The Chaplain as a Family Systems Practitioner

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Association of Professional Chaplains Webinar

Objectives

- Define the diverse roles of the chaplain and discuss the use of the self in diverse multi-cultural contexts and settings
- Understand the theory of family systems thinking in chaplaincy care and education
- Explore clinical applications of family systems thinking in chaplaincy care
Background to Family Systems

- Emerged from principles and concepts derived in General Systems Theory that does not specify particular theoretical frameworks for understanding problems or intervention strategies.
- A body of knowledge that has arisen out of the observations of clinicians as they work with 'the person-in-environment'.
- “I am because we are, and since we are, therefore I am” (Mbiti, 1969, p. 141).
- Mbiti also states that "nature brings the child into the world, but society [or the family as a ‘system’] creates the child into a social being, a corporate person" (p. 107).
- The newborn does not ‘belong' to the parents alone (as mostly in nuclear families and Western culture). In the Tribal families and cultures, the child belongs to the entire community because it takes the whole village to raise a child.

Preliminary Considerations

- Understanding the ‘Emotional Field’ in Family Systems vs. the Individual member in (spiritual) crisis intervention.
- In an Emotional field, a Ministry of Presence is similar to what Edwin H. Friedman (1932-1996) calls ‘the power of presence’ (the Chaplain’s calmness, responsibility for one’s own emotional being, a non-anxious, non-judgmental presence).
- Four sets of Polarities/Forces that Push in Opposing Directions in an Emotional Field like in a Family/Group
  1. Enmeshment-Disengagement
  2. Individuality-Togetherness
  3. The pursuing-Distancing
  4. The Over-functioning-Under-functioning
Preliminary Considerations

• **AWARENESS of the Changes** (predictive and un-predictive) a family experiences that impact a Care-seeker’s beliefs or assumptions and care, and the **Resistances** experienced within families as the System seeks stability to restore itself (behaviors/patterns learned from one’s family of origin and/or family of choice!)
• Communication Facilitator between Care-givers and Care-receivers
• Chaplains are Care-receivers’ greatest **Advocates** in Team/Family Systems because spiritual and cultural beliefs influence decisions, responses, and outcomes (Kleinman, Eisenberg, & Good, 1978).

Spiritual and Cultural Tools

*Spiritual Assessment and Interventions* (George Fitchett’s bibliography for 7 x 7 Model; Christina Pulchalski’s FICA; Moses Taiwo’s CARE: Connection; Awareness; Resources, and Expression), using the elements of Family Systems to find meaning and purpose of life

*Cultural Assessment and Interventions* may follow a ‘Four C’s of Culture’ by asking, (i) what do you **call** your problem, (ii) what do you think **causes** the problem, (iii) how do you **cope** with your problem? and (iv) what **concerns** do you have regarding your problem in life? (Galanti, pp. 2-6). This is to elicit some understanding of the Care-seeker’s point of view.
Bowen’s Family of Origin Approach

Murray Bowen (1913-1990): The rationale behind Bowen’s family systems was his belief "that the family therapist [practitioner] usually has the very same problems in his/her own family that are present in families s/he sees professionally, and that she/he has a responsibility to define himself [herself] in his/her own family if she/he is to function adequately in her/his professional work” (Bowen, 1972, p. 468).

Interlocking Elements of Family Systems

1. The identified patient or ‘scapegoating’
2. Triangles
3. Cut-off
4. Homeostasis
5. Differentiation of self
6. Sibling position
7. Family projection process
8. The Extended Family Field
Interlocking Elements of Family Systems

Types of Families

- Single-Parent Families
- Families of Divorce
- Blended Families
- Homeless Families
- Extended Families
- The Whole Tribe Families
- Migrant Families
- Community and Professional Families
- Gay and Lesbian Families
Diversity in Families (Others)

- Social Economic Status
- Education
- Work/Occupation
- Beliefs, including religions and non-religions
- Sexual Orientation
- Cultural Grouping/identity

Friedman’s Operative Concepts

Edwin H. Friedman (1932-1996), a family therapist and an ordained Rabbi from New York City, who wrote Generation to Generation, believed like Bowen that “theories based on individual model tend to conceptualize the ‘illness’ of a family in terms of the character traits of individual members, and the ways in which their various personal problems mesh. The family model, on the other hand, conceptualizes a system’s problems in terms of an imbalance that must have occurred in the network of its various relationships, no matter what the nature of the individual personalities” (p. 23).
Friedman’s Operative Concepts

