# SUBSTITUTE FAMILIES AND SUICIDAL TENDENCIES OF ADOLESCENTS AND YOUTHS IN KERALA,INDIA TODAY: BOWENIAN MODEL FOR PASTORAL APPROACHES

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## Introduction

According to Murray Bowen, an American psychiatrist, the more intense the cut off, the more an adolescent is vulnerable to find *substitute emotional refuge* in the first available other persons.[1] An adolescent does an *about-face* by rejecting many of parents' beliefs and values and then adopts viewpoints learned from peers, books, movies, television, and music. The author examines the existing trends in Kerala among adolescents and youths and finds out their emotional refuge or substitute, which results from their emotional cutoff from their parents and finally ends up in suicidal behavior and attempts.

As M. McGoldrick and F. Walsh observe, "Any number of problems in living, fueled by the strong peer and media influences, contribute to an adolescent's self-destructive behavior, such as eating disorders, cutting, or an actual decision to commit suicide."[2] In the context of Kerala, the author addresses three such emotional substitutes, namely *Peer group, Media,*

[1]Murray Bowen, *Family Therapy in Clinical Practice* (Oxford: A Jason Aronson Book, 1978), 383.

[2]Monica McGoldrick and Froma Walsh, "Death, Loss, and the Family Life Cycle," in *The Expanded Family Life Cycle: Individual, Family, and Social Perspectives*, 4th ed., ed. Monica McGoldrick, Betty Carter, and Nydia Garcia Preto (Boston: Allyn & Bacon, 2011), 287.

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*and Love affairs* which the adolescents and youth in Kerala rely upon and finally result in self-destructive means, leading even to suicidal attempts.

## Suicide in Kerala

The ever-increasing rate of family suicide in modern societies makes us aware of the dark side of the family life today. According to M. Kandankary, "Compared to the national average, Kerala has the highest suicide rate and to be more precise it is three times the national average, which is substantially higher than in other states. In fact, it is 50 percent more than the second highest state in India."[3] The official report presented by the Kerala Mental Health Authority (KSMHA) in 2014 says that the total number of suicides in Kerala during 2014 was 8,446. The suicide rate in Kerala for the year 2014 is 24. 9 per 100,100 population. In 2014 the total population of Kerala was 33,900,662. The report also says that compared to the other states suicide among youngsters and family suicide are also on the highest side in Kerala.

According to a report by the New Indian Express, "While the general suicide rate has been decreasing gradually compared to other states, the suicide rate among youngsters and family suicides are on the rise in the state."[4] The author collects data and findings mainly on the increase in the suicidal tendency among the teenagers and the youths, and also on the family suicide in Kerala.

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[3]Mariamma Kandankary, "Suicide in Kerala: a Psychological Approach," *Indian Journal of Family Studies* 2, no. 2 (August, 2004): 50.

[4]M. Arun M, "Suicide Rate on the Rise Among the Youths in Kerala," *The Times New India*, 9 May 2018. Web, accessed 19 October 2018, http://www.newindianexpress.com/states/kerala/2018/may/09/suicide-rate-on-the-rise-among-youths-in-kerala-1812140.html.

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## Reasons for Suicide in Kerala

According to R. Nehra et al: "Suicidal behavior is now understood as multidimensional in origin, resulting from a complex interaction of several risk factors like psychiatric disorders, chronic physical illness, family factors, psychological characteristics of the person, stressful life events and socio-demographic factors and so on."[5] The state's Crime Records Bureau in Kerala has presented the statics of the reasons that led to the suicides reported from 2009 to 2012. Below is the table of the report:

Table 7. Causes of suicide from 2009 to 2012 in Kerala as reported by the Crime Records Bureau in Kerala[6]

| Causes/Year | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|
| Family problems | 40.2 | 42 | 47 | 44.1 |
| Physical illness | 17.6 | 16 | 13 | 12.3 |
| Mental illness | 16.3 | 15 | 12 | 13.9 |
| Financial problems | 6.5 | 5.2 | 4 | 4.9 |
| Unemployment | 0.2 | 0.2 | 0.2 | 0.3 |
| Failure in examination | 0.5 | 0.7 | 0.7 | 0.4 |
| Love failure | 1.4 | 1.6 | 1.2 | 1.3 |
| Job related problem | 0.8 | 0.2 | 0.2 | 0.8 |
| Drug abuse/addiction | 3 | 3.4 | 3.4 | 3.2 |
| Others | 14.5 | 15.7 | 18.3 | 18.7 |

Family problems are cited as the major cause of suicide, followed by physical illness, mental illness and economic reasons.

