Summary

The focus of this chapter is on how clinicians can understand and communicate with the families of patients suffering from cancer. Most doctors and nurses do not have training in this area and are uncomfortable when conducting interviews with whole families. The need to extend our skills in the family context reflects the changes in the way care is provided to patients with a serious illness. We recognise the part families play in providing care and the subsequent effects on family life. The influence of systemic thinking and social construction theories has led to the acknowledgement that we are all part of systems which interact with each other and it is no longer appropriate to see the patient in isolation. The chapter will look at ideas from family therapy which can help us assess and intervene when necessary.

The patient suffering from a life-threatening illness such as cancer looks to his family and friends for care and support. The management and course of the illness is affected by the involvement of the family and how they manage the stress and the effects of illness on a family member (Wright and Leahey 2000). Duhamel and Dupuis (2003) point out that there are three important factors in the management of the illness: the effects of family stress, the needs of the family as caregivers, and the effects of the role and how the family cope with the way the patient experiences his illness. This presents professionals working in the field with challenges they are often ill-equipped to deal with. Most healthcare workers have inadequate training in understanding family dynamics and even less knowledge about how to communicate effectively with whole families. Consequently, many healthcare professionals avoid couple and family interviews, feeling inadequate and helpless like the families themselves. I will address some of these issues in the chapter, firstly by examining what we now regard as the family and then by using ideas from systemic theory I will look at assessing families, the organisation of families and belief systems, concluding with communications which can bring about change in families needing our help.

Families are complex, they have histories and are influenced by the past. Relationships within families have different meanings and significance not understood unless questions that we ask bring access to them; moreover, their journeys through the illness of the family member is different from that of the patients. However, the need for support/information/valuing/respect is the same. If we are to help, we need to know how to approach families, how to assess their needs, and learn about interventions that help so that we can offer holistic care which will ease the practical, physical, emotional, social and spiritual pain and suffering of the people who will go on living with the significance of the death.

6.1 What Is a Family?

Families are unique, but we can see trends and changes in traditional families. It has been long accepted that the family is the primary group into which we are born and are dependent on for nurturing and socialisation (Altschuler 2005),
and we now recognise that families exist within a cultural and social context. Clearly we see great variation in the way people live together, and families will always reflect ideologies which exist in society at any given time (Dallos and Draper 2000).

Family forms have changed due to the influence of divorce, new forms of co-habitation, reconstituted families and the effects of immigration bringing new customs. In the UK, grandparents are increasingly providing childcare as women return to work at a much earlier point in their child's life compared with 20 years ago. Advances in medical science mean that people are living longer and four-generational families are more common.

The salient point to remember is that even if we do not remain in physical contact with our birth families, the connections with them continue to influence our lives. Indeed, researchers in childhood bereavement (Silverman and Nickman 1996) make the point that after a death the relationship with the deceased continues.

### 6.2 What Happens When a Family Member Has a Life-Threatening Illness?

Adaptation to a close family member having a life-threatening illness requires radical reorganisation of individual and family life (Altschuler 2005). In family life, we make adjustments all the time as children grow and develop and parents age. However, adjustments to the anticipated death of a family member require all the family to reassess their relationship with the ill member and to think about their future. There will be practical arrangements to be made that can have ramifications for child care, for work, finances and social life. Family members become increasingly involved in providing care and managing their own and others’ distress (Kissane 2002).

The family life-cycle tasks identified by Carter and McGoldrick (1989) give a perspective of the family as a system moving through time, and focusing on the tasks for each stage. Indeed the death of a close family member is a life-cycle event but sometimes it occurs at what is considered to be the wrong time in the life cycle. The model helps us to understand the difficulties when a life-threatening illness occurs at a time in the life cycle when the family has other preoccupations and tasks. An example would be the young family bringing up small children having to cope with the severe illness of one parent or child. Parents with dependent children are put under great strain attending hospital appointments and continuing to care for their children.

Transitional points such as marriage, birth, and adolescence in family life can produce problems of adjustment. The family structure needs to be able to change, e.g. in the case of birth, a couple has to be able to manage being a three-person system. At these transitional points, any family member stress due to serious illness can lead to overload. Understanding family structure in this way helps us to target our help and include all the family. Generally, healthy families negotiate transitional points and maintain family continuity whilst restructuring takes place. However, the threatened exit of a family member has more significance when it occurs at a transitional point. In all our transitions we look at our own histories to guide us. For many families facing a loss the family legacy of loss can be disabling (McGoldrick 1991).

Margaret was 45 years old when she discovered she had breast cancer, her son was 11 years old and her daughter was 7 years old. Margaret was devastated and so was her husband. They had both had significant losses in childhood. Margaret’s mother died when she was 3 and she was then cared for by nannies until her father remarried when she was 7 years old. She hated her stepmother and remembers being told or believed that she had caused her own mother’s breast cancer which had been diagnosed just after her birth. In her adult life she had very little contact with her father and stepmother. Margaret’s husband had been cared for throughout his childhood by a very disabled mother and he married hoping to have a life that was much more unrestricted by illness. The marriage was plunged into difficulty when Margaret became ill and the husband reacted by working longer hours. Margaret had her treatment and was supported by friends who understood her anger. When the cancer returned 2 years later there were fewer friends to help and Margaret came to the attention of the local hospice team where the nurses found her awkward and difficult. Several nurses found them-