

unit in the midst of other fairly unstable units in the extended system? Does the nuclear family appear to be more stable than most of the extended system of which it is a part? It is important for therapeutic planning that a therapist form an impression about the stability of the emotional process in the nuclear family being evaluated and the stability of the emotional process in the extended system that surrounds the nuclear family.

The intactness of a family is assessed from impressions about the number of people in an extended family system who are alive and reasonably available to the nuclear family being evaluated. At one extreme are extended family systems that are fragmented. Many family members are dead and those still alive are out of contact with one another. Such systems are usually characterized by very unstable relationships. At the other extreme are extended family systems in which family members are still alive and they are in excellent emotional contact with one another. Such systems are characterized by remarkably stable relationships. It is important to remember, however, that highly unstable systems have their more stable members and highly fragmented families have people in them who manage to stay in contact with one another. The more intact an extended family system, the more a potential resource it is to a nuclear family. Highly motivated people, however, can sometimes reestablish emotional contact in a family that appears irretrievably fragmented.

Much of the data collected about the nuclear and extended family systems can be organized in the form of a family diagram.

THE FAMILY DIAGRAM

The family diagram is an outgrowth of family systems theory. The information contained on a family diagram is meaningless without a thorough understanding of the principles that govern emotional systems. The diagram reflects the ebb and flow of emotional process through the generations. It defines the vicissitudes of a living organism, the multigenerational family.

The data collected in a family evaluation interview are collected because these data are assumed to be influenced by the emotional process in the family. The data vary from family to family, and this variation is assumed to be the result of differences in emotional intensity in families and differences in the

way anxiety is managed in families. When these data are placed on a family diagram, they provide a picture of the underlying emotional process in the family from which they were gathered. The connection between the data on a family and the family's emotional process can be illustrated by an oversimplified case example.

In the case example, the principal way in which the anxiety generated by the undifferentiation in the husband's immediate family of origin was managed was dysfunction in one spouse. This was the principal mechanism while the husband was growing up and after he left home. Marital conflict and impairment of a child were not prominent anxiety-binding mechanisms in his family of origin. The principal way in which anxiety generated by the undifferentiation in the wife's immediate family of origin was managed was marital conflict. This was the principal mechanism while the wife was growing up and after she left home. Dysfunction in a spouse and impairment of a child were not prominent anxiety-binding mechanisms in her family. The principal way in which the anxiety generated by the undifferentiation in the husband and wife's nuclear family is managed is impairment of a child. Dysfunction in a spouse and marital conflict are not prominent anxiety-binding mechanisms in their nuclear family. The emotional process in these three family emotional fields (husband's family of origin, wife's family of origin, and nuclear family) can be diagrammed as in Figure 14.

The data on the diagram of this family would reflect the patterns of emotional functioning in each family emotional field. In the husband's family of origin, the data would show some degree of clinical dysfunction in his mother and no dysfunction in himself or in his father. The husband's parents' marriage would be described as harmonious. In the wife's family of origin, the data would show no significant clinical dysfunction in any family member, but the marriage would be described as conflictual. It may have ended in a divorce. In the nuclear family of this husband and wife, the data would show symptoms in the son, but the functioning of the husband and wife would be unimpaired and their marital relationship would be described as harmonious. The degree of dysfunction is influenced by the basic level of differentiation and by the degree of stress each family emotional field has experienced and is experiencing. Differences in the degree of dysfunction or conflict in a particular family are

also reflected in the data. If the wife in family A had been in a mental institution since the birth of her son, that would reflect a more intense process than if she had been hospitalized briefly after the birth of her son and had been in individual psychotherapy intermittently since that time.