1. The Family of Origin
2. The Family of Choice (One’s Nuclear Family)
3. The Community/Work/Group Family
4. Each family member is always caught up in an ‘Emotional Web’ of un-resolved Issues
5. Family systems have their own rules and their own secrets, creating a bond
6. Each person in a family plays a role in the functioning of the other persons in the family/team
7. Almost never the issue that is the problem but the change in homeostasis that caused it to erupt
8. Deal with process not symptoms
9. Positive triangulation can occur when Chaplains act as coaches between persons and institutions mediating conflicts
10. Sometimes only separation brings about desired changes, and a non-anxious presence, nonreactivity is required to regulate the process for all
11. Continue to de-triangle by refusing to conspire in an emotional alliance
12. As with all emotional and spiritual growth playing it safe is more tranquil or peaceful.
Question: Is avoiding challenge what responsible chaplaincy is all about?
The identified patient

In a dysfunctional system/family, members need someone to focus on either to blame things on, or to point to when things go wrong. Thus, in clinical settings, this person is labeled as the “identified patient” or IP. I call the person *the family skeleton* because the System (team or group or family) that is dysfunctional has subconsciously elected one person to act out all the System dysfunction or sickness in a very overt way while the rest of the family acts it out in a covert way. It appears the ‘labeled person’ is set for failure even if the IP tries not to act sick!

The identified patient (A Clinical Vignette)

A 16yr old girl was very ill as she refused to eat and she was brought to the Emergency room. Her parents also complained of her refusal to take the prescribed medications and had not come home all night. The parents wanted someone who could figure out what was wrong with their daughter. The girl’s father had obviously been drinking alcohol, and he looked a lot older than his age. His wife struggled with a similar issue, and she was openly angry and upset at her daughter in the room. I assessed that the girl was the ‘identified patient’ in an alcoholic family since the family focused on her and her wayward ways or behaviors. They could not look at themselves-- the dad’s alcohol problem and her mom’s complicity in it. Changing the girl’s behavior would require a change in the family since she found a way to satisfy her need for full partnership in the family system.

Question: What can a Chaplain do in this situation to meet the spiritual needs of this girl and her family?
Emotional Triangles

‘Triangles’ occur when the inevitable anxiety in a dyad is relieved by involving a vulnerable third party who either takes sides or provides a detour for the anxiety (Bowen, 1985; Friedman, 1985). According to Johnson (1996) and Titelman (1998), people in relationships triangle by using conflict in three ways:
1. When one provides a strong sense of emotional contact with the significant other
2. When justifying separation from each other without feeling guilty about it
3. When persons project anxieties they have about themselves onto the other thereby preserving their positive view of self

Emotional Triangles

In marital relationship, someone is always uncomfortable pushing for change that invites an ‘outsider’ to cause a triangle. John may begin to feel uncomfortable with too much closeness to Mary. He may begin to withdraw, Perhaps, to another activity such as work (an outsider of triangle). Mary then pursues John, resulting in increased withdrawal to the initial triangulated-in activity or person. In the process, Mary feels neglected and seeks out an ally who will sympathize with her sense of exclusion. This makes John feels like the odd one out, and he moves anxiously closer to Mary. Under stress, the emotional triangling process feeds on itself and interlocking triangles are formed throughout the system spilling over into the wider community. Family members find allies or enemies to unite against, such as physicians, chaplains, and others in the helping relationships.
Emotional Triangles (A Clinical Vignette)

For many years, Mrs. J has relied on her adult daughter Anna to help her with basic needs of daily living. Mrs. J has a Durable Power of Attorney for Health Care naming Anna as her surrogate decision-maker in the event Mrs. J cannot make a health care decision for herself. One day, Ana announces to her mother that she and her husband will be moving to the west coast, 2000 miles away from Mrs. J. “You know how much I love you, Mom, but this is an opportunity for John we cannot turn down.” Mrs. J says nothing, but she feels hurt and abandoned. The next time she enters the hospital, she summons to chaplain to help her write a new Power of Attorney naming her son Bill as her agent, but she neglects to tell Anna of the change. When Mrs. J subsequently lapses into a coma, Anna is enraged to find out she is no longer her mother’s medical Power of attorney.

