

Observations on Loss and Family Development

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This article examines the role of death and loss in family developmental processes. Aspects of family development are described, followed by an exploration of the impact of loss on family functioning and development. We present a typology of initial family response styles to the death of a member as well as some immediate and longer-term patterns of adaptation after a loss. The article concludes with a case example and a discussion of multigenerational sequelae of unresolved bereavement in family systems.

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Silver, 1988). While most of the empirical studies have concentrated on the near-term effects of bereavement (1 to 3 years), there are also indications that bereavement may affect individuals for much longer periods of time than originally believed (Lehman, Lang, Wortman, & Sorenson, 1989; Zisook & Lyons, 1989, 1990). Some authors have suggested that certain aspects of mourning may last an entire lifetime (Bloom-Feshbach & Bloom-Feshbach, 1987; Dietrich & Shabad, 1989). For example, there is evidence that the early loss of a parent may place people at risk for psychiatric disorder and difficulty in assuming the adult roles of parent and marital partner (Breier, Kelsoe, Kirwin, et al., 1988; Krupnick & Solomon, 1987; Ragan & McGlashan, 1986; Tennant, 1988). Some aspects of grief over the death of a child may also last for most or all of a lifetime (Rando, 1986; Rubin, 1990).

It seems evident that the emotional effects of a death ripple throughout the social network of people who were related to the deceased. Nonetheless, there have been comparatively few family-oriented clinicians who have described the impact of death on the family as a system. Most of these clinicians are associated with the "multigenerational" schools of family therapy, and they generally have commented on the long-term effects of unresolved and traumatic losses on the life-cycle functioning of families (Bowen, 1978; Brown, 1991; Coleman, 1991; Friedman,

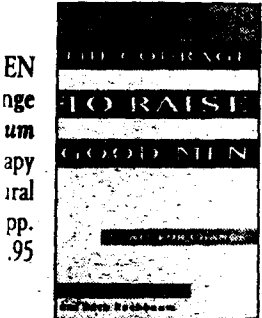
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1985; Gelcer, 1983; Jordan, 1990; Lamberti & Detmer, 1993; McGoldrick & Gerson, 1985; Paul & Miller, 1986; Solomon & Hersch, 1979; Stanton, 1977). Rosen (1990) and Walsh and McGoldrick (1991) have recently published excellent books on the impact of terminal illness and death on family systems. The work of Rolland (1990) on anticipatory grief in families is also an outstanding recent contribution.

In this article, we offer our formulations about the impact of death on families, with an emphasis on the long-term implications of loss for family development. These ideas have emerged from our personal experiences, our clinical work, and our beginning research efforts to study these processes (Jordan, 1991/1992; Kraus, 1988). The ideas also reflect the theoretical contributions of other family clinicians who emphasize the role of loss in the understanding of family dynamics and development (Hepworth, Ryder, & Dreyer, 1984; Kantor, 1983; Rosen, 1990; Shapiro, 1988; Walsh & McGoldrick, 1988, 1991; Williamson, 1988). We hope that it will encourage more interest and dialogue within the family therapy community about a topic that is often neglected by family therapists as well as by the larger culture in which we live and work.

ASPECTS OF FAMILY DEVELOPMENT

As with individual approaches, most models of family development are epigenetic in content, postulating stages that follow a more or less invariant order and have particular developmental tasks associated with each stage (Carter & McGoldrick, 1988). While we generally accept such "stage/task" specific schemas, we have been impressed by the very different model of family development set forth by Combrinck-Graham (1988, 1985). Her concepts build on the work of Stierlin (1981) and Beavers (1982), who have introduced the distinction of centripetal and centrifugal family styles into their discussion of

family process. Combrinck-Graham postulates a cyclical path of life-cycle development in which families oscillate between periods of centripetal and centrifugal organization.

To offer our own definition of these terms, a centripetal form of organization is characterized by a general inward direction of the family's energies and resources. Highly centripetal families typically have relatively higher boundaries between them and the outside world, and lower boundaries among members within the group (that is, they are enmeshed with one another). They also tend to be intergenerationally oriented in their psychological focus, and hierarchical in their power structure. This is the typical pattern of a family with young children, where the energies of the system are directed toward "nest building" and care of the next generation.

In contrast, centrifugally organized families tend to have relatively lower boundaries vis-à-vis the outside world, higher boundaries among family members (particularly between generations), an intragenerational focus (children are oriented toward siblings and peers, and adults toward friends and spouses), and a more mutual and shared-power form of relating between the generations. This is the usual form of organization for a family with adolescents and young adults in the launching stage of family development. These forms are not mutually exclusive, and, as Beavers (1982) has noted, most healthy families contain a mixture of centrifugal and centripetal styles. We believe that, as a family moves through the life cycle, the relative weighting of centripetal and centrifugal forms of organization changes to meet the developmental needs of family members.