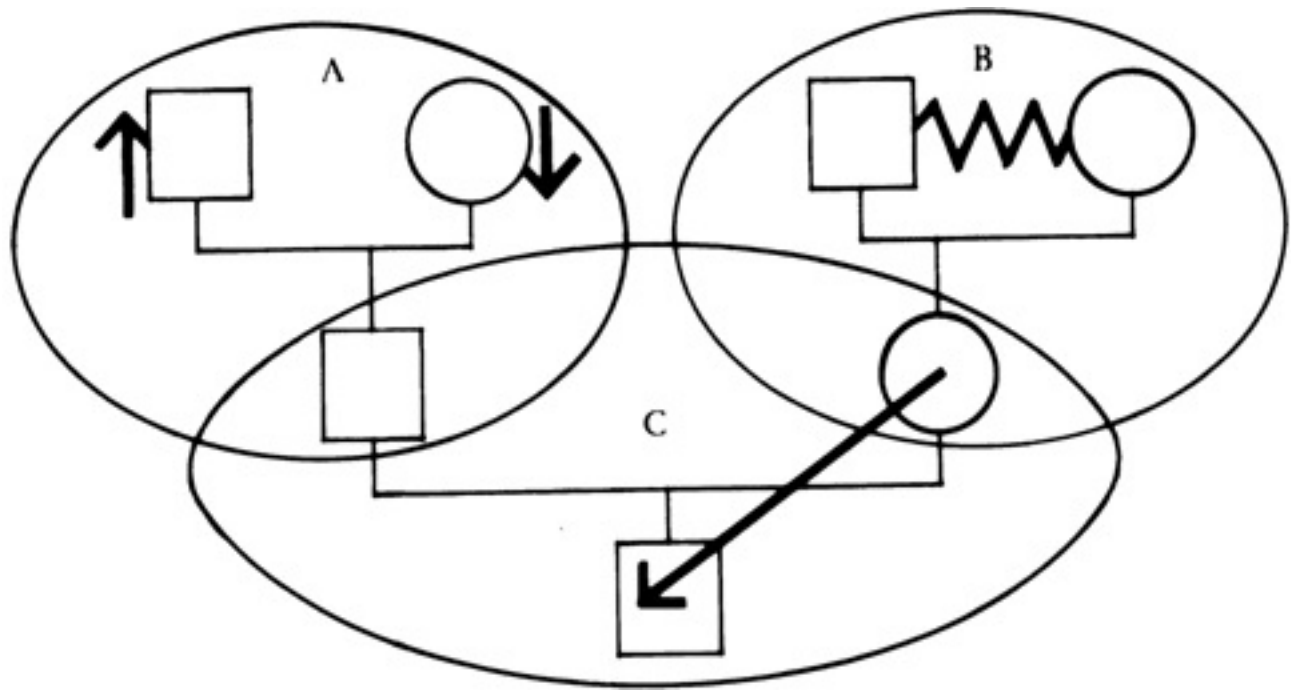


Figure 14. Family A is the husband's family of origin. The principal pattern of emotional functioning in his family was underfunctioning by his mother (indicated by the arrow pointing downward) and overfunctioning by his father (indicated by the arrow pointing upward). Family B is the wife's family of origin. The principal pattern of emotional functioning in her family was conflict between her parents (indicated by the jagged line between the parents). Family C is the nuclear family of this husband and wife. The principal pattern of emotional functioning in their family is the family projection process (indicated by the arrow from the mother to the son). These are highly simplified ways of diagramming the various patterns of emotional functioning, but they are a useful shorthand.

Family diagrams are always more complicated than this one. There are usually more people and more generations. In addition, in a nuclear family emotional field there may be more than one pattern of emotional functioning that contributes to clinical symptoms. No matter how complicated a diagram is, however, the data still reflect basic patterns of emotional functioning and basic intensities of emotional process present in a multigenerational family. This makes it possible to reconstruct the basic patterns of emotional functioning and the degree of intensity of emotional process in nuclear families

that existed four or five generations ago. The information about functioning that is available for people who died 100 or 125 years ago is usually less than for people in recent generations, but a large amount of information is not required to develop some impressions about the past. Information that a great-great-grandfather spent much of his life in mental institutions or in prisons is not difficult to obtain.¹⁸ In addition to the recollections of family members, various records can provide information. When that great-great-grandfather's functioning is compared to the functioning of his contemporary relatives, some conclusions can be drawn about the patterns of emotional functioning in his nuclear family.

