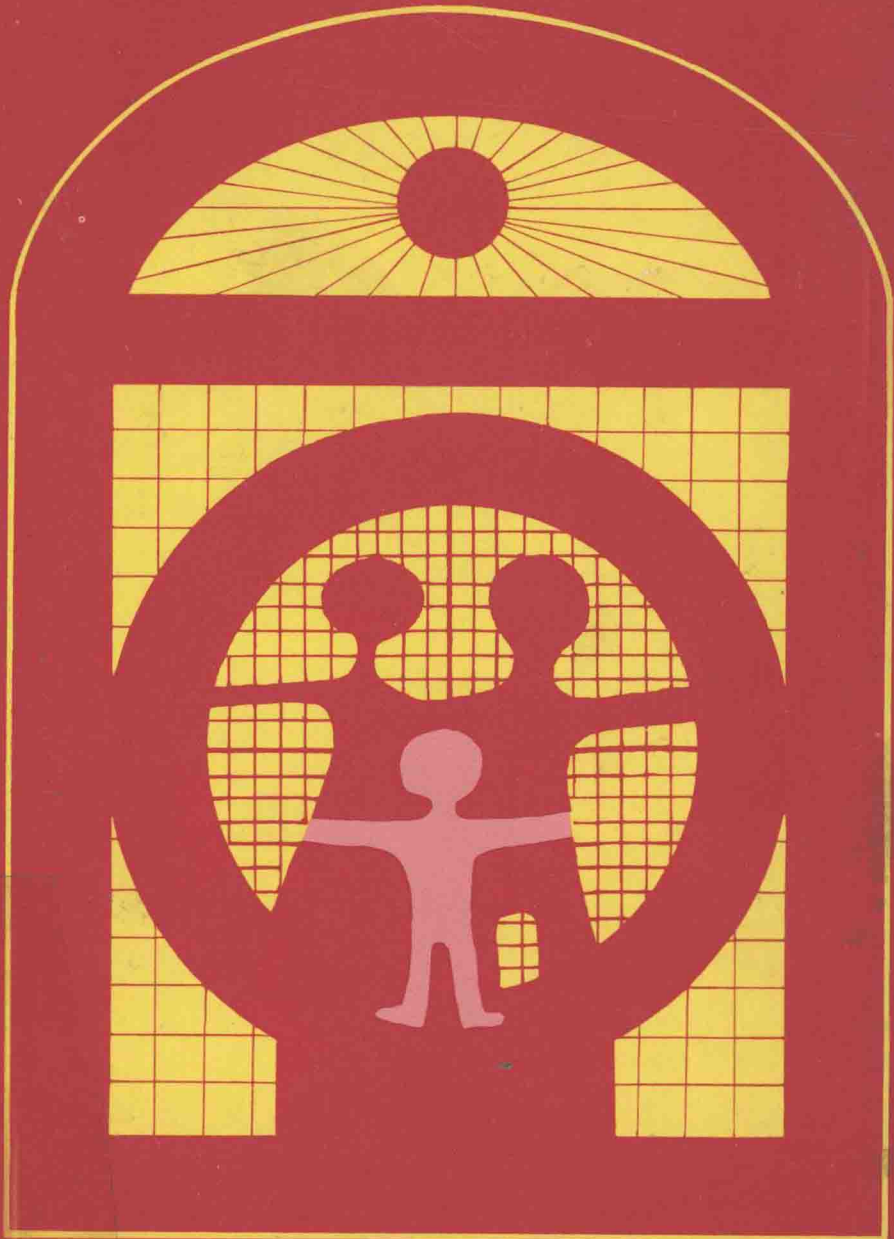# FAMILY MENTAL HEALTH

Theory and practice

RAE SEDGWICK

FAMILY MENTAL HEALTH

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illustrated

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FAMILY MENTAL HEALTH

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To
MY FAMILY

PREFACE

The family is the most important social organization and emotional environment that individuals encounter in the process of growth and development. Within the family system, individuals are shaped by and learn to shape the world around them. Family effectiveness is influenced by the individuals within the particular family, by the history that those individuals bring to the contemporary unit, by the dynamics that occur within the unit on a day-to-day basis, and by the events and situations that surround the family. How well the family operates as a social organization and how successful the family is in creating an emotional environment conducive to group interaction as well as individual growth and development are measures of the family's effectiveness, or mental health. Family mental health is the result of interactions within the family system and between the family system and other social systems.