Combrinck-Graham (1988) suggests that a three-generation family system (referred to hereafter as G1, G2, and G3, with

G1/G2 being the family of procreation and G2/G3 the family of procreation through as many as three generations over the course of a life cycle, becoming centripetally or centrifugally organized at the birth of each subsequent generation) would like to add to Combrinck-Graham's model by suggesting that the family system must succeed through some variation in the length of the period in order to return to a developmentally appropriate state. This is so because, in our view, the overarching task of family development over the life cycle is the treatment of attachments from the family of procreation. The depth of this shift will vary with the norms of the larger culture in which the family lives, as well as with the needs of each family. For example, in a primarily agrarian and rural culture, parents may stay hierarchically oriented to their children to a much greater extent than in contemporary U.S. culture. Nonetheless, in every culture there is, of course, some amount of differentiation from the family of origin is expected as the offspring develop families of their own.

On a systemic level, the family's primary attachments require a change in family organization from a centripetal to a centrifugal structure. And, on an intrapsychic level, it requires the differentiation of self in order to permit psychological growth within the family. As children grow into the family, they internalize the family's norms and belief systems, and these are then carried into the "outside world" is then carried into the world. The roles of spouse and parent are then carried by members of the G2 generation to form a new family, the

G1/G2 being the family of origin and G2/G3 the family of procreation) may go through as many as three such oscillations over the course of a life cycle, generally becoming centripetally organized with the birth of each subsequent generation. We would like to add to Combrinck-Graham's model by suggesting that the G1/G2 family system must successfully navigate through some variation of a centrifugal period in order to return to another developmentally appropriate centripetal period. This is so because, in our thinking, *the overarching task of family development over the life cycle is the transfer of primary attachments from the family of origin to the family of procreation*. The breadth and depth of this shift will vary considerably with the norms of the larger economic and ethnic culture in which the family is embedded, as well as with the unique values of each family. For example, in families in a primarily agrarian and rural culture, parents may stay hierarchical to and attached to their children to a much greater extent than in contemporary U.S. society. Nonetheless, in every culture that we are aware of, some amount of differentiation from the family of origin is both allowed and expected as the offspring mature and develop families of their own.

On a systemic level, the transfer of primary attachments requires a shift in family organization from a centripetal to a centrifugal structure. And, on a corresponding intrapsychic level, it requires sufficient differentiation of self in each G2 offspring to permit psychological "mating" outside the family. As children grow up within a family, they internalize the behavioral patterns and belief systems of parents and other family members. This "assumptive world" is then carried into the relationships outside the family, most particularly the roles of spouse and parent. When two members of the G2 generation attempt to form a new family, the task of the couple

can be understood as one of blending their respective assumptive worlds or family "cultures" into a viable new whole (Kantor, 1983; Wamboldt & Reiss, 1989). This crucial developmental work takes place over the entire life cycle, as each subsequent developmental stage requires additional negotiation around the emerging tasks and challenges associated with that stage. The blending process means that aspects of the old internalized ways of viewing the self and the roles of parent, mate, and child must be revised if the new family is to integrate the differing world views. For this crucial inter- and intrapsychic change to occur, the offspring must have permission to leave behind certain aspects of the family of origin, and transfer their primary loyalty, energy, and world view to that of the new family system.

A central element of our thinking is that *losses can slow down and distort the necessary transformation of primary attachments and loyalties between G1/G2 into a centrifugal form, and thus make successful creation of new family systems in the next generation more difficult*. Put simply, both actual and threatened losses of all kinds (for example, divorce or immigration) seem to increase the emotional "gravitational pull" between generations—what Stierlin (1981) calls "binding forces"; this makes an adaptive transition to a centrifugal organization more problematic to negotiate, and the intrapsychic processes of differentiation more difficult to achieve (Stanton, 1977). As attachment theorists have suggested, distress signals evoke reunion responses between parent and offspring (Bowlby, 1980), and the "injury" created by a death leads to an upsurge in attachment strength. In the remainder of this article, we describe some of the mechanisms underlying these response patterns in the G1/G2 family, and their subsequent impact on the G2/G3 system.

cal ages of the offspring. Thus, children seem more dependent and immature, and the parents more enmeshed with their offspring than one would expect at that particular life-cycle stage. Or, one or two children may be parentified and overachieving, in order to "make up" for the lost member. This fusionary style of responding to a death may be seen as a distortion of the adaptive centripetal organization that is necessary with young children, or as an initial systemic response to a loss.

