The Family Connection

The following should be considered a supplement to the material included in the 2nd chapter of the “Essentials” text, “The Challenging Patient. I attempted to keep this handout brief, but would be happy to further define or address any questions you might have about any of the following material. At the end of this piece you will find some genogram symbols I find useful, especially those different than the text (most importantly, note the alternative approach to the “marriage connection”, which is useful when one or more partners has had multiple partners). The genogram or pedigree might alert you to recurrent issues/problems/concerns in the family, like drug and alcohol addiction, domestic violence/abuse, divorce, and other issues/concerns that impact health care.

As you consider your presentation for “The Family Connection” consider also cultural implications of how the patient/family address the problem. In a conference report of the 54th Annual Meeting of the Canadian Psychiatric Association held Oct 14-17, 2004, Dr. Laurence Kirmayer, of McGill University and Editor-in-Chief of Transcultural Psychiatry, identified culture-specific issues that might affect outcomes, or even our understanding of our patients, including:

- Variations in family systems, including different structure, roles, and value systems (eg, patriarchal families);
- Identity issues related to life-cycle transitions or age and gender roles (eg, child bearing, divorce);
- Prevalence of dissociative and somatoform symptoms that could lead a non-culturally sensitive individual to misdiagnose psychosis, personality disorders, and/or malingering; and
- Religiosity as an important mechanism for coping and social support

An illness or health related problem not only affects the individual but also impacts the person's family of origin and family of creation. Conversely, a family's beliefs, feelings, and actions affect the family members' view of health and sickness, capacity to cope with medical problems, decision to seek care and adherence to a medical regimen. Further, the physician-patient relationship occurs within the context of the family systems of both physician and patient. Physicians can as easily become part of the “problem” as provide solutions for the problem. Family systems medicine, which combines psychiatry and behavioral sciences, primary care medicine, and family therapy, provides a framework for primary care practitioners to work collaboratively with patients, their families, and other healthcare professionals. A family systems approach allows focus on individual and family strengths and coping processes, rather than on medical pathology. The primary goals of medical family therapy are to strengthen the patient and family's sense of control, enhance their capacity to make adaptive choices, and increase their sense of connection with one another and other supportive people. This approach ensures that the family collaborates in the care and decision-making regarding their loved one who is ill. In other words, it works best when we support families as they search for the best solution for their problem.
Some Terms and “Rules”

Some Key Family Systems Concepts include:

- **System** - Group elements interacting with one another.
- **Homeostasis** - The maintenance of a relatively stable environment.
- **Feedback Loops** - Circular patterns of response in which there is a return flow of information with the system.
- **Circular Causality** - Single events are viewed as both cause and effect.
- **Structure** - Family organization in the way which subsystems are arranged.
- **Function** - The suitability of behavior for achieving common goals.
- **Hierarchy** - Organization of a system based on power and decision making ability.
- **Wholeness** - A key structural property where the whole is greater than the sum of the parts.
- **Subsystems** - A person or group of people who are themselves a system, but who also play a specific role in the functioning of the family.
- **Boundaries** - Invisible lines drawn within and among family members that form subsystems.
- **Rigid** - Boundaries that are inflexible.
- **Diffuse** - Boundaries that are highly permeable and allow for too much flow communication between subsystems.
- **Closed System** - A family system which all members are expected to share similar views, and self-expression is not valued.
- **Open System** - A family system encouraging and supporting honest self-expression by all members.
- **Disengagement** - Extreme family type in which each family member is cut off emotionally from one another and each functions without regard for the other.
- **Enmeshment** - Extreme family type in which family members are overly involved in one another lives, and family relationships are undifferentiated, closed, and diffuse.
- **Alignment** - The ways in which family members join together or oppose one another in an effort to maintain homeostasis.
- **Triangulation** - Detouring conflict between two people by involving a third person (or activity), thus stabilizing the relationship of the first two people.
- **Rules** - Operating principles for the tasks of daily living.
- **Roles** - Expected behaviors of family members.
- **Family Life Cycle** - Family stages that are defined by developmental task.

To maintain their structure, family systems have **rules**, operating principles enabling them to perform the tasks of daily living. Some rules are openly negotiated and overt. Other rules are unspoken and covert. Each family plays a number of roles - a predictable set of behaviors associated with their social position. These roles may include that of spouse, parent, child, sibling, grandparent, breadwinner, caretaker, martyr, scapegoat, and hero. Role behavior is influenced by family of origin, birth order, gender, and generation. Optimally, the roles are negotiated to accommodate the developmental stages and health status of the participants, and to eliminate dysfunctional roles. These "rules" are not mine, but rather have been noted by therapists working with families over the past 2-3 decades. The “science” is not hard, and statistical outcome and studies are hard
to come by. However, based on my experience, many of these rules seem to be in place in the families I have dealt with.

1. **Emotional Distance:**
   Rule: When family members use physical distance to solve problems of emotional interdependency, the result is always temporary, or includes a transference of the problem to another relationship system.

2. **Loss and Replacement:**
   Rule: To the extent a family rushes to replace loss, its pain will be less, but so will the potential for change that the loss made possible. **This is a homeostatic principle.** It is way the family maintains its balance.

3. **Chronic Conditions:**
   Rule: If a family problem is chronic (perpetual or recurrent), there must be reactive or adaptive feedback somewhere in the system to sustain it.

4. **Pain and Responsibility:**
   Rule: If one family member can successfully increase his or her threshold for another's pain, the other's own threshold will also increase, thus expanding his or her range of functioning.

5. **Paradox of Seriousness and the Playfulness of Paradox:**
   Rule: The seriousness with which families approach the problems can be more of the cause of their difficulties than the effect of the problems. Efforts directed at the serious in self often will eliminate the problem.

6. **Secrets and Systems:**
   Rule: Family secrets act as a plaque in the arteries of communication. They cause stoppage in the general flow and not just at the point of their existence.

7. **Sibling Position:**
   Rule: The position we occupy within the sibling constellation of our family of origin foreshadows expectations of the opposite, as well as the same sex, our degree of comfort with our own various offspring, and our style of leadership in succeeding groupings.

8. **Symmetry:**
   Rule: In an emotional life, every cause can produce exactly opposite effects and every effect could have come from exactly opposite causes with the result that the more polarized things seem to be in a family, the more likely they are somehow connected.

9. **Survival in Families:**
   Rule: The major human factor that prompts survival in any environment is the same that has lead to the evolution of our species since creation; an organism’s response to challenge.

Genograms provide information about individual family members, the family's structure, and relationship over generations. Information important in constructing a genogram includes:

- Demographic data;
- Dates of significant life events (births, deaths, marriages, divorces, diagnosis of illness);
- Psychiatric, substance abuse, and medical history;
- Key personality characteristics; and description of relationships (disengaged and meshed, conflictual), roles, and family functioning.
Genograms are useful in engaging the family and suggest hypothesis about behavior, beliefs, and legacies inherit in a family’s functioning. They also may be used to help the therapist reframe and detoxify current and past family problems to improve interpersonal interactions and enhance differentiation. As genograms are not driven by a given theoretical approach, they are used by clinicians from diverse theoretical orientations.

You might also approach your presentation by addressing the issues via developmental theories, such as “Erickson's Psychological Stages of the Life Cycle” or “Stages of the Family Life Cycle”.

Best wishes as you prepare your presentation. Connect with me if you want to address specific issues.

RWSchauer, MD, FAAFP