WHEN NEW FAMILIES FUNCTION AS GRIEVING SYSTEMS: CLINICAL IMPLICATIONS

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Abstract

New families are continually faced with contextual losses. These losses are ambiguous and have often to do with the feeling of belonging to a family, a culture and a religion. In the framework of psychotherapeutic consultation, such families often propose themselves as "grieving systems" whose identity seems to be built on loss.

Using a clinical illustration, we will try to show that one function of symptom is to symbolically recall loss starting from paranormative lifecycle events (relationship break-up, separation, divorce, migration) and echoing with other trigenerational losses.

We must re-design, re-view and re-build family relationships out of break-ups/losses if we want new families' unresolved mourning to be properly worked-out.

Keywords: Contextual Losses, Grief process, family identity, psychotherapy with grieving families

Introduction

New families are increasingly multiplying nowadays. We can see recomposed, de facto, single-parent, adoptive, multicultural, immigrated, homoparental and one-person families.

Families move away from the unique, let's say ideal, pattern Western societies had set according to some basic criteria: white, nuclear, middle-class, heterosexual, Judaeo-Christian and married once. As indeed such exclusive model is no more in line with the many and complex affective links that call for a new inclusive model of family (Carter and McGoldrick, 2004) able to take into account its many variations.

Moreover, if, on the one hand, family changes and social policies are undoubtedly closely linked, on the other, we should also take into account that social behaviours are getting stiffer – low birth rate lower marriage rate; increase of separations and divorces, multiple marriages, cohabitations, adolescent procrastination, late-age and artificial procreation, out-of-wedlock births.

Some of these behaviours are mostly read as "symptoms" that must be "corrected" and "cured" through socio-economic and political measures. There are less frequently interpreted as signals of the change that Western societies are proposing as to the way they understand and conceive family

relationships. The latter have been progressively freeing themselves from ideology-and-value schemes that somehow conveyed the concept of eternity, uniqueness and fidelity of the conjugal pact and integrity of the nuclear family.

Unlike reductive and sometimes ideologised readings where family is considered as a declining institution, it seems that the need for family – within its prerogative to offer identity and belonging – has never stopped existing although it undergoes a progressive structural transformation, or even differentiation.

As researchers and family psychotherapists, we have been trained and taught to cope with a uni-versal nuclear family model of reference. But new families are so complex that we have to make major efforts to understand them. And it would be indeed a forced epistemological attempt to pretend to look at the “new” through the lens of the “past”. So we should talk of a family “multi-verse” in which new family forms/strengths get organised. And rather than observe the differences of these new forms/strengths, we should understand how to cope with them.

In this paper, we intend to focus on some theoretical and clinical aspects of new families. In particular we will examine lifecycle transition as a context for losses and new acquisitions and discuss the links between loss and new family identity, showing how relational losses impact on new families’ symptomatic emergence.

To illustrate both aspects, we shall propose a clinical case and explain some therapeutic implications. Finally, we will try and conclude with some perspectives for further analysis.

Transition as a context for losses and new identities

Family transition, meant here as a critical – sometimes grieving – evolutionary step (Cowan, 1991), is actually a privileged context for the transformation and change that every family undergoes during its life-cycle. The family need for continuity contrasts with its need for change; therefore, to accomplish such a step, it has to make something like a jump, a separation or even a break-up with its original status quo. And this may cause stress and grief.

In a life-cycle perspective (Carter, McGoldrick, 2004), these families, unlike traditional and classical ones, must develop stronger coping strategies (Falicov, 1988) and mobilise more resources to face unexpectable stresses (migration, unexpected death, chronic disease, accidents, unemployment, wars, economic depression, political context, natural disasters) as well as socio-cultural events (racism, sexism, classism, ageism, homophobia, consumerism, poverty, community's disappearance, violence). New families may also go through more than one structural transformation and thus experience more than one loss or benefit during their lifecycles. For example a nuclear family after a divorce and a separation might split

and give birth to a single-parent family (mother-children) and to a blended family (the other parent forms a couple with someone who has already children). Single parenthood may be a choice for one of the two parents but it also may be a transitional family organisation and the same family may even blend more than once.

The difficulty is that such transitions bear risks, uncertainties and ambiguities. Most salient in them is the theme of loss, a distressing condition that always goes with the "new" (Hobfoll, Spielberger, 1992).