With a dysfunctional fusionary response, future separations are frightening, and the family organizes around preventing any further losses from occurring. This pattern often produces a generalized fear of being separate, which leads to avoidance of the inevitable growth and launching of the offspring. In essence, death and separation are equated in the collective belief system of the family, and death is viewed as the ultimate and terrifying form of cutoff from the safety of the family.

Dysfunctional Fissionary Response

The contrast to this fusionary response is a dysfunctional fissionary reaction to a death. As Stanton (1984) has noted, in the face of a catastrophic loss to the system, some families appear to "explode" outward rather than drawing together (perhaps as a result of the "implosion" created by the fusionary response to the death). In families where this happens, anger and guilt are likely to be the predominant affective tone of the group. Members focus more on themselves rather than on other family members, and are likely to seek comfort and distraction in peer relationships outside the family through such activities as work, affairs, psychotherapy, and so on. People get "mad rather than sad" in a family with a fissionary response style, which results in interactions with much more overt conflict, scapegoating, and hostility, and a relative absence of expressions of grief or sadness. Genera-

tional differences may be minimized, with parents treating children as more self-sufficient and less in need of limit-setting or nurturance than their behavior or age would warrant. Symptoms in a fissionary-response family will be more of the "acting-out" variety, including violence, difficulties with authorities outside the family, and sexual acting out.

By way of comparison, if a dysfunctional fusionary response is understood as a slowing down of G1/G2's developmental shift from a centripetal to centrifugal form of organization, then the fissionary response can be seen as a premature acceleration of the family's progression toward a centrifugal form of organization. The family literally comes apart before family members, particularly children, are ready to separate and assume more responsibility for themselves. Thus, the fissionary shift involves acceleration of the process of separation within the family (adolescents may leave home much earlier and/or engage in cut-offs with the family), but not the work of true differentiation, which involves maintaining intimacy while developing a separate self.

Dysfunctional Hybrid Response

This description of fusionary and fissionary family response styles involves "pure" types that are useful for thinking about the family's response as a group, but are rarely found in such distilled form. Beavers (1982) has observed that competent families generally display a mixture of centripetal and centrifugal styles. We believe that the more dysfunctional the family prior to the death, and/or the more traumatic the nature of the death, the more likely the G1/G2 family is to lose its developmentally appropriate balance of the two styles, and either regress to a more centripetal form or accelerate toward a more centrifugal form. A third type of family response to a death occurs when certain subsystems within the family take

on a centripetal or centrifugal structure, while the family as a whole shatters along certain pre-existing, emotional "fault lines." Most theories of family pathology identify inappropriate cross-generational alliances as a diagnostic sign, if not a cause, of family pathology (Nichols, 1984). It is common to see such patterns develop after a death in a dysfunctional family in which the tendency to split along such cross-generational coalition lines predated the loss. We term this reaction a hybrid response to the death.

As an example, after the death of an adolescent, a mother and father may become alienated from one another because of their differing grieving styles, as well as previous marital tensions. One parent may then turn to the children for support and comfort, which may further alienate the "outsider" parent. The enmeshed parent-child dyad may take on a centripetal style of relating, while the subsystem as a whole becomes centrifugal to the remaining parent. The "outsider" parent may go outside the family for comfort and relief, perhaps by becoming a "workaholic," or by beginning an affair. Another pattern we have seen is for one of the parents to remain psychologically enmeshed with the deceased child, while the other parent moves much closer to one of the living children. These hybrid-response families may fracture along alliance patterns that were pre-existing, but which are then greatly exacerbated by the earthquake-like shock of the death to the structure of the family system.

Longer-Term Dysfunctional Effects

The death of a family member is likely to affect and sometimes produce dysfunction in several areas of family life during the first few years after the event. The chances that a death will become a nodal, organizing event in the family's trajectory depend on a variety of factors, including the circumstances and timing of the death, the

centrality of the emotional and pragmatic roles played by the deceased, the family's response style to the death, the material and social resources available to the family, the cultural and religious milieu of the family, and the group's unique loss history (Rolland, 1990; Walsh & McGoldrick, 1991). To some extent, each of the following areas are likely to be changed after the death of a member, regardless of the particular response style of the family.

Communication

In our experience, the hallmark of family recovery during the mourning process is the capacity of members to communicate to one another the full range of emotions and meanings the death has evoked. Well-functioning families permit and even encourage members to share with one another their sorrow and grief about the loss, while respecting each member's unique differences in mourning style. In contrast, families that are not grieving well almost invariably manifest a communication shutdown, wherein some or all aspects of the death have become taboo, or some member of the family has become alienated from communication with the larger group. This taboo about a particular content often generalizes over time into a family communicational style in which real emotional issues are not confronted and shared, leaving only superficial contact about "pleasant" subjects, or chronic conflict and blame over "red-herring" issues. This constriction of the family's emotional life is internalized in the offspring, and may be carried over into future generations of the family (see below).