[5]Ritu Nehra et al., "Psycho-Social Risk Factors in Suicide," *Indian Journal of Clinical Psychology* 34/2 (2007): 159.

[6]Kerala Mental Health Authority, "Suicide Rate in Kerala from 1991 to 2014," accessed 28 January 2018, http://www.ksmha.org/Suicide2014.pdf.

## Suicide Among the Adolescents and Youths

A study in 2012 shows that, "In India suicide among adolescents is higher than any other age group. Forty percent of suicide in men and 56 percent of suicide death in women occurred in the age category of 15-29 years. Four percent of adolescent shows suicide behaviors, females are four times prone than males."[7] P. T. Sasi observes that suicidal behaviour among the adolescents "is associated with absenteeism, independent decision making, premarital sex, unfulfilling wishes for vehicles and high-cost phones, academic problems and mental disorders."[8]

A workshop conducted by the Kerala Security Mission in association with the National Rural Health Mission and the National Institute of Mental Health and Neuroscience, Bangalore in 2010 presented the following reasons for suicide among teenagers and youths: "Pressure to perform well and failure in examinations, lack of family support system, low self-esteem, love failure, psychiatric disorders, physical, mental and sexual abuse all were reasons that could drive a child into chronic depression."[9]

Susha Janardhanan comments that the teen suicides have to be considered as a social problem in general and she lists some major problems for suicide of the teenagers: "Change of social, familial and cultural dimensions has been contributing to the issue. Nuclear families, single parent system, alcoholism of parent, financial problems and lack of harmony in the family

[7]P. T. Sasi, "Challenges Concerning Adolescent Mental Health in India," *Indian Journal of Clinical Psychology* 44, no. 1 (2017): 10.

[8]Ibid.

[9]The Hindu, "'depression a Leading Cause of Suicides,'" *The Hindu,* [February, 25, 2010], accessed October 21, 2018, https://www.thehindu.com/todays-paper/tp-national/tp-kerala/lsquoDepression-a-leading-cause-of-suicides/article15991662.ece.

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are common reasons that affect children. Without sufficient support system many children find it difficult to cope with the situation," she said.[10]

From the Bowenian system thinking the author will deal with the problem of the suicide among the teenagers and youths as the result of the projection of the parents to one or more children. When the less-differentiated parents project their problems in the marital relationship to a child through the way of *triangling*, the child undergoes intense anxiety and develops a pseudo-personality. And in the long run, the child starts forming emotional cut off from the parents. Suicide could be considered as the final stage of emotional cut off.

## Peer Groups Associated with Negative Influences in Kerala

As in any other region or culture, becoming part of a peer group as part of the transition period of an adolescent is common in Kerala society too. According to a report in the context of Kerala, "Unsupportive parents and teachers who hardly go beyond their academic duties are driving an increasing number of adolescents to turn to their peers for problem-solving."[11] Taking into consideration the observations of the *supporting nature* of the peer group, the National Rural Health Mission joined with the National Service Scheme (NSS) has formed many phases of developing a constructive culture of peer group in India, by formulating 'students' counselors.'[12]

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[10]Ibid.

[11]Meedhu Miriyam Jospeh, "Changing Face of Peer Groups," *The Hindu*, [July 26, 2013], accessed 31 December 2018, https://www.thehindu.com/todays-paper/tp-national/tp-kerala/changing-face-of-peer-groups/article4954890.ece

[12]Ibid.

Despite the positive influence of the peer group during adolescents, the Kerala society witnesses the peer group as often associated with experiments on drugs, alcohol, tobacco, physical violence, robberies, and even sexual acts. A less differentiated adolescent would easily yield to the peer pressure to *fit in* with the group. The peer group is often formulated on the feeling that they are more independent and autonomous and feel rebellious when the family and society interferes with their freedom. Bowen says that the intensity of an adolescent's rebellion parallels his or her lack of emotional separation from one's family.[13]

N. Gracia Preto observes that some adolescents reject their own culture and disconnect from their families when their cultural differences interfere with their increased need to fit in with their peers. When the expectations of the family and society confront with what they are able to achieve, result at high risk of depression, anxiety, physical problems, and suicide attempts.[14] A paper on the reasons for adolescent suicides in Kerala indicates *loss of identity among peers* as one of the reasons for suicide.[15]

## Abuse of Social Media and Mobile Phones in Kerala

Medias like TV, cinema, internet, cyber clinics, mobile phones, newspapers, et cetera create and favour a new culture.