Researching one's own family sufficiently to formulate impressions about the multigenerational emotional process makes it possible to see the emotional "script" in one's multigenerational family and, as a consequence, to be less preoccupied with the actions and inactions of any one family member. Knowledge about multigenerational emotional process gets the focus off specific individuals in one's past, particularly off one's parents, and in so doing provides a unique perspective on one's own family and on one's own life.

Some people believe their parents are at fault for not having been "better" parents. They should have been "more loving" or "less rigid" or "more available" or "less critical." The basic viewpoint is "My family is the cause of the problems in my life." An alternative to this viewpoint is that every family member, including one's parents, is embedded in a multigenerational emotional process and everyone, including oneself, has a responsibility to grow up as much as possible within that process. If people hold their parents or others responsible for their growing up, they may go through an entire lifetime faulting their parents and looking for someone who can finally give them what they have always "needed." If people relinquish the notion that parents were "supposed" to have done it "right," they have many options for "growing up themselves." Learning enough about the multigenerational emotional history of one's family to change the way one thinks about the family and about oneself probably contributes more to the effort to "grow up" than anything else a person can do. A change in how one thinks about oneself and others is the key to tempering the influence of subjective notions about how oneself or others

“should” be and to tempering the influence of emotional reactivity on one’s functioning.¹⁹

The recording of the information a therapist gathers about a clinical family or about his own family follows a basic format and uses standard symbols. The basic format and symbols used to record information about each nuclear family in a multigenerational family system are shown in Figure 15.

Due to deaths, divorces, and remarriages, nuclear families change over time. The formats and symbols used to record these events are shown in Figure 16. When a person has children from more than one marriage, this is diagrammed as in Figure 17. Adoptions, miscarriages (spontaneous abortions), induced abortions, and stillbirths are shown in Figure 18.

When much of the data collected in a family evaluation interview is included on a family diagram, the diagram can get very complex. If the goal is research, then all the data must be included. In doing family psychotherapy, however, it is usually not necessary for a therapist to put so much information on his or her diagram. An example of how a family diagram might appear after one or two interviews with a clinical family is presented in Figure 19.

Here is the basic information collected during the family evaluation, hypothetically dated September 1983: The nuclear family lived in Washington, D.C. The parents sought therapy because of school and social problems in their 12-year-old younger daughter. The background of the father in this nuclear family is as follows: He is the youngest of three children in his family of origin. He grew up in New York City. His father died of a heart attack (acute myocardial infarction) at age 46 in 1956. His mother, now 70 years old and in good health, remarried four years later to a widower. The widower has an older son and younger daughter from his previous marriage. The mother and stepfather moved to Florida in 1974. The father in the nuclear family being evaluated has an older brother who appears to be the most unstable functioner of the three siblings. The father’s older sister and her family live on Long Island and are doing well. Several relatives in the father’s grandparents’ families, at least on the maternal side, are alive. The father’s maternal grandmother, now 95 years old, is in a nursing home in Florida near her oldest child and only daughter, this father’s mother.