Disruption of Role Functioning

Bereavement is a psychic injury. It can produce a variety of intense physiological, emotional, and cognitive problems that are not easily or quickly resolved. Violent and

unexpected deaths in particular tend to produce posttraumatic stress responses in family members (McMullan, Kilpatrick, 1989; Eth & Pynoos, 1991). Like a physical injury, when other family members are unable to carry on for the death of a family member, a stressful "demand over" situation may develop, wherein all sources of the family, and the capacity of all members to fulfill their roles, are affected. For example, young widowers and their children must deal not only with their own grief, but also with the problems of single parents. This inability of family members to one another is often the reason why the support network around the family tentatively emerges as a result of research on bereavement (Weiss, et al., 1984; Stroetzel, Vachon, Sheldon, Lanier, Walker, MacBride, & Vachon, 1984).

The death of a member can disrupt the day-to-day life of the family, as routines and activities, and opportunities for family play can be lost. This disruption in the family may have long-term, or form drastically altered family functions (Black, 1991). Caregiving functions of parent(s) may be altered or even abandoned, and the supportive and mutual activities of spouses may be replaced by marital conflict (Lind, 1981; Guttman, 1991). Family resources may be depleted, especially if the deceased was a breadwinner, or if costly medical services were required. In such ways, then, a death may have long-term effects on the functioning of the family.

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unexpected deaths in particular are likely to produce posttraumatic stress disorder responses in family members (Amick-McMullan, Kilpatrick, Veronen, & Smith, 1989; Eth & Pynoos, 1985) as well as grief responses. Like a physical injury, the work of mourning requires time, support, and a certain amount of self-absorption as one heals from the blow. Unlike a physical injury, when other family members may be able to carry on for the injured party, the death of a family member may produce a stressful "demand overload" on the resources of the family, altering the capacity of all members to fulfill their usual roles. For example, young widows/widowers with children must deal not only with their own and their children's grief reactions, but also with the problems of functioning as a single parents. This unavailability of family members to one another may well be the reason why the support of a cohesive social network around the family consistently emerges as a crucial factor in research on bereavement recovery (Osterweis, et al., 1984; Stroebe & Stroebe, 1987; Vachon, Sheldon, Lancee, et al., 1982; Walker, MacBride, & Vachon, 1977).

The death of a member usually alters the day-to-day life of the family. Normal routines and activities can be disrupted, and opportunities for recreation and family play can be lost. The rituals developed in the family may have their meaning and form drastically altered by the loss (Imber-Black, 1991). Caregiving and limit-setting functions of parent(s) with children may be altered or even abandoned. Likewise, the supportive and mutual pleasure-giving activities of spouses may diminish, increasing marital conflict (Derdyn & Waters, 1981; Guttman, 1991). Family financial resources may be depleted if the deceased was a breadwinner, or the death involved costly medical services. In a variety of ways, then, a death may disrupt the ongoing functions of the family system. Fami-

lies that recover well from a death are able to utilize fully a varied and responsive social network to help them "carry on" while they gradually resume their own functioning. Those families that are alienated from their networks, either prior to or as a result of the death, are likely to face greater difficulty in restoring their functioning.

Coping Asynchrony

Many families develop some type of asynchrony among members around differences in the style and pacing of their griefwork (Cook, 1983). This is both common and not, in itself, pathological. In well-functioning families, members generally accept the different needs of members in accomplishing personal griefwork. The more dysfunctional the family, however, the more members become highly judgmental, defining their own or another's responses as a sign of selfishness, craziness, or lack of caring for the deceased or for the survivors. Differences in coping style may vary with a number of factors, including age and gender socialization, cultural differences, personality structure, differences in the relationship with the deceased, and previous experiences with loss. By producing a profound kind of "empathic failure" between members, these discrepancies may become a major source of alienation and fragmentation within the family, particularly within the marriage. This, in turn, may account for the phenomenon of increased rates of marital and family dissolution noted by some observers after a death, particularly the death of a child (Cook, 1983; Osterweis, et al., 1984; Rando, 1986).

Alterations in Coalitions

A death can open up the family system for reconciliation and a subsequent restructuring of its coalition patterns (Friedman, 1985). As mentioned previously, however,

a death may also lead to a fixation of coalitions and splits. This seems particularly true when questions about responsibility for the death are in dispute (as in suicide), and family members align themselves around warring definitions of who is at "fault" for the death. The coalitions may extend across several generations, as when a husband and his mother covertly blame his wife for the death of a child in an accident. Of special note is the difficulty of a child who has maintained a close coalition with one parent against the other parent, and who then loses that "ally" through death. Such a member in a warring family system is at significant risk for absorbing the transferred feelings toward the deceased, leading to scapegoating, rejection, and the rapid development of symptomatic behavior.