The sense of loss experienced in transition may assemble and echo with experiences of loss that new families live more frequently since they are more frenquently subject to them due to the structural and relational transformations they undergo during their lifecycles. This echoing among affective lived experiences could thus contribute to block the lifecycle stage-to-stage transition. Haley (1973) largely proved indeed how symptomatic emergence was often linked to the lifecycle stage transition crisis. The question arises when a family rigidifies in front of such sense of loss, advantaging the emergence of psychopathology in one or more members of it.

It turns out that clinical and psychopathological readings of child and adolescent disorders tended to correlate symptoms with the family structure/form. This correlation ran the risk to stigmatise new families in "pathogenic" systems, whilst family dysfunction should be searched in its

own relationship processes. In front of these signs of distress, the abusive and guilt-creating correlation would see new family as a problematic relational structure.[1]

Actually we may wonder about the role of social stigma on children in new family forms, since indeed their legal, social and even religious acknowledgment is often difficult. Moreover some social representations consider that new families intrinsically bear difficulties. And as families who come to consultation tend to interiorise these social concepts, they tend to believe that their problem *is* in their form. But whatever their forms, families still remain for their members a system of reference, in which each one keeps investing his/her affects and building his/her own sense of identity.

But how should we understand the correlation between these new family forms and psychic distress due to losses?

Loss as family identity

Literature on mourning in the systemic field has mainly focused on the family's psychic work on the lost member and on the difficult adaptation

[1] The various socio-cultural authorities have not understood nor integrated their difference: indeed, according to the social approach – with which moral, religious and legal approaches interact – they are complex and often unresolved forms.

to his/her absence (Bowen, 1976, Boszormenyi-Nagy, 1973, Paul, Grosser, 1965, Byng-Hall, 1991) but harder on losses emerging from building a new family form – as for migrant, single-parent families or mixed couples.

Freud (1940) has already pointed out that loss, whatever its reshaping and future, underlies the psychic processes of mourning and melancholia. According to him, the object of mourning isn't only a single person. It may be a whole context either physical (fatherland, homeland) or ideal (rights, belongings, political identities). He writes: "The mourning is regularly the reaction to the loss rather of a loved person or to the loss of some abstraction, which has taken the place of one, such as fatherland, liberty and ideal (p. 146)".

The outputs of this work towards accepting reality are linked to the evidence of the loss dictated not only by reality testing but also by the transformation of the feelings of denial, anger and depression. And Freud says more: "Normally, respect for reality gains the day. Nevertheless its orders cannot be obeyed at once. They are carried out bit by bit, at great expense of time and cathectic energy, and in the meantime the existence of the lost object is psychically prolonged".

When the process of mourning the loss is blocked, melancholia takes a more significant place. People live the loss as the loss of a part of themselves from which they cannot part psychically. Therefore, melancholia, as the unconscious loss of a loved object, has a greater

incidence on the Self and subsequently on the subjects' and even families' identity. The affect can organise around a bereaved I-We where psychic energies are mostly concentrated to face the fear of collapse. In such cases, single persons as well as families might focus on rituals that only recall the loss and might develop a sometimes strong sense of cohesion and belonging.

Pauline Boss (1999)'s concept of ambiguous loss has opened a new field of research on the psychic state of mourning in the absence of a non definitive loss. Such mourning processes are somehow blocked; they cannot be worked out due to the ambiguity around the lost object: the latter is still psychically present although it no more exists because of sickness, relational break-up, estrangement, divorce, migration or trauma.

We talk of marital loss for parents who are separating or divorcing; loss of joint family relationships for children with separated parents; loss of former family belongings for parents and children in blended or single-parent families; loss of biological procreation for adoptive parents and loss of the original family for adopted children. As for migrant families, the mourning process will focus on the loss of belongings and contextual identities.

Loss, like symptom, seems to be the main feature in all family systems. Anderson, Goolishian and Windermans (1986) have introduced the concept of "problem-determined system or problem-organizing system".

Break-ups and losses can organise perceptions, relational dynamics and affective answers of the family but also of the therapists who cope with it in the context of family consultation.

We believe that broken-up families might stiffen and organise as bereaved relational systems that build their identity and lived experiences around the loss.

