past life. They discussed which items to save as keepsakes, sent some to relatives and friends of their father, and gave the remainder to charity. For the approaching anniversary of the death, the mother decided to write a tribute, which she had been asked, but was unable, to do at the time of the death. This prompted one daughter to write a poem and another to make a drawing in memory of their father. With great enthusiasm, they gathered these into a booklet, which they sent to relatives and friends, reviving many valued contacts that had been lost.

This unpacking and reconnection led the mother to request couple sessions with her boyfriend. Soon after her husband's death, Brianna had plunged into this intimate relationship. Lemont was comforting when she had been needy, but now they fought over his controlling nature and her disappointment with his shortcomings. She was uncertain about continuing their relationship. He assured her of his love but said he, too, needed to think it over. The following week, he arrived at the couple session near the end of our time. A large man, out of breath from rushing, he plopped down on the sofa, which cracked down the middle and fell apart. Apologizing, he said maybe the sofa forewarned their breakup. Although they cared deeply about each other, they agreed it was time to go their separate ways.

In the weeks that followed, she was surprised to start dreaming of her deceased husband, waking in tears with a deep yearning for him. We met in individual sessions to address her previously unattended grief. I find it helpful to start by remembering the person and their relationship through reminiscences of their life together as it evolved over time. She recalled how they had met and their courtship, and then traced the milestones, joys, and hard times in their marriage and child rearing over the years. A strong regret she carried was the argument they had had the night before his sudden death in a car crash, and she wished she had made up with him before he left in the morning for work.

In the next session, using the Gestalt "empty chair" technique, I coached her to imagine what she would want to say to him if he were sitting there now. She began by saying how sorry she was for her part in their petty fight. Tears flowed as she conveyed how much she loved him and reminisced about some treasured times: he was the love of her life. We sat in silence for several moments, holding those feelings before ending the session. I asked her if, in the next session, she would like to update him on the developments in the life of the family since

his death. In that session, she related their move to the new city to start a new life, and how hard it had been for her to shoulder all the job and child-rearing responsibilities without him, but how pleased and proud he would be at how smart and beautiful their daughters had become. I added my praise that she had done a remarkable job on her own.

In the following session, we talked about her guilt-tinged feelings of anger and abandonment at how her husband's death had left her with the "heavy load" she had been shouldering alone. She said she now felt it was time to ease up on her unrealistic expectations about providing the "perfect family" for her daughters and to expect more of them, requiring them to share responsibilities around the house to earn their privileges.

At a follow-up session 3 months later, she and her daughters looked more relaxed and happy. Although the girls grumbled at their newly assigned tasks, they enjoyed greater independence and a better relationship with their mom. She had found a new job with better hours and benefits, and began singing in her church choir, which brought her joy and connection. Those new steps bolstered her resolve to stick with a weight-loss program, losing the physical "overload" she had been carrying.

The remarkable resilience and creativity of our clients can emerge through our work. In this case, we flexibly combined family, couple, and individual sessions as priorities emerged. As we had approached her marital grief, Mrs. Miller had asked me if she could tape our sessions. Looking back, she said, "Now that I have it all on tape I don't have to carry it in my head anymore. I can put it on the shelf and listen to it when I want to." She understood what she needed to do to unburden herself—mind and body—regain her spirit, and thrive.

## VARIABLES IN FAMILY RISK AND RESILIENCE

The impact of a death is influenced by a number of variables in the loss situation and the surrounding family processes and social context (Walsh & McGoldrick, 2004, 2013), including the nature of the death/loss, the timing of the loss, and the state of relationships and role functions.

### Nature and Circumstances of the Loss

The manner of death poses varied challenges for surviving family members and needs to be explored in any clinical assessment. A genogram and timeline are particularly useful in tracking sequences and concurrence of

significant events and symptoms over time in the multigenerational family field (McGoldrick et al., 2008).

### *Sudden Death or Protracted Illness/Dying*

With sudden death, family members lack time to prepare for the loss, to deal with unfinished business, or even to say their good-byes. At the other extreme, chronic conditions or protracted dying can deplete family caregiving and financial resources and sideline the needs of other members. Common relief at ending family strain can be guilt-laden (Rolland, 2012). Additionally, families increasingly grapple with agonizing end-of-life decisions about ending treatment or life support efforts (see Chapter 12). These pose profound ethical and religious dilemmas and can generate intense conflict among members (Walsh, 2009c).

