SEMINAR DAY 2

Assessing and Intervening With Dysfunctional Families

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The pediatric oncology nurse often is faced with assessing and supporting families who are coping with a ıronic, yet life-threatening illness. To differentiate families with significant psychopathology from families :periencing situational stress related to the impact of the illness, the nurse needs a framework for accurately :sessing the family's ability to function. The concepts, emotional system, differentiation, and triangling are om Murray Bowen's theory of family functioning. Also discussed are specific intervention strategies, such as ıpporting the executive subsystem, promoting the family's mental health, reframing negatives, and modeling ›sitive communication. This paper cites examples of situations in which these strategies are effectively em-oyed and discusses guidelines for a referral. (*Oncology Nursing Forum*, Vol. 15, No. 5, pp. 585–590, 1988.)

THE pediatric oncology nurse often is faced with assessing and supporting families who are coping with a chronic, yet life-threatening illness.[1] The ıronic nature of the illness contributes to internal con-ct due to medical, personal and social stresses.[2] Re-arch findings documenting the effects of these stresses ve been conflicting.[2-6] Although these stresses do not ect the divorce rate, for example, they may "pile up" d decrease the quality of the marital relationship.[2,3] The rse is challenged to screen families at risk of develop-g difficulties while supporting healthy family adapta-n.[6]

To identify families with significant psychopathology, : nurse needs a framework for making an accurate as-ssment of the family's functioning. The many hours ent caring for the patient provide an opportunity to serve and interact with the family, and to identify pos-le dysfunction by using a theory of family functioning. e difficulty in assessment is being able to temporarily ıore responses to stress and instead to become adept at :using on family interaction and characterizing these namics as either functional or dysfunctional. To vali-:e the accuracy of this assessment, the nurse may want consult with other team members. The social worker, ıplain, psychologist, or mental health clinical nurse :cialist may add insights and aid in assessment. Using s framework and a team approach to assessment, the :se can determine whether the family needs emotional ›port from the health care team or needs referral to a ntal health professional.

Bowen's theory of family functioning is one frame-rk the nurse may use in assessing a family's mental health. This theory describes three concepts regarding family interaction that may assist the nurse in assessment: the emotional system, individual differentiation, and triangling.[7] See Figure 1 for a summary of these three concepts.

Bowen's Family Concepts for Assessment

Emotional System: Patterns of emotional functioning

Differentiation: A sense of individuality and separateness among family members.

Undifferentiation: "Stuck togetherness" or fusion; an excessive sense of emotional closeness in family members.

Triangling: A pattern of interaction among family members when two people are emotionally very close and a third family member is emotionally very distant.

Figure 1: A summary of Bowen's family concepts.

Emotional System

In Bowen's theory, the emotional system of the family refers to the force that motivates the family system and describes patterns of emotional functioning in a family. These patterns are expressed through relationships formed within the family system.[7,8] In the healthy family, these relationships foster growth and development in children and encourage independence and positive self-esteem in all family members. Additionally, healthy families are flexible and can adapt to change.[9] For example, in one family with three children, the mother was three months pregnant when the two-year-old son's cancer was diagnosed. Even though this was another major stressor and a major life change, the parents still managed to both work and adapt to the illness and a new baby. They often rotated bringing the sick child for therapy so neither was overburdened.

In the dysfunctional family, three patterns may emerge indicating that individuals are having difficulty with conflict resolution and problem-solving: excessive marital

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conflict, over-adequate/inadequate reciprocity, and the projection process.[10] Looking for these patterns is part of the assessment for dysfunction.

In excessive marital conflict the parents cannot resolve issues or work through problems. Arguments are repeated over and over and may escalate into abuse.[8] The nurse may be alerted to this if both parents, at separate times, want to discuss a decision that needs to be made. The nurse may wonder why the parents have not discussed this at home. This same pattern may be noticed over several successive clinic visits. For example, in one family with numerous children, the parents were unable to develop a plan to assure that siblings were kept abreast of the sick child's status. With each diagnostic test or change in the child's treatment, the couple argued about what to tell the siblings, when to talk to them, and who should talk to them. They usually were unable to agree. If an agreement was reached, no actual follow-up occurred. Consequently, the other children were kept in suspense about the brother's illness, intensifying the distress with the family system.

