John’s story: An application of the Calgary Family Intervention Model

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Abstract

This article resulted from both authors sharing their professional experience: it illustrates an application of the Calgary Family Assessment Model (CFAM) and Calgary Family Intervention Model (CFIM) by Lorraine Wright and Maureen Leahey (1994). Indeed, some of the theoretical concepts presented by these authors were used to guide our analysis of the clinical situation. This brief intervention, consisting of four meetings, aimed to promote family coping during the palliative phase.

Throughout each of the meetings, the nurse illustrates the principles guiding therapeutic conversations with the family, i.e. generating hypotheses, circularity, and neutrality. Through her intervention, she facilitates the continuation of the story, but without John.

John is about to die. He has cancer and is terminally ill. His impending death is upsetting to his family. It is effecting structural changes within the family he had created with Justine and which had already begun changing after their break-up. His family of origin, composed of John, his parents, and two sisters, will also be deeply affected.

John’s death is a critical step in the life cycle of both families (McGoldrick & Carter, 1988). The major stress it causes forces the families to reconsider their functioning and associated tasks and requirements. According to these authors, family members must develop efficient coping strategies in order to maintain their physical and psychological health. In particular, they must share in this life experience and reorganize their instrumental and expressive functioning. Often, such restructuring is an opportunity to redefine bonds.

Families can benefit from professional support in coping with the death of a relative and the impact it has on their level of functioning. Because of their training and continual presence in hospitals and homes, nurses have a strategic role in offering such support. While providing care to the patient when the family is present, the nurse can gradually introduce the approach we are describing here instead of having formal meetings with the family. The therapeutic relationship that exists between the nurse and patient is often strong and promotes family support.

John and his significant others received a brief, four-meeting intervention in which several theoretical concepts from the CFAM-CFIM models were applied. The story line from these four meetings initiated by Mireille, a clinical nurse specialist in family therapy, tracked the evolution of John’s and his family’s perceptions and beliefs as they faced the challenges brought on by his situation. The systemic hypotheses that guided the nursing process highlight the underlying concepts of the interventions (Table One).

Table One: Intervention Model

Nurses trained in the systemic approach can utilize an intervention model developed by two of their colleagues, Lorraine Wright and Maureen Leahey (1994). They conceptualized two models, the Calgary Family Assessment Model (CFAM) and Calgary Family Intervention Model (CFIM), based on systems, cybernetics, and communication theoretical foundations and the works of the Milan school of systemic family therapy.

Wright and Leahey stress that therapeutic conversations between family and caregivers must be guided by three principles: generation of hypotheses, circularity, and neutrality:

- **Systemic hypotheses**, i.e. suppositions one accepts in order to approach and guide an investigation and that are meant to be either confirmed or refuted, constitute interventions in themselves, according to Duhamel (1995).
- **The principle of circularity** refers to the process of feedback between the family members, and between them and the nurse. It describes the loop, the shuttling motion between the questions and responses of all the individuals taking part in the interview.
- **The principle of neutrality** refers to the fairness which the nurse must display in her interventions with a family. Wright states that “the interviewer should be allied with everyone and no one at the same time,” this attitude has also been called *curiosity.*

The first meeting

John’s physician asked for a consultation with Mireille. He thought that John was having difficulty dealing with his current situation. Upon checking his medical file, Mireille learned that John has advanced-phase lymphoma. He has been given two series of treatments which, unfortunately, did not produce the expected results.

For their first meeting, Mireille’s objectives were to clarify her role and to identify John’s expectations. As she has training in the systemic approach, she also wanted to know his family.

In John’s room, the first contact is warm. John seems relieved that the doctors would be unwilling to offer him another type of treatment after the preceding ones resulted in poor outcomes. “I am not used to giving up halfway through,” he confides. “This is a new challenge for me.”

To address John’s family context, Mireille offers to develop its genogram which is presented in Figure One. According to Wright and Leahey (1994), constructing a graphic representation of the family facilitates discussions about the family members’ attachments and roles.

John is 35 years old. He has been separated for five years. His ex-wife Justine is 34 and she has custody of their two children Amélie, 10 and Bruno, six. There are very strong ties between Amélie and her father that go back to her birth, as John was completing his Master’s degree then and was spending countless hours at home.

Bruno’s birth, however, took place in a different context. John had just secured his job as an accountant and was spending long hours at the office. Justine was complaining a lot about John’s continuous absence, and she was hoping that the news of her second pregnancy would help John return to a more regular schedule. A few months after Bruno’s birth, Justine announced that she was leaving John.

