

Coming home: A family case

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Abstract: This article emphasizes the importance of home visits, assessment of domestic influence, and continuing patient-centered holistic care in the management of a chronic illness such as diabetes mellitus. The role of family intervention in aiding chronic disease management is clarified using Minuchin's structural theory. This case history also demonstrates that crisis intervention using the intentional marriage counseling method can be done in a clinical setting.

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Key words: chronic disease management, diabetes mellitus, family intervention, home visit, Minuchin's structural theory.

The medical scenario

Manuel was referred from the outpatient service of the Philippine Cancer Society where he had undergone a thorough check up for pulmonary malignancy. When it became clear that the pain he was complaining of was due to osteoarthritis rather than secondary bone metastases from a lung cancer, he was referred to my service for continuing holistic care.

On interview, Manuel's main concern still seemed to be lung cancer. Throughout his interview, he spoke in a monotone, with his eyes downcast.

When asked what was bothering him the most, he complained of left hip and knee pain, with occasional low back pain. Although the pain was episodic, it was severe enough to immobilize him. He was taking tramadol, but pain relief had been inconsistent. The pain restricted his movement, resulting in him spending many idle hours alone at home. He also had intermittent numbness and tingling in his hands and lower legs.

Past medical history

Manuel was diagnosed with diabetes mellitus 5 years ago. He was treated with glibenclamide (10 mg a day),

although it would appear that his current diabetes is poorly controlled as he has diabetic retinopathy, nephropathy and neuropathy. In 1998, he required admission to intensive care unit for unstable angina and while an inpatient, he had a cerebrovascular infarction which left him with weakness on his left side.

Review of other symptoms

On review of his other symptoms, it was found that he had lost over half his usual weight over a period of 6 months. He also complained of difficulty in getting to sleep and staying asleep. He also complained of headaches, which he attributed to a fistfight with his stepson 3 weeks ago. He felt tired all the time but denied any dyspnea on exertion.

Pertinent physical findings

The abnormal physical findings were: elevated blood pressure (170/100), a grade I retinopathy in both eyes, shallow left nasolabial fold, and residual left-sided weakness. On mental status examination, it was found he had psychomotor retardation, poor eye contact, constricted affect, depressed mood, monotonal speech, and had suicidal thoughts. He denied having any hallucinations.

Laboratory and ancillary tests

A recent fasting blood glucose level was elevated (16.3 mmol/L), but kidney function tests were within normal limits (blood urea nitrogen, 3.8 mmol/L and creatinine, 136.6 mmol/L). Urine analysis showed

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microscopic proteinuria. An electrocardiogram showed sinus tachycardia without ischemic changes.

Psychosocial history

Manuel graduated with a teaching degree. Initially he worked as a school teacher. However, the low pay forced him to work as a records clerk in a hospital. He married a former bar girl, Letty, and she had five children from a previous union. Figure 1 best illustrates Manuel's genogram and the structure of this stepfather family. Manuel was a devout husband and father to them. When two more sons were born, he needed to earn even more. So he applied for, and got, a higher paying job in a tertiary hospital in Jeddah, Saudi Arabia. This meant however, that he only came home once a year, staying with his family for a month at the most.

When he suffered cardio and cerebrovascular complications of diabetes while at work in Jeddah, he was forced to return to Manila. He found it very difficult to find work back home because of his age and medical condition. As his savings became depleted his marriage also began to deteriorate. His physical condition was also affected as he could not afford the medication. Escalating physical violence led to his wife moving in with one of her sons. This exacerbated Manuel's increasing feelings of isolation from his family and made him lonelier.

Patient–doctor relationship

Manuel had all the signs of a major depressive episode and immediate treatment was directed toward confronting his suicidal thoughts. However, there was also a need to assess the family dynamics to work out how best to help him in the long term.

In allowing him to express his thoughts, his real fears in relation to the threat of cancer and how sad he was at the thought of leaving his family poured out. This allowed his fears to be acknowledged and his desires expressed.

When Manuel did not return for his follow up visit, I organized a home visit in order to see his home situation, meet the other family members if possible and assess the dynamics in his family system. The gesture also significantly boosted his self worth, and fortified our healing relations.

Manuel is a goal oriented person and a committed family man. His measure of worth lies in being able to provide well for his family and in having a cohesive and happy family. This attribute is deep seated in the Filipino culture. The sudden failure in his ability to provide had broken down his self worth.