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[13]Murray Bowen and Michael E. Kerr, *Family Evaluation: An Approach Based on Bowen Theory* (New York: Norton, 1988), 216.

[14]Nydia Gracia Preto, "Transformation of the Family System During Adoloscence," in *The Expanded Family Life Cycle: Individual, Family, and Social Perspectives*, 4th ed., ed.Monica McGoldrick, Betty Carter, and Nydia Garcia Preto (Boston: Allyn & Bacon, 2011),237.

[15]Norvy Vithayathil, "Delving into Adolescent Suicides in Kerala and Suggesting Measures to Prevent," *DIST E-journal*, De Paul Times, accessed December 31, 2018, https://sites.google.com/a/depaul.edu.in/de-paul-times/022009/020905.

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John Paul II referred to this as the *risk of media.*[16] M. Kandankary writes, "In Kerala, many of the college going students possess a computer set or go regularly to computer café to make chatting. Owing a mobile phone is nothing extra ordinary in the life of the youth. It is true that these advanced technological developments save much time and energy of man and make family life easier. But their abuse creates enormous negative effects in the personality development of young generation."[17]

Abuse of mobile phones among the adolescents is a big issue that the worried Kerala Government has banned the use of mobile phones in the schools. D. Sreedevi, the Kerala Women's Commission Chairperson Justice (retd.) reports, "The rising suicide is a serious social issue. We have identified the use of mobile phones as the problem. Last month we had four cases where teenaged girls came to us complaining their lovers had ditched them. All of them were pregnant."[18] This report shows that the misuse of the mobile phones among the teenagers have resulted in building up unhealthy and irresponsible relationships that lead them to sexual abuses.

N. Vithayathil observes, "Over exposure to modern technologies, such as internet, television, 3G mobile phones [Now 5G] are another area of risk factor to adolescent suicide. ... Thus unwarranted influence of media generates depletion in the

[16]John Paul II, *Familiaris Consortio,* Apostolic Exhortation on the Role of the Christian Families in the Modern World, 22 November 1981, Vatican Archive, accessed September 20 2017, http://w2.vatican.va/content/john-paul-ii/en/apost_exhortations/documents/hf_jp-ii_exh_19811122_familiaris-consortio.html, no. 76.

[17]Kandankary, "Nature of Family in India: The Changing Trends in Christian Fmailies," *Indian Journal of Family Studies* 5, no. 3 (2008): 67.

[18]Ians, "Suicides Due to Failed Love Rise in Kerala," Two Circles.net: Main Stream News of the Marginalized, accessed January 01, 2019, http://twocircles.net/2010mar07/suicides_due_failed_love_rise_kerala.html.

value, culture, tradition, mores transferred from older generation to younger."[19]

The pastoral counselors in Kerala have to keep in mind this trend among the adolescents and try to guide them in making use of the internet facilities and other social media in tune with the teachings of the Church. The Pontifical Commission for Social Communication suggests that schools and other educational institutions and programmers for children and adults should provide training in discerning use of the internet as part of comprehensive media education including not just training in technical skills- 'computer literacy' and the like-but, a capacity for informed, discerning evaluation of content.[20]

## Dropped Love Affairs and Its Effects in Kerala

Bowen had already mentioned the existence of the practice of *living together* as a consequence of the increasing percentage of adolescents and youth *running away* from their families in American societies. According to him, "These substitute families are very unstable. They are made up of people who ran away from their own families; when tension builds up in the substitute family, they cut off from that and move on to another. Under the best conditions, the substitute family and outside relationships are poor substitutes for original family."[21]

In Kerala, suicides caused by *dropped love affairs* are rising steadily. According to a report, "A total of 117 jilted lovers took their lives in 2008, according to the Economic Review, released by the Kerala State Planning Board. In 2006, 70 people killed

[19]Vithayathil, "Delving into Adolescent Suicides in Kerala and Suggesting Measures to Prevent."

[20]The Pontifical Commission for Social Communication, *Ethics in Internet*, 2002, no. 15.

[21]Bowen, *Family Therapy in Clinical Practice*, 383.

