Evaluation of Family System and Genogram

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A family rarely enters therapy with a clearcut idea of exactly where its problems lie. The therapist's major job in the first interview is to elucidate and organize the facts and characteristics of the family, and dissect the emotional process in a way that pinpoints the trouble spots in the relationship system. It is to the advantage of both the therapist and the family that this process be simple, and accomplished in a relatively short period of time.

The choice of a particular method for evaluating a family depends upon the ideology of the therapist and the state of the family when it enters therapy. A family that comes to the initial session in an agitated state may need to be allowed the beginning of the session to talk about their view of the crisis. While they are doing this, the therapist can attempt to cool down the affective overload in the system before proceeding with more structured information gathering. If the family is not in crisis the therapist is able to move quickly on to the structure of his particular method.

The first contact is usually by telephone, and at that point, membership issues involving the first session will be decided. Most family therapists have their own set of guidelines for these issues, which to some degree depend on the therapist's definition of the clinical unit "family." If family is defined as the household, all members of that particular household will be brought in. Therapists who emphasize family as a conceptual base, rather than a natural group, consistently see only the spouses, or, at times, just one motivated family member. Another factor that must be considered at this point is the family's view of the problem. If they define the problem as a marital crisis, the husband and wife may wish to be seen without the children; a child-centered family will most often want the children included.

We believe therapists should maintain a flexible response so that their options will be open to serve multigenerational families or one family member, depending on the circumstances.

If one family member is seen alone as the initial contact, the issue of confidentiality should be dealt with at the beginning. The most functional position is one in which the therapist refuses to make secret pacts, and thus establishes his freedom to introduce into the larger family system information received from one family member, if clinical judgment warrants such disclosures.

Many kinds of information can be looked for in the initial session. Some therapists choose to combine observation of nonverbal behavior and kinesic communication with an elaboration of the family's view of the problem. Others always proceed using a regularly structured format. There are pros and cons to both positions. In the end it comes down to a matter of clinical judgment, and to the short and longrange goals formulated from the therapist's own particular theoretical position.

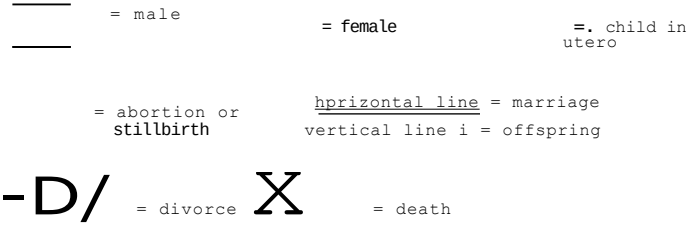
We start off by telling the family that we will ask a few background questions that are important to an overview of the situation. We then use the structure of the genogram to spell out the physical and emotional boundaries, the characteristics of the membership, the nodal events, toxic issues, emotional cutoffs, the general openness/closedness index, and the multiplicity or paucity of available relationship options. Ideally, by the end of the first session we should have a reasonably clear definition of the membership and boundaries of the system, and some beginning definition of the emotional process surrounding the presenting symptom. At the same time, we try to make what we are doing relevant to the family's view of the problem, and to assist the engagement process by saving enough time to give the family some feedback before the end of the session.

In our experience, the evaluation time can be used most efficiently if a therapist has a well-defined structure and method for gathering necessary information about the family. We will therefore elaborate our particular method for evaluating a family, starting with the overview and genogram, and going on to engage the family to define their view of the problem.

There are some general contextual questions that should be part of the overview. Cultural, ethnic, and religious affiliations of a family should be explored, as should also its cultural heritage, socioeconomic level, the way the family relates to the community, and the social network in which it lives. If a family lives in a very affluent section of Westchester County, and yet makes only $10,000 a year, the chances are good that it is in dyssynchrony with its affluent surroundings. This can lead to isolation of the family unit within that community. Also, the therapist has to wonder how much finan-