### *Ambiguous Losses*

Ambiguity surrounding loss has been found to block mourning processes and to generate anxiety, depression, and conflict (Boss, 1999). Demen-tias, particularly Alzheimer's disease—called “the long good-bye”—are especially painful for family members as cognitive losses gradually erode personhood, relationships, roles, and even recognition of loved ones (see Chapter 12). Other situations pose ambiguity as to whether a loved one is dead or alive, as in abductions or those missing in a disaster or war. After a plane crash, families commonly report their inability to begin mourning until the body or personal effects are recovered and the death becomes physically real. Families often become consumed by prolonged searches to confirm the fate of missing loved ones. Conflict arises when some want to move on while others do not want to give up hope of return.

### *Unacknowledged and Stigmatized Losses*

Disenfranchised losses—unacknowledged, hidden, or minimized—leave the bereaved unsupported, as commonly occurs with pregnancy losses, the death of a close friend, mentor, or former spouse, or the loss of a cherished companion animal (Doka, 2002; Walsh, 2009b). The bereaved can be isolated, feeling they don't have a right to their grief: that it is inappropriate, excessive, or doesn't fit into socially approved categories. Losses may be hidden when a relationship itself is secret and/or faces family, community, or religious disapproval, such as gay, lesbian, or transgender relationships. The stigma surrounding a suicide or HIV/AIDS foster secrecy, misinformation, and estrangement, impairing family and social support, as well as critical health or mental health care.

### *Violent Death*

Intense grief reactions are felt throughout the family network with violent and traumatic deaths (Walsh, 2007; see Chapter 11). The impact can be devastating, especially for those who have witnessed it, may have contributed to it, or narrowly survived themselves. A senseless tragedy is especially hard to bear, particularly if a result of negligence, as in drunk driving, or deliberate acts of violence, as in neighborhood or school shootings. Murders are committed most often by relatives or close acquaintances and often in cases of domestic violence. Suicides are tormenting deaths for families, particularly when they appear impulsive, senseless, or intended to hurt loved ones. Family members struggle to comprehend these destructive acts, often ruminating over how they might have made a difference.

In cases of suicide, clinicians need to explore possible family influences, such as abuse or abandonment, as well as adolescent peer bullying; career, military, or financial concerns that fuel depression, guilt, or shame; peer drug or drinking cultures; and prescription pain drugs that can lead to self-destructive addictions. The impact of multiple traumatic losses in the families of drug addicts contributes to self-destructive behavior. Major mental illness, particularly bipolar disorder, contributes to heightened risk. In the aftermath, clinicians need to help family members with their anger or guilt, particularly when they are blamed or blame themselves for the death. Family members' shame and cover-ups distort communication and can isolate them from social support. Clinicians should note family histories of traumatic losses that may heighten the risk of suicide, particularly at an anniversary or birthday.

Dan, age 14, and his family were at a loss to explain his recent suicide attempt. When asked to describe their family, the parents named Dan and his younger sister but made no mention of an older son, Peter, who had died at age 14. In a session with Dan, he began talking about Peter and revealed that he grew up attempting to take his brother's place in order to relieve his parents' sadness. The father, who could not recall the date or events surrounding the death, wished to remember his first son “as if he were still alive.” Dan cultivated his appearance to resemble photos of his brother. When he had reached the age at which his brother died, and his growth spurt at puberty was changing him from the way he was “supposed” to look, he attempted suicide to join his brother in heaven. Family therapy focused on enabling Daniel and his parents to deal with the past loss and relinquish his surrogate position so that he could move forward in his own development.

Therapeutic efforts aim to help families to restore hope to a bleak outlook, assess life options from a clearer perspective, and find meaning and energy

to reengage in relationships and life pursuits. Although a therapist or loved ones cannot always prevent a violent death, the risk can be lowered by opening communication, mobilizing the support of family and friends, and fostering a sense of coherence in the meaning of past or ongoing trauma. We can help family members to support one another, integrate painful experiences, and envision a meaningful future beyond disappointments and losses.

### The Timing of Loss

The meaning and impact of a death vary depending on the developmental challenges the family and individual members are negotiating (Walsh & McGoldrick, 2004, 2013; see Chapter 9).