Both of John’s parents are still alive. His father Réal, 63, is an insurance broker. John described him as a man who does not talk much, who is rather

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distant with his children, and pays little attention to Henriette, John’s mother. This 60-year-old homemaker has always been the archetypal mother for John. According to him, the mother-son bond is characterized by its human warmth, and sometimes it makes Réal jealous.

John is the second of three children. Michelle, his older sister is 38 and has been married to Daniel for 10 years; they have two children, Marie-Eve, seven and Alexandre, four. Jocelyne who is 32 and single has been living in the Gaspésie region for 12 years. Jocelyne runs a small bed and breakfast there and paints in her free time.

John’s family is in the third stage of the family life cycle; a family with schoolchildren. According to Wright and Leahey (1994), the main tasks connected with this life stage are socialization and education of the children, and individuation of the adults. By identifying where a family is in the cycle, health professionals gain a better understanding of the tasks required in daily living and the degree of availability of some members. The type of attachment represents another significant aspect of the family structure analysis. Thus, Amelie who enjoys a preferential bond with John, will need special attention.

The current grieving experience is influenced by previous losses. How John and Justine’s break-up was resolved yields some clues as to the family’s coping skills. Mireille asks John how his divorce had gone:

[John] “Justine and I realized fairly quickly that we did not have anything in common when it came to family life. I would permit what she did not allow and vice versa. Our views of the future were irreconcilable. We separated when Bruno was only eight months old.”

Mireille generates the following hypothesis: for John, everything has to fit into neat compartments. There seems to be little room for subtleties. Things are either black or white. She concludes that, for the moment, this dominant and constraining belief limits his ability to solve problems because it reduces the possibility of seeing alternative solutions. According to Selvini-Palazzoli et al. (cited in Duhamel, 1995), a hypothesis is a supposition that one accepts in order to confirm or refute. Continuing with the development of the genogram, Mireille asks John: “Now, can you tell me about your own family? According to you, what are its own characteristics? How are you defined as a family by people who know you well?”

[J] “Many of my childhood friends envied us as a family. Firstly, my mother waited on us hand and foot. She knew how to make them feel comfortable. My father who hardly ever talks, does his own things in his own way. Frankly, I don’t understand why my parents are still together. In fact, the image we were projecting as a family is really different from what was happening between us at that time and even nowadays.”

[M] “In your opinion, why is it that your parents chose to continue living together?”

[J] “I think it is because of us, the children. The image of a united family living under the same roof is still very important for my mother and for me too.”

[M] “I am surprised that you and your siblings still feel that your attachment to your family of origin remains so intense even though you created your own family, your sister Michelle has her own, and Jocelyne is independent.”

[I] “In a way, we perceive ourselves as independent but we feel the importance of belonging to our family nucleus.”

Mireille generates the following hypothesis: John’s separation from his family of origin does not appear to be complete, despite his age and the life cycle stage they have reached (fifth stage, middle-aged family). Paul (1993) states that during this stage the essential task for parents and young adults is appropriating their independence and respective identities.

To Mireille, the expected separation was not happening because of the entrenched roles played by the different members of John’s family, especially the role John plays with his mother Henriette. According to Mireille, John’s role with Henriette and his sisters is somewhat akin to a father’s, i.e. he takes charge, protects, and becomes his mother’s confidant. Further, John’s perception of his own role is linked to a seemingly distant father. Mireille then collects additional information because she has not asked John much about attachment issues centering around Réal. “Can you tell me, who in your family is closest to your father?”

[J] “In my opinion, my sister Michelle has maintained the best relationship with him. Jocelyne decided a long time ago to move to Gaspésie to avoid perpetual confrontations and to finally live her own life. These two have been like fire and water for a very long time.”

[M] “Among your relatives, who do you confide in?”

[J] “Let’s say that I am more likely to receive everyone else’s confidences! But seriously, it is between me and Jocelyne that important things are said. She is coming from Gaspésie next week. She is the one I can confide in.”

John wishes for his parents and sisters to attend the next meeting in order to clarify the current situation. John leaves Mireille very surprised when he declares, “You know, I don’t think I shall win this battle; my opponent is too strong for me.”

Mireille is disturbed by his statement. She explores this belief: “What you have just said surprised me. I need to understand.”

[J] “I have always had total control over my life, and I wanted to win this battle. But now my physical state tells me a lot about my health and the magnitude of the disease. I think death is near.”

Mireille believed that this paradox revealed John’s awareness given the relentless progression of the disease. According to her, this consciousness-raising appeared to be generative for John. It should promote the transition to his new reality as a person. Various authors have mentioned this transition-facilitating ambivalence (e.g. Kugler-Ross, 1969; Montbourquette, 1984).