The second pattern is *over-adequate/inadequate reciprocity* which occurs when one spouse functions at the expense of the other or seems to draw energy from the other.[7] For instance, this pattern of functioning may be suspected when one parent calls the treatment center frequently with trivial questions or continually asks the same questions. The other parent, however, is either never heard from or always seems calm and competent in any interactions with staff. In this example, the extremely anxious parent appears inadequate and unable to cope. This overt observation may be inaccurate. Upon further observation, the other spouse, while appearing excessively competent, is just as insecure. For example, during a support group meeting, the husband, who previously seemed unemotional and to be coping well, begins crying and sharing his fear that this son will not live. This behavior contradicts his usual calmness, in spite of the fact the staff perceived the frequently tearful wife as the only family member having difficulty coping.

Bowen's third observable pattern is the *projection process*. This pattern occurs when the parents' anxiety and conflict spill over and are manifested in the child's behavior. The "acting out" child, through his misbehavior, gives the parents an alternative focus for their energy instead of their own conflict. By misbehaving, the child helps to maintain peace between the parents and "saves" their relationship.[8] For example, during an outpatient appointment, the nurse and a mother discussed the mother's concern about her son's temper tantrums. The nurse practitioner advised her to use limit setting and "time-out" as consequences to the tantrums. This plan was discussed at length, and the importance of the father's participation was stressed. During the next clinic visit, the mother related that she "just never got around to trying the technique." However, the mother continued to talk about the tantrums and how the parents spent all their time trying to satisfy the child.

The occurrence of any of these three patterns in the family's emotional system—*excessive marital conflict, over-adequate/inadequate reciprocity*, and *projection process*—may appear temporarily in healthy families experiencing high stress. When these processes occur repeatedly and to the exclusion of other coping mechanisms, they usually indicate a dysfunctional family. Positive coping strategies in healthy families include having a cognitive understanding of the illness, communicating about the illness to the immediate and extended family, expressing appropriate feelings concerning the illness, and emphasizing the positive.[6,10] Prior to intervening with the family, further assessment into other aspects of the family's functioning should be completed.

Differentiation

The second major concept from Bowen's theory of family functioning, individual differentiation, describes the amount of emotional maturity in an individual within the family system.[7] Individuals with poor differentiation have a great degree of fusion between their emotions and thoughts. Such people have behavior patterns that seem automatic and preset; their emotions seem to drive their intellectual systems. They form dependent relationships that are very susceptible to stress, become dysfunctional easily, and have difficulty recovering. Conversely, individuals who are able to separate thoughts from feelings, who are able to choose between intimacy and purposeful activity, and who can derive pleasure and satisfaction from either state, are differentiated.[11]

When undifferentiated individuals marry, they appear to be stuck together or fused to one another. This sense of fusion continues when children are born and pervades most aspects of family life. The family exhibits several common characteristics related to the fusion or undifferentiation. In assessing for differentiation, the nurse may observe either individuals within the family or the family as a unit. If assessment indicates that the characteristics discussed below are present in a family, the nurse may infer that the family is undifferentiated, which is another indicator of dysfunction.

First, undifferentiated individuals do not have a clear sense of themselves as separate from other family members. In such families, individuals may describe themselves as very close to one another. They may be "up" when the patient is doing well and "down" if the patient does poorly. For example, in discussing the patients illness, the mother may use the word "we" frequently, and may speak for the patient by saying such things as "we are losing our hair." In a healthy family, the parents might express concern that the hair loss is causing the teenager to feel depressed. They would relate how the teenager had behaved and what he/she had said when the hair started falling out. In a healthy family, the nurse would be able to discern between feelings of the parent and those of the teenager.

Second, undifferentiated family members may seen so connected that only one set of beliefs or ideas is acceptable. The issue of discipline will frequently elicit conflict. The mind-set that there is one "right" way to manage the child's behavior will be voiced. Each parent may think that his or her method is the best and should always be used by both parents. For example, the father will want to spank, and the mother will want to talk to the child. Each will claim that the other's method is ineffective and not what the "experts" recommend. Both parents seem

unwilling to objectively evaluate the other's method.[12] In a healthy family, several solutions might be possible. For example, the parents might compromise and agree that spanking is appropriate for some offenses and then would clearly define these offenses to the child. When the child misbehaved, either parent would willingly carry out the agreed upon punishment. In this situation, the parents are able to communicate and problem-solve.