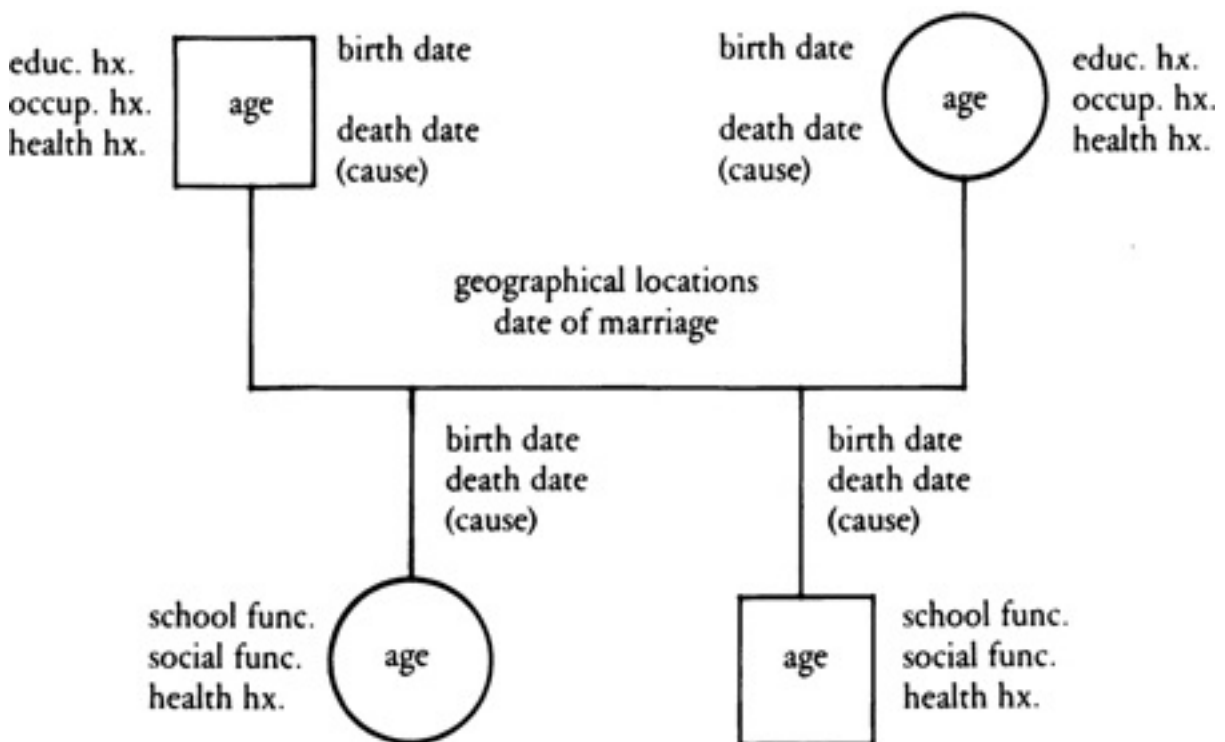


Figure 15. The husband (males on the left when symbolizing a marriage) and wife are at the top and their two children below. Children are shown from left to right in the order of their births. Data on the marriage may also include when the couple met and the date they were engaged. The data on the children in this diagram are for dependent children. Geographical information includes all the places a nuclear family has lived and the dates they lived there.