Mireille concluded her interview with John by outlining the strengths she had observed in him. Wright and Leahey (1994) advise commending the resources the concerned family and individuals already possess as a type of intervention that helps change the perception family members have of themselves and increases the confidence a family has in its own abilities. Given this situation, Mireille believed that, despite the polarized vision he has of his family situation, John displayed a sensitivity that makes him more susceptible to reframing his personal story.

The second meeting

Mireille chose to highlight some significant facts that, from her perspective, would help her intervention with John’s family of origin. Here are the hypotheses she selected:

Figure One: Genogram

![Genogram Diagram]
• John has taken on the role of protector in order to avoid real or imaginary conflicts.
• One of John’s dominant beliefs is that he has to compartmentalize to evade issues. Does this belief originate with his family? (White or black, yes or no).
• It was not a deliberate choice on Réal’s part to be absent from the family picture. He has fulfilled the role that was expected of him. Perhaps he has changed his mind.

Despite the conclusions she had drawn from her first meeting with John, Mireille knew that some of the statements made by other family members would lead her to explore new avenues. She needed to trust her intuition and her own ability to deal with the unexpected. Mireille thanked John’s family for agreeing to participate in the interview and stressed that their presence demonstrated the importance they all attached to the current situation. Mireille pointed out that her role would consist of facilitating the discussion among family members.

She starts the meeting by asking them: “What is important to each of you, at the present time?”

Michelle opens the discussion right away by saying that on that day it is important to discuss John’s deteriorating health status. She states that her family did not seem to grasp the seriousness of the situation.

[Mireille] In your opinion, who has the most difficulty dealing with the seriousness of the situation?

Wright and Leahey (cited in Duhamel, 1995) call this type of questions “interventive questions.” This type of systemic questioning explores differences between individuals. Other systemic questions examine differences regarding beliefs and feelings. They help create connections between the behaviour of a family member and the health issues. They also can help deal with reactions to behaviours. They can be dyadic or triadic, as well as hypothetical and/or future-oriented.

[Michelle] It’s most definitely my mother. She even agrees that John should come home after this hospitalization. To me, John requires more and more help, even for his daily care.

Henriette intervenes by playing down the situation. She thinks that John will quickly get better after returning home and that it will help him to recover.

John interrupts his mother by stating that he will go to his parents for a few months. He adds that his decision was not subject to review and that in the hospital he would get nothing more than at home.

Mireille wonders whether by returning to his parents John wants to end a part of his own story and complete his separation from his family of origin. She asks him, “Is your return to your parents going to help you experience things differently?”

[John] What do you mean by that? I simply think that it will be easier for everyone that way.

[Mireille] Do other family members think like John that it will be easier for all concerned if he returned home to his parents? Réal shily explains to his daughters that he has taken certain steps to obtain the services of a home care nurse and a hospital bed. He states that he will be home more often and that he wants John to live at his house for the next few months. John remains silent but lets out a long sigh. Then he adds:

[John] My father isolates himself more and more often. He goes down to his office and works there all evening. You can share the same roof and know very little about what really goes on there. During these exchanges, Henriette remains silent. Mireille turns to her and asks her: “You have been listening silently to your children and husband’s opinions and reactions, why do you choose not to intervene?”

Mireille suspects that Henriette often lets others speak on her behalf.

[Henriette] I don’t need to intervene, I believe it is more important for them to be discussing this. To me, it makes no difference. What matters is John’s well-being.

John looks her in the eye and says: “I am going to die shortly and that is something I do know.”

Mireille observed that John’s comment shook the structure of his family, as if he were preparing them for the upcoming changes. According to her, John’s statement bridged the gap between his own personal grieving and the grieving his family members will need to do. She noted that John’s message marked a special point in his own development.

A number of authors have identified the concept of transition during the palliative phase where family members affected by the upcoming death of one of their own must go through several “steps” before they recognize their new reality as a family. The “fading away” concept is widely described in the literature by Davies, Reimer, and Martens (1991).

Mireille took a few minutes to share that information with John’s family. She told them that other families had also talked of a serious, but temporary disruption. Families must invent new ways of functioning and must discover the means to succeed.

Mireille now wanted to explore the functioning of John’s own family. To achieve this objective, she uses the framework by Wright and Leahey (1994). These authors believe that several aspects can be addressed: beliefs, problem solving, flexibility of roles, emotional communication, stated and implied rules, and alliances. “In the past, what have you found to be helpful in difficult situations?”

Henriette responds:

I remember, a long time ago, Michelle had a car accident when she was only 18 years old. She was in a coma for three days. I remember that Réal had rushed to the hospital and stayed there for several days in a row. He had taken charge. My God, I was so afraid of losing her!

