

FAMILY DYNAMICS

LESSON AIM:

Explain the interactions and motivations at work in different families.

Within the life cycle of a family, many different crises can occur. The type of crises that occurs can depend on the family, where they are living, the time in which they are living, how religious they are, their class, education and so on and so on. In other words, there are many different factors that affect how a family cope with different situations and whether crises occur.

A crisis is a period of transition in the life of the individual, family or group, presenting individuals with a turning point in their lives, which may be seen as a challenge or a threat, a "make or break" new possibility or risk, a gain or a loss, or both simultaneously. Most crises are part of the normal range of life experiences that most people can expect, and most people will recover from crisis without professional intervention. However, there are crises outside the bounds of a person's everyday experience or coping resources which may require expert help to achieve recovery. A crisis can refer to any situation in which the individual perceives a sudden loss in their ability to problem solve and to cope. These may include natural disasters, sexual assault, criminal victimisation, mental illness, suicidal thoughts, homicide, and a drastic change in relationships and so on.

Therefore, in terms of mental health, a crisis does not necessarily refer to a traumatic situation or event. It is the person's *reaction* to an event. One person may be deeply affected by an event, whilst another does not suffer. The Chinese word for crisis presents a good depiction of the components of a crisis, both the positive opportunity for growth or decline and the negative idea of danger. We often think of a crisis as an unexpected disaster, such as car loss and so on, but crisis can vary in their type and severity.

There are many different definitions of crisis –

*“an upset in equilibrium at the failure of one’s traditional problem solving approach which results in disorganization, hopelessness, sadness, confusion and panic”
(Lillibridge and Klukken, 1978)*

“People are in a state of crisis when they face an obstacle to important life goals – and obstacle that is, for a time, insurmountable by the use of customary methods of problem-solving” (Caplan, 1961)

*“..crisis is a perception or experience of an event or situation as an intolerable difficulty that exceeds the person’s current resources and coping mechanisms”
(James and Gilliland, 2001)*

“Crisis. An acute emotional reaction to a powerful stimulus or demand. A state of emotional turmoil. Three characteristics of crisis: The usual balance between thinking and emotions is disturbed; the usual coping mechanisms fail; there is evidence of impairment in the individual or group involved in the crisis” (Jeffrey T. Mitchell, PhD)

Crises in the Life Cycle - Sometimes a crisis is predicted in terms of a predictable part of the life cycle.

Situational Crises – Such as natural disasters, accidents etc.

Existential Crises – Inner conflicts relating to the way we want to live our life, our purpose, spirituality and so on.

BREAKDOWN & LOSS WITHIN FAMILIES

Family Breakdown

The breakdown of families now occurs more regularly, leaving children to cope with the consequences of these changes in their family life. Sometimes parents remain friendly after breakdowns, but they can be acrimonious, leading to children feeling depressed, guilty, withdraw and alienated. Children will therefore require support to help them cope with the relationship breakdown. The child may feel upset and left out. Parents may wish to help children cope with the breakdown. However, sometimes parents may not recognise that their children are grieving, focussing too much on their own needs.

Various factors affect how children cope with the breakdown of families, these include –

- How the child is treated.
- How adaptable the child is.
- Divorce makes children feel insecure.
- The reasons for the divorce.
- The parents' relationship before the divorce.

Bereavement in Families

When a family member dies children react differently from adults. Preschool children usually see death as temporary and reversible, a belief reinforced by cartoon characters that "die" and "come to life" again. Children may not understand the meaning of death until they are around three or four years old. Children between five and nine begin to think more like adults about death, yet they still believe it will never happen to them or anyone they know. However, they will still feel the loss and shock of close relatives in the same way as adults. Infants and children can grieve and feel great distress.

However, they may have a different experience of time to that of adults, so may go through their stages of mourning more rapidly. In their early school years, children may feel responsible for the death of a close relative and may need to be reassured. They may not speak of their grief because they think they might be adding an extra burden to the adults around them. The grief of children and adolescents should not be overlooked when a member of the family dies. They should, if appropriate, be included in the funeral arrangements.