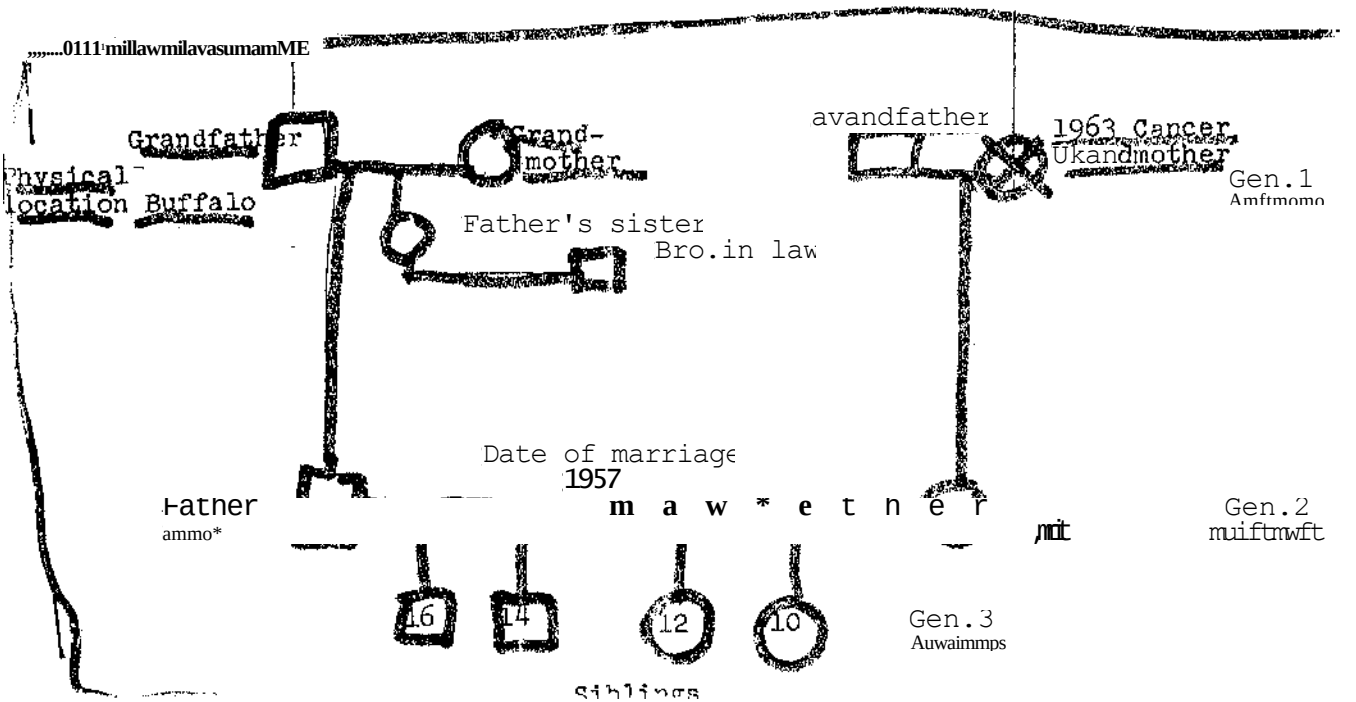
cial backing is coming from the extended family. The real problems of poverty-level families must be recognized and validated, without making them feel patronized. Income level and placement within the community affect not only personal options and expectations, but also relationships with other families in the area. What is the extent of the social network of a family? How isolated is this particular nuclear family unit? It is important to document social and familial isolation because it can create an emotional cocoon that intensifies emotional processes in the nuclear family, and significantly limits the relationships available to dissipate anxiety and emotional distress.

In moving from the general contextual issues to more specific issues of boundary, membership, and process the genogram is our most useful tool. A genogram is a structural diagram of a family's three-generational relationship system. It uses the following symbols to illustrate these relationships.



These symbols, together with other pertinent factual data, are used to show the relationships and positions for each family member. This diagram is a roadmap of the family relationship system. Once the names, the age of each person, the dates of marriages, deaths, divorces, and of births are filled in, other pertinent facts about the relationship process can be gathered, including the family's physical location, frequency and type of contact, emotional cutoffs, toxic issues, nodal events, and open/closed relationship index. Each of these facts will help the therapist to form a picture of the family's characteristics.