Such loss weights heavily in any family's psycho-relational organisation. Family's grieving might often emerge in a transition or any important change occurring in the family lifecycle and, therefore, it might question the sense of transition in relation to the family history of affective break-ups.

Impact of losses in symptomatic emergence within new families

We would like to put forward the idea that loss can become a psychical reality with which any family, or any single person, could identify and that this identification could progressively stiffen, up to becoming a true family identity.

Whenever a group who has lost someone or something bases its identity on the belief "we are what we were", scripts and interactions may express communicative closure (Bowen, 1976), excessive cohesion (Rosenthal, 1980), toughness and symbiosis (Paul, 1965).

Moreover these families go through various emotional-relational phases that recall Bowlby (1980)'s proposal of four phases in the mourning

process: (1) numbing; (2) yearning and searching; (3) disorganisation and despair; (4) reorganisation.

Numbing in distressed families may be expressed through a symptom in one or more members of the family, that pragmatically concentrate in itself all the family's energies and psychic affects, in an attempt to erase the grief and fill the void (Angel, 1988; Coleman, 1991).

And as Bozromenyi-Nagy highlights, attachments and separations/losses intervene significantly in the family's psycho-emotional balance (Bozromenyi-Nagy, 1973). There is, for this author, a direct link between unresolved past mournings and difficult present separations.

In some cases, hyper-idealisation of loss – intended as excessive loyalty or a shattered fear of a new loss – has been seen as an impediment to developing new attachments and relationships (Rando, 1993).

And earlier, Paul (1965) has pointed out how the difficulty to accept and live a loss can build up a peculiar family configuration that is unable to face stress and tends to keep and transmit dysfunctional patterns. Some families strongly resist changes and, in this case, Paul assumes that the unsuitable answer to the object loss and the crystallisation of symbiotic relationships are closely related. As if the loss had to be erased to save the system balance.

If we take up the idea that the symptom's function is to turn the family away from an unbearable loss, then we can suspect that nothing has

been set up to allow the start of any mourning process. However even therapy sometimes collide with this family trend when therapists are co-opted in the relational "game" of avoidance.

In Goldbeter Merinfeld's model of the absent third party, bereaved families invite therapists to play the significant role of the weighty third, who overshadow the void left by the absent.

The concomitance between the moment when the therapy is asked, the life-cycle phase the family is going through and the search for the therapist co-optation in the family relational game seems to us quite interesting. "It is obvious that this situation works towards blocking the mourning process. A block that one will realise, sometimes many years later through a therapeutic work, and that may constitute a secret obstacle to the family's lifecycle evolution. For example, we see that in some families where such an obliteration of mourning has been experienced, the young adult emancipation from home seems complicated and may be accompanied with symptoms in the young itself or in other members of the system. Nobody in the family is prepared to live any distanciation or any ensuing absence, since this could wake up another unbearable absence that has been concealed until then" (Goldbeter Merinfeld, p. 117).

Symptom would question unresolved mourning of loss and would simultaneously point out the system's need to define a new belonging as

indeed no psychological integration into a family can occur without a suitable sense of belonging.

Therefore, it is not so much difficult for us to look into the family form in itself as to analyse the obstacles to the process of formation and construction of new belongings. Indeed the latter requires a deep re-definition of identity and relationships. We may say that losses organise family relationships whilst symptoms only point it out and at the same time conceal it. So without a new identity, loss, meant as a psycho-affective reality, works as an identity allowing the family members to recognise each other around an event that affected them.

Our working hypothesis is that new families are bereaved relational forms and, as such, are more inclined to develop a symptomatology during their various lifecycle transitions: as indeed they must resolve two kinds of psychic works because of a sometimes disorganised structure or of individual and relational dynamics that each lifecycle phase proposes. This step or transition is the means by which new families are built. Taking this step can mean loosing new existential potentialities but also acquiring new ones, no more univocal but rather plural and multivocal. Symptom in this phase seems to be an act or a remnant that simultaneously points out and conceals the presence of an unresolved individual and family mourning.