### Untimely Losses

Deaths that are premature or untimely in terms of chronological or social expectations, particularly early widowhood, early parent loss, or death of a child, tend to be harder to bear for families. Early spousal loss can be a shocking and isolating experience without emotional preparation and can be complicated when others at the same life stage distance to avoid facing their own vulnerability.

A child's death, which reverses the natural order of life, is especially tragic—it seems unjust and dashes shared hopes and dreams. Parents and grandparents often struggle with the question "Why him/her and not me?" Prolonged mourning is common, with heartache often lasting many years and even a lifetime. Because parents are responsible for their children's well-being, they commonly are preoccupied with concerns that they should have prevented a death. With the loss of a child, a parental marriage is at heightened risk for discord, distancing, and divorce, yet spouses who support and sustain each other through the tragedy can forge even stronger relationships than before (Oliver, 1999). The common impetus to help another child can bring solace. Allowing time to experience the loss is encouraged so that the new relationship is not burdened by replacement needs or attachment difficulties.

### Pileup of Losses and Other Stressors

The concurrence of loss with other major stressors or losses, incompatible demands, and cumulative strains often overload family functioning and interfere with grief. Complications are more likely when bereavement coincides with other family developmental transitions that require boundary shifts and redefinition of roles and relationships, particularly launching

birth of a child, or launching of young adults (Walsh, 1983). In multi-stressed families, extended kin and social support are crucial to enable attention both to grief processes and to other challenges.

### Past Losses and Intergenerational Legacies

The convergence of developmental and multigenerational strains heightens distress and the risk for dysfunction (Walsh & McGoldrick, 2004, 2013). Inquiry about family experiences of past losses explores how they influence expectations in the present loss situation, from catastrophic fears to a hopeful outlook. Experiences of resilience—in family histories, stories, and role models of adaptive coping and positive growth in response to past adversity—can inspire current efforts.

It is important to note transgenerational anniversary patterns, that is, when symptoms occur at the same point in the life cycle as a significant death or loss in a past generation. Some become preoccupied with their own or their spouse's mortality when they reach the same age or life transition point (e.g., retirement) at which a parent died. Many make abrupt career or relationship changes or start new fitness regimens and feel they must "get through the year," while others may behave self-destructively. Unresolved family patterns, or scenarios, may also be replicated when a child reaches the same age or stage as a parent at the time of a prior death or traumatic loss (Walsh, 1983).

An appreciation of the power of covert family scripts (Byng-Hall, 2004) and family legacies is important to understand the transmission of such patterns in loss. Anniversary reactions are more likely to occur when there has been a physical and emotional cutoff from the past and when family rules block open communication about past traumatic events. This occurred in the case of Martin's breakdown related to his father's past holocaust experience at the same age (see Chapter 1). Interventions aim to open covert patterns and help family members come to terms with the past and differentiate present relationships so that history need not repeat itself.

### Family and Social Network

The general level of family functioning and the state of relationships prior to and following the loss should be carefully assessed, including extended family and social networks. Family belief systems, organizational patterns, and communication processes are critical in mediating adaptation to loss. Particular note should be taken of the following variables.

### *Meaning-Making*

Each family's belief system, rooted in multigenerational, sociocultural, and religious influences, powerfully influences its views toward death and its pathways in adaptation to loss. Meaning-making processes involve family members' attempts to make sense of their loss and put it in perspective to make it more bearable (Nadeau, 1997, 2008). Commonly they grapple with painful questions: Why us? Why my child (or sibling or spouse) and not me? How did this happen? Is someone to blame? Could it have been prevented? What can we do now? Such concerns remain salient when the cause of a death is unclear. Deaths that are sudden and unexpected or seem senseless can shatter core assumptions of normality, security, and predictability. Clinicians need to explore beliefs that foster blame, shame, and guilt surrounding a death (Rolland, 1994), which can be fueled by Western values of personal responsibility, mastery, and control. Such causal attributions are especially strong when the cause is unclear and questions of responsibility or negligence arise. Family members commonly struggle with thoughts that they or others could have done something to prevent a death. It is important to help them share such concerns and come to terms with any accountability and the limits of control in the situation.

### *A Positive Outlook: Hope*

Hope is most essential in times of deepest despair. Resilience involves mastery of the possible with acceptance of that which is beyond control. Family members may despair that, despite their best efforts, optimism, prayers, and medical care, they can't stop death. The focus of hope must shift from what is beyond their control to the dying process: making the most of precious time, alleviating suffering, and healing relational grievances. Although they cannot bring back a deceased loved one, when death shuttles hopes and dreams we can help family members find renewed meaning to go on with life.