Physical location of the family is important for tracing the physical boundaries of the system. Mapping gives information about the degree to which physical distance is used to solve relationship problems, and how much of a support network is present for a particular nuclear family segment. Families can be classified as either explosive or cohesive, depending on how close they have stayed to their original location. For example, in the Italian-American section of New Haven, Connecticut, there are many families who live within walking distance of most of the members of their extended families, and they have never lived anywhere else. Ella Grasso, for instance, lived in such a section in her hometown. She has said that her work


Grandfather
Grand-
mother
avandfather
1963 Cancer
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Gen.1
Father's sister
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Date of marriage
1957
Father
ammo*
Gen.2
16
14
12
10
Gen.3
Auwaimmps
Siblings

in politics and her eventual rise to the governorship of Connecticut depended on the fact that when her children were growing up she was never afraid to leave them at home, as everyone for blocks around was either a family member or a close friend. On the other hand, some people would find such cohesion a source of potential apoplexy and emotional paralysis. Often a member of an explosive family marries into a cohesive family and tries to make it his own.

Another important piece of information is who calls, visits, writes to whom, and with what frequency? Is there one person who serves as the family communications switchboard? Grandmothers and oldest siblings frequently occupy this position. It is not uncommon to find an explosive family that remained cohesive until the switchboard person died and no one moved into the vacated slot. Ritualized family visiting, territoriality, and telephone addiction are all phenomena to be recognized. Ritualized visiting accompanies the use of physical distance as a solution to emotional problems—that is, a totally predictable timetable of visits, involving an equally predictable repertoire of behavior while there.

Most frequently territoriality is shown by whose house everyone congregates at on the important holidays. Are grandparents willing to visit, eat, and stay over at their children's homes, as well as vice versa? Telephone contact also reveals a lot about the family process. Who calls whom and with what frequency? Who answers the phone? When the grandparental home is called, does the father answer and immediately hand the phone over to mother? Is it impossible to get to talk to one person alone? Who are the members of family who prime the anxiety pump or calm their own insides by an addictive use of the telephone?

As the patterns of closeness, distance, and conflict emerge from elucidating the family system boundaries and characteristics, the toxic issues around which the family process gets played out will be defined. There are some almost universal issues—money, sex, parenting, and children. How is the money handled in a marriage? who makes it, controls it, doles it out? Which side of the family has the most, and how is it passed on from generation to generation? His, hers, ours, and theirs are categories that are simultaneously toxic, amusing, and revealing. Often there are specific toxic issues—for instance, alcohol abuse, death, religion, and education level—that are worth tracking.

The open-closed index of a family system can be estimated by studying toxic issues and the relationship process around them. Examples would be the death of a central family member, the premature death of a young parent or child, onset of serious physical illness, an oldest child's leaving for college, a youngest child's getting married, an only son's being killed in war. Are individual family members able to deal openly with toxic issues in some relationships and not in others? or is there a more generalized

conspiracy of silence? The presence or absence of emotional cutoffs is another indication of the open-closed ratio. Emotional cutoffs can be brought about by the use of physical distance, but can also be present in relationships with considerable proximity.

Nodal events are those crossroads times and events in the family life cycle that shape the future form and structure of the relationship process. Normative crises and catastrophic events fit into this category.

PORTIONS OF AN EVALUATION INTERVIEW: THE FLYNNS

Tom Flynn is 49 years old; his wife Mary is 41. From previous marriages they have between them a total of seven children. Mary called and asked if she and Tom could come in for consultation around the effect on the family of Tom's being out of work. In the initial phase of the evaluation interview, the genogram was employed, and the basic facts were gathered. One of the facts that surfaced early in tracking the genogram with this family was that both Tom and Mary have lost mates: Tom's first wife and Mary's first husband both died in 1964.

In this first interview, it is important to strike a balance between hearing the family members out and not getting totally distracted from the goal of obtaining an overview. The following segment illustrates the way this kind of questioning is done:

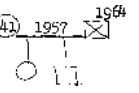
Dr. Guerin: You're how old, Tom?
Tom: Forty-nine.
Dr. Guerin: And you, Mary?
Mary: Forty-one.
Dr. Guerin: You were married when?
Mary: It will be eight years this June.
Dr. Guerin: That was in June, 1968? Is it an only marriage for both of you?
Mary: No, it's a second marriage for both of us.
Dr. Guerin: You were married to your first husband when, Mary?
Mary: 1957.
Dr. Guerin: His name?
Mary: Bill.
Dr. Guerin: He is how old?
Mary: He is no longer living.
Dr. Guerin: When did he die?
Mary: In 1964.
Dr. Guerin: Of what?
Mary: He took his own life.