Emotional Cut Off

Emotional cutoff is a way people manage their unresolved issues in any relationship such as when family members reduce or totally cut off emotional contact with each other. It is a process in which one or both parties in a relationship effectively terminate that relationship in response to uncomfortable feelings between them. A person feels enraged because the parents appear not to understand or approve of him/her. Hence, individuals who are emotionally cut off or distanced from their families tend to use their workplace and friendships as a substitute family (Friedman).
Emotional Cut Off (A Clinical Vignette)

George is a 62 yr-old patient on admission for Coronary Heart Failure (CHF). When he came in to the ER, he was very untidy and unkept. George was staying in a nearby motel when he was picked up by the paramedics. Later on, Social Worker assessed that George is homeless and stays in one motel to another for his temporary abode. During a pastoral visit with a Chaplain, George claimed that he has been living alone since he was 18 years old to distance himself from some tensions in his family. He described the relationship with his mother as abusive especially when the divorced happened. George learned about the death of his mother but “did not care” to see her. He claimed having a sister in New York, but there is no contact between them for the last ten years. The attending nurse contacted the sister only to find out that she was reluctant to “have something to do” with George. There is a medical decision that needs to be made, and George was unsure in coming up with a decision. Unfortunately, he has no one from his family to connect with (or even a friend) to share his health condition.

**Question:** What pastoral intervention does George needs based on his presenting situation, and his family system?

Homeostasis

- The family as a system seeks to maintain its customary organization and functioning or preserve its identity over time.
- The element explains resistance families have to change, and its awareness can guide in the creation of possible strategies for change.
- An invocation of a family myth to prohibit or control a member’s behavior.
- The concept of homeostasis helps explain why a given system or relationship has been troubled.
- When one part such as a family member makes a change, it upsets the balance. The other parts will try to restore the balance.
Homeostasis (cont.)

- To truly develop greater differentiation, a person must stay on course in the face of reactions which amount to attempted sabotage of the effort toward self definition or differentiation (Friedman, 1985, pp. 23-27)
- Chaplains can account for certain family symptoms that have surfaced at a given time by noting how anxiety and trepidation make members to seek elements similar to their family homeostasis.
- The concept helps to explore why a specific member has become the IP, and what is likely to happen when the family begins to change.

Homeostasis (A Clinical Vignette)

Mrs. Smith who has submerged herself in her marriage and children for years decides she needs to develop more of a self. She decides to go back to school to improve her skills for better job opportunities. Her move tends to upset the balance of her family system. For instance, her husband began to abuse alcohol (drinking heavily) to get his wife attention as an escape for his stress. Their 17yr-old in high school, the second child in the family, also develops serious problems at school. Mrs. Smith chose to stay on course in her study in the face of reactions that amount to attempted sabotage of her effort toward differentiation. If Mrs. Smith adapts to the family symptoms, this would mean dropping out of school. However, she calmly continues with her own path at differentiation while staying emotionally connected to her family.

Question: What kind of spiritual intervention will assist Mrs. Smith in the face of attempted sabotage of her effort toward differentiation in her family system?
Differentiation of Self

This refers to the ability of each family member to maintain one’s own sense of self, while remaining emotionally connected to the family. The ability to self-differentiate in an emotional unit is a mark of a healthy family. It is the capacity to allow members to differentiate, while family members still feel that they are members in good standing of the family. While a poorly differentiated ‘self’ heavily depends on another for acceptance or approval to avoid conflict or rejection in a relationship, a well differentiated self does not do so to maintain a relationship in the face of conflict.

Differentiation of Self (A Clinical Vignette)

Alicia, 55 yr-old, a mother of two young adult children (Olga and Grace) suddenly died. The husband was distraught by her death, so he sought suggestions on what to do next in a given situation. He consulted his wife’s immediate family members (the parents and siblings). Maybe due to a very stressful time and grief compounded by death, the youngest daughter was rushed to the ER with symptoms of infection and flu. During this time, a family meeting was held and the decision to cremate the body of the Deceased was reached. The whole clan, including Alicia’s husband and their older daughter agreed to have the cremation. When Grace learned about the decision, she courageously expressed herself stating that she is not in favor of the action. She expressed her sadness that the decision was made without her. Grace knew that her stance against cremation may create conflict among family members.

Question: What spiritual support or intervention would Chaplain provide to Grace in light of the emerging conflict or tension around cremation in her family system?
References


Reflections

Questions?

Comments/suggestions?

Contact Information

If you want to continue the conversation, I would be delighted to hear from you on Best Practices, using the Family Model. Just email me at moses.taiwo@advocatehealth.com