### *Transcendence and Spirituality*

Death ends a life, but a relationship transcends death and is sustained through spiritual connection, memories, stories, and deeds. Our own death and that of our loved ones can be faced more openly and courageously through symbolic ways to view ourselves as part of a larger, meaningful whole. Those who believe in a spiritual afterlife or reincarnation find comfort in accepting death as a passage to another realm and, in Eastern tradi-

Native American beliefs, part of a larger evolutionary cycle in the universe (Walsh, 2009d).

Spiritual beliefs and practices foster resilience in the face of death and loss (Walsh, 2009c). Research has documented the positive physiological effects of deep faith, prayer, meditative practices, and congregational support at these times (Koenig et al., 2012). Many find solace in the belief that a tragic death may be beyond human comprehension but part of God's larger plan, or a test of faith.

Religious beliefs can sometimes be a major source of distress. One mother in an interfaith marriage believed that the stillbirth of her second child was God's punishment for not having baptized her first child. In another case, a husband secretly believed the couple's infertility was God's punishment for his past infidelity. Some turn away from their faith. One bereaved father, after the death of his newborn son, who was to be named for him and his father, cried out, "I'm angry at God—how could he take the life of an innocent baby?" It is important for clinicians to include attention to the spiritual dimension in the experience of death, dying, and loss, and to consult with or refer to pastoral counselors as appropriate (Walsh, 2009d).

Suffering can be transcended through creative expression, as in writing, music, or the arts. Many honor the deceased through memorial dedications to benefit others. After the suicide of their young adult daughter, who suffered from bipolar disorder, one family organized public education programs on serious mental illness in her name. Families can transcend their personal loss through social activism or advocacy to prevent the suffering of other families. Healing is fostered by efforts to honor the best aspects of the deceased person and the relationship. As one mother stated after a reckless driver took the life of her daughter, "My daughter wouldn't want me to become consumed by grief or rage; she would want me to honor her life by taking up some meaningful pursuit in her memory." In research by Lietz (2007), resilient families often found new purpose in actions to prevent such tragedy for others.

### *Family Flexibility and Role Functioning*

Family organization—the system of rules, roles, and boundaries—needs to be flexible, yet clearly structured, for reorganization after loss. It is helpful to inquire about what changed and what did not change with a death and how the family can restore or adapt familiar patterns in the wake of loss. A family that becomes disorganized with loss will need help building the authoritative leadership, stability, and continuity necessary to manage the

disruptive aftermath. An overly rigid family may need help to modify set patterns and make necessary accommodations to loss.

A loss is greater the more important a person and his or her role function were in family life, such as a parent, grandparent, or sibling who played a major role in child rearing, or an adult child who was the primary caregiver for an elder. The death of an only child, an only son or daughter, or the last of a generation leaves a particular void. Families risk dysfunction if they avoid the pain of loss by seeking an instant replacement. At the other extreme, a family can become frozen in time if surviving members are unable to reallocate role functions or form new attachments.

### *Family Connectedness*

Adaptation to loss is facilitated by strengthening cohesion and mutual support, with tolerance and respect for individual differences in the grief process. In an intensely fused family, any differences may be viewed as disloyal and threatening, leading members to submerge or distort feelings. To avoid the pain of loss, some families may turn to a child, a new partner, or a new baby as an emotional replacement, which can complicate that relationship and pose difficulties for attachment and later separation. Other families may avoid the pain with distancing and emotional cutoffs. When families are fragmented, members are left to fend for themselves, isolated in their grief.

### *State of Relationships at the Time of Death*

All family relationships have occasional conflict, mixed feelings, or shifting alliances. The mourning process is likely to be more complicated if there has been intense and persistent conflict, strong ambivalence, or estrangement. The death of a troubled, abusive, or absent parent is difficult; an adult child may have long grieved for a parent he or she never had. One woman was hospitalized at age 70 with depression following the death of her 94-year-old father. She had vied unsuccessfully with her younger sister throughout her life for her father's favor. On his deathbed, he called for her sister. Even in later life, what pained her most in his death was the loss of future possibility that she might one day win his approval.