Adding to a child's shock and confusion at the death of a brother, sister, or parent is the unavailability of other family members, who may be so shaken by grief that they are not able to cope with the normal responsibility of child care. However, death is not the only loss of a family member is not the only loss that children may face today.

There may also be the death of friends of the same age, divorce, jail. Children will see on the television and via the internet, all the violent and terrible things that go on in the world. This will make them aware of death in a way that may not have been experienced by previous generations.

Children naturally assume that the world is safe and full of kindness. They will try to answer questions, such as who am I? Why am I here? This safety can disappear if a child begins to feel that the world is not a nice place. Children may feel that adults may not be able to protect them. This may cause them to "act out" inappropriate behaviour, and older children might engage in self-destructive behaviours with drugs, sex or drinking etc. Not all children will respond in this way.

Parents should be aware of normal childhood responses to a death in the family, as well as signs when a child is having difficulty coping with grief. According to child and adolescent psychiatrists, it is normal during the weeks following the death for some children to feel immediate grief or persist in the belief that the family member is still alive. However, long-term denial of the death or avoidance of grief can be emotionally unhealthy and can later lead to more severe problems. Once children accept the death, they are likely to display their feelings of sadness on and off over a long period of time, and often at unexpected moments. The surviving relatives should spend as much time as possible with the child, making it clear that the child has permission to show his or her feelings openly or freely.

The person who has died was essential to the stability of the child's world, and anger is a natural reaction.

The anger may be revealed in boisterous play, nightmares, irritability, or a variety of other behaviours. Often the child will show anger towards the surviving family members. Children may also temporarily revert to a previous stage of their development when they felt safer. After a parent dies, many children will act younger than they are. The child may temporarily become more infantile; demand food, attention and cuddling; and talk "baby talk."

Younger children frequently believe they are the cause of what happens around them. A young child may believe a parent, grandparent, brother, or sister died because he or she had once "wished" the person dead when they were angry. The child feels guilty or blames him or herself because the wish "came true."

When families breakdown due to divorce, separation or bereavement, it can have a range of effects on the children. Amato (1994) found that adults who had experienced a divorce in their childhood had more behavioural problems, less education, a lower standard of living, lower job status, lower psychological well being and a greater risk of being a single parent.

The Death of a Parent – The Impact on the Family

The death of a parent is a shattering and powerful experience for anyone, child or adult. For a child, it can make the world we knew suddenly seem like a terrifying place.

"The death of a parent is a shattering experience, wounding us and flooding us with powerful forces. The boundaries of our world are torn away, and suddenly life seems bigger than we might have imagined, terrifyingly bigger. A parent's death can shatter us, leaving lifetime scars, or it can shatter our limits sense of our selves, opening up our world into new dimensions. For the latter to happen we must be willing to take a

journey through grief, following what may often seem like a long, dark passage that will, in its own time, open out into vast new worlds."

From *Losing a Parent* by Alexandra Kennedy

The death of a parent can leave deep wounds that can last the rest of our life. This is particularly the case if the child does not grieve in the appropriate way at the time. For example, they may feel that the other parent needs support, so do not fully attend to their own grief, repressing it.

For example, there is a lot of evidence that suggests the death of a parent during a woman's childhood can affect her emotional status and adult psychological health. Bifulco et al (1992) found that if a girl lost her mother in childhood, there was double the rate of anxiety disorders and depression than girls who did not have the same experience of bereavement in childhood.

They also found there was a higher rate of adult depression if the mother had died before the child was six years of age. The same rate of adult depression is not shown; however, if it was losing the mother through separation, the rate is only shown when it is through death. McLeod (1991) also found there was a strong link between childhood depression in men and women and the loss of a parent in childhood.

Experiencing a death of a parent is traumatic at any age, as we said earlier, but for young children, it is particularly so. They are suddenly deprived of the love and guidance that a parent can give them. But they also lose their sense of security. They will very vulnerable, particularly if the loss of a parent is also associated with other changes, such as – moving house, a new step-parent, leaving the other parent and so on.