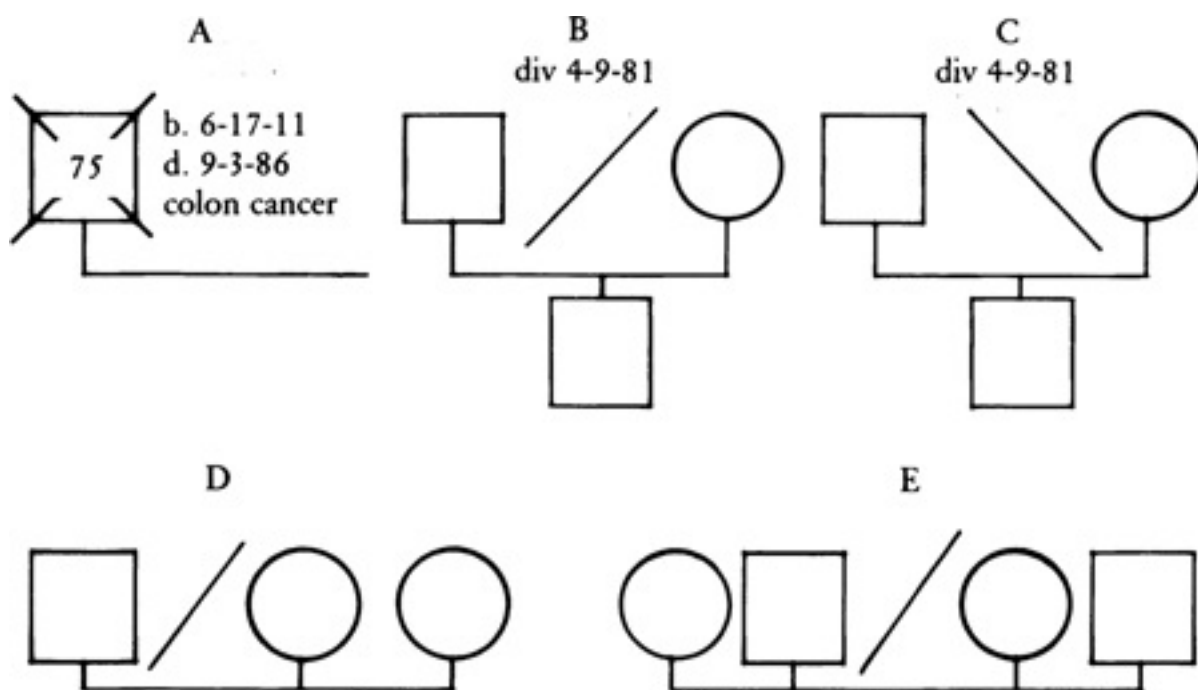


Figure 16. Diagram A shows how a death is recorded. The age at death was 75 years. Diagram B shows a divorce that occurred on 4-9-81 in which custody of the child was awarded to the mother. The date of separation may also be included. Diagram C shows a divorce in which custody of the child was awarded to the father. Diagram D shows a divorce and a remarriage by the man. Diagram E shows a divorce and remarriages by both former spouses. Other data are left out of these diagrams to simplify them.

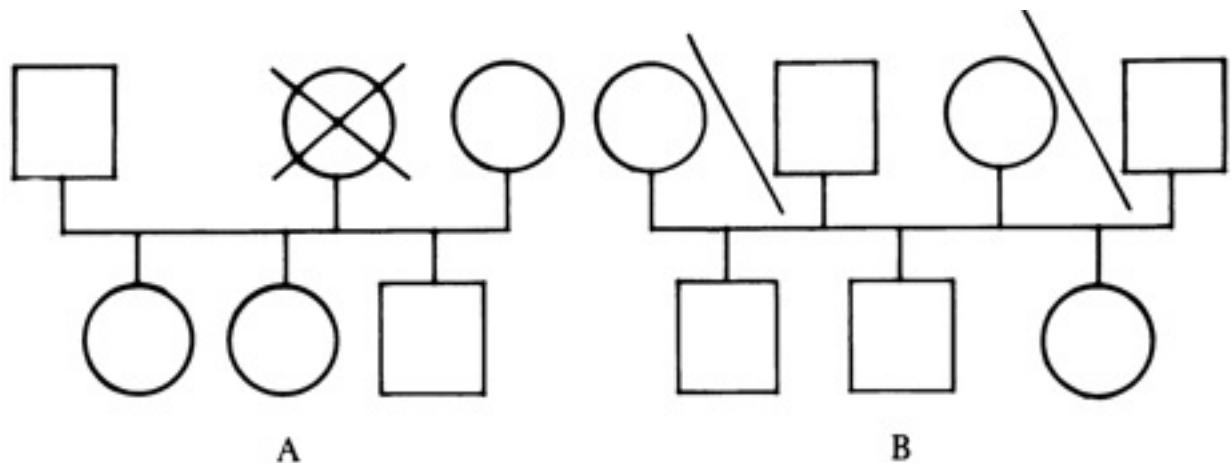


Figure 17. Diagram A shows a man whose wife died after having two daughters. He remarried and had a son by the second marriage. Diagram B shows a marriage between two people who had each been married previously. The husband was divorced and custody of his son went to his former wife. The husband's present wife was divorced and custody of her daughter went to her. There is also a son from the present marriage. Multiple marriages may preclude showing children in the correct order of their births. When dates and other information are included on a family diagram, it provides a clearer picture.