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themselves after failed love affairs. The figure rose to 81 in 2007."[22]

## Pastoral and Family Therapeutic Approaches and Interventions

Before discussing the Bowenian therapeutic approaches and interventions on suicide, the author acknowledges the fact that there are studies and interventions based on the neurobiology of suicide. These studies prove the biological basis of suicide and suicidal behavior. According to G. Pandey, these studies and interventions "show an abnormality of serotonergic mechanism, such as increased serotonin receptor subtypes and decreased serotonin metabolites, such as 5-hydroxyindoleacetic acid."[23] According to such studies, genetic and neurobiological risk factors may be important in the predisposition to suicide. The author acknowledges the need for psychiatric interventions as part of the treatment plan for suicidal persons considering the behavioral risks involved in the nature of suicide. The researcher in these sections, limits his discussions to Bowenian interventions.

Bowen and Kerr emphasize on the principle of family systems therapy that "parents are more capable than their children of assuming responsibility for change in the family. So even if the presenting problem in a family is a symptomatic child, the primary focus of therapy is the parent's working toward more differentiation of self- in relationship to each other and in relationship to the children."[24] So in Bowenian

[22]Ians, "Suicides Due to Failed Love Rise in Kerala."

[23]Ghanshyam N Pandey, "Biological Basis of Suicide and Suicidal Behavior," *US National Library of Medicine National Institute of Health* 15, no. 5 (2013 June): 425-542, accessed March 10, 2019, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3749837/.

[24]Bowen and Kerr, *Family Evaluation*, 215.

family systems therapy, much focus is given to calm down the parents and coaching them to deal with the problems more effectively. Thus, the primary therapeutic approach in bridging the emotional cut offs is to work with the parents in the counseling sessions.

E. Berman and A. Heru who speak of the need of diagnosing the symptoms of depression in adolescents, emphasize the involvement of parents in the treatment sessions. They write, "Undiagnosed, untreated depression in adolescents frequently leads to substance abuse and suicide attempts. When children are seen by the therapists, parents must be involved in the treatment plan."[25]

B. Groholt, in his paper on the family systems therapeutic approach to suicidal behavior, also highlights the same approach: "Families should always be involved when young persons have harmed themselves. Educating the family is important. A family therapy approach to reducing the conflict level should often be combined with individual approaches to the young person."[26] R. Nauert also observes, "Adolescents with suicidal thoughts and elevated depression had stronger and faster reduction of symptoms when treated with family therapy than with standard treatment in the community."[27]

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[25]Ellen Berman and Alison Heru, "Psychiatric Illness and the Life Cycle" in *The Expanded Family Life Cycle: Individual, Family, and Social Perspectives*, 4th ed., Edited by Monica McGoldrick, Betty Carter, and Nydia Garcia Preto (Boston: Allyn and Bacon, 2011),408-409.

[26]Berit Groholt, "Family Therapy, System Theory and Suicidal Behavior," *The Suicide Research and Prevention Unit, University of Oslo*, accessed December 21, 2018, https://www.med.uio.no/klinmed/english/research/centres/nssf/articles/youth/GroholtFamily.pdf.

[27]Rick Nauert, "Family Therapy Helps Suicidal Teens," *PsychCentral*, accessed February 2, 2018, https://psychcentral.com/news/2010/02/08/family-therapy-helps-suicidal-teens/11256.html.

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In Kerala and Indian contexts, studies conducted on the conduct disorders of the adolescents, including the suicidal behavior, report that the quality of the parent's relationships matters and specific evaluation and inclusion in the therapy plan is unavoidable.[28] Therefore the pastoral counselors are suggested to include the parents when counseling the symptomatic children or identified patient (IP).

The following are the major Bowenian family therapeutic techniques, which the pastoral counselors can make use of in bridging the emotional cut offs in the family relationships and dealing with the suicidal behavior in adolescents and youth.

## Lowering Anxiety in the Family, Primarily by Lowering the Parents' Anxiety

This involves, according to Bowen and Kerr, by shifting the focus of the parents' *emotional involvement* with the child *to* their emotional involvement with their own family of origin. Only by *shifting the focus* in this way, they will gain a clear and objective perspective on their emotional involvement with their symptomatic child.[29] If the existing anxiety in the child is explicitly due to the over-involvement of the parents with one child, the counselor should first help the parents to address their unresolved attachments to their own families.[30]

According to family systems therapy, if at least one parent is motivated by the counselor and is able to address his or her unresolved emotional attachments to the family of origin, dramatically the emotional flexibility of a strongly child-focused family increases. The family as a whole improves in its

[28]Shalini and Ahalya Raguram, "Marital Conflict Among Parents: Implications of Family Therapy with Adolescent Conduct Disorder," *Indian Journal of Clinical Psychology* 32, no. 2 (2005): 177-81.