[Mireille] What helped you most to get through that painful experience?

[H] Réal! Without him, I don’t know what I would have done! Mireille realizes that through the story she has just told, Henriette is describing an aspect of her relationship with Réal. In her own way, she is saying that he is meeting her emotional needs. She is informing her children that she can count on him during difficult periods.

[Mireille] How do you perceive your father’s current role in dealing with your illness?

[John] Besides working and golfing, I don’t know whether he has time for anything else!

[Réal] Do you believe that your mother’s pain and your illness do not touch me? Do you really believe that I don’t feel any pain in the face of what is happening to you? If only you knew!

[John] How can I guess what is taking place inside of you? You are always cold, nothing seems to touch you!

[Réal] I took steps for you to get a bed and nursing care at home. It is so very difficult to be faced with the death of one’s son! I would do anything for you to become healthy again. And, he added, don’t worry about your mother, I will take care of everything.

Mireille asks John whether he is surprised to hear his father reassure him that he will take care of Henriette. John remains sceptical: “Tell me what you will do to be present, to console her. It seems to me that it was always to me that mother would turn.” Réal answers: “You know John, you were present but so was I.”

Through her questions, Mireille wanted to give a voice to Réal. Mireille knew that it was hard for John to recognize his father’s strengths and abilities as he had adopted the role of protector in the past.

Mireille brought to John and his family’s attention that, as a family, they appeared to have difficulty believing that two different views can be acceptable. John and Réal had both been by Henriette’s side in difficult situations. She reflected on her observation that a few of the situations discussed during the meeting would lead her to think that the family allowed little room for any shades of grey. She asks them the following question: “How does your family solve problems?”

[Michelle] I remember that in our house there was one solution to each problem. Once the solution had been found, everyone would get behind it.

[Mireille] Is that the impression all other members of the family have?

[John] To me, it is always black or white, everything can be solved! [Jocelyne] In any case, it’s exactly because everything was always black or white at home that I left to live my “greys” somewhere else.
John’s answer was a perfect illustration of his beliefs. Beliefs are perceptions and statements the individual adheres to and that clearly indicate who he or she is. They determine the individual’s perception when faced with a particular situation and guide his or her actions or interventions in the situation (Wright, Watson, & Bell, 1996).

Duhamel (1995) states that some beliefs are constraining and limit the family members’ ability to solve their adjustment problems with illness. On the contrary, other beliefs can be generative and help the family develop solutions for their difficulties. Mireille asks: “What would happen if a solution couldn’t be found to a particular situation? How would you live that dilemma?”

[Jocelyne] The current situation makes me think it has no solution. I am afraid that this will be terribly hard for all of us to live through.

[Mireille] In your opinion, who would find it harder to live with this duality?

[Jocelyne] I worry about John because he has been able to live by that principle all his life and that it served him well. Now, I think we should consider things differently. Are we able as a family to accept this loss of control and to live through the consequences without always looking for an answer?

Mireille believed that these last comments would help each member of the family pursue their personal reflections in the face of John’s condition.

The third meeting

John had asked that the next meeting involve his ex-wife Justine and their two children Amélie and Bruno. John insisted on clarifying his expectations to Mireille for this important meeting. With her help, he named the following objectives:

• State and demonstrate that he was transferring his parental responsibility on to Justine.

• Hope that Justine would present an open attitude to her ability to shoulder leadership with her two children.

• Offer the children an opportunity to express their feelings in the light of their father’s possible death.

Justine and John talked on the phone to discuss the children’s future, John’s wishes for the future, and the pain he felt at being absent and not sharing their daily lives while still alive. Together, they talked about the upcoming meeting and decided they would show the children that although separated they still continued to be their parents.

Mireille spends a few minutes with John and Justine before introducing the children. “What did you decide regarding the meeting with the children?”

[Justine] I want Amélie and Bruno to talk to John about his illness. I would also like John to explain to them what is happening to him and what we can expect. I think that the time has come to bid him farewell. I am so afraid that it will be too hard for them.

Mireille understands that this apprehension is difficult for the parents. She thinks that it is important to give the children the opportunity to talk about their fears so they can start grieving. Any child going through the loss of a significant other needs to be heard, listened to, and understood. The loss of a significant other needs to be heard, listened to, and understood. Any child going through the loss of a significant other needs to be heard, listened to, and understood. Any child going through the loss of a significant other needs to be heard, listened to, and understood.

Mireille wonders if the children realize the seriousness of John’s illness. Sometimes children do not think their father is gravely ill, but think that he has stopped loving them as before. They can fear being abandoned. “Do you know anything about your dad’s illness?”