This book is presented in three sections. The first section is an overview of concepts and principles related to the family as a system. The second section is an overview and discussion of clinical involvement and the clinical process. The third section discusses clinical application and presents case illustrations. Family is defined and described as a system; additional concepts are discussed throughout the text to familiarize the clinical student with those concepts that have been helpful to me as a clinician in working with families. Mental health is defined in terms of psychological and social effectiveness; clinical intervention is viewed as a process of change in which attempts are made to enhance the level of effectiveness of the family system. Although the text was originally prepared with the clinical nursing student in mind, it is believed to be appropriate to the practicing clinician in health-related fields, such as social work, psychology, and counseling in which the primary focus is on the family as a unit. Thus all chapters will be useful to the clinical student, and certain chapters can be read and used selectively by the more experienced clinician. Both groups, the beginning and the more experienced clinician, will find the study questions and exercises at the end of each chapter helpful in testing and applying their own understanding of the material provided.

The material presented is the result of my academic exposure to and clinical experience with nursing and psychology, as well as the result of working with families in and out of therapy. Thus the text contains both the ideas of others and some of my own original thinking. Permission has been granted by Charles B. Slack, Inc. and The C. V. Mosby Company to use work that has appeared elsewhere.

Like many endeavors, this textbook is the result of the efforts of several people, to whom I am deeply grateful: Beth Lee and Dr. Nancy Elsberry, Clinical Nurse Specialists, for their critical reviews and constructive comments; Linda Reynolds, for her diligent and careful preparation of the manuscript; and Susan Hildebrand, Clinical Nurse Specialist, for her support and critical reviews and for maintaining a sense of order in our clinical practice, particularly during the final stages of manuscript preparation.

Since many of the ideas and clinical tools presented in this text are developmental and are still in the growing process, I welcome comments and suggestions from students and clinicians as they work with and further develop the ideas and clinical tools presented here. One of the exciting aspects of a text of this nature is the knowledge that clinicians and practitioners will be using and critically testing the concepts and practices presented. Their ideas and comments will be useful in the further refinement of these particular tools and in the development of new ideas and new clinical intervention strategies. To the above-named people and to the clinicians who use this text, I am grateful and look forward to a long and productive relationship.

Rae Sedgwick

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Theory

Chapter 1

OVERVIEW

This is a book about families, mental health, and the contextual factors that shape both. The text is presented in three parts: The first is an overview of concepts and principles that I find helpful in working with families. The second part is an overview of clinical involvement and clinical processes in general. The third part focuses on specific clinical application and case illustrations. Themes that appear early in the book reoccur throughout the text: family as a dynamic process; family as a system with unique social and psychological characteristics; mental health as a composite outcome of the family's system effectiveness; mental health as an outcome of individual, family, and society interaction; stress and change as the natural outcomes of daily living in a highly organized, technologically sophisticated society; change as the natural by-product of the interaction within the family and between the family and external systems; the clinician as participant observer; the clinician as change agent; and clinical involvement as a mutual responsibility of the client and the clinician.

FAMILY OVERVIEW

Family is chosen as the central focus of discussion primarily because of the powerful influence it demonstrates in shaping individual mental health and because, in our clinical practice, the family as a dynamic unit is a basic concern. To effect change within individuals, it is often necessary, even mandatory, that changes occur within the larger family unit. The family can be one of the most demanding as well as one of the most supportive and influential systems with which individuals must learn to cope. Within the family system, individuals are shaped and, in turn, learn to shape the world around them.

The family is a social and psychological arena in which individuals learn values, take on beliefs, absorb attitudes, initiate and imitate actions, and practice ways of behaving. Members of the family watch and learn from one another. Within this arena, generations pass on ideas, attitudes, habits, and practices down through the years as a legacy on which

future generations build. Family members from previous generations can be as powerful in their absence as they were as living members of the family unit. Through the processes of naming, unfinished tasks, and centrality of place and purpose, family history presents itself to the contemporary family unit and plays a part in shaping the social organization and psychological environment of the contemporary family.

The family is a social organization whose purpose is to develop in its members sets of skills necessary for productive membership in a larger social system. The family is often evaluated by the ability of its members to learn, produce, create, exercise sound social judgment, adhere to social norms and expectations, and otherwise actively participate in meaningful community life. As a social organization, family has a pivotal purpose: linking the family members one with another and bringing the family as a group into contact and interaction with other societal networks, for example, school, church, government, and work. The family's embeddedness in a larger social network helps the family to set goals, derive expectations, and make future plans. The interaction of the various networks forms the context in which family occurs. Through its network, the family processes information, makes decisions, engages in productive and expansive activities, and provides for individual growth and development in light of demands that will be placed on individual members in the future. Patterns of communication and styles of relating reflect the social context of any particular family unit. As a social organization, the family is responsible for teaching social, intellectual, and physical skills. Although the family has many characteristics of social organizations, it is also an emotional environment.