Finally, undifferentiated family members react emotionally to one another without any attempt to think through issues or situations. This reaction is obvious during situations of high anxiety such as bone marrow aspirations or biopsies. During the procedure, the child seems to sense the parent's fright and reacts by being extremely uncooperative. The tearful parents stand by helplessly while the child kicks, screams, or bites the staff. The parents are unable to support the child because they cannot separate the child's feelings from their own. In a functional family, the parents would be able to discuss their own anxiety and seek ways to manage their fear so that they could support the child.

Triangling

The family should be evaluated for the presence of triangling, a third component of Bowen's theory. Triangling occurs when individuals respond to high stress by automatically interacting with family members in a fixed rigid pattern.[7] This pattern, two people close and a third one distant, can be visualized by thinking of a triangle with two, long equidistant sides and one, short side (see Figure 2). An absence of triangling in families could be diagrammed as an equilateral triangle.

Triangling in families is inferred from observation of family interaction (particularly during periods of high stress), descriptions of family relationships, and discussions about conflict resolution. Typically, two family members will distance themselves from each other by pulling in a third person in order to avoid overt conflict. Interaction might include instances when one spouse sides with a child against the other spouse, when the couple may talk about each other to a third person, or when an issue rather than their conflict is discussed.[11] For example, the mother may state that she is very close to the sick child. The father may infer that another child is his favorite and that they are very close. Or the sick child may be referred to as the mother's child and another child referred to as the father's child.

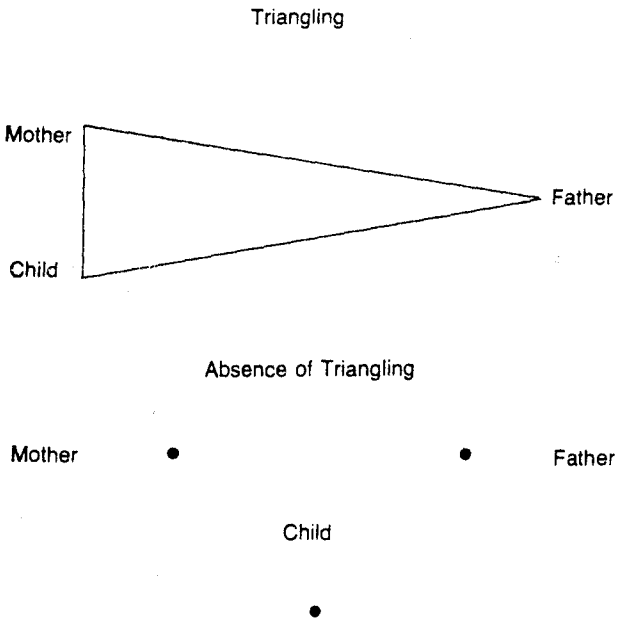

Figure 2. Diagrammatic representation of triangling, a concept of Bowen's theory of family functioning.

Each parent may bitterly criticize the other parent to the nurse. The nurse may be pulled into the family's emotionalism and may feel impelled to react to whatever situation the family is confronting. The nurse should be alert to being aligned with one family member against another. Such alignment could be an indication that the family has triangled the nurse into their conflict.[13]

Assessment Summary

Family assessment is not an exact science. Therefore, the nurse is encouraged to be as objective as possible when assessing the family and making observations about the emotional system of the family, the differentiation of the family members, and the presence of triangling. The frequency and intensity of all three should be identified and described in the family assessment. Table 1 outlines contrasting functional and dysfunctional characteristics.

The nurse should note the amount of conflict and the way in which conflict is handled. Additionally, the nurse should ascertain if coping styles are congruent and if one parent seems to overcompensate for the other. The nurse should observe how the children fit into the family and whether they serve as a buffer to dull the parent's feelings toward each other. The nurse should assess for high levels of dependence and decreased self-esteem and whether the family is concerned about the lack of initiative in family members. Finally, the nurse can assess for excessively rigid relationships among family members. These examples of family functioning are indicators of an unhealthy family system, especially when they are fixed and rigid.