The child may cling to the remaining parent. They may become very concerned about the parent's health and be afraid that they will also go, and then the child would be alone (in their eyes). These feelings of vulnerability may never truly go away, but they can be alleviated by the amount the child is able to share the grieving process with their parent and siblings.

If the remaining parent struggles to cope with their own loss and being a parent, the child may almost take over the parenting role. This role reversal puts a lot of pressure on the child, which can stifle their own attempt at grieving.

As a child ages, the child has to integrate this loss into their developing personality and becoming an adult. As the child goes through different rites of passage, such as – reaching 16, 18 and 21, bar mitzvah, getting a driving licence, leaving school, getting married etc, they do so without a parent. So with each event, they may have to revisit their grief. The same will occur through adulthood, when they marry, have children and so on.

Another difficult milestone is when the person reaches the age at which their parent died. For many people, this can be a difficult birthday. It brings with it reminiscing for the lost parent, but also some soul searching about their own future.

New Parents

When a relationship breaks down or a parent dies, the child may eventually be introduced to a new adult who takes on a parental role. In some situations, a new adult may come along and everyone just gets on. This can happen. But in some families, the new adult can lead to differences that are hard for everyone to cope

with. Building a relationship with a step-parent is different to building relationships with new friends. With a new friend, WE decide if we want to be their friend, with a new step-parent, the parent decides and the child almost has to accept that and develop the relationship whether they want to. It can take some time for the new step-parent and the child to decide how they feel about each other and how they all fit together within the new family structure. It can be a very intense situation. There are lots of emotions involved in joining a new family and having a new person fit into an existing family. It is important for all parties to realise that they have to try, that all parties are experiencing difficulties and so on. And just because a situation is new and different, does not mean it is necessarily worse than the previous situation.

New Siblings

When a parent starts a new relationship or remarries, the child may find themselves with a new family of step-siblings. The parents can find themselves with new step-children. The new couple may even have another baby, creating a new family consisting of step-parents, step-siblings, but also half-brothers/sisters. It can be a complex arrangement for all concerned and can be hard to deal with.

New Grandparents and Family

Along with a new step-parent or step-siblings, there are also other family members that may become involved. For example, a child may have new step-grandparents. The couple will have new in-laws or parents of their partner to become used to. In some cases, after a marriage breakdown or bereavement, a child may have –

- Grandparents from their father
- Grandparents from their mother
- Step-grandparents from their new step-parent

Depending on the family situation, all of these may want to be involved.

CASE STUDY

Mel has a baby son with Bill. When the baby is six months old, he finds out that he has terminal cancer and dies shortly afterwards. Mel is left with her baby, Cameron. Five years later, she meets and then marries Niall. Niall has two children by an existing marriage. Mel keeps in close contact with Bill's parents, sister and other friends. Soon after they marry, Niall becomes jealous of her close relationship with Bill's friends and family. He wants her to stop seeing them. Mel finds this difficult, because they are Cameron's family. Cameron also has to develop relationships with his new step-siblings and step-family. Mel has to develop relationships with Niall's parents, siblings and friends.

But within all of that, think of all the other relationships and situations that have to be formed.

Grandparents have to develop relationships with step-parents, step-siblings, step-grandparents, other step-relatives and vice versa.

Parents have to develop relationships with a new partner, new in-laws, new step-children, new step-family and vice versa.

The list is endless.

Consider all the situations where this could cause difficulties – Christmas, birthdays, school events, such as sports days, assemblies, school plays and so on and so on.

Also, what if their other biological parent remarries or starts living with someone – the child also has to get to know them.....

Second Relationship Breakdowns

All of the factors discussed above can make it hard for step-families to work successfully. This is not to say that step-families are not successful. They can work very well and lead to a newer, happier family. But sometimes these second relationships also breakdown. In this situation, the child and parent(s) may have to go through the trauma of another breakdown, but also of potentially losing contact with step-parents and step-families that they may have become close to and actually love.

CRISES IN THE TEENAGE YEARS

Teenagers can experience crises. Adolescence is a traumatic time. Parents may feel confused and frustrated in their interactions with the teenager. The parents may disagree and argue about what should be done, thus losing their credibility. However, sometimes parents may feel the need to seek help from mental health professionals. Schools may try to help, but may blame the student, who will eventually drop out if they feel school is boring, unsupervised or humiliating for them. Some children may only go to school to be with friends who have access to drugs, cars, cigarettes and so on.