Dr. Guerin: Was that a surprise? Had he been depressed? Ill? Or was it a sudden kind of thing?
Mary: No, it was a complete surprise.
Dr. Guerin: Have you spent any time trying to sort that out? Were you in any

kind of therapy? I know you spent a lot of time trying to sort it out, but did you use professional assistance to try to sort it out?

Mary: Only the family doctor.

Dr. Guerin: Did you have any kids with Bill?



Mary: Yes, two.

Dr. Guerin: And they are?

Mary: A boy and a girl.

Dr. Guerin: Oldest?

Mary: She will be sixteen next Monday.

Dr. Guerin: Her name is?

Mary: Nancy, and there's John who is fourteen.

Dr. Guerin: Both of them doing okay?

Mary: Both of them are doing okay, but I worry about Nancy's moodiness.

Dr. Guerin: Do you have any children from this marriage?

Mary: No.

Dr. Guerin: Your first marriage was when, Tom?

Tom: 1951.

Dr. Guerin: What was her name?

Tom: Katherine Kelly—she died in 1964 also, the same year as Bill. In 1964, in childbirth.

Dr. Guerin: In childbirth? That's kind of unusual these days.

Tom: Yes, it is.

Dr. Guerin: Did the baby live?

Tom: No.

Dr. Guerin: Hemorrhage? Or what?

Tom: A long labor, something to do with the membranes.

Dr. Guerin: Then no delivery until the next day?

Tom: No delivery. We had five children, that was our sixth.

Dr. Guerin: So you both have the symmetrical experience of losing the first spouse to death?

Tom: It was at about the same time, too.

Dr. Guerin: Your five kids are joined with Mary's to make seven, is that the way it has worked?

Tom: Yes, but my one son was killed two years ago—accident during the summer. The rest of mine are all girls.

As this segment illustrates, a routine manner of questioning about dates of deaths and marriages quickly elicits the facts about the structural characteristics, membership, nodal events, and toxic issues in a family This line of questioning has established that there has been a symmetrical emotional experience for these two marital partners. Mary lost her husband through suicide; the therapist files away for some appropriate time a series of questions about how responsible Mary felt for her husband's suicide. If she did, then how did she deal with that? Who can she talk to most openly about it? Later on, the therapist learns that his suicide is a major secret being kept from her children. Tom's wife died in childbirth, an unusual happening in this day and age. The fact that she died *giving* birth to a sixth child, which today may be viewed as contributing to overpopulation, leads speculation about the degree of responsibility Tom felt for his wife's death. This family

has sustained a number of losses in a very short period of time.