Through these observations, the nurse obtains a composite picture of family functioning. Noting negative processes would alert the nurse to possible psychopathology. This dysfunction is differentiated from a reaction to situational stress by the intensity and duration of the processes and by the type of processes. Assessment of healthy families experiencing stress or a crisis may show some of the dysfunctional processes described above, but these occur only on a sporadic basis. The more typical picture of a reaction to crisis or acute stress shows a short period of cognitive disorganization and emotional lability followed by attempts to master the situation. In contrast, the dysfunctional family continues to exhibit negative processes within the family along with inflexible responses to stress. A pattern, not just the presence of a particular process, is the greatest indicator of psychopathology.[9] A picture of dysfunction is not always easy to identify; even experienced mental health professionals do not always agree on dysfunction. A nurse should strive to understand family functioning and to improve assessment skills so that judgments are as unbiased and as accurate as possible.

Table 1. Assessment Summary for Functional Versus Dysfunctional Family Characteristics

FUNCTIONAL	DYSFUNCTIONAL
Emotional System	**Emotional System**
Independence is encouraged	Dependence is encouraged
Positive self-esteem promoted	One person is "identified" as "problem"
Positive conflict resolution	Negative conflict resolution
Adapts to change	Repetitive, rigid use of ineffective coping
Differentiation	**Lack of Differentiation**
Relationships foster emotional maturity	Emotional immaturity of encouraged
Thoughts separated from feelings	Thoughts and feelings are enmeshed
Sense of separateness among family members	Sense of fusion
Differences of opinion are allowed and encouraged	Differences of opinion are unacceptable
Problem-solving to generate solutions to concerns occurs	Family members do not think through alternatives to problems
Absence of Triangling	**Triangling**
Patterns of interaction among family members are flexible and adaptive to the situation	Patterns of interaction among family members are fixed and rigid

Family Interventions

When a family appears to be either dysfunctional or experiencing temporary disequilibrium, the nurse needs to develop a plan for supporting the family and/or make a mental health referral. Interventions derived from family therapy strategies also can be used to help the healthy family adapt to stressful situations, such as situational stress, or improve family functioning.

Parents as a primary focus: Targeting the parents as the primary focus for alleviating anxiety is an intervention based on two premises. First, children experience and express anxiety within the context of the family. Parents may communicate anxiety to the child and may reinforce anxiety felt by the child.[14,15] Second, parents are the executives of the family and determine how the family will cope. Therefore, it is doubly important to support the parents so they can give age-appropriate comfort to the child or adolescent.[15] The purpose of this intervention is to stop the cycle of anxiety by alleviating parental anxiety thereby promoting parental functioning. The natural tendency may be to support the child and decrease his/her anxiety. However, efforts should be directed toward decreasing parental anxiety and involving them in the process of supporting the child to increase their sense of competence. Supporting the child is a short-term approach that temporarily may alleviate the problem but, without parental involvement, is less likely to achieve desired long-term results.

The parents should be supported by identifying the source of their anxiety. For example, a five-year-old was usually very difficult to examine. His mother appeared extremely upset as the nurse practitioner tried to get the child to cooperate. During the examination, the nurse practitioner learned that the mother had dreamed that the examination would reveal that her child had relapsed.

Parents also can be supported by ascertaining what concerns they have about clinical issues. The nurse then can offer information about procedures, tests, or the child's illness. The nurse also could demonstrate stress management techniques that help the child to be more cooperative during procedures. For example, parents could be taught and encouraged to practice relaxation techniques and could coach the child in learning these techniques.

The developmental age of the child should be considered. The nurse must recognize the emerging independence of the adolescent while attending to the influence of the family system on the patient. With the older adolescent, the nurse may want to discuss clinical issues and concerns with both the teenager and parent. For example, when discussing the need for a bone marrow, the nurse practitioner gave both the parents and the teenager time to ask questions.

Promoting mental health: A second intervention is to promote the family's mental health,[16] aiming toward long-term support of the child by strengthening any positive dynamics that occur in the family. The nurse first should focus on positives rather than negatives so the family will respond to the positive reinforcement the nurse is providing. For example, one mother displayed excessive amounts of denial in coping with her child's illness. This denial did not interfere with the mother being rational about her child. The denial allowed the mother to spend time with her other children and to appropriately discipline the sick child. When the staff began to focus on the positive aspects of the denial, they could relate to the mother with less disapproval. This mother subsequently took part in several parent groups and was able to help other parents see the need to attend to the needs of other children in the family. As the nurse shifts to a more positive perspective on the family's methods of coping, the family exhibits positive dynamics in response to the expectation of the nurse. In this same example, the mother became more open with the staff.