[29]Bowen and Kerr, *Family Evaluation*, 327.

[30]Ibid.

adaptability.[31] The therapeutic techniques like *developing a proactive position, re-defining the level of responsibility, asking more self-defining questions, reducing dependency in marriage, differentiating rather than distancing, and differentiating self from parents, siblings, and extended families,* are some of the Bowenian techniques used to help the couple to assess their own unresolved emotional attachments and other marital issues.

So, the pastoral counselor should not limit his/her focus on the identified patient or symptomatic child, rather direct it to coach the parents to become more *differentiated in self* in relationship with each other and to their children. The pastoral counselor has to take into consideration that the parents have failed in all their copping skills to manage the symptomatic behaviors of the child, and have been emotionally burned out. They are unable to see things objectively and base their parenting on their intellectual capacities. Therefore they are emotionally fused with the symptomatic child and is in a helpless situation. The counselor's primary focus must be in strengthening the differentiation level (strength of separating emotion and thinking) of the parents. The parents must be involved in the counseling sessions. R. Nauert also observes, adolescents with suicidal thoughts and elevated depression had stronger and faster reduction of symptoms when treated with family therapy than with standard treatment in the community.[32]

### Systems Questioning or Circular Questioning

The most practiced way of asking questions to clients in the Kerala clinical setting is *linear questioning* rather than *circular*

[31]Ibid.

[32]Rick Nauert, "Family Therapy Helps Suicidal Teens," PsychCentral, accessed February 2, 2018, https://psychcentral.com/news/2010/02/08/family-therapy-helps-suicidal-teens/11256.html.

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*questioning*. To find out the unresolved attachments between parents and the identified patients or the children with suicidal tendencies, the pastoral counselors must ask more circular or system questions to the client and his/her family members. Linda Metcalf quotes Segne to say that *reality is made up of circles, but we see straight lines*.[33] When working with an individual or the family in a systemic model of therapy, systemic therapists operate with the hypothesis that each member of the family *is connected with everyone else* in the relationship "system." Thus, Person A's behavior affects Person B. In turn, Person B's response to the A's affect can go on to affect others in the system (and even affect Person A back in return). This is known as a Circular Effect and is distinct from a *linear* or a *casual* effect.[34] As M. Nicholas and R. Schwartz comment: "The questions are designed to help clients think about, rather than react to, their dilemmas, and discover how to modify their own role in troubled relationships, Bowen himself was a very laid-back therapist: all he did was ask questions. (Incidentally, Bowen's questions were always circular questions: questions designed to tease out patterns of relationship.)"[35]

Thus, the systems questioning happens when the therapist questions the client in terms of the involvement and attitude of other members on the situation being examined. This allows the therapist to understand the existing relationship patterns and lets the client move beyond his or her own subjectivity to see the perspectives of the spouse, children, parents, grandparents, and extended family members. Both the therapist and the

[33]Linda Metcalf, ed., *Marriage and Family Therapy: A Practice-Oriented Approach* (New York, NY: Springer Publishing Co., 2011), 5.

[34]Jac Brown, "Circular Questioning: An Introductory Guide," *Australian and New Zealand Journal of Family Therapy* 18, no. 2 (1997): 109.

[35]Michael P. Nicholas and Richard C. Schwartz, *Family Therapy: Concepts and Methods*, 2d ed. (Boston: Allyn & Bacon, 1997), 386.

client get a big picture, which further facilitates their 'systems thinking.' It can reduce self-blaming or blaming the other persons in the family. Thus, circular questioning increases the possibility of obtaining a higher level of functioning.[36] As Papero puts it, "Each bit of fact leads to further inquiry and a clearer view of how each person fits into the patterns and events of the family."[37]

In Kerala, pastoral counselors must be aware of this emotional network among the members of the family as emotions pass from one person to another very easily. The practice of asking lineal questioning rather than circular questioning, will not help the counselors or the family members to get a bigger picture of the emotional family system.