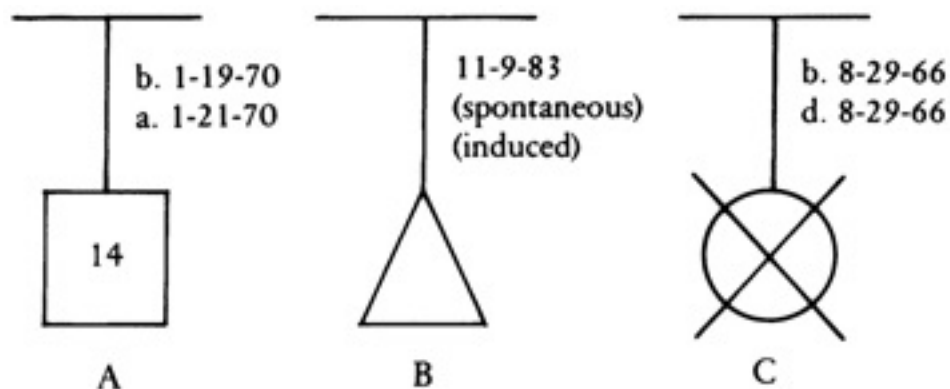
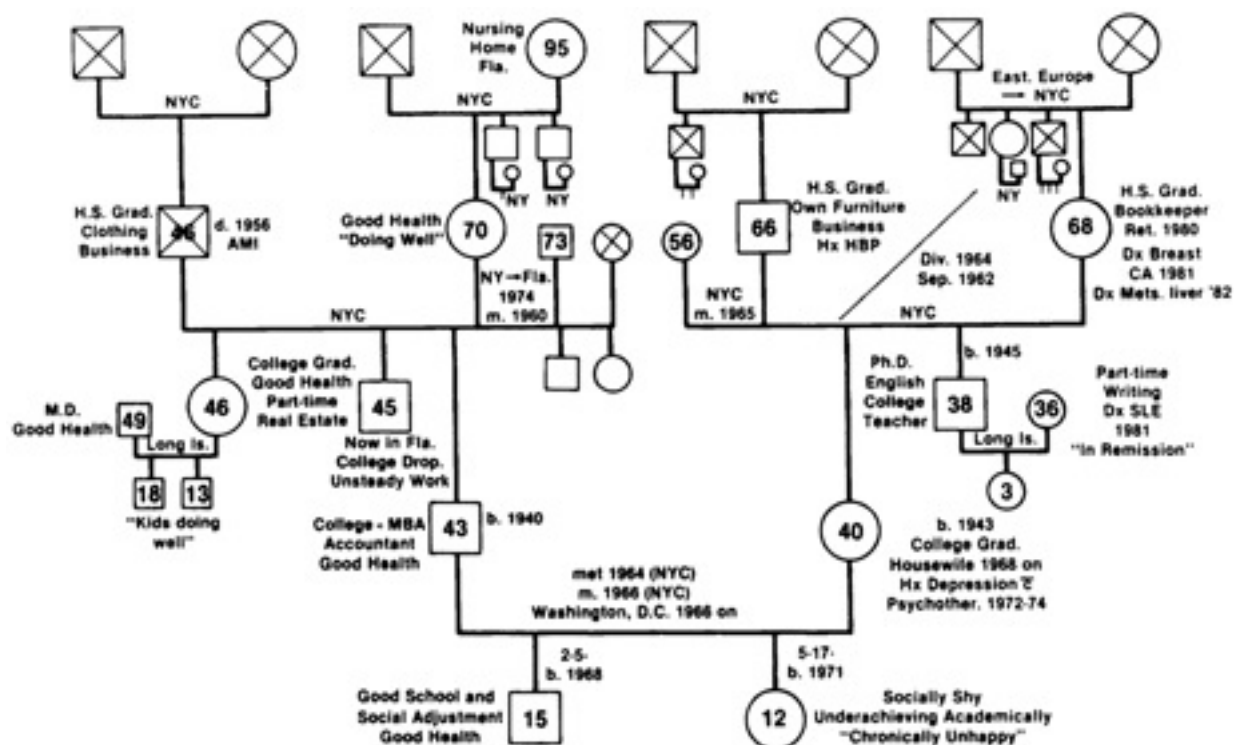