Alterations of Boundaries and Social Support

The boundaries between the family and the outside world are also likely to change after the death of a member. As noted, when the fusional response of the social network is evoked, the family is flooded with people who offer practical and emotional support. Within a relatively short period of time (a few weeks or months), much of this support tends to vanish as others in the network resume their regular lives. Ironically, this is often when the numbing shock and denial of the death have worn off and the raw pain of the loss sets in. Family members may receive covert or overt messages from the network suggesting that it is time to "put it behind them" and to "get on" with their lives (Wagner & Calhoun, 1992). This is a crucial phase for the family, often experienced as a powerful, secondary loss. This process appears to be greatly magnified when the death is atypical and/or stigmatized (Calhoun & Allen, 1991). In general, traumatic experiences produce a kind of "experience differential" in which the

range of trauma-induced feelings and thoughts of the survivor are sufficiently different from those who have not been victimized that the survivors become alienated from their social network. Thus, to the extent that people in contact with the bereaved have not experienced a similar loss, they are likely to find it difficult to empathize with the family's grief. They may even assign blame for the death to the family, put pressure on family members to "get back to normal," or simply withdraw from them (Calhoun & Allen, 1991). Bereaved families with atypical deaths are thus at greater risk for being isolated from and/or isolating themselves from the community, posing significant problems for the family's recovery process.

Alteration of the Assumptive World

Families develop a shared set of beliefs about themselves and the world around them (Bennett, Wolin, & McAvity, 1988; Ransom, Fisher, & Terry, 1992; Wamboldt & Reiss, 1989). This "assumptive world" of the family includes beliefs about the intrinsic controllability, rationality, fairness, worthiness, and benevolence of the family members, outsiders, and "life" in general. It also includes constructions about the obligations and entitlements among members, and attitudes, feelings, and beliefs about specific matters of illness and death (Rolland, 1987). While these views can vary from one member to another and, indeed, members may be in conflict about which is the "correct" view of reality, families that have coalesced into a new system generally develop a broad consensus about the nature of themselves and the larger world.

Recent work on the impact of all kinds of traumatic stressors (Janof-Bulman, 1992; McCann & Pearlman, 1990), as well as the impact of bereavement (Nerken, 1993; Ulmer, Range, & Smith, 1991), suggest that one of the most important sequelae of trauma is the shattering of the individual's

assumptive world. We concept to include the family as a whole. Family with wrenching questions of controllability, controllability, world after an unexpected death (DeFraim, Figley (1989) has to theory." The family misunderstanding of the event the reality and emotion yet one that also "re enough to allow for the sense of control, fairness, future. It is our observation accomplish this work of repercussions for the family.

Multigenerational Dysfunction

Our basic description of the G1/G2 family is of individual children, and the future relationships particularly in the court and nurturing a new family is correct, then we can the extent that a death family and becomes a event, it will have profound for the development of G2/G3 family system (McGoldrick & Gerson, 1985) that this "mutation" "DNA" is largely transmitted alteration in the assumptive results from the death, transmission of intergenerational flow from this assumptive like to conclude this an observations about this process with an illustrative case

Case Example

David and Sarah, a middle-class couple, were

assumptive world. We would extend this concept to include the world view of the family as a whole. Families may be faced with wrenching questions about the rationality, controllability, and fairness of the world after an unexpected and/or traumatic death (DeFrain, 1991). After experiencing the trauma, they must develop what Figley (1989) has termed a "healing theory." The family must develop an understanding of the event that does not deny the reality and emotional pain of the loss, yet one that also "repairs" the beliefs enough to allow for the re-emergence of a sense of control, fairness, and trust in the future. It is our observation that failure to accomplish this work can have long-term repercussions for the next generations of the family.

Multigenerational Dysfunctional Effects

Our basic description of family development is a process whereby the patterning of the G1/G2 family is enfolded within the individual children, and then unfolded in the future relationships of these offspring, particularly in the course of establishing and nurturing a new family system. If this is correct, then we can speculate that, to the extent that a death alters the G1/G2 family and becomes a nodal organizing event, it will have profound implications for the development of patterning in the G2/G3 family system (Byng-Hall, 1991; McGoldrick & Gerson, 1985). We believe that this "mutation" of the family's "DNA" is largely transmitted through an alteration in the assumptive world that results from the death, and through the transmission of interpersonal tactics that flow from this assumptive world. We would like to conclude this article with some observations about this process, beginning with an illustrative case example.