[Bruno] It’s a disease that makes you very ill and requires many drugs to treat.

[Mireille] That’s true, Amélie, do you know what type of disease it is?

[Amélie] It’s a serious cancer of the blood.

[Mireille] What is cancer of the blood?

[Amélie] It is a disease that you can’t cure, like a type of germ in the whole blood system.

[John] That’s right, it is a disease that has no cure. I got this disease for no reason. We don’t know why adults get this disease. I’ve received all possible treatments to try to cure me but the disease is very strong and my body can no longer destroy the germs, as you say.

[Mireille] What is going to happen?

[John] I think I am going to become very, very weak and that I am going to die. I believe that the disease is going to win the battle against me. You know, Bruno, it’s like hockey, one does not always win!

Amélie starts to cry quietly and moves away from her father. Bruno stares silently at the ceiling.

[John continues] In a short while I am going to go away forever and I know that I am going to miss you an awful lot. I don’t know what happens when one dies... I will hold you in my heart forever and you, too, can hold me in your hearts, forever... I would have liked so much to remain by your side Amélie and by yours Bruno, forever.

The whole family cries. Justine moves closer to John, with the children. He opens his arms and the children cuddle against him.

Mireille feels powerless in the face of the expressed suffering. She finds it difficult to hold back her tears. She lets silence settle in,
despite her discomfort. After a few minutes, Justine speaks:

[Justine] Your dad and I have talked a lot in the last few days. We want to be able to live these difficult moments together, in spite of what is happening to us. Your grandparents Henriette and Réal will be there. We will continue visiting them like before and as long as you want to do it. By continuing our visits with them, it will be a bit like finding dad again.

[John] Justine will be there to take care of you, she is your mother. I will have to leave you and I won’t be able to be your dad for you, but I was your dad and that’s something that can never be taken away from us. I want to tell you that I am happy that mum will be there with you, I feel so reassured that she will be there with you. I love you...

These intense emotions were difficult for all involved. Mireille thought several significant messages had been communicated. She chose not to extend the meeting with further questions but agreed to participate in a fun photo session. Children of Amélie and Bruno’s age often find it difficult to express their feelings in words. Games, pictures, and other media can enrich the information collected by professionals.

Mireille left John’s room after checking with them if she could let them live these moments as a family. Mireille returned to her office and took a few minutes to centre herself before continuing with other activities. She believed that this extremely moving meeting answered John and Justine’s expectations.

The fourth meeting

Mireille prepared for the last meeting. Her objectives were to check John’s feelings regarding letting go and to help him verbalize his detachment from his nuclear family and family of origin.

Mireille goes to the care unit. There, she learns that John is feeling weaker after the latest series of chemotherapy treatments. Contrary to what he had hoped, he cannot leave the hospital. He can hardly stand up... despite taking my leave. It is more logical when one is 80 or 90, when you have your whole life behind you. To me, my life is still ahead, with my little family. Even when you know it, when you feel it in your body, even when life deserts you, still you want to go on.

[Mireille] Your pain and suffering show me that you are a big-hearted man. Thank you for giving me the opportunity to know you. You took all the necessary steps to help people around you accept your departure. You can be proud of your accomplishments. You were able to provide your children with tools to navigate through life. Trust them, they will find their own course. You can go rest now, they are safe and sound.

After looking and smiling at John for a long while, Mireille leaves his room.

On arriving at her office, Mireille realized how overwhelming the emotions were for her. Firstly, the strength she felt in John, in spite of his physical condition. Then, his courage in coming to terms with the end of his life. Lastly, she recognized once again that, in a therapeutic relationship, her capacity to give was only equal to what she was receiving in return.

Epilogue

John died peacefully seven days after the last meeting. Réal and Henriette were by his side as was Justine. Mireille has not heard from Amélie and Bruno since, but Justine mentioned her intention to follow up on John’s wishes after his death. Justine also told Mireille that she planned to give his letters to the children when they reached adolescence, so that they could appreciate their content.

Conclusion

In its own way, John’s story illustrates how important it is to intervene with the whole family. Both his family of origin and his nuclear family were transformed by John’s illness. Meetings arranged with family members provide a unique opportunity to open a dialogue. Based on the authors’ experiences, families deeply wish for these discussion forums. Professionals with systemic-approach training facilitate these therapeutic conversations with the family. Often, families possess all the information they need to cope with various life situations, but they need ad hoc assistance to rediscover their own resources. Professionals call on their own curiosity and neutrality to promote exploration of other avenues or hypotheses that may shake the family members’ beliefs. Thus, family members can increase their coping strategies in the face of the unavoidable changes that affect everyone’s lives.
References