Figure 18. Diagram A is of a 14-year-old boy who was adopted when he was two days old. The date generally used is when the child came to live with the family rather than when legal procedures were completed. Diagram B is of an abortion, spontaneous or induced. These can be extremely important in the emotional life of a family. Diagram C is of a stillborn child and shows the sex of the child. The cause of death may be included if it is known.

The mother in the family coming for therapy is the older of two children

and grew up in New York City. Her parents separated when she was 19 years old and divorced two years later. Her father remarried one year after the divorce and is in New York City. Her mother never remarried. The wife's mother, who retired in 1980 and who is still in New York, was diagnosed to have breast cancer in 1981. Metastatic lesions were discovered in 1982. The wife's younger brother lives on Long Island and has had some recent difficulties in his family. The brother's wife was diagnosed to have systemic lupus erythematosus two years ago. She responded to therapy and is currently in remission. The wife in this nuclear family has an aunt and uncle living in New York who are on the maternal side of the family and some first cousins on both sides of the family. This wife experienced a "depression" after the birth of her second child and underwent two years of psychotherapy. Her husband has not had symptoms, nor has their older child, a 15-year-old boy.

After two interviews with this husband and wife, the family diagram appeared as follows:



Based on the information gathered in the family evaluation interview and shown on the family diagram, impressions can be formed about the emotional

process in this family. The available data suggest that the wife tends to be the more adaptive one in the marriage. This impression is based on her period of symptoms following the birth of the second child. However, the wife has not been symptomatic in recent years. This suggests that the primary pattern of emotional functioning in the nuclear family is the parents' emotional overinvolvement with the daughter. This appears to be a situation in which the level of external stress on the family has pushed the process to a symptomatic level. The most evident stress is the wife's mother's metastatic cancer. The wife's present position emotionally in relationship to her family of origin, most especially in relationship to her mother and brother, and the husband's reactions to his wife's position would probably be an important focus of therapy. It would be constructive for the 12-year-old daughter if her parents stopped focusing on her "needs" and started focusing on broader issues.

When a family evaluation interview has been completed and a family diagram has been constructed, it is useful to make a systematic interpretation of the information. The interpretation could be considered a form of "family diagnosis."

INTERPRETATION OF THE DATA (FAMILY DIAGNOSIS)

Interpretation of the data from a family evaluation interview and from a family diagram are broken down into the following ten areas: (1) the symptomatic person, (2) sibling position, (3) nuclear family emotional process, (4) stressors, (5) emotional reactivity, (6) nuclear family adaptiveness, (7) extended family stability and intactness, (8) emotional cutoff, (9) therapeutic focus, and (10) prognosis.

The Symptomatic Person

The symptomatic person is the primary focus of conventional medical and psychiatric diagnosis. Defining which family member is dysfunctional and the nature of the clinical dysfunction is also the first step in family diagnosis. The symptomatic family member can be identified as follows: "37-year-old wife and mother" or "16-year-old son" or "84-year-old grandmother (husband's