

## Family Focused Grief Therapy

David W. Kissane, Sidney Bloch.  
Buckingham, UK, Open University Press, 2002. pp. 254.

Soft cover. ISBN: 0 335 20349 3. A\$54.95 (incl. GST).

*Family Focused Grief Therapy* is a dense book, which incorporates extensive research and develops a model for working with families in the field of palliative care and bereavement. The more that I read this book, the more I appreciated its value. It introduces a family approach that includes working with children, who to date had been largely left out of this work. The most innovative step, however, is that it proposes intervening with families *before* death of the patient.

Over the past ten years, Sidney Block and David Kissane have investigated how families in Melbourne cope with a member dying of cancer. They have identified those families that are most likely to have difficulty in coping with managing the dying and death of a family member. The model aims to improve the abilities of these families to manage the stressors associated with death and dying by promoting family cohesion, effective communication and adaptive resolution of conflict.

The authors provide an extensive review of the clinical and research literature of palliative care and bereavement. They explore individual and family oriented approaches to understanding the impact of grief and bereavement on family functioning.

Kissane and Bloch report that the main focus of intervention has traditionally been on individuals rather than families, and those identified as requiring psychotherapeutic intervention do not in general receive the sophisticated level of support which could be provided by a systems oriented approach.

Kissane's research studies, published in a number of international professional journals, classify cohorts of grieving families in terms of functioning. What emerged was a typology of family func-

tioning which has shown to be predictive of psychosocial outcome from a stressor event such as bereavement. The authors identify five family types. Two ('supportive' and 'conflict resolving' families) were identified as being able to manage effectively without additional assistance from services. 'Intermediate' families lay on the borders of requiring assistance; 'hostile' and 'sullen or muted anger' families were identified as dysfunctional and most likely to benefit from assistance.

The authors point out that health professions have a history of using labels pejoratively. They argue that this is offset by the clinical utility of their findings. Their results indicate that half of the families assessed negotiate the path of bereavement successfully and do not require our help. Therefore, through a process of screening, those family types associated with poorer outcomes can be targeted by services. Resources can then be allocated more effectively to treat those families for whom there is a higher risk of complicated grief.

Over the last five years, the authors have developed and trialled Family Focused Grief Therapy. The model directly addresses identified problematic areas: adaptiveness, cohesiveness, expressiveness of thought and feeling, and conflict resolution. The principal goals are to improve family functioning and promote adaptive grieving. The therapy is time limited, taking the family across the border from palliative care to bereavement.

A step by step guide summarises the common and significant areas that need to be addressed in therapy, explaining the principles of family therapy employed and covering the important aspects of technique and approach. Obviously a guide can only provide the broad brush strokes of therapy. The guide notably omits areas such as the impact of power and gender on the therapeutic process. In order to address this problem, the authors recommend that all the work is supervised by qualified family therapists and that therapy is provided on a conjoint basis by psychologically minded health professionals. Kissane and Bloch advise that where families or individuals require deeper work, the therapist should assist the family in finding specialist treatment. The

importance of supervision runs like a seam through each of the following chapters, which are filled with clearly written clinical vignettes.

Whilst designed for oncology, the logical progression is for this model to be trialled in other areas of palliative care and bereavement, and systematically compared with previous interventions. Further results of the approach were to be published later in 2003. *Family Focused Group Therapy* provides a direct research-to-model-to-application link, a structured guide for new clinicians, and promotes the Family Therapy approach. It is an important educational tool for new family therapists, health professionals and students in the field of palliative and bereavement care. It offers the opportunity for evidence-based Family Therapy to establish itself within the field of palliative and bereavement care.

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Eds' Note: Sidney Bloch was first reviewed in this Journal in Vol. 1, No. 2.

## Trauma and Juvenile Delinquency: Theory, Research and Interventions

Greenwald, R. (Ed.).  
NY, Haworth, 2002.

Soft cover. 276 pp. ISBN 0-7890-1975-2.  
US\$34.95.

Simultaneously published as *Journal of Aggression, Maltreatment and Trauma*, Volume 6, 1 (#11) 2002.

James Garbarino's introduction to this book notes that 'Research indicates that inside virtually every dangerously violent youth is an untreated, traumatised child ...' (xxi). While considering a wide range of traumatic experiences suffered by children, in large part this book explores the link between being a victim of violence and later becoming a perpetrator. The figures quoted make for sobering reading.