The possibility of drug or alcohol use may be overlooked by doctors, counsellors or parents, as they are afraid or reluctant to give their child a drugs screen. They may take the child's word that they are not using alcohol or drugs. Also, a teenager may admit to drinking, but not to taking drugs. Drugs and a negative peer or social group can seriously affect a teenager's life and put them on a negative pathway.

Many health care and education models today do not adequately address the unique needs of teenagers in crisis. A diagnosis is often made based on a few interviews and an impression. Thorough evaluations are often not completed. Family, teachers, friends and siblings are often not interviewed in an open and cooperative manner. The underlying cause for the crisis may not be understood or addressed, because the real issue often requires more effort than providing "symptom relief."

It can take a great deal of time for a mental health professional to earn a teenager's trust. After a few sessions, many teenagers do not want to go back to the "therapy" as it "isn't helping". Or they may simply refuse to stop doing what they are currently doing. Sometimes the symptoms the teenager is showing may go away when they first start to see a counsellor, but eventually they may resurface, such as failing school, missing classes, staying out late, sleeping all day, running off, being expelled, coming into contact with law enforcement and so on.

Teenagers are learning to hide their behaviour and symptoms to manipulate doctors, counsellors, teachers and their parents. They may often seek advice and support from other teenagers who feel the same way they do. However, teenagers may lack the experience and support to support another adequately and may simply give ways on how to avoid the consequences of their actions and manipulate others.

A teenager may not understand that antidepressants may help, even if they have unpleasant side effects, or why they should avoid doing things that make them feel good. This is a real dilemma for parents and counsellors alike. It is a real challenge to help a teenager in crisis to see this. They may often focus on feeling better immediately and not be concerned about the long term impact on how they will feel. For example, illegal drugs may instantly make them feel better, but psychiatric

medications may not. Although of course, prescription drugs are not necessarily the best option for a child or teenager in distress.

Teenagers may be sorry when they get in trouble, but they may feel they are invulnerable, so defy law enforcement and their parents. They may not learn from their mistakes, but try to learn ways to avoid and escape the consequences of their actions. Teenagers will often act like victims and become victims, or they become abusive and victimise others. This can cause problems for the teenager, ending up abused, assaulted, threatened or worse.

Even more difficult, is that a teenager may suffer from an undiagnosed physical, mental or neurological disorder. For example, children with diabetes and hypothyroid may be placed on antidepressants. Some children with a mental disorder may be placed on the wrong medication and suffer toxic side effects that require other medication to treat.

Fear and depression are natural symptoms in some situations, for example, when a teenager breaks up with a girlfriend or boyfriend, if they are expelled, in trouble with the law etc. By failing to gain a clear understanding of a teenager with problems, this problems can escalate and lead to more serious long term harm. If the mental health professional is able to diagnose any condition properly, effective solutions can hopefully be put in place in time.

Warning Signs that a Teenager is in Crisis

Warning Signs	Critical Signs
<p>Deception, lying, keeping activities secret.</p> <p>New friends are unacceptable to parents.</p> <p>Changes in routines.</p> <p>Changes in sleeping habits.</p> <p>Refusing to contribute to household tasks.</p> <p>Dramatic drop in school work, attendance and grades.</p>	<p>Possession of weapons.</p> <p>Dramatic disregard for appearance, hygiene and self-care.</p> <p>Drugs or drugs paraphernalia.</p> <p>Abrupt change in personality, attitude and emotional stability.</p> <p>Destructive, reckless and threatening behaviour.</p> <p>Violence, self-harming or suicidal behaviour/statements.</p>

A crisis will usually take some time to become critical or life threatening. A pattern of crises has usually taken place before a crisis becomes dangerous. At some point, a counsellor should be able to trace one or more factors that have led to the current serious crisis. Identifying the factors can help the counsellor or mental health professional to characterise the evolution of the crisis, which in turn helps them to find the appropriate response and duration of any required intervention.