## Encouraging *Person-to-Person* Conversation

As discussed earlier, the importance of *person-to-person* conversation is a constitutive part of the Bowenian therapy. R. Gilbert made an experiment with ten to fifteen adolescents with a *group home treatment facility.* They were separated from their parents which actually promoted the mechanism called *cut off* in the participants. But when she introduces the systems thinking, by encouraging the participants to have more *frequent contact* between the adolescents and the family through phone calls, letters, and by monthly in-person visits, it resulted in significant changes that took place. She writes, "There were dramatically fewer emergencies, such as absconding, cutting, *suicide attempts*, and conflicts requiring the director to come in

[36]Peter Titelman, "The Concept of Differentiation of Self in Bowen's Theory, in *Differentiation of Self: Bowen Family Systems Theory Perspectives*, ed. Peter Titelman (New York: Routledge, 2015), 52.

[37]Papero, *Bowen Family Systems Theory* ( Boston: Allyn & Bacon), 1990: 71.

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from home."[38] She explains that the director of the institution carried a pager so that the director can respond to anyone involved in such emergency event, received no messages in the pager after introducing *group home treatment facility*.

## Prayer as a Person-to-Person Conversation, A Spiritual Coping and *Triangling* in God/Jesus

Triangle is one of the eight concepts of Bowen. It stands for the natural tendency of a person to seek out a third person when there increase of tension in a two-person relationship (dyad). Instead of solving the problem by *person-to-person* conversation, one prefers to bring in a third person (*triangling in*). Although it is maladaptive method the author sees the possibility of presenting it in as bringing in God into our broken relationship through the exercise of prayer.

As a pastoral counselor, one must be able to impart the importance of prayer to the adolescents and youth of Kerala and to their family. Just as the counselor encourages about Bowenian method of person to person conversation, he or she can introduce the concept of prayer as a spiritual coping in dealing with their struggles in life. So prayer could be pictured as a person to person conversation with God or a way of *triangling in* God into the anxiety of the person. Although, for Bowen, *triangling* is a maladaptive method, when we consider God as the most differentiated person in an emotional system, the presence of God can increase the level of differentiation of other members. Thus prayer could be interpreted as a spiritual coping or *triangling in* God.

[38]Roberta M. Gilbert, The Eight Concepts of Bowen Theory (Falls Church, Virginia: Leading Systems Press, 2006), 62.

## Positive and Negative Feedback Loops on Suicidal Disclosure

L. Frey et al. have developed a research on the role of family intervention in the prevention of suicidal behavior. They explain about the systems concept of the feedback loop and the possible results that take place in the system. There can be both positive and negative feedback loop to suicide disclosure. For example, when an adolescent boy makes a suicide disclosure to his mother by commenting that the family will be happier without him, the mother adopts a negative feedback loop. She ignores the comment by negative feedback loop to restore the equilibrium of the system and discourage the son from expressing additional thoughts that might disrupt the homeostasis of the system.[39]

Whereas positive feedback loop in a system can mediate positively in reducing the depression level on the suicidal person. Studies revealed that "increase in the disclosure predicted more positive reactions, which also predicted less severe depression symptoms in the suicidal person."[40]

[39]Laura M. Frey, Jason D. Hans, and Rebecca L. Sanford, "Where is Family Science in Suicide Prevention and Intervention: Theoretical Application for a Systemic Perspective," *Journal of Family Theory and Review* 8 (December 2016): 452. *See also*: Laura M. Frey and Quintin A. Hunt, "Treatment for Suicidal Thoughts and Behavior: A Review of Family Based Interventions," *Journal of Marital and Family Therapy* 44, no. 1 (2017): 107-24.

[40]Ibid.

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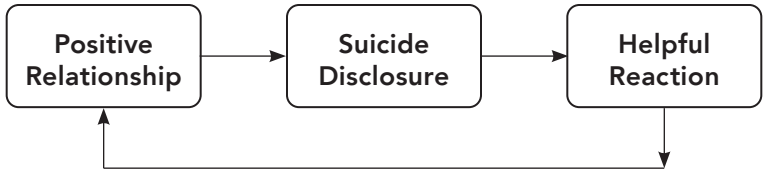



**Fig. 8. Positive Feedback loop between Disclosure and Reaction**[41]

A positive relationship theoretically leads to an increase in the suicide disclosure, which in turn lead to more helpful reaction, which then lead to a more positive relationship, and so on. This Approach seeks to improve relationship between adolescent and the parents or caregiver and elevates the capacity for discussing and negotiating affectively charged issues in the relationship.[42] The counselor facilitates the family members to develop a family environment which is receptive and potentially adaptive to disclosure, which in turn helps the family to improve the patterns of communication positively and remedying suicidal behavior.