In end-of-life care, it is important to encourage family members to reconnect and to repair strained relationships before the opportunity is lost. Often this requires overcoming reluctance to stir up painful emotions or old conflicts. They may fear that confrontations could increase vulnerability and the risk of death. We need to deal sensitively with these concerns,

interrupt destructive interactional spirals, and help family members to share feelings constructively with the aim of healing pained relationships, forging new connections, and building mutual support. A facilitated *family life review*, described in Chapter 9, can be a valuable process to integrate varied perspectives, clarify misunderstandings, place hurts and disappointments in the context of life challenges, recover caring aspects of relationships, and update and renew bonds frozen in past conflict. Individuals facing death and their loved ones often become more openhearted, compassionate, and remorseful for past mistakes and hurts, opening possibilities for forgiveness. At life's end, the simple words "I'm truly sorry" and "I love you" mean more than ever.

### *Extended Family, Social, and Economic Resources*

It is crucial to mobilize supportive kin, friendship, and community networks. Internet resources can offer valuable information and support, but it is important to avoid information overload and misinformation. Family recovery is impaired when finances are drained by costly, protracted medical care, inadequate health insurance coverage, or the death of the major breadwinner. It is important to help families discuss such financial issues.

### *Clear, Open Communication*

When a family confronts a loss, open communication facilitates the processes of emotional recovery and reorganization. Clinicians can help members to clarify facts and circumstances of an ambiguous or unacknowledged loss. The cover-up of an alcohol-related accident, a drug overdose, or a suicide carries its own painful legacy for survivors in further blocked communication, cutoffs, and self-destructive behavior. It is important to foster a family climate of mutual trust, empathic response, and tolerance for a wide and fluctuating range of responses to loss over time.

### *Gender-Related Issues*

Although gender roles and relationships have been changing in recent decades, expectations for men and women in families are still influenced strongly by traditional gender-based norms. In bereavement, women have been socialized to assume the major role in handling the social and emotional tasks, from expression of grief to caregiving for the terminally ill and surviving family members, including their spouse's extended family. Men, who have been socialized to manage instrumental tasks, tend to take

charge of funeral, financial, and property arrangements. In the dominant J.S. culture, they are more likely to become emotionally constrained and withdrawn around times of loss. Cultural constraints against revealing vulnerability or dependency can block emotional expressiveness and ability to seek and give comfort and contribute to a high risk of serious illness and death for men in the first year of widowhood.

Partners' different responses to loss, especially in the death of a child, can strain couple relationships. Men are more likely to express anger than sorrow and to withdraw, seek refuge in their work, or turn to alcohol, drugs, or an affair. They may be uncomfortable with their wives' expressions of grief, not knowing how to respond and fearful of losing control of their own feelings (culturally framed as "breaking down" and "falling apart"). Grieving individuals may perceive their partners' emotional unavailability as abandonment when they need comfort most, thereby experiencing a double loss (Johnson, 2002).

Marlene was being seen in individual therapy for inconsolable grief after her only child, 18-year-old Jimmy, had collapsed and died in her arms. Marlene and Matt, a working-class African American couple, had worked very hard to raise Jimmy well and were extremely proud that he had just earned a scholarship to college. Although Matt, too, had lost his only child, he refused therapy for himself, saying he was fine and didn't need any help. Yet he drove Marlene to each session and waited for her in the car. When presented with clinic forms to sign, however, he balked; he did not want to fill out a symptom checklist or to be labeled as needing help. His stoic manner of maintaining control was a source of pride to him. However, he responded to the therapist's encouragement that he could be a helpful resource to his wife by sitting by her side and supporting her in sessions. It wasn't long until he gained trust in the therapist and shared his own deep pain of loss and both spouses found comfort in sharing their grief.

When one spouse has difficulty acknowledging vulnerability and sorrow at a time of tragedy, the other may then carry the emotions for both of them. Resentment may build toward the unavailable partner, who is felt to be insensitive and unsupportive. A couple approach is essential to build empathy, since the relationship is at risk. Interventions can decrease relational polarization so that partners can support each other and share in the full range of human experience in bereavement.