As an emotional environment, the family is imbued with the responsibility of creating an atmosphere conducive not only to group living and cooperation but to individual development as well. As a psychological environment, the family has the ability to fashion its members in a variety of ways. The family may, in light of its history and its contemporary social context, engage in emotionally honest or emotionally dishonest forms of communication; shape its members through acceptance and approval or through disapproval and rejection; and use the spaces within its boundaries judiciously or misuse physical, emotional, and environmental resources within and outside the family limits. As a psychological environment, the family may provide its members with a sense of connectedness and belonging or may fail to provide its members with a sense of belonging, of identity. Connectedness is expressed in emotional attachment, or bonding.

Bonding, or the emotional closeness that develops in a family relationship, is integral to survival. The ability to touch and be touched, to care and be cared about, to unite with yet retain a separate identity, to know

another and be known intimately, to express commitments and obtain them from another human being, and to work toward similar goals are all qualities of positive, growth-inducing bonding. To establish an emotional climate of trust, warmth, concern, and acceptance; to expect group commitment yet provide for individual uniqueness; to encourage conflict and disagreement as readily as harmony; and to adapt in light of changing needs and demands are all within the realm of possibility for the healthy family.

FAMILY DEFINED

The family is made up of people who have a shared sense of history, experience some degree of emotional bonding, engage in directionality and goal setting for the future and whose activities involve group issues as well as individual concerns. Group issues may include physical survival, social protection, education, and development of skills. Individual concerns may involve protection, acceptance, nurturance, approval, belonging, identity, support, and growth. The bonds that unite family members are powerful and persist, through time, in significance and impact on individual members. Family members may or may not be biologically related; the bonds that unite them may or may not be legal. This definition of family encompasses the social and psychological features of the relationships that form the primary core of the family experience. Most family units contain at least some members who are biologically related or engaged in some form of binding legal contract. However, some family units whose commitments are firm, whose goals are defined, whose sense of history shared, whose members are interdependent for physical, emotional, and social needs may not be legally or biologically related. Single parent families, aged who pool their resources, communal groups, religious orders, and blended families are all families by definition as well as by commitment. In a recent interview with a young child, I asked her to name her family. She began, "Karen, Linda, Susie, Jason, and Billy." I thought that the family consisted of two siblings and a single parent. "Who are all these people?" I asked her brother. He replied, "Kids at school." The small child smiled and said, "That doesn't matter, we can be family, too." Her comments show the importance of knowing who is considered family by the various members of the immediate family or the family being interviewed. If one member perceives the network to be more extensive than other members, the operating family unit will be different depending on who is being interviewed. It is important to be able to identify family members; in order to do so, the clinician must be able to see family from the perspective of those who consider themselves to be family. Family members often have a broader definition of what constitutes family than the clinician does, especially if the clinician has been raised in a traditional two-parent, three-

sibling, middle class family setting. Each member brings to the family system a unique history, individual needs and wants, expectations and skills, and ideas of what will contribute to good family relationships. Success will depend on individual and family ability to fulfill social and psychological needs of the group as a whole and of individual members.

FAMILY MENTAL HEALTH

Mental health is used in this text interchangeably with *effectiveness:* it is a measure of the family's ability to successfully execute activities essential to meeting family and individual needs and satisfying societal demand and expectation. These activities include (1) gathering information; (2) making and implementing decisions; (3) resolving conflict and providing for individual growth and development; (4) creating an emotional atmosphere conducive to self-disclosure, trust, cooperation, and acceptance; and (5) engaging in productive and adaptive activities with regard to internal family needs and external societal demands. These activities are essential to effective family life. The ability or inability to successfully engage in these activities is related to individual ability, family organization, environmental conditions, and sociocultural constraints.

The less able a family is to engage in the above activities, the less effective the family will be as a system and the greater the probability that individual behavior will reflect that lack of effectiveness. Individual mental health is considered a reflection of the state of affairs within the family system at any given time, thus removing from any one individual the entire responsibility for failure, sickness, or ineffectiveness. In this book, the identified patient is considered to include the family, the social structure of which the family is a part, and the contributions that the individual family members make to the overall process.