Case Example

David and Sarah, a Caucasian, upper-middle-class couple, were referred for

treatment a few months after the stillbirth of a child. The couple had one healthy child, but had experienced difficulty in conceiving a second time, which made the stillbirth of a much wanted child even more painful for them. The couple sought help with the conflict and mutual alienation that had developed over their different grieving styles. Sarah was angry about what she experienced as her husband's lack of support around the loss, and David was irritated with his wife's inability to "get on with it."

History taking revealed that David and Sarah's marriage had been deteriorating for several years. The couple met and married while David was in professional school, and Sarah then served as one of the employees in his professional office. Shortly after the birth of their first child, David was diagnosed with a life-threatening illness, and underwent a year of debilitating treatment for the disease, which subsequently went into remission. This was an extremely stressful time for both, with David barely able to function. He was enraged with Sarah for not providing more support for him, while Sarah felt overwhelmed with the demands of a new baby and a seriously ill husband. Both partners date the deterioration of their marriage from this period in the relationship.

David was the oldest of three children in a working-class family. He described his father as a competitive, demanding, and sometimes abusive man who intimidated the family with shouting and physical assaults. David's mother was described as a softer and more supportive person with whom he had a close relationship. She developed a terminal illness when he was 12, and died when David was 15. The family attempted to hide the truth of her condition from David until, on his own, he finally realized his mother was dying. This realization came after a summer at camp where he had made his first attempts at

dating, and was rejected by the first girl to whom he felt strongly attracted. He recalled strong feelings of rage at having been rejected, and an intense anger at not being able to control the relationship with this young woman, as well as an overwhelming sadness at the impending loss of his mother.

Approximately 3 years after his mother's death, David's father remarried a much younger woman who provided little parenting to David or his siblings. Shortly before leaving for college, David fell intensely in love with a woman during 3 "perfect" weeks together. He pursued this woman until she agreed to marry him 3 years later. The marriage ended in divorce a few years later, after David felt his wife was unsupportive to his career aspirations, and the sexual attraction between them had faded. David views most of his attempts at relationships with women as an attempt to recreate the intense feelings of happiness and well-being he felt during that 3-week courtship period.

David remains in frequent contact with his father and stepmother, providing financial support for them on a regular basis. David and Sarah decided to separate approximately 6 months after beginning therapy, after which David immediately began an intensely ambivalent relationship with a female employee in his office. He has relentlessly pursued the woman with both romantic gestures and threats to end the relationship, while she alternately resists his approaches and pursues him if he makes an effort to withdraw. Recently, David has, with great sadness and difficulty, begun to accept that this relationship will not become a satisfying or permanent one, and that he must let it go.

Sarah, the sister of two older brothers, was raised in an upper-middle-class family that she described as a "perfect all-American family." The family was shattered during Sarah's junior year in high school

when it was discovered that her mother was having an affair with the husband of a couple that was close to the family. Sarah's mother and this man left to live together in another state, while Sarah and her brothers remained to finish school and care for their father, who lost his job, began drinking, and became seriously depressed. The children rallied around the father as the "victim" of the affair, and developed a very strained relationship with their mother and her new husband. Sarah remains in contact with both of her parents, but has a conflicted relationship with her mother, whom she continues to blame for breaking up the family and abandoning the children.

Given these histories, the multigenerational impact of losses on David and Sarah's efforts to form a new family system can be summarized as follows:

1. *Insufficient release from the family of origin:* Since losses increase the emotional "gravitational pull" of a family system, they may interfere with the process of forming a new, centripetally organized system in the next generation. Both David and Sarah were emotionally enmeshed with their families of origin. Both were seeking to start anew in their marriage at the point where their families of origin had let them down—a phenomenon we term *the quest for a developmental restoration of the family of origin*. David continued to be the financial caretaker and family decision-maker for his father and sisters, as well as for Sarah, his child, and his business partner. Underlying his attempts to be the dominant partner in every relationship with a woman, David was also looking to restore the sense of nurturance and emotional intimacy he lost when his mother died, as well as the intense emotional "high" he experienced with his first wife during their courtship. Sarah was also attempting to restore the shattered sense of family cohesion and stability that she

had grown up with, so that her growth and then family.