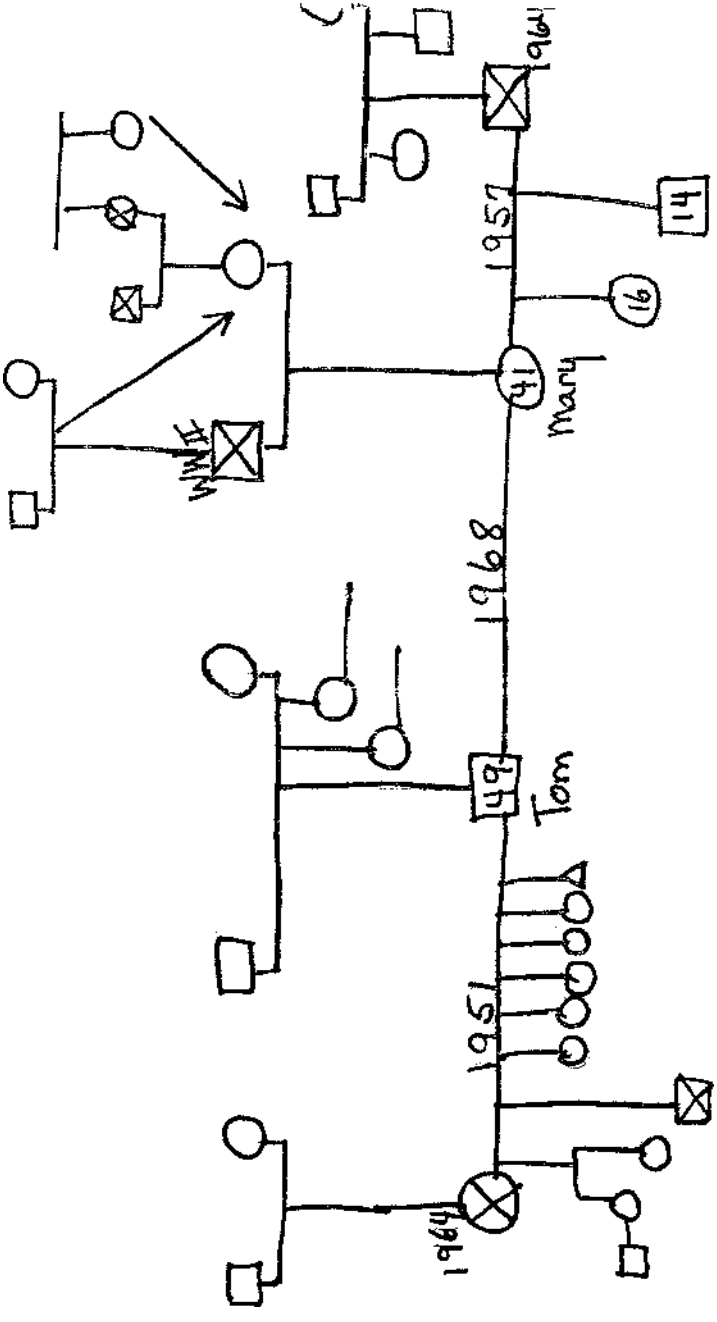
One of the major benefits of taking this kind of family history is that important things are learned about right away that otherwise might not come out until much later. One of the goals of each session is to locate toxic issues and open up communication around them which hopefully will detoxify them and open multiple relationship options. As the therapist proceeds, he will focus on pinning down the process and emotional reactions to some of the factual happenings.

As the genogram is filled in and the family process is spelled out the therapist organizes the information around these significant areas: the family's operating principles; its operating principles in times of stress; the function of time in these relationships; generational and personal boundaries; the conflictual issues—sex, money, in-laws, kids; triangles; personal closeness, tenderness, and honesty; and the extended family's relevance to the stated problem.

Once having done this, the therapist and family can go on to thoroughly investigate the family's view of the problem. This is important to the process of engagement between the therapist and the family, which depends on many factors. The therapist must make a personal connection with each family member present. How he does this will depend on his style. In making this connection the therapist must remain alert to the family's boundary guard. Frequently the boundary guard is the father, and successful initial contact with him will implicitly open the remainder of the system to contact with the therapist. It is also important that he communicate an understanding of each family member's position vis-a-vis the presenting problem. The evaluation session then becomes an emotionally validating experience for the family, and as such fosters the process of engagement.

The therapist turns to Mary first for her view of the problem. She states that she has been feeling better just since making the appointment to come in. The fact that her mother has been visiting for the previous week is offered as the most recent disorganizing experience. The therapist decides to be untracked for a moment, and find out just what position Mary's mother occupies in the present family structure. Mother is described as anxious, critical, and easily upset. The therapist probes the openness of that relationship by inquiring if Mary told her mother she was coming in for consultation. Mary replies that her mother couldn't handle that sort of information. The therapist, referring to his genogram, sees that Mary is an only child, and investigates the impact of that fact on the intensity of their relationship. Going further, he looks for three-generational triangulation, and asks, " Which of your kids is Grandma's favorite?" The answer is Nancy, who just happens to be the daughter Mary is most concerned about.

A number of things come together at this point. Earlier in the interview Mary has remarked on how much Nancy reminds her of her father, Mary's


1961
1957
14
16
41
Mary
WIFE
1968
49
Tom
1951
1961

first husband, Bill. One of her worries about Nancy, Mary reveals, is that Nancy might repeat her father's suicide. This revelation, combined with the therapist's observation that while this line of questioning is going on with Mary, Tom is relieved to the point of being pleased, causes the therapist to take a series of steps. He frames his move by first recalling Mary's concern for Nancy's possible suicide; then he gradually moves to open the issue of potential suicide in the marriage.