## Christian Maturity as Positive Response to the Problems of Other

The discussions on positive and negative feedback loops among the family members, reveal how positive response could be helpful to release the anxiety of a person in the family. Pastoral counselors have that task of facilitating a positive response and feedback among the members of a family as part of building up their Christian maturity. Christian maturity as

[41]*Source*: Laura M. Frey, Jason D. Hans, and Rebecca L. Sanford, "Where is Family Science in Suicide Prevention and Intervention: Theoretical Application for a Systemic Perspective," *Journal of Family Theory and Review* 8 (December 2016): 452.

[42]Guy Diamond and Roger Kobak, "Attachment Based Family Therapy for Suicidal Adolescents," *Clinical Trlias.gov*, accessed March 01, 2018, https://clinicaltrials.gov/ct2/show/NCT01537419.

a relational spirituality must be responsibly sensitive to the problems of others.

As pointed out by Majerus and Sandage, the individual Christian is in relationship with God (Matt 22:37; Mark 12:30; Luke 10:27; Gal 2:20) but it is also called into a relationship with other believers (Rom 12; 1Cor 12) as well as with the unbeliever/neighbor around them (Matt 5:16; 1 Pet 2:12).[43] All the personal gifts among the members of the Church are meant for the building up of the Christian community. And each family as a *Domestic Church,* must spend their time to listen to the problems of other members in a responsible and positive way.

## Leaving Home Stage and Differentiation *Separating* Without *Cutting Off*

According to M. McGoldrick et al. *leaving home stage* is an inevitable part of the family life cycle with a primary task of emotional responsibility. M. Nicholas and R. Schwartz writes, "In the *leaving home stage* the primary task for young adults is to *separate* from their families without *cutting off* or fleeing reactively to a substitute emotional refuge. This is to become an autonomous self before joining with another person to form a new family."[44]

L. MacKay explains that even in a family with higher levels of differentiation, parents may express disappointment while still *respecting* their young adult's move to more *self-directed* decision making about their future. So humanly speaking, it is natural to have expressions of disappointment. In such a family, the young person in this *leaving home stage* is more

[43]Brian D. Majerus and Steven J. Sandage, "Differentiation of Self and Christian Spiritual Maturity: Social Science and Theological Integration," *Journal of Psychology and Theology* 38, no. 1 (2010): 45.

[44]Michael P. Nicholas and Richard C. Schwartz, *Family Therapy: Concepts and Methods*, 376.

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likely to have the *capacity to manage* the parents' disappointment and find a way to 'self-soothe' or down-regulate the level of anxiety.[45]

This is achieved *without* either accommodating to the parents through attempting to please them or by cutting off contact with them, either physically or emotionally. The ability to self-soothe in the process of separating without cutting off requires *conscious awareness* with well-thought-out and determined action. But this is possible only if the person has a solid self. If the person is sensitive to how others respond and react, organizes behavioral adaptations, feeling states, neuroendocrine stress responses and mediates health and well-being.[46]

Thus, we speak of the importance of developing the level of differentiation. P. Titelman says, "Intense or complete cut off is characteristic of lower levels of differentiation of self. The rebellious youth who runs away and the young adult, or adolescent, who stays or returns home but withdraws or collapses internally are emotionally cut off from their parents. Both have an intense amount of unresolved attachment to their parents."[47] Thus, the ultimate therapeutic effort is to convert the cut off into an orderly differentiation of a self from the extended family.

And differentiation can be achieved not by getting away from the presence of important persons in life, but by maintaining oneself in the presence of them. As D. Schnarch

[45]Linda MacKay, "Trauma and Bowen Family Systems Theory: Working with Adults Who Were Abused as Children," *The Australian and New Zealand Journal of Family Therapy* 33, no. 3 (November 2012): 235.

[46]Ibid.

[47]Peter Titelman, "The Concept of Differentiation of Self in Bowen's Theory, in *Differentiation of Self",* 42.

explains, "The difference between *running away* and *walking away* after you are 'unhooked' is a critical distinction."[48]

Taking into consideration the present scenario of Kerala, in pursuit of quality education and professional courses, the youth and adolescents are compelled to distance themselves from their parents by moving to far-off places, both parents and children undergo separation anxiety. The pastoral counselors have to examine whether there remains still some sort of unresolved enmeshment in their relationships. If so, they must be helped to convert this *separation* into a *well-thought-out* decision for the brighter future of their children.