Doreen and Nick were seen in couple therapy because she felt their "semi-committed" relationship was "deadlocked" and wanted either to get married or to end it. Most nights Nick came for dinner; after her

girls went to bed, he and Doreen would set up a cot next to her bed, where he spent the night, returning to his own apartment each morning. The therapist learned that 6 years earlier, within a few months of the sudden death of her husband, Doreen had accepted an offer by Nick, an old friend, to move with her children to his community to start a new life. Nick found her a job and an apartment—next door to his own. Because they had moved too quickly into this relationship, its status remained ambivalent. Doreen, devastated by the loss of her husband, had initially found support and consolation from Nick and had found the move a welcome escape; yet she became depressed, overweight, and unhappy in her job. Couple sessions revealed Nick's ongoing casual affairs with other women and his refusal ever to commit himself fully again since a bitter divorce and cutoff from his children. Doreen decided to end the relationship and move on with her life. With this loss, she found herself dreaming nightly of her deceased husband and was flooded with intense longings for him, opening up her delayed griefwork in therapy.

It is common for unattended mourning from a past loss to surface at the breakup of a replacement relationship. Individual sessions are valuable at that time to attend to the delayed grief process, review the earlier courtship, marriage, and family life, and explore the many meanings of the loss and subsequent life passages. Issues of loyalty and guilt are crucial to address. With the encouragement of the therapist, Doreen returned to her hometown to visit her husband's grave for the first time since the funeral and spent some time at the gravesite "telling him" all she would have liked him to know about their children's development and budding talents, the memories she would carry on of their life together, and their continuing love for him as they went forward in their lives. This visit and conversation brought her a sense of peace.

#### *Concurrence with Other Losses, Stresses, or Life Changes*

The temporal coincidence of a loss with other losses, other major stress events, or developmental milestones may overload a family and pose incompatible tasks and demands. Sketching a timeline can alert clinicians to the concurrence of losses and stressful transitions and their relation to the timing of symptoms. Particular attention should be paid to the concurrence of death with the birth of a child, since the processes of mourning and of parenting an infant are inherently conflictual. Moreover, a child born at the time of a significant loss may assume a special replacement function, which can be the impetus for high achievement or dysfunction. Similarly,

a precipitous marriage in the wake of loss is likely to confound the two relationships, interfering with bereavement and with investment in the new relationship in its own right. When stressful events pile up, mobilizing the support of family members is especially important.

#### *Past Traumatic Loss and Unresolved Mourning*

Some individuals and families emerge harder from past traumatic loss experiences, whereas others are left more vulnerable to subsequent losses. When problems with separation, attachment/commitment, or self-destructive behavior are presented in therapy, it is crucial to explore possible connections to earlier traumatic losses in the family system.

### HELPING FAMILIES WITH LOSS: THERAPEUTIC CHALLENGES

As we've seen, healing and resilience in the face of loss are not simply matters of individual bereavement, but also involve family mourning processes. Of all human experiences, death poses the most painful and far-reaching adaptational challenges for families. A systemic framework for clinical assessment and intervention with loss is crucial to address the reverberations of a death for all family members, their relationships, and the family as a functional unit.

A family resilience-oriented approach to loss is guided by an understanding of major family adaptational challenges, variables that heighten risk, and key family processes that foster recovery. Given the diversity of family forms, values, and life courses, we must be careful not to confuse common patterns in response to loss with normative standards, or to assume that differences in bereavement are necessarily pathological. Helping family members deal with a loss requires respect for their particular faith beliefs and cultural heritage and encouragement to forge their own pathways through the mourning process.

Individual, couple, and family sessions may be combined flexibly to fit varied adaptive challenges over time. By strengthening key relationships and family functioning, a healing process can reverberate throughout the system to benefit all members. Although open communication and mutual support are emphasized, active processes in dealing with death and loss are also encouraged. The drawing up and discussion of wills, living wills, and directives by all adult family members (not only those most vulnerable) are advised. Planning and participating in meaningful memorial rites are

also encouraged, as are visits to the grave—not only at the time of loss, but also on anniversaries, even years later. In cases where mourning has been blocked, we can encourage clients to sort through old photos and memorabilia, which open up memories and trigger the flow of old and new stories. They can share stories and mementos with children, other family members, and friends, setting off a chain of positive mutual influences for recovery and new resilience.

Dying and healing are not incompatible. Finding healing in the face of death involves integrating the fullness of the life and significant relationships. Bereaved families can find strength to surmount heartbreaking loss and go on living a meaningful life by bringing benefit to others from their own tragedy. Clinicians can help clients to find pride, dignity, and purpose in their darkest hours through altruistic actions such as organ donation, memorial contributions to medical research, or taking the initiative in forming support groups for families who have suffered similar losses or community action coalitions.