The first target of the therapist's questioning is Mary's feeling of responsibility for her first husband's death, and to what extent that ties in to her present worry about her daughter. Next the therapist checks on Mary herself. "With all of this trouble that you have been having recently with the children, and Tom's lack of work, have you ever thought of cashing in your own chips as a solution?" Mary replies that while she frequently feels that the entire household would improve greatly if she packed a bag and left, she does not see suicide as the answer to her problems.

The therapist then moves to cover the primary target, and asks a reverse question. "You'd never find yourself worrying about Tom becoming so despondent about his own career that he would take his own life?" Mary's answer requires no period of deep thought. She says immediately, "Definitely. Quite often." This is then opened up with Tom and checked out with him. Tom does a disclaimer, stating that suicide is not his style; but he does admit being bugged at not being able to reassure Mary. Much of the presenting problem as it appears from Mary's vantage point has been spelled out. She has never come to terms with her feelings of responsibility for her first husband's death. She is determined to prevent a recurrence in her daughter. She has virtually no one that she can talk to about her deepest worries in this regard. When she does let them out into the relationship with her husband Tom, he reasons at her intense feelings. Her mother, too, lost a husband prematurely. But the intensity of that relationship can't contain Mary's emotions. In her isolation Mary is constantly taking Tom's emotional temperature, trying to deal with his children as well as her own, and feeling supported by no one.

The therapist has heard the problem from Mary's viewpoint. Tom has also been connected with about his views on the issue of suicide. Tom relates his central concern to be no job and an upset wife. The therapist asks, "Are you ever aware that Mary is sitting there worrying that you will become so depressed about your lack of a job that you might resort to suicide as a way out?" This question has a dual purpose: it allows the therapist to move toward the areas of Tom's concern, and it also sets the stage for questions about how the Mary/Tom relationship works on an operational level—that is, how aware of Mary's concern is Tom, how much is he tuned in to her and the way she thinks?

Tom appears to be a calm reasonable man who takes most things in his

stride. He even appears to have the present state of affairs under control, and describes his situation with a half-smile and a gentle joking manner The therapist observes this, and puts it together with the fact that Tom is an Irishman, and perhaps therefore has inherited some of the cultural patterns of his forefathers. How much is his calm, jocular exterior related to the Irish manner of holding in feelings of rage? Pride is often the napkin that covers everything else in the Irish picnic basket.

Here is a man who is used to making $50,000 a year in an important job. Now his wife supports the family on considerably less. How low has his pride index fallen? The therapist's questioning follows this train of thought. He asks, "What are some of the problems you personally face around your present work difficulties?" "Frustration, mostly," is Tom's reply, "I mean, I never get violent or anything." The therapist remarks, " The Irish are famous for their underground rage." Tom laughs and confides that he does experience a significant degree of rage, and that most of the time he just does not know where to put that feeling. He tries hard to control it. He does doubt himself and his abilities. "Supposing I really am not all that good. . . . then what?" He worries about this daily, and sometimes feels that this constant internal battle will result in a loss of confidence in himself, so that when he does go to an interview, his embarassment and lack of belief in himself will show, and work against the impression that he makes.

The therapist asks, "Do you have the freedom to put these kinds of thoughts and upsets into your relationship with Mary?" Tom confides that he really is holding most of this in, because he does not want to complain and burden everyone, especially Mary, with a situation that he can do nothing about. The therapist points out that talking about it to Mary might validate her thoughts and feelings, and be a relief to her. If she knew he was suffering, she would be less upset and he would have less to contend with. Also, she wouldn't have to fill the vacuum with thoughts of his suicide.

A good deal of time in this part of the interview is spent discussing the practical difficulties in job hunting, overqualification, lack of readily available jobs due to the economic crunch, and so on. The therapist questions Tom about the possibilities of relocating to another more prosperous area. Tom says that of late he has been considering it. The therapist also remarks that Tom is being interviewed by men who are less qualified to do the jobs they are doing than Tom himself is; Tom states that he has learned to write his resume to fit the description of the job for which he is applying. This tells the therapist that Tom is not sitting around the house waiting for a job to come to him, and is in fact doing everything that he can for himself.