## Pastoral Care for the Guilt Feeling Parents in Kerala from a Bowenian Therapeutic Approach

The society in Kerala often looks down on the *family with a member who has committed suicide,* as a cursed family and therefore, avoid as possible as they can, making any visit to this family. Years ago, even from the pastoral side, the local Church too looked down on such family with contempt that a decent burial was denied to the person who committed suicide. He or she was buried in a separate section in the cemetery called *Themmady Kuzhi.*[49] Thus the family, after meeting the tragedy, has still the challenge of facing the society for a long period. This disgrace is mainly centered on the parents, who are considered to be very irresponsible in bringing up their adolescent child. The researcher, taking into consideration, the attitude of the Kerala society, clarify the stance of Bowenian

[48]David Morris Schnarch, *Passionate Marriage: Love, Sex and Intimacy in Emotionally Committed Relationships* (New York: W. W. Norton & Co., 2009), 64.

[49]Literally means *pit (section) for the rogue's body* or body of the unprincipled person.

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approach regarding the interaction of the counselor with the parents and the family of the suicide victim.

As B. Groholt points out that, "Our society is permeated by linear *cause-effect thinking*, not least when it comes to suicide and suicide attempts."[50] The parents are also preoccupied with the self-criticizing questions: Where did I fail? Where did I do wrong? B. Groholt is of the opinion that even attending a family therapy session for such parents would be a confirmation of their guilt. He says, "A sense of guilt is virtually always present when a loved one is suffering: Love and guilt are like light and shadow. When good wishes do not suffice, guilt easily follows, irrespective of what the parents have done."

In Bowenian family therapy, cause of guilt is not the main agenda. The counselor is not there to affirm the guilt feeling of the parents, instead, he or she collects facts and looking for the areas where the family needs a change. The principle is to heal the parents of the guilt feeling, because according to Bowen, the person with most vitality is the agents of change in the family, and not the *guiltiest*.

## Forgiveness: Mark of a Differentiated Person

Forgiveness is a major element in the healing process during the pastoral counseling. As a person differentiate his or her self, that person becomes mature enough to go beyond the pain of hurtfulness and make a very personal decision to forgive. Because, a person with a well differentiated level is able to make forgiveness as his or her personal decision. In most of the pastoral counseling centers in Kerala, before the termination takes place, the clients are encouraged to approach the Sacrament of Confession. As Friedman observes, the increasing of the level of differentiation of self in a person

[50]Groholt, "Family Therapy, System Theory and Suicidal Behavior."

actually results in a *spiritual conversion*.[51] Thus, a well-differentiated person can make an effective confession since the act of forgiving becomes his or her own personal mode of action.

## Summary

To conclude the discussion on the issue of suicidal behavior among the adolescents and youth in Kerala and the Bowenian therapeutic approach with special reference to the concept of differentiation, the author made an attempt to look into the specific aspects of the *substitute emotional refuges* of the adolescents and youth today. This was to expose the fact that how these *seemingly good* emotional substitutes, when abused, can contribute to the distortion of the personality and thinking patterns of the Kerala adolescents and youth.

The Bowenian family systems therapy conceptualized suicide as the extreme form of emotional cut off. Basically, this originates from the *un-differentiation* of the parents, who have their own unsolved emotional attachments to their family of origin. This results in the *projection to one or more children,* and eventually forces the child or children to make adjustments to the emotional fusions through the mechanism of emotional cut off. Only by raising the level of differentiation in the patterns of relationship among the family members, can help the parents and the children to *separate* from emotional fusion, without *cutting off*.

This article also brought in the importance of including the parents in the sessions, when doing counseling to the identified patient or the child with suicidal tendencies. All the therapeutic approaches and techniques of Bowenian method calls for a typical *family counseling* rather than individual counseling.

[51]Les Parrot III and Leslie Parrot, "Relationship Development," in *Christian Marital Counseling*: Eight Approaches to Helping Couples, ed. Everett Worthington (Downers Grove: Wipf and Stock Pub, 2000), 114.

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It demands time, and cannot be solved through any panacea. The healing will take place only through many sessions of interventions. Both counselor and the counselee in Kerala clinical setting look for a speedy method to handle the crises. As discussed, the Bowenian approaches are time-consuming. But when done systematically, they bring integral healing not only for the identified patient, but also for the whole family.