Never-Ending Divorce: clinical situation

A 34-year old Belgian mother comes to consultation with her 8-year old child, Luc. She points out his significant school difficulties, that are linked both to attention and socialisation. She also complains of her son, who she describes as a "maladjusted, jealous and quick-tempered" boy in many circumstances where he tends to take "all the roles": a baby-boyfriend or husband who seems to be jealous especially when men get closer to her. This very adhesive behaviour has been growing steadily since the parents' separation, when Luc was two. In the meantime, the father has met another woman and they have a child who is now 3 years old. On the contrary, the mother has only experienced unsatisfying and short relationships that she used to show off to the other parent.

Each encounter between Luc and his father is rendered difficult by the parental conflict and, in particular, by legal disputes on custody and maintenance. And as he failed to pay maintenance for some time, he opened the way to a never-ending circle of anger and accusation.

Luc, an apparently melancholic boy, remains shy during the first session. He finds some difficulty in speaking because his mother often answers in his place. Besides, the mother openly and repeatedly attacks Luc's father during the session: she makes him responsible for all the problems of their child.

Luc's behaviours – about which she complains – seem to be highly associated to his feelings of loneliness and abandonment, to the father's estrangement and to the parental conflict.

When we ask the mother if she believes the father could be worried, she says that she doesn't know and that they don't see each other nor talk since a long time.

We (my colleague therapist and I) feel uncomfortable before the mother's anger and continuous attacks against the father in the presence of the child. She attacks every therapeutic definition of the frame, like the fact that we refer to the parental couple, ask to see the father too and that we plan to have some sessions with the father and the son. Moreover, my colleague has the impression that she fails to build an empathic relationship with the mother and, for my part, I feel that the therapeutic relationship is based on seductive feelings.

Surprisingly enough, the father, the mother and Luc come to the second session. So we ask them how did they succeed in talking to one another and the mother immediately told us that *she* took the initiative and the father accepted. The relational situation appears quite tensed between the parents who never look at each other whereas Luc seems happy to see his father.

They perform a quite repetitive script: as soon as we address the child, the mother tends to intervene and speak in his place. As for the father, he seems quite shy and says he can't manage to get his son listening to him. If the father speaks, the mother immediately takes advantage to accuse him of all their son's problems: contacts (or visitations in the U.S.), money and presence of the new lady-friend.

Parents appear hostile with one another, as if they had just separated recently and not 6 years ago. They speak of themselves as if they had just parted: the mother blames him for leaving her and not having tried to save their relationship; the father blames her for having known different men in the meantime. It seems as if Luc's mother had never accepted the loss while the husband failed to integrate his son in his new household.

The mother had already experienced separation, as a child, with her own parents' separation. She too, like Luc, had been the confidant of a mother who drowned her sadness and loneliness into alcohol. The father, on his part, has had a lonely childhood and learned to get organised by himself very quickly.

The lived experience of the former session comes back with more force: we feel useless and unable to help them. In the following session, Luc comes with his father and doesn't speak more but it emerges that his school difficulties seem to have worsened especially since his step-brother's birth. Such birth has apparently made the mother's anger grow; she wants Luc to

"tell her everything that happens" when he's at his father's place. The child's accounts point out: the interference of his father's lady-friend who also acts as if she was his mother, the different treatment he notices as regards his step-brother and also when he comes back from his father's.

The mother, during another session with the child, goes on attacking the frame (the father is the one who needs therapy) and the process (I don't understand why you should see them alone). Nevertheless, she manages somehow to see that she hasn't resolved the conflicting situation towards the father and that she has to undergo a building process for a parental alliance.

Luc loves both his parents and is afraid to loose them: each time he comes back from his father's, he tells his mother things went wrong there and, vice versa, when he's with his father he tells him what is wrong with his mother, showing in this way a kind of split and denied faithfulness.

In front of the child's accounts, the therapeutic couple has felt split too, as if the couple Itself coincided with the split and denied parts of Luc.

Comment

Here too, the theme of loss seems to be essential to take on the therapeutic situation. The child's symptom would question quite seriously the block in mourning the relational loss and in the former family belonging. The mother is alone, the father is isolated and the child feels alone and isolates himself too.

The state of chronic divorce in which the parental couple finds itself seems to indicate an unresolved mourning. Endless legal disputes, parents' hostility and difficulty to re-invent their role and function, break-up of adequate communication, loneliness as well as isolation also show how difficult it is for them all to get through such transition towards a new family organisation.