Previous potential crises may include –

Drugs

Alcohol

Peer and social pressure

Parental alcoholism, drug abuse or mental disorder that is untreated.

Failure by the parents to provide rules, discipline and a bonded relationship with the child.

Family conflict and discord.

A traumatic experience

A fragile emotional state

Parental separation or divorce

SUBSTANCE ABUSE

Substance abuse is a potential crisis that many families may experience. Substance use disorders are conditions that arise from misuse of alcohol, psychoactive drugs and other chemicals. This is also people who report symptoms attributed to the effects of drug abuse, the side effects of medications, or exposure to toxic materials

Substance use disorders are usually classified further as follows:

- abuse (harmful use)
- dependence
- intoxication
- withdrawal states
- psychotic disorders
- amnesic syndromes

The term abuse refers to maladaptive patterns of substance use that harms health in a broader sense. It is possible for an individual to show signs of misuse without being dependent. However, wherever dependence is present then it replaces abuse in the diagnosis. Most people can drink alcohol in moderation. They can have one or two drinks and not encounter problems. Others develop alcohol related disorders, such as alcohol abuse or alcohol dependence. These individuals drink to excess and become a danger to themselves and others.

Although addiction begins when an individual makes a conscious choice to drink or use other drugs, most individuals who experiment with addictive substances do not become addicted. Addiction develops over time and, once established, is a chronic and relapsing illness. Substance use can be associated with impulsive, aggressive or violent behaviour, which can result in criminal activity and injury to the person or others. This can also vary greatly depending on the substance that is being abused.

Substance-related disorders affect every segment of the population, regardless of age, race, ethnicity, socioeconomic status, gender or sexual orientation. People who

also have substance related disorders usually find that their general health deteriorates.

Many people who use drugs use more than one at any given time. Polydrug abuse poses a serious health problem as the effects of the drugs taken together can produce a stronger reaction than individually.

Traumatic Effects that may Lead to Drug Use

Our community accepts, and in some cases values, drug use. Alcohol is a central part of many people's lives. Medicinal drugs are widely used and vital to the health of our community. They are sometimes misused. Illicit drugs are currently used for their psycho-active properties, but potentially some could be used for medicinal purposes (for example, cannabis and heroin).

Defining some drugs as 'illegal' and 'demonising' the users has not eliminated their use. Some users suffer serious health or other problems as a result of their drug use.

Psychoactive drugs will cause changes to consciousness by changing the biochemistry of the body. Though psychoactive drugs are considered a problem in many societies, they are used in almost every society, though not necessarily in a way that causes harm or distress. Many societies intentionally use drugs in rituals or for recreation, yet such drugs are so much a part of our lives that many of us use them without realising that we are altering our biochemistry and affecting our consciousness.

Tobacco and caffeine are stimulants that heighten our alertness, energy and mood. Tobacco is also a major cause of death, and caffeine increases can lead to anxiety, panic attacks, and high blood pressure. Alcohol and many widely prescribed tranquillisers are depressants, reducing our anxiety but also slowing our reactions and leading to possible psychological problems, as well as some potentially fatal physical reactions.

There is some evidence that problematic and harmful drug use most often occurs where people are vulnerable or lack self-esteem, such as at times when they are experiencing a crisis or traumatic event. The illegal status of the drugs and the stigma attached to users further entrenches their marginalisation. Provision of information, support and treatment is made more difficult in these circumstances.

There are potentially serious health consequences that arise from misuse of illicit drugs. The level and nature of the consequences varies between drugs and is, to some degree, dependent upon the circumstances of their use. Many people who use illicit drugs will be *polydrug users/abusers* - that is, using more than one drug at any given time. Polydrug abuse poses serious health problems as the effects of drugs are sometimes *synergistic*, that is, the effects of each interact to produce an especially strong reaction..

People who go through traumatic experiences often have symptoms and problems afterwards. How serious the symptoms and problems are depends on many things, including a person's life experiences before the trauma, a person's own natural ability to cope with stress, how serious the trauma was, and what kinds of help and support a person gets from family, friends, and professionals immediately following the trauma.