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This restoration fantasy, in our experience, is nearly universal in situations of unresolved loss (Dietrich & Shabad, 1989). Aspects of intrapsychic developmental time seem to stop at the time of the death (Barnhill & Longo, 1978; Solomon & Hersch, 1979). Individuals often try to recreate in subsequent relationships their family pattern as it was at that time of the loss. The goal appears to be to play out the "script" again, but this time with a non-painful ending that "undoes" the loss and allows the person to resume his or her growth as an individual. Sometimes this happens, and a successful marriage may help people to heal old injuries and grow together as individuals. However, the need for the spouse (or sometimes the children) to take the place of a lost attachment figure in a significant way is often a major source of disappointment and conflict in the marriage or parenting roles: the script appears to repeat rather than to right itself. Individuals may initially hope to restore the lost relationship, then become bitter and hostile when they are let down. They immediately begin the search process over again, as David did after the "death" of each of his marriages. Or, people may use their marriage as a substitute family of origin and continue their growth to a point where they are ready to "leave home" in order to move on to their "separated young adult" phase of development, as appears to have happened with Sarah.

Another form of the increased "gravitational pull" after a death (particularly in families that make a fusionary response) is observable in the enormous sense of responsibility and protectiveness that offspring may feel for other survivors. As noted earlier, attachment theory suggests that distress or threat brings a reunion response among bonded persons. Thus,

family generations cannot part unless they feel that separation will not lead to "more death," whether literal or symbolic. In severely bereaved or traumatized families, children often become the emotional and physical caretakers of their parents or siblings. As they move toward separation from the family and the development of a new family system, this role as caretaker of parents begins to compete with the transfer of attachments and energies to a developing family system. This, in turn, interferes with the development of boundaries and intimacy necessary for a centripetal family system in the family of procreation.

2. *Transmission of a dysfunctional assumptive world and coping tactics:* Deaths, particularly ones that are traumatic and unresolved, can alter the entire world view of the family. A predominant family tone of depression, hopelessness, and helplessness, or of anger, injustice, guilt, and deprivation may have its origins in earlier losses within the system (Byng-Hall, 1991). The deprivations created by previous losses (as well as other forms of emotional injury such as physical and emotional abuse) can create subjective interpersonal entitlements that may last a lifetime (Boszormenyi-Nagy & Ulrich, 1981). People may bring a distorted sense of over-entitlement ("You owe it to me to make up for my past") or under-entitlement ("I do not deserve to be given to") into their subsequent, intimate relationships. These legacies are often so pervasive that their presence is not recognized, let alone negotiated and tested against "reality." Instead, these beliefs and feelings are passed on as "truth," as are the coping tactics associated with the internalized beliefs.

Recent formulations of family stress theory suggest that the impact of stressor events is mediated by family strains (McCubbin & McCubbin, 1989). Strains result when a family's attempts to solve the practical and emotional problems created

by a stressor become problems in themselves (for example, an increase in alcohol consumption after a death, as a "solution" to dysphoric affect, creates a new family problem). The dysfunctional feedback loops begun by these coping tactics can become embedded in a family's interactional patterns, as well as passed on to the offspring as "the way to deal" with certain life problems. In our experience, losses often create the medium wherein such dysfunctional patterning can flourish. The institutionalization of these recurrent patterns in the family's coping repertoire then begins to erode the group's sense of cohesion, as alienation and conflict over entitlements and dysfunctional interpersonal tactics emerge.

Both Sarah and David brought to their marriage a repertoire of assumptions and coping tactics that, while partially adaptive in their past family relationships, distorted their respective images of their spouse and blocked them from successfully meeting their needs in the relationship. David believed that he was strong and safe only when he was dominant, a pattern he appeared to have learned from his father (as well as from the general cultural norms for males). We may speculate that David's father used aggression as an antidote to his own feelings of helplessness created by his wife's death and the subsequent responsibility of raising children alone. David's aggressive tactics of interpersonal influence were ultimately self-defeating since they made it difficult for Sarah to give to him. Moreover, David believed that self-esteem would come from acquiring symbols of power and prestige, an assumption that created "workaholic" and a chronic sense of resentment at having to take care of others who "don't do their share." This resentment, in turn, served to push Sarah away from him.

Likewise, Sarah's belief that she needed a forceful partner to restore stability in her

world led her to David. But her rebellion at his overcontrol, and disappointment at his failure to become a strong nurturer rather than a strong controller, created in her a kind of "allergic" response to any attempt on David's part to lead. This clash of "alternative realities" and associated coping mechanisms set the stage for chronic conflict, frustration, and an inability to blend their world views into a cohesive new family system that encompassed the perceptions and needs of each member. Their sense of entitlement to restitution for past injuries played out over the course of the marriage, and added fuel to the fire of their divorce proceedings.