Discussion

Manuel's medical condition is tightly entwined with his disturbed domestic situation and successful control

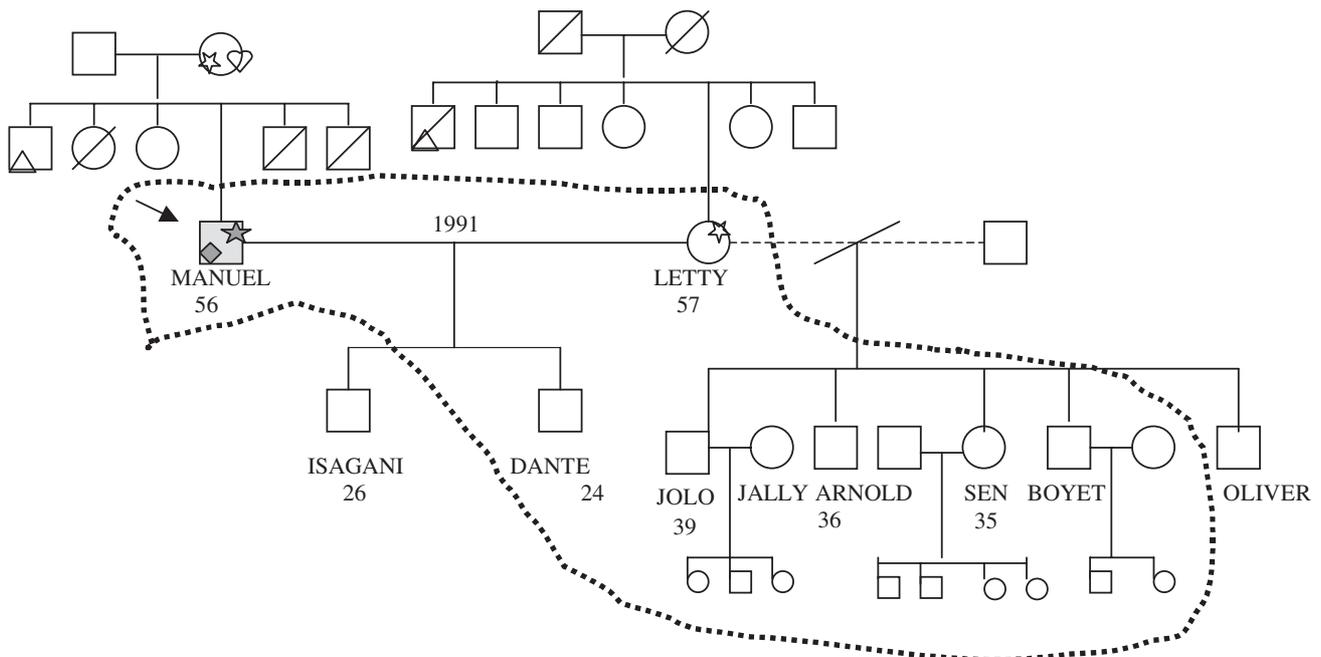


Figure 1 Genogram. The family lives in a small family-owned compound. Manuel lives in the original, old house with Dante. Letty lives with Arnold in his new two room house. The married children live in small houses within the compound. (◇) diabetes mellitus, (☆) hypertension, (△) cancer, (♥) congestive heart failure.

of his blood sugar is unlikely to be attained with medical intervention alone. A study by Stenstrom *et al.* found that male diabetics, who report more negative life events had poorer metabolic control than those who reported fewer negative life events or none at all.¹ Studies by Hanson *et al.* among 157 youths aged 12–20 with type 1 diabetes mellitus, have also found that positive family relations (high family cohesion and low family conflict) indirectly related to good metabolic control.^{2,3} They postulated that successful treatment could be secondary to positive adherence behaviors apparent in patients who live in a harmonious home environment. Ciechanowski *et al.* have found that depression in a diabetic patient is associated with poorer diet, poorer medication regimen adherence, functional impairment, and higher total health care costs.⁴

Effective management of this chronic medical illness therefore could only be achieved with skilful family intervention, requiring an accurate assessment of the family structure.

Minuchin's theory

Minuchin defined family structure as an invisible set of functional demands that organize the ways in which family members interact.⁵ He speaks of hierarchies, roles, rules, transactional patterns, and subsystem boundaries as components that taken together would make a unique family structure.

Structure

While Manuel was employed, he was functionally the head of the family and the sole decision maker. But when he became unemployed, *hierarchies* changed. Manuel took on the *role* of a semidependent father, and his stepson, Arnold, being the only unmarried child living in the family compound, became the breadwinner. Consequently the decision making role became a shared responsibility between stepfather and stepson who often disagreed.

In addition to this, Manuel's relationship with his children had become courteous but impersonal due to the amount of time he had spent working abroad while they were growing up. This was exacerbated by the children becoming adolescents and spending less time at home.

The concept of *subsystem boundaries* is probably the best developed and indeed the most basic component of Minuchin's theory. The clarity of boundaries within a family is an extremely useful parameter for evaluation of family functioning. Families operate along a continuum of diffuse, clear, and overly rigid boundaries determined by their quality of communication and level of concern among family members.

When Manuel started to drink alcohol excessively, the boundaries between him and his wife became

very rigid. Two stepchildren took the side of their mother, giving rise to a coalition that finally led to disengagement.

Following Minuchin's theory, disengagement is a phenomenon that happens when families develop overly rigid boundaries in which communication and protective functions of the family are handicapped.