As most trauma survivors don't know how trauma usually affects people, they often have trouble understanding what is happening to them. They may think it is their fault that the trauma happened, that they are going crazy, or that there is something wrong with them because other people who were there don't seem to have the same problems. They may turn to drugs or alcohol to make them feel better. They may turn away from friends and family who don't seem to understand. They may not know what they can do to get better.

Why do People use Drugs? Wired for Health (www.wiredforhealth.gov.uk)

argues that many young people may be attracted to drugs for the following reasons -

- *“They are curious about the effects*
- *The drugs are easily available*
- *They want the same kind of experience that they get from drinking a lot of alcohol (and illegal highs may be cheaper than an evening of drinking)*
- *They enjoy the short-term effects*
- *Their friends use them*
- *'Dance drugs' are a part of their music scene*
- *Use seems part of the local youth culture*
- *As part of growing up, they might want to 'break the rules'*
- *There is not much attractive recreational provision locally”.*

Experiencing a traumatic event may lead some adults or younger people to turn to drugs and alcohol to enable them to cope. In lesson 5, we discussed the most common symptoms of Post Traumatic Stress Syndrome which can arise in response to trauma. Some of these responses, *re-experiencing* the trauma and *avoiding* memory of the trauma, can be complicated by the development of *secondary* or *associated* trauma symptoms.

CULTURE SHOCK

Migration can be an extremely stressful experience. A person or family may be losing their culture, their sense of belonging, their language, their way of life. Culture shock is the term used to describe a collection of responses to either very rapid cultural change within a society, or the trauma that may be experienced by individuals who have moved from one cultural milieu to another. It can also encompass the difficulties and distress that might result from dealing with individuals or groups from a different culture, which can be quite challenging and confronting.

Stages of Culture Shock and Adjustment

People who have recently arrived in a country will experience a period of adjustment to the culture and environment. This will affect the individual in many different ways. It is usually referred to as Culture Shock.

At first, they may experience the “*Honeymoon Stage*”, where everything is new and exciting and people are enthusiastic and energetic. After this, follows the *Crisis Phase*. This is where the person becomes increasingly aware of the differences between the culture of their old home and their new culture.

Their “culture shock” may increase when they have difficulties with a new language, experience prejudice etc. They may feel confused, anxious, angry, homesick or disappointed. Examples of things that may affect this stage's severity include –

Having to use a different language

Not being clear on how to make friends

Not being sure how to deal with authority figures

Not understanding how people develop relationships in the new culture

Not being understood when expressing themselves in their usual way

Finding the food and eating customs different

Finding differences in the work/school/education system different

Experiencing prejudice

The *Adjustment/Recovery Stage* is where the person begins to resolve the conflicts of the earlier stages and learn more about the culture they are now living in. Later, follows the *Adaptation Stage* where the person comes to appreciate and accept the differences between the new and old culture and is more realistic about both.

Culture shock is the interaction of *affect* (emotional) responses, *behavioural* responses (what people do), and *cognitive* (thought) responses.

The affective component - can be experienced as a “buzzing confusion... anxiety, disorientation, suspicion, bewilderment, perplexity and an intense desire to be elsewhere”. These responses are associated with feelings of being overwhelmed, and may arise in individuals who do not have, or feel they do not have, the social, family, or personal resources to cope effectively with the new situation. Traditional counselling interventions that assist in the *development of effective coping skills* can be useful in dealing with these symptoms.

The behavioural component – can be experienced as confusion about how to deal with people and situations in the new culture, unwillingness to initiate or maintain relationships with others, easily giving or taking offence, difficulty in the workplace, underachieving, anxiety, low self esteem, and difficulty in achieving goals. Intervention methods generally focus on “acquiring relevant basic social skills through behavioural culture training, mentoring and learning about the historical, philosophical and socio-political foundations of the host society.”