There is a sort of emotional fixation on the loss, whose function is to keep the past present: we have almost the feeling that the two parents have voluntarily kept dysfunctional relationships.

Anger and hostility serve to keep the dysfunctional marital relationship intact to some extent: the relationship with the phantom (the other member of the couple) makes any adaptation to the present unreachable.

There is a sort of affective and emotional fixation on the father, whose function would be to keep him present in the eyes of the child and the mother. It looks as if the former husband is still the one who most dominates her own thoughts, feelings and actions.

The father, who doesn't succeed to find his place neither inside nor outside the family, contributes to increase confusion, anger and hostility that seem to be useful emotions to avoid accepting the loss.

What about the therapist?

Many authors (Eiguer,1983; Goldbeter Merinfeld, 2005) have pointed out how bereaved feelings can affect the therapeutic system. The therapist, in front of such feelings of loss, might take an emotional position that could block family mourning and also have significant effects on the therapeutic process.

The therapist can play an essential role and function in understanding and working-out such feelings if he manages to understand family transfer, counter-transfer and emotional assembling as a system of echoes (Elkaim, 1993) that is built on the loss.

Starting from a psychodynamic approach, Eiguer proposes the idea that transfer, in family therapy, is the common denominator of phantoms and affects related to an object of the family past (through displacement or regression) of the therapist. He also suggests that transfer has essentially three main dimensions: transfer on the therapist, on the frame (or frame representation) and on the process (expectations towards the treatment).

According to this dynamic reading of transfer, clinical discussion focuses on the dynamic process of attributing emotions and meaning to the therapist and the context of therapeutic relationship.

But what should be the therapist's role in the face of the different losses the family has lived or is living? What about his feelings? What kind of links could there be with his own history and his way of mourning losses?

Goldbeter Merinfeld (2005) highlights the importance of the intersection between the expectations of the bereaved family, regarding its attempt to restore an affective function using the therapist, and the therapist's expectation, regarding the place he would like to be given inside this family (a place he might have occupied in his original family). She explains that "As he [therapist] will be asked to tackle unresolved mournings and separations, he will be touched inevitably in his own emotional systems where badly-ended relationships may lie" (p. 171).

In the case of Luc and his family, therapists have felt powerless and mixed up in front of the mother's sorrow and anger and the father's withdrawal, who concealed feelings of guilt, and have experienced a split in their therapeutic alliance. A split also linked to emotional coalitions between them and the parents, which created another emotional conflict. Therapists seemed to be in conflict too.

On the basis of these remarks, I thought it useful to try to relate the phases of the mourning process to the dynamics of transfer and counter-transfer between families and therapists (Table 1). This map could help the therapist understand the relational dynamics and activate more resources within the therapeutic system.

By understanding and working-out the place that the family will give him, the therapist will allow himself and the family to go from an

idealisation to a progressive conflictualisation of the lived experiences of grief, sadness and unappeased anger.

Through this "operational" phase, the therapist will be able to acknowledge not only the losses in terms of family belonging but also the resources available within the family to re-organise its identity around new opportunities.

Conclusions

The theme of mourning a relational loss as well as an identity loss seems to be a core issue in any clinical work with new family forms. At a therapeutic level, it requires the ability to de-construct the idea according to which the reason for grieving lies in the fact that there is a multicultural marriage, a single-parenthood or a blended family. And the ability to develop the idea that identity redefinition is blocked and should be re-activated through mourning unresolved losses.

This requires a context where each family member could feel free of expressing its own feelings of loss.

Therapeutic work with bereaved families should therefore include some essential phases: rebuilding the history of break-ups; reviving the denied and concealed feelings such as grief, anger, despair; accessing feelings of depression; assessing all the way long the emotional impacts and the place therapeuts may occupy.

The idea that family "ends" whenever it breaks up or modifies its patterns is a dangerous one. We *must* re-write a new history together with the family and accompany it through its transition towards new affective and relational investments and, simultaneously, enhance memory for positive experiences lived within the former belonging.

A constant therapeutic challenge, especially with new families, is to succeed in seing them as a resource, an emotional context in which new existential and relational opportunities can be activated. This approach is particularly interesting since family therapists have a growing need to elaborate and model the complexity of their actions with new families.

