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Introduction to *Managing Conflict, Finding Meaning: Supporting Families at Life's End*

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MANAGING CONFLICT FINDING MEANING
Supporting Families at Life’s End

Edited by Kenneth J. Doka and Amy S. Tucci
Introduction

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When I was younger, one of my favorite activities was caving or spelunking, exploring non-commercial caves. Caves are made, over eons, from water dissolving limestone. On one caving trip, I took my 11-year-old godson Scott. He happily sloshed through the cave with the rest of the club, sometimes crawling or slithering through particularly tight passages. At one point, the cave seemed to end in a small shallow pond. Yet the pond merely obscured a final passage. One had to go underwater, hand-in-hand with another explorer, squeezing through a narrow submerged passage before entering a final section to exit.

Scott was reluctant but after considering the option of returning to the opening where we had entered, he decided to proceed. After we made it through the passage, I remarked that it was brave of him to face his fears. He replied that his dad frequently said there were times he had to choose to grow up or grow down.

I regularly think of that comment. While not a completely literal translation, the Chinese word for crisis is often described as an amalgamation of the characters for challenge and opportunity. A crisis at the end of life offers both challenge and opportunity. We can grow up—or grow down.

The cases in this book illustrate challenges surrounding dying and grieving as well as opportunities that arise from crises. Names and some circumstances have been altered to protect privacy. The book begins with an excellent overview by Boelk and Kramer, highlighting some practical advice for professionals supporting families in conflict. The overview contains examples from nurses, social workers, and other professionals about how they’ve put that advice into practice.

The first section focuses on challenges. At a time of crisis, early conflicts can be exacerbated. Ribarich’s case on addiction, and Stephenson and Grottanelli’s case about a preexisting mental illness, illustrate the ways these problems can continue to complicate care at life’s end. Cagle reminds us that pain management can also be a source
of contention within families and between families and staff. Cagle reinforces the need for staff to educate and incorporate the family in pain management.

Other difficulties can be relatively new. For example, as Glajchen and Eisinger indicate, the challenges of caregiving can create or intensify family conflict, a point also underlined in Doka's chapter on disclosure, as well as in Schachter and Randhawa's case. These cases also show how the cultural context can generate conflict within the family and impair communication between family and staff. Meris' case also painfully demonstrates the multiple consequences that can occur when communication is stifled; in this instance, lack of communication caused conflict between a biological family and a gay man's partner, inevitably isolating the partner and exacerbating his grief.

Other aspects of context can also complicate care. Economic status can significantly impact access to care as well as quality of care. Financial constraints can limit caregiving options and even influence end-of-life decisions. Families who work full-time without a flexible schedule, or whose loved ones live in a different city, may find hospice care a challenge because no one in the family is available to provide home care between visits by hospice staff.

Two final chapters offer additional points. Harrington-LaMorie reminds us coping mechanisms that existed before the death can continue to cause conflict after the death. Doka's chapter emphasizes that medical staff can be deeply affected by the death of a patient; conflict may arise if medical staff disagree with the family's decisions at the end of life.

Collectively, these cases do not just delineate problems, they also suggest interventions. Improving communication within families and between families and medical staff is a critical component. Family meetings, as noted in a number of cases, may provide opportunities to do that. Other interventions, such as debriefings after difficult deaths and the use of rituals, may also be useful tools in resolving conflicts and enhancing communication. Yet, Meris' case offers a realistic and poignant caution: families can be complicated; not all problems can be resolved; not everyone lives happily ever after or even dies in peace with all issues resolved. Perhaps the test is not whether it was a "good death," however we define that, but rather if our interventions made the process a little better than it would have been.
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We can also grow up, even at life's end. Montross-Thomas and Trejo's chapter emphasizes the growing body of evidence supporting Dignity Therapy, a very structured opportunity to empower life review. Perhaps, as the authors point out, one of the most important questions is: *When did you feel most alive?* This case reminds us that Dignity Therapy is not just about leaving a legacy but also recapturing a sense of life even as one is dying.

Doka explores a possible distinction between posttraumatic growth and resilience, noting a curvilinear relationship between these two concepts. Posttraumatic growth emerges out of struggle; while some resilience is necessary for growth, individuals with high levels of resilience adapt naturally to loss.

Stewart's case reinforces the notion that growth in grief is not limited to adults. Her case, exploring how three children in the same family respond to the death of their father, reminds us that children will respond differently, depending on their own developmental levels, and that interventions need to be tailored accordingly. Finally, she reiterates that even children are capable of growth as they grieve.

Moore's and Harpel's cases each describe situations of posttraumatic growth. Both offer strategies such as writing and journaling that can be employed by therapists seeking to assist growth. Doka briefly delineates many other ways that growth can be experienced. Harpel's case on suicide is complemented by Ruocco's personal narrative of how her family struggled, yet grew, as they coped with their father's death by suicide. In Neimeyer's case on perinatal loss, he offers a detailed account of the ways that a meaning-making strategy can facilitate growth. Gileno, too, emphasizes one person's search for meaning after loss. While Gileno describes a variety of therapeutic modalities, the use of support groups emerges as another way to facilitate growth. Doka's case on Rosa adds another intervention to the therapist's toolkit as he explores the ways that therapeutic ritual can foster growth. Finally, Shear, Skritskaya, and Gribbin show how Complicated Grief Therapy can foster growth, even in the most difficult circumstances.

Together, the chapters reaffirm that in a variety of circumstances, and with clients of all ages, growth is possible. More important, they offer the therapist a range of tools to facilitate that process of growth and finding meaning.