The cognitive component – can be experienced as inflexibility, unwillingness to change, judgementalism, abandonment of or even hostility to the mother culture or conversely, an inflexible, stricter adherence to the mother culture. These responses arise from internal anxiety that is strongest when the values of the new culture conflict with the values of the mother culture. When the established ‘truths’ and ‘certainties’ by which an individual has lived are either rejected by the new society or not valued within it, the individual’s belief system comes under threat. Hence, the traumatised individual either retreats into his/her own culture, becoming increasingly hostile or unreceptive to the surrounding culture, or rejects the mother culture, effectively cutting him or herself off from traditional social, cultural and often, family support systems.

While the majority of people and families seem to adapt without trauma to their new cultural milieu, some experience culture shock, a form of trauma that can be alleviated with sensitive counselling. It is important, however, **not** to confuse cultural difference

and variation of values, behaviours and responses to crises with culture shock, which is merely one form of crisis that may be experienced. (Ward, Bochner, Furnham, 2001)

Culture shock may not just occur when moving from one culture to another, but it can occur when people change.

Coping with Job Loss or Redundancy

When one parent loses a job, this can result in financial pressures for the family, which can make things very difficult. This could mean that neither parent is working or one still has a job and the other does not.

Financial stress can heighten existing relationship problems. If one partner feels that they are working harder than the other, this can cause resentment. If the working partner does not feel that the other partner is “pulling their weight” in terms of housework and so on, again this can lead to resentment. Both parties may end up feeling very resentful.

CASE STUDY

David and Reanna have been married for 13 years. Reanna was pregnant with their first child when they married. She had just completed her degree. She had a string of low paid jobs for the first few years of their marriage. Eventually, she retrained as a teacher and started working full-time. They had three more children. They both worked and it could be a struggle, but they coped. She eventually was promoted and began to earn more than David. He resented this. He thought that he should earn more as he was the man. He also did not feel that he should take over more of the responsibilities for the home and children, even though she was now working longer hours.

David was then made redundant. The children were taken out of childcare and David was responsible for caring for the two younger ones full time, taking the older two to school and activities and doing the housework.

David resented the facts that –

- He had lost his job.
- He had lost his income.
- He had lost his social standing and status.
- He had to care for the children.
- He had to take over the majority of housework, meal planning, shopping etc.
- He had to take over homework with the older children.
- His wife would make jokes that he was a house husband.

Reanna resented the fact that –

- David did not do the housework as well as she did.
- That they had lost some of their income.
- That he still expected her to take responsibility for the children as soon as she came in the house.
- That he was always moaning and angry when she got home.
- That he did not seem to know what to do with his life.

The list again could be endless, but from this you can see how the loss of a job can cause a lot of stress on a relationship.

This can be particularly hard when a person feels that they have been independent for years and suddenly have to be dependent on another person to provide them with income, clothes, food and so on. Men, in particular, find it hard to deal with the loss of a job as they are stereotypically seen as the breadwinner, whilst women are still traditionally seen as the home maker, the carer of children.

Some couples may use redundancy to make changes to their lives, start new jobs, new businesses, courses, new careers, which can result in changes to how the family works, their day to day life, and so on. Again, this can be a good thing, but it can also lead to stress within the family relationships.


SUGGESTED READING

We have only looked at some of the crises that can occur within a family. There are obviously many more, such as coping with a new baby, moving house, moving to a new area, the loss of a child and so on. You may wish to do some reading around these other forms of crises. Refer to, and read any reference material you have access to that relates to the aim of this lesson.

This may include any of the following:

- Books in your own possession, or which you find in a library
- Periodicals you have access to (i.e. magazines, journals or newspapers)
- Web Sites


Spend no more than 2 hours doing this.

	<p>SELF-ASSESSMENT Perform the self-assessment test titled 'Self-Assessment Test 2.1.' If you answer incorrectly, review the notes and try the test again.</p>
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SET TASK

Interview someone who has experienced death of a family member and who is willing to talk about this person. It can be any member of the family. Be very sensitive and empathic when talking about the loss, you do not want to upset the person. Try to find out how this loss affected the family dynamics and make notes.

If you are unable to interview someone for whatever reason, conduct your own research into the impact of the death of a family member upon family dynamics using resources of your own choice.

	<p>ASSIGNMENT Download and do the assignment called 'Lesson 2 Assignment'.</p>
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