Table 1 Correlation between families' lived experiences and echoes within the therapist, in relation to J. Bowlby's phases of the mourning process

Phases of mourning	**Typical affective lived experiences**	**Affective lived experiences prevailing in family**	**Echo (that may arise within the therapist)**
	Inhibition and/or	Deference, therapist	Zeal, feeling of being

Denial of loss	affective inversion	idealisation, search of his approval, thematic shift	important, cognitive and therapeutic-action over-activation
Yearning and searching	Rage, anger, guilt, aggressiveness	Attack against the therapist, his frame and the therapeutic work	Feelings of depression, uselessness, incapacity, powerfulness
Disorganisation and despair	Ambivalence, nostalgia, powerlessness, fear of further break-ups and losses	Anguish of abandonment, invasion, desire of estrangement	Confusion, approach-retreat, split within the therapeutic team

References

Anderson, H., Goolishian, H., & Winderman, L. 1986. Problem determined systems: Towards transformation in family therapy. *Journal of Strategic and Systemic Therapies* 5, 1-13.

Angel, P. & S. (1989) *Familles et toxicomanies*, Editions Universitaires, Paris

Boss, P. (1999) *Ambiguous Loss, Learning to live with unresolved grief*, Harvard University Press, Cambridge Massachusetts London, England

Boszromenyi-Nagy, I. & Spark G.M. (1973) *Invisible Loyalties: Reciprocity in intergenerational family therapy*. Harper & Row, New York

Bowen, M. (1976) Family reaction to death. In Bowen M. (1978): *Family Therapy in Clinical Practice,* Jason Aronson, New York

Bowlby, J. (1980): Loss, sadness and depression. In Bowlby J.: *Attachment and loss* (vol III). Basics Books, New York.

Byng-Hall, J. (1991) Family scripts and loss. In Walsh F. & McGoldrick M. (eds): *Living Beyond Loss. Death in the Family*. Norton, New York

Carter, B. McGoldrick, M. (2004) *The expanded family life cycle Individual, family and social perspectives*, Third Edition, Allin and Bacon Classics in Education, Boston

Coleman, S.B. (1991) *Intergenerational Pattern of Traumatic Loss* : Death and Despair in Addict Families. IN Walsh F & McGoldrick M (eds): Living beyond Loss. Death in the Family. Norton New York

Cowan, P.A. (1991) "Individual and family life transitions: A proposal for a new definition" In Cowan, P.A. Hetherington, A.M. (eds), *Family Transitions*, Erlbaum, Hillsdale.

Eiguer, A. (1983) La terapia familiare come processo transferenziale: Transfert, Controtransfert e neuropsicosi da transfert, Terapia Familiare, 14:65-86

Elkaim, M. (1993) Co-constructions, systèmes et fonctions. Cahiers Critiques de Thérapie Familiale et de Pratique de Réseaux, 15 :253-256. Privat, Toulouse

Falicov, C.J.(1988) Family Transitions, Guilford Press, New York

Freud, S. (1940) Deuil et Mélancolie. In Freud : *Métapsychologie* (Traduction de J.Laplanche & J.B. Pontalis) Gallimard, Paris.

Goldbeter Merinfeld, E. (2005) Le deuil impossible (The impossible mourning) Carrefour des Psychothérapies, De Boeck and Larcier, Bruxelles

Haley, J. (1973) Uncommon Therapies, The psychiatric techniques of Milton Erickson, M.D., W.W. Norton & Co.,Inc., New York

Hobfoll, S.E. Spielberger, C.D. (1992) « Family Stress : Integrating Theory and measurement » *Journal of Family Psychology*, 6, pp.419-424

Hoffman, L. (1981), Foundations of family therapy: A conceptual framework for systems change. Basic Books, New York

Paul N.L. & Grosser G.H. (1965) Operational mourning and its role in conjoint family therapy. In Walsh F & McGoldrick M (eds) (1991) : *Living beyond Loss. Death in the Family*. Norton, New York

Paul, N.L. (1973) *The need to mourn*. In Anthony E.J. (ed): The child in his family. Wiley, New York.

Rando, T.A. (1993) Treatment of complicated mourning. Champaign, IL: Research Press.

Rosenthal, P.A. (1980) Short-term family therapy and pathological grief. Resolution with children and adolescents. Family Process 19 (2): 151-160.