The operating principles that each of this marital pair uses to govern his or her own individual action and reactions has been evident throughout the interview. The therapist knows, for instance, that Mary is a distancer when

it comes to her mother, but a pursuer of her husband and children. She is the self-appointed protector of her charges who tries to keep them from all harm. She oversees everything from the laundry to her daughter's and her husband's depression index. Tom, on the other hand, distances from everything but his work. He used his work as a source of refuge when his first wife and baby died, and also later on, after the untimely death of his son. Here is a man whose major prop—the work in which he took pride—has been removed. In his own words, "Pride gets in my way and sometimes it colors my judgment about things. Sometimes I think that now it is my pride that I protect the most."

The problems that this couple have with their two middle daughters (one each from their former marriages), who strongly resemble their respective dead parents, point up the need to deal with the ghosts of these former spouses, so that the children do not indeed become pushed into repeating those parts of the family script. At the end of this interview Mary and Tom were asked to bring in the children for the next visit. In addition, they discussed the possible advantages of having a session that included Tom's two oldest daughters, both in their twenties and living away from home.

We usually set aside an initial period of two hours, followed by two one-hour sessions, for a family evaluation, but the many complex problems in this family made another two-hour session including the children necessary. Ideally, the next step might be a home visit with the whole family, perhaps at dinner, but this is usually not possible with most families.

In the last evaluation session, the therapist presents the things he has learned about the family and charts a general course of action to be followed in subsequent meetings. This interview often includes specific assignments for each partner, which will be checked on in the next meeting.

A great deal of information is gathered in an evaluation interview, which has to be synthesized and recorded. To facilitate this process we have developed a form, reprinted below, which we offer as a model.

PRESENTING PROBLEM

Tom has been out of work for 2¹/2 years. He is a graduate of Fordham with a B.S. in Business Administration and an M.A. in Engineering. His salary when last employed was $50,000. He was a consultant to a major engineering firm. Mary is currently employed in administration at a Mental Health Clinic at a salary of $11,500.

The couple cites a variety of emotional adjustments they have found difficult to make as a result of the loss in income; father's being a housewife with scant business prospects; and behavior problems in Mary's daughter.

REFERRAL SOURCE: Jane Thorndike, M.S.W., Director of Rehabilitation Services at North Park Mental Health Clinic.