Mental health, then, is a multifaceted outcome of the interaction between the family unit and larger social systems and between the social systems and individual family members. To judge mental health, it is necessary to identify the family in its given context. The context includes cultural, social, economic, and community background. What is effective in one setting may be less than effective in another. What is typical for one culture may not be typical in another. The environment, or physical surroundings, with which a family must cope plays a significant role in that family's ability to be productive, to withstand stress, and to make changes.

Change

Change and the need for change are components of daily living for families. A rising cost of living, fluctuations in the market value of the dollar,

discrepancies in health insurance plans, and rapid technological advancements all operate to force the family to make constant changes and to undergo stress for prolonged periods. Management of stress and ability to participate in change are essential and influential factors in the mental health of a family. Lack of mental health can be a transitory situation that is the result of too much stress, too much change, and too few resources. Individual members within the family unit are often the red flags that signal that the family is about to succumb or needs help in coping with change. Because of the situational, overlapping nature of effectiveness and ineffectiveness, it is possible to help family units to alter patterns, to exchange old habits for new ways, and to become more effective.

Helping families to change is not always an easy task; it can be complicated and fraught with difficulties. The family often comes to the clinician because a member has been identified by the school, police, community, or family as a source of trouble. The identified individual is labeled and often begins to act out the assigned label. Not only must the family be helped to see the interlocking nature of individual behavior with family dynamics, but the individual must often be assisted in giving up the "sick patient" identity. It is sometimes easier for families to consider one member sick than to realize that the entire unit is engaging in ineffective practices. The clinician acts as a change agent, one who often pushes the family in the direction of self-awareness and self-determination. In so doing, the clinician may become a focus of energy that unites the family and brings members to an awareness of their group abilities to make changes in their daily lives. The clinician is a participant, active and involved; an observer, passive and data-gathering; and an agent, directing and facilitating.

Changes that come about are the joint endeavor of the clinician and the family unit, each with a set of rights and responsibilities. The contract, written or informal, serves as the meeting ground on which the clinical process is constructed. As illustrated in the following example, it is important not only for the clinician and the immediate family to be involved, but distant and influential family members as well. In the example, a significant family member was overlooked and his influence underestimated.

Example. Larry was brought to my office because of repeated school failures. Present in the household at the time were a father, mother, and two older sisters. His siblings were doing well in school, and, although the parents were minimally educated, there was no apparent reason for Larry's progressive lack of success. Larry was puzzled by his failure but not apparently distressed. Following the initial interview, which took place in my office, a home visit was made, largely because of the lack of tangible clues to Larry's poor performance. During that visit the mother happened to mention that Larry was looking forward to an upcoming visit to his

grandfather in a nearby community. In later visiting with the grandfather, I became aware that the man had little, if any, positive regard for formal education, being a self-made and rather successful farmer. His emotional attachment to Larry was evident in his frequent visits, gifts, and comments. He was unaware, however, that he was conveying to Larry a general lack of interest in Larry's school performance, that he had communicated his rather low opinion of formal education in general, and that he was serving as a model for Larry. As we explored his influence during the sessions that followed, the grandfather became sensitized to and influential in changing Larry's attitudes toward school.

During the initial interview, the grandfather was not mentioned except in passing. His influence was not considered important, chiefly because he did not live in the same household and because his farm was some distance away. His impact, however, was powerful and real. His participation was essential, not only in gathering a complete family profile but, more important, in helping the family members to make changes in their style of interacting with each other and with the school system. Larry was a link between his grandfather and his parents; between his parents and the school system, and between the school system and my office. Through Larry's efforts, all were somewhat changed in the encounter.

Larry's family situation demonstrates the powerful yet often overlooked impact of the so-called distant, or extended, family member. It also points out the changeable nature of relationships. These relationships were temporarily ineffective but, with assistance, reached a level of effectiveness. There was a strong bond between Larry and his grandfather, one that affected everyone it touched, including Larry's classmates who later made educational visits to the farm.

Larry's case can be used to summarize a number of points about families in general:

1. Family membership involves not only members residing together but distant members as well. In Larry's case, this was a living grandfather. In other families, members may include aunts, uncles, deceased but influential grandparents, close friends, retired school teachers, ministers, school nurses, or professional colleagues. A family member's relationship to the family unit is often a matter of emotional attachment and social influence as well as economic support and physical proximity. Family pets and individual members' hobbies, jobs, and responsibilities are often so demanding that, in a sense, a membership role is created for that job, pet, or demand.

2. Family consists not only of people but of what happens between those people as well. Relationships established, patterns organized, and habits that family units develop are as much a part of the family as are the people