Functional families should be able to adapt in lieu of changes that happen in the life of one member that ultimately affect the family.^{6,7} The untimely return of Manuel to his home became tumultuous because his family was not able to adapt to the character that he assumed as the unemployed, disgruntled, frustrated drunken father. The family was unable to adapt alternative transactional patterns that could have helped them understand Manuel's dire situation.

Resonance is closely related to boundaries. If boundaries are rigid, to the point of disengagement, then the family will have a very low resonance or sensitivity to a family member's actions or feelings.

Manuel's habitual drinking, leading to physical aggression and verbal humiliation directed at Manuel's wife, Letty. Two of the stepchildren, Arnold and Senaida, took their mother's side. This caused some family members to break away from the family system and to focus on their own personal pains.

But the other stepchildren remained neutral. The family dynamics that evolved from the circumstances is mapped out in Fig. 2.

Ecological context

Manuel receives 2000 pesos on disability benefits every month. This is spent on food and basic utilities for himself and his son Dante. Arnold earns about 5000 pesos per month as a company driver and he supports his mother. The other married children are barely able to make ends meet for their own families. Limited resources are an aggravating factor to the existing disengagement and family dysfunction.

Developmental stage

The fact that this is a 'stepfather family' brings its own set of problems. There is a need for acceptance by the step parent and the present dysfunction may intensify any characteristic insecurity or defensiveness that is still present in the family.⁸

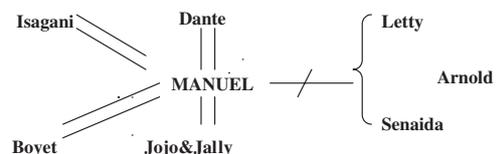


Figure 2 Family map showing coalition among Letty, Arnold and Senaida, disengaged from Manuel; while the rest of the children continue to have functional relations with Manuel.

Another difficulty lies in the spouse subsystem. The discord was seriously threatening the integrity of their marriage and dimming the vision of love and support in their old age.

After having dissected the family dynamics, it becomes very apparent that all these contribute to making the patient's endocrine problem resistant to ordinary pharmacologic therapy.

Management

The home visit was a turning point in the management of this case. It bolstered Manuel's self esteem, which considerably alleviated the depressive symptoms. Home visits provide the setting for 'joining the family' and observing their natural behaviors.⁹ This was essential in formulating a strategy for intervention and in convincing the family of their indispensable role in bringing Manuel back to a desired degree of physical and psychological well being.

Family intervention

Minuchin's theory of family therapy is predicated on the fact that individuals do not live in isolation. Thus, he approaches the individual in his or her context. Therapy based on this framework is directed toward changing the organization of the family. When the structure of the family group is transformed, the positions of members in that group are altered accordingly.

There was a need to break the coalition against Manuel, as its persistence restricted the chance for structural change. In this case, the focus was on improving the relationship between Manuel and Letty by encouraging her to accompany him to his second clinic appointment.

At this appointment, marital crisis intervention counseling lasting over 1 hour was undertaken.¹⁰ This involved identifying and affirming the strengths of the relationship, identifying the growth areas or the unmet needs from each other, recontracting for change, and taking action.

Letty asked that she be afforded some respect, by not making an issue of her past life. Manuel was penitent and promised to stay sober. He declared that he loved his wife dearly despite all that had happened. He asked for assurance of love despite his incapacity to provide for the family.

On our third meeting, there was less animosity between Manuel and Letty. They were more at ease,

and they made eye contact with each other. They even conferred with each other when asked about plans for the future. Letty was bringing Manuel cooked food regularly and Manuel was staying sober. The relationship with his children was also improving. Although still impersonal, there had been no quarrels. The children take turns in keeping him company. The improvement in the relationship of the parents was positively affecting the relationship with his children.

Outcomes

Succeeding follow ups were undertaken, each one with the goal of deepening the husband and wife relationship. Efforts directed at keeping the other partner well were affirmed – such as cooking low fat food, avoiding social drinks, and reminding Manuel to take daily medications. Part of the clinic time was allotted to openly discussing problems that arise at home for example, finances and drug addiction. Community support was obtained through referrals of this case to government and non government agencies and civil organizations.

In conjunction with dealing with the family situation, Manuel's medication was reviewed and he was given lifestyle advice including a diet plan and advice about the impact of smoking and alcohol on his diabetes. These all had a positive effect on his fasting blood glucose levels and improved his kidney function.¹¹ His headaches had disappeared and he was sleeping better.

Summary

- 1 A holistic approach that includes psychological, pharmacologic, family, and community interventions is essential in the successful management of a patient with a chronic metabolic illness such as diabetes mellitus.
- 2 Home visits by a doctor can be an effective procedure in securing the cooperation of the family in the treatment of a chronically ill family member.
- 3 Structural organization of the family and the family system must first be carefully understood before intervention can be applied and desired results achieved.
- 4 It is useful for a family doctor to have fluidity as he shifts from a medical practitioner to counselor in dealing with families whose health problems are entangled with domestic issues.

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