3. *Vulnerability to subsequent stressors and losses:* David and Sarah might have been able to overcome their problems had they not been flooded with a host of stressors and losses after their marriage began. These included inordinate time/work demands and financial indebtedness, the birth of a first child followed immediately by David's life-threatening illness, and a period of infertility followed by the stillbirth of a much anticipated second child. The adaptive fusional response of drawing together to seek comfort from one another did not have a foundation of effective mutuality to draw upon within their relationship. Instead, as often happens in families faced with illness or death, David and Sarah intensified their usual and polar-opposite coping styles (Jordan, 1985). This led to increased conflict and an erosion of the sense of pleasure and cohesion in the family. In this case, these later "injuries" to their family destroyed the fragile sense of mutuality that David and Sarah had built during their courtship period, but had been unable to enlarge upon as they moved into marriage and parenting. Thus, David and Sarah were unable to form a centripetally oriented family system with sufficient bonding to withstand the centrifugal forces created by the stressors.

The "final straw" was the second child, an event grieving style of each distinct coping system them into a separation

4. *Disturbances in the next generation:* As mourning of day-to-day interactionality, it frequently affects adults to form a viable family. Family therapists have much dysfunctional participation has its roots in conflict (Dadds, 1987); seems likely that David have difficulties in the whether they are marriage course of the couples overidentification with sulking conflict between evident. David would see son as "abandoned" woman who, in his view, pined with her own "se" nurture their child a viewed David as overbearingly violent, demanding, and hence from a young child foci of the couple's treatments with the child "bad" or "withholding" latent in their relationships potential for activation stress and separation, developmental separations. These transference parenting can also assume form in which the child treated not as a victim powerful, parental repl offer or withhold love, mately abandon the adult the developmental rest and Sarah sought in on transferred to their child create the emotional gray will make differentiation

The "final straw" was the death of the second child, an event that reactivated the grieving style of each partner, produced a distinct coping asynchrony, and pushed them into a separation and divorce.

4. *Disturbances in parenting the next generation:* As mourning impacts the quality of day-to-day interactions within a family, it frequently affects the capacity of the adults to form a viable parental team. Family therapists have long noted that much dysfunctional parent-child interaction has its roots in submerged marital conflict (Dadds, 1987; Nichols, 1984). It seems likely that David and Sarah will have difficulties in their role as parents, whether they are married or not. In the course of the couples therapy, areas of overidentification with their child and resulting conflict between them were already evident. David would sometimes view his son as "abandoned" by his mother, a woman who, in his view, was too preoccupied with her own "selfish" concerns to nurture their child adequately. Sarah viewed David as overbearing and emotionally violent, demanding too much obedience from a young child. While not major foci of the couple's treatment, these identifications with the child as victim of the "bad" or "withholding" spouse/parent are latent in their relationship, and have the potential for activation in future times of stress and separation, including normal developmental separations as the child matures. These transferred templates for parenting can also assume an opposite form in which the child is viewed and treated not as a victim but, rather, as a powerful, parental replacement who can offer or withhold love, punish, and ultimately abandon the adult. Thus, much of the developmental restoration that David and Sarah sought in one another may be transferred to their child. This may then create the emotional gravitational field that will make differentiation of their son from

their family unit more difficult because of the cascading impact of unresolved losses that we have attempted to describe.

SUMMARY AND CONCLUSIONS

Building on the work of Combrinck-Graham (1985), we have presented a model of family development that emphasizes the oscillation between centripetal and centrifugal forms of organization. Moreover, we have focused on the crucial shift from centripetal to centrifugal as central to the family's task of launching offspring and supporting their efforts at new family formation. In our view, the death of a family member (along with most disruptions of attachment relationships among members) can distort or retard this transition, particularly with dysfunctional families and/or with traumatic deaths. In this article, we have presented some of our observations about the form this distortion may take, both in near- and long-term periods after a death.

It is important for clinicians to remember, however, that grief by itself is not pathological, and that most families find a way to bind their wounds and move on with their lives. In fact, the process of sharing the loss of a loved one can bring a deeper sense of intimacy and a reordered sense of priorities for family life together. Nonetheless, it is apparent to us that families that have experienced painful deaths and a previous history of family dysfunction are at high risk. We hope we have provided at least a beginning map for clinicians who seek to assist families on the journey through the "valley of the shadow of death," a passage that all families must eventually undertake.

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Tales of the Metaphor in

Father-absent families with a lively father-pr stories the family metaphor of "story" i constructionist and na to therapy helps us to co these family stories pla phor draws attention i rendition of what is said the father; the connec present, and future idec family; the reciprocal in sion and experience, se stories and interactions, the family and the the dominant narratives ab Exploration of these is how client and therapic absent father mediate th absence on the family.

Fam Proc

IN his 1984 "Prolography," V.S. Naipa

Of my father's family a hood I knew almost noth

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