For example, one study cited found that 30% of kids in 'high crime neighbourhoods' of a major United States city would have witnessed homicide by the age of fifteen. Australian readers may be comforted by the knowledge that crime rates in the USA are higher than here. However, there should be little comfort in the many international studies cited throughout this book and others, that the site of children's experience of trauma is most likely to be the home.

The first section of the book focuses on theory and research and together these five chapters build a detailed argument for the relationship between trauma and the development of violent behaviour in female and male juvenile offenders. In particular the authors note the link between experiences of significant trauma, and subsequent diagnoses of ADHD and conduct disorder (CD). Several chapters explore the neuro-biological consequences of trauma; these chapters are useful in articulating mechanisms for the development of problem behaviours, but family therapists may be put off by the proliferation of diagnostic criteria and abbreviations. While families remain present in much of the discussion, they appear either as the site of traumatic experiences, or in descriptions of the relationship patterns which form around young people's traumatic symptoms. The insistence by one author (Ford) on the use of the term 'family psychopathology' is also a little off-putting for family therapists.

The editor notes that he was '... unable to identify any trauma-focused family or milieu treatment approaches appropriate for inclusion' (2). This seems a great shame since family therapists have a lot to offer in conceptualising and responding to the fact that families may be both the site of a young person's trauma and the vehicle for healing. It perhaps speaks to the need for family therapists to research and articulate our work in the same way as other treatment approaches. The treatments discussed in the second section are useful and interesting, and include a group program, cognitive processing therapy (CPT) and eye movement desensitisation and reprocessing (EMDR). Each of the four chapters is presented as a research paper and provides a good overview of relevant literature, a description of the treatment and outcomes.

In Australia few, if any, family therapists work exclusively in juvenile justice

settings. However, the research informing the book suggests that these young people are likely to present to a range of other services before finally making it to the status of 'violent juvenile offender'. In particular, mental health, child protection and family support services are highly likely to see such children. Family therapists in these settings may be well placed to recognise the role of trauma, and intervene before a young person escalates to serious offending behaviour.

To date, family therapy has been under-represented in the growing area of innovative approaches to dealing with trauma. Together with my colleagues in the Sexual Abuse Team at the Bouverie

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Centre, I have argued that our field has a unique contribution to make in responding to the various traumas family members face. However, family therapists working in this area need to have a broad range of skills and treatment options, including an understanding of the physiological consequences of trauma, the impact of these on relationships and ways of dealing with traumatic material. This has posed a significant challenge to our work and required us to think well outside our traditional theoretical frame of reference, including extending accepted treatments. Even EMDR, an intensely individual treatment, can be used systemically.

The value of this book to family therapist generally will be limited. However, its important message, that trauma is a significant contributor to violent crime and needs to be directly addressed, should be heard by all of us in all our various practice settings. As family therapists we need to think creatively about prevention strategies and responsive, empirically based treatment options for dealing with this issue.

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## The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment

By Babette Rothschild. NY,  
London, Norton, 2000.

Paperback. 190 pp. ISBN 0-393-70327-4.  
Aus \$62.95. (Hard cover US\$30.00.)

**This book struck me first of all as one** which included both theory and practice in a form which was unusually easy to digest. *The Body Remembers* could be interesting to a range of people working with trauma, as it was written by and for practitioners. Some clients may also find it very helpful. The idea that one can work in a way that includes the body and the mind without having to literally work with the body encourages non-touch practitioners to have at least some hope of being holistic.

As a family therapist, my personal alarm bells ring when an author ignores context and history in the service of the 'newest thing' or the mythology of total existential freedom. So often the new thing turns out to simply be an old thing with a new paint job and a set of free steak knives. Rothschild's references are quite extensive and draw from various corners of the field and give those who came before her their due. I see this book as representing good honest work in the service of her clients.

As an example of her integration of theory and practice, I really liked what Rothschild had to say about how trauma splits perception. She then gives the reader practical methods for helping the client regain and reintegrate their dual awareness. What's more, the author illustrates the book with brief and useful vignettes.

Having worked with survivors of torture and trauma, I found the following passage from Rothschild to be particularly apt.

Language bridges the mind/body gap, linking explicit and implicit memories. Somatic history becomes personal history when the impact of traumatic events are so weakened that the events can finally be placed in their proper point in the client's past (173).

I think this book has something of use to contribute to the field.