EXTENDED FAMILY RELATIONSHIPS

Mary's Family. Only child of Father killed in an automobile accident

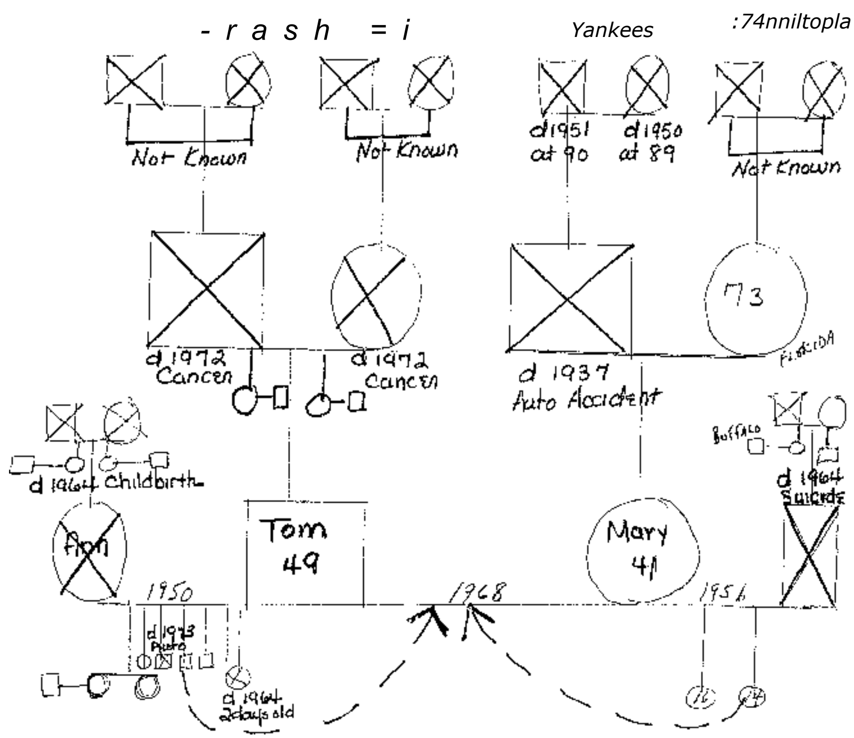
E-1

EVALUATION. INTERVIEW - - - - - - - - - - - - - - - - - - - GDERIN/PENDAGART

Name - Address- -Date

Phone _ _ _ _ _ _ _ . _ _ _ _ _ _ .Time _ _ _ _

Genogram--- 3 Generations



when she was three years old. Mother (73) still living in Florida. They have little contact except for yearly "duty visits," from Mother, "to see my grandchildren." Mary's distance from Mother has been in existence since adolescence. Mother objected strongly to both of Mary's marriages, and wished her to remain at home. Mary very close to first husband's sisters, sees them frequently, calls them every other week on the phone.

Tom's Family. Both parents dead within six months of one another. Rarely sees either of his sisters or their families. Has remained in contact with first wife's sisters. Had very little contact with parents after leaving for college.

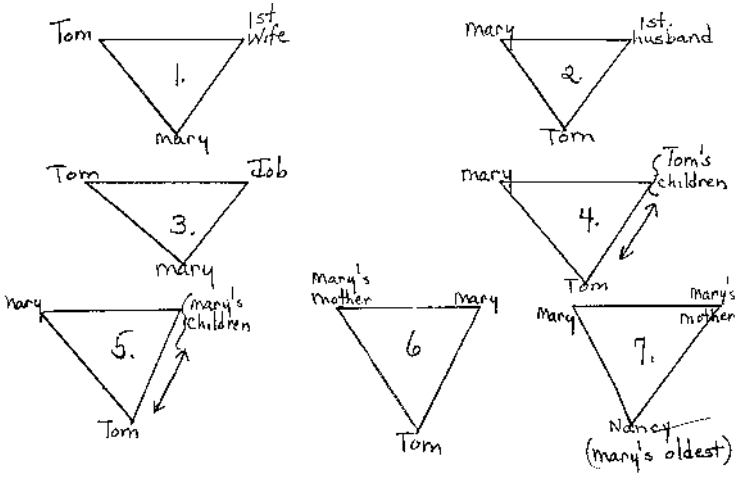
N.B. Neither spouse has developed close friends in social network. Friends appear to be for good times only.

NUCLEAR FAMILY

Mary—pursuer and accumulator, easily upset. She is overinvolved with all kids, and while working still tries to monitor husband/kids/house. Feels responsible for first husband's death, just as Tom feels responsible for his first wife's death. One of her kids and one of his get caught up in this.

Tom—is a distancer, into objects and books. He is very depressed, since he is a man who distanced into his work and survived his losses through death by immersing himself in work. No support for nuclear family from the extended family.

Mary is allergic to Tom's housewifing and he to her role as provider. She worries about his depression and fears it might lead to suicide. Also worries about this in her own daughter.



DIAGNOSIS OF PROBLEMS & PLAN FOR TREATMENT

1. Detoxify issues of death, suicide, and Father's job loss by lowering

anxiety level and opening the relationship around these issues.

2. Dissect the relationship process and dysfunctional patterns that orbit around all of the issues listed above.
3. Challenge dysfunctional patterns by offering alternative options and tasks that will reverse the direction of movement in the present process.
4. (a) Make known and then structurally alter triangles involving Tom and Mary and both of their dead spouses.

   (b) Do the same with all other triangles, especially those involving the children and dead parents.
5. Attempt to open up the extended family on both sides.

PROGNOSIS

The tenderness/caring index in this particular family is quite high, which is a positive prognostic sign. But this first session demonstrates that there is a significant amount of closed communication in the family system. There are cutoffs from the extended family, and these signs tend to make the prognosis somewhat guarded. From the initial evaluation time, Tom and Mary appear (with the therapist's help) to be able to label the areas of dysfunction. However, how they take to tasks aimed at intervention in the ongoing process, and how well they sustain a focus on the thread of movement toward change, remains to be seen.

The willingness of Tom and Mary to re-enter their respective extended family fields will be an important indicator as to whether the family will settle for some form of symptomatic relief, or move into an ongoing process of longterm change.