Reframing negatives: Another technique that can promote family mental health is changing the environment in which the family functions.[16] Reframing involves changing a negative label for a behavior into a positive one. To reframe a negative behavior, the nurse must identify a positive counterpart to the behavior. This does not mean the nurse is positive about the negative behavior or projects a positive attitude hoping that the behavior will improve. Instead, the nurse highlights some aspect of the behavior which, if enhanced, could become a positive force. For example, when patients exhibit uncooperative and belligerent behavior, they may evoke a defensive reaction from parents, friends, and staff. If this behavior could be relabeled as efforts toward independence, par-

mote growth toward maturity.

Positive communication: Another intervention is to *model positive communication*, providing the family with a behavioral example of appropriate communication by the manner in which interactions occur. Positive communication includes strategies, such as assertiveness and active listening skills, to maintain an effective relationship with the family while improving family interaction.[17] Modeling is particularly important to use when working with dysfunctional families who seem to thwart efforts to interact with them. The nurse's instinctive response is to avoid these families because of their resistance to interventions.

One way to integrate the technique is to ask family members what they think about a particular issue rather than how they feel about it. This strategy is particularly effective when used in the presence of both parents. By asking each parent the same question, listening to their thoughts, then summarizing them, the nurse has shown the parents how to decrease their emotionalism. As each parent listens to the other, a new pattern of communication can emerge. For example, a nurse listened while a couple discussed terminating therapy. The nurse noted that the conversation was strained, that both parents were very anxious, and that neither parent was hearing the other's perspective. They suddenly turned and asked the nurses' opinion. The nurse responded first by asking the mother, then the father, what they thought about terminating therapy. Using this strategy the nurse prevented the family's usual anxious argument. By decreasing their emotionalism and creating a situation where they were able to listen to each other's thoughts, the family has moved toward problem solving.[12,18]

The nurse can further model effective communication by maintaining an "I" position in talking with the family. For example, the nurse can use such phrases as "I know, I think, I am not sure," when discussing a problem. This approach demonstrates the nurse's differentiation from the family while showing family members how to express their own thoughts. Additionally, the nurse can encourage family members to clarify and discuss their views without interruption from others. Such a strategy supports developmental differentiation of family members and furthers positive family dynamics.[8,12]

Self-Awareness and Nursing Intervention

Family therapy strategies are particularly appropriate for nurses practicing in pediatric oncology. Because of the long-term nature of the therapy protocols, nurses often develop intense personal relationships with the child and family. These relationships involve emotionally intensive interactions with families during the course of the child's treatment.[19] The nurse experiences the family's feelings of fear, sadness, anger, and despair. The nurse may become a part of the "psychological" family of the patient and have much influence on the family's dynamics. Conversely, the dysfunctional family also can influence the nurse. The dysfunctional family makes attempts to absorb others into their psychopathology, especially during times of conflict or stress.[20,21]

To prevent the nurse from being pulled into the family's dysfunctional system, the nurse must maintain a sense of separateness from the family's emotional system. The nurse can remain detached without rejecting the family by being objective and conveying a sense of concern and empathy for the seriousness of the problem.[8,12,13]

Referral Guidelines

If strategies fail to stabilize the family's functioning, the nurse should consider making a referral to a mental health professional. Interventions should begin as soon as possible after the nurse assesses that the family seems dysfunctional. The best time to initiate the referral is during the crisis period when people are more open and amenable to help.[22] To be most effective, interventions should be initiated within the first six weeks following any crisis point, including diagnosis, relapse, or terminal illness.[23]

How the referral is presented to the family may have a great influence on their acceptance of counseling. A referral should be framed in a positive way so the family does not lose face and feel worse when counseling is recommended. One approach is to tell the family that even strong families use support to increase their coping ability. This technique emphasizes the positive aspects of counseling. Another approach is to tell the family that having a child with cancer is a very stressful situation difficult for all families. By emphasizing the highly stressful nature of the diagnosis, the family doesn't feel inadequate for coping ineffectively. By using these techniques when making the referral, the family is more likely to comply.[24]

Conclusion

Bowen's theory of family functioning[7] provides the nurse with a theoretical framework for assessing psychopathology in families by identifying dysfunctional interactions. The nurse can employ strategies from family therapy to help stabilize the dysfunctional family and improve their interaction. If these strategies are ineffective, the nurse should consider making a referral to a mental health professional.

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