**Chris Lobsinger**

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## Changing Directives: The Strategic Therapy of Jay Haley

J. K. Zeig (Ed.). Phoenix, AZ,  
The Milton H. Erickson  
Foundation Press, 2001.

Hardback, 274pp. ISBN 0 971619 0 X.  
\$US24.95.

When my mother was about to give birth to me, the doctor was late. My father delivered me. He did so while my mother told him he was not doing it right. That argument obviously caused me to have a negative view of doctors and it could have caused me to be interested in family therapy (Jay Haley, quoted on p. 15).

I remember first seeing Jay Haley in the mid-1970s. I was attending a workshop he ran during an international conference in Zurich, Switzerland. I found myself struggling with writer's cramp. For hour after hour, he talked about his theory of doing therapy and virtually every sentence he uttered was noteworthy. He showed a videotape of his supervision through a one-way mirror of a trainee working with a family that included a 'schizophrenic' son. Although he continually highlighted the way that the family members were dealing with each other, there was a complete absence of diagnostic language or concern. He elaborated a theory of therapy and focused almost exclusively on the pragmatics of intervening.

This book is an edited collection of tributes honouring the important role Jay Haley has played in the development of

family therapy from its beginnings through to the present day. The book opens with a moving chapter by Salvador Minuchin describing his experience of working with Jay:

All the therapists in our field know the Jay Haley of his writings — the iconoclast, provocateur, anti-establishment Jay. I want to bring to you a less well-known Haley; one that is passionate, tender, and protective of people (4).

Then follows a written acceptance by Jay of this book of tributes. He looks back over the last half-century of developments in the field in terms of whether he would have predicted them back in the early 1950s when he became a member of Gregory Bateson's research project looking at the *Paradoxes of Abstraction in Communication*.

The rest of the book is divided into several sections, in total, nineteen contributions by people who have known and/or have been influenced by Jay over many years. Any of them not mentioned in this review are not 'not mentioned' because of any shortcomings, but because of space.

A chapter by Wendel Ray, current Director of the Mental Research Institute, Palo Alto, California, includes a fascinating transcript of excerpts of a recording of a 'pivotal' 1955 discussion between Bateson, Haley, Weakland and Jackson. This is the meeting during the course of which Jay first proposed the idea of a treatment approach based on therapeutic paradox or prescribing the symptom.

It is considerably due to Jay's writings that the work of Milton H. Erickson was introduced to and became so influential in the field of family therapy. One of Erickson's daughters, Betty Alice, contributes a chapter in which she describes both the history and the depth of his contribution. Stephen Lankton documents Jay's impact on the rise of what is called Ericksonian therapy. Western Australian George Burns describes Jay's development of Erickson's therapeutic use of ordeals.

Jay's partner, anthropologist Madeleine Richeport-Haley, describes the influence of anthropology on his work and '... how it led to his directive approach and to a non-pathologising approach to treating human problems' (119), which she goes on to compare with alternate healing systems such as those used by Balinese healers.

I particularly enjoyed 'Jay Haley on Jay Haley', which brings together transcripts of two interviews with Jay by Michael D. Yapko, one conducted in 1988 and the other in 1999. In the latter interview (196–202), he comments, 'I think the state of family therapy is still developing, but it still has a number of people trying to haul it back into an individual theory', and '...there is no longer any orthodoxy in the field. When there is no orthodoxy, you can't be a deviant'.

Of particular interest to me is William F. Fry's delightfully whimsical chapter, 'Does Jay Haley Have a Sense of Humor?' (It is less well known that Dr Fry was also a member of the original Gregory Bateson project, although on a part time basis.) The book concludes with Judith Mazza's collection of 'Haleyisms', with comments by Jay on change, on the family and on the position of the therapist.

I find myself a little reluctant to recommend the book to the individual reader. This is largely because those who are familiar with Haley's contribution to the field will find in it little that is new. To those less familiar with his writings and who have money to spend, I would rather advise the purchase of one of Jay's own books (he has written nineteen). His encyclopaedic knowledge of the field, his wealth of experience of observing families and family therapy, and the breadth of ideas he has about intervening permeate of every book he has written.

As Neil P. Schiff says in his short contribution, 'In Tribute', '... Jay's writing constitutes a kind of sublime canon, a body of work that continues to inform and define our field today' (248).

So: recommended, but ...

**Brian Cade**

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