



SCHOOL OF PSYCHOLOGY  
DOCTORATE IN CLINICAL PSYCHOLOGY

**Therapists' experience of using the genogram in  
systemic family and couples therapy**

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This manuscript has been submitted in partial fulfilment  
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**Declaration**

I certify that all materials in this dissertation which is not my own work has been identified and properly attributed, and that no material is included for which a degree has previously been conferred upon me.

Signed.....Date.....

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## **Part 1: Literature review**

### **1. Abstract**

This review was undertaken to explore the current knowledge, theories and empirical evidence base reported in the literature pertaining to the use of the genogram in systemic family and couples therapy; forming the foundation of the author's subsequent research. A comprehensive three-stage literature search was undertaken including key databases, reference lists, and relevant journals. A comprehensive literature base was found, reporting the clinical uses, benefits and effects of genogram use. This included facilitating: engagement and the therapeutic alliance; information gathering (of various systemic concepts); disclosure and discussion of emotionally difficult information; the generation of hypotheses; cognitive change (e.g., develop a systemic understanding of difficulties); and behaviour change (e.g., communication, increased empathy, increased intimacy, ways of relating, and emotional responses). However limited empirical research has been undertaken to explore and verify the claims made in the literature. Either the methodology primarily used was a case study not a rigorous examination, or the empirical investigation focused on a different clinical area. Therefore, the review concludes noting the need for the empirical investigation into the claims made in the literature regarding the therapeutic use of genograms in clinical practice.

## 2. Introduction

### 2.1. Topic for major research

This review details the literature relevant to the author's research; a study exploring therapists' experience of using the genogram in systemic family and couples therapy.

Many studies have demonstrated the efficacy of systemic family and couples therapy (e.g., Carr, 2009a, 2009b; Stratton, 2010; Stratton et al., 2010; Sydow, Beher, Schewitzer, & Retzlaff, 2010). However, limited research has been conducted into *why* or what components of systemic family and couples therapy are effective. The investigation of therapy process and the intervention components within therapeutic models that are integral in achieving change is vital to afford confidence in the therapeutic benefits of the intervention methods that we employ. Determining the effectiveness of these components is increasingly a political and ethical necessity. As such, therapeutic outcome research needs to be complemented by therapy process research exploring in depth the intervention components that lead to change (Llewelyn & Hardy, 2001).

A popular systemic family and couples therapy intervention component that is considered to facilitate change is the genogram<sup>1</sup> (McGoldrick, Gerson, & Petry, 2008). Despite the widespread use of the genogram and its compelling theoretical underpinnings, little is known about its direct and indirect therapeutic effects. Consequently, the lead proponent of the

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<sup>1</sup> See appendix one for a detailed description of the genogram

genogram, Monica McGoldrick (2008), as well as others (e.g., Dunn & Levitt, 2000; Foster, Jurkovic, Ferdinand, & Meadows, 2002) have called for further research on genograms; specifically into the therapeutic benefits of the genogram in clinical practice. Research in this field is lacking; therefore this study proposes a qualitative exploration of the therapists' experience of using the genogram in clinical practice. This study aims to elicit qualitative information regarding the nature and processes of therapist experiences of using the genogram, specifically: what therapeutic tasks the genogram is used for, how the genogram is helpful for that task, and what the outcomes were. From this the salient mechanisms within the genogram that adds to therapeutic practice can be determined. The goal is to clarify the clinical practice of genograms from the view of those involved in the provision of therapy, which will enrich our understanding of the use of genograms and the factors that may contribute to successful outcomes. In addition, this will enable an examination of the extent to which clinical practice reflects the existing, empirically unsupported, theoretical knowledge and literature.

This review will give an overview of the theoretical background to the construction of the genogram, followed by an evaluation of the theoretical and empirical literature on the use of genograms in clinical practice, as well as the research methodologies used. The review will conclude with a summary of the major gaps in the empirical research supporting the theoretical literature, with recommendations for the need for further research to strengthen the empirical evidence base.

## **2.2. Key concepts and definitions**

### **2.2.1. Systemic family and couples therapy**

‘Systemic family and couples therapy’ is the current overarching term used to describe interventions where the focus is on the relationships and systems around an individual (Stratton, 2010). The theoretical underpinnings of systemic family and couples therapy propose that problems are best understood in terms of a person’s current and historical contexts, including familial, social and cultural systems (Dallos & Draper, 2005; Stratton, 2010). The focus of the therapeutic work could be on family structure, roles, or boundaries (Burnham, 1986); repetitive behavioural patterns of interaction which maintain and are maintained by the problem (Burnham, 1986); beliefs, meanings, and narratives (Dallos, 2006; White & Epston, 1990); emotions and attachments (Bowlby, 1969, 1973, 1980, 1988; Dallos, 2006); scripts (Byng-Hall, 1998); transitions and challenges of the family life cycle (Carter & McGoldrick, 2006); and/or societal and cultural influences and events (Carter & McGoldrick, 2006).

### **2.2.2. Genograms**

The genogram was initially developed by Murray Bowen and hence the genogram is based on Bowenian theoretical principles. Bowen’s family therapy approach was an intergenerational model of psychopathology that proposed increased anxiety in the system leads people to be more emotionally reactive and hence less able to think about their situation. This insight-based approach to therapy starts on the factual and structural level and moves to the emotional level. Thus the goal is not symptom reduction, but

on improving insight into family dynamics and anxiety reduction to improve overall functioning and the intergenerational transmission process (Winek, 2010).

It was Guerin, a student of Bowen's, who first used the term 'genogram' in the published literature. He defined it as a "schematic diagram of the three-generational family relationship system" (Guerin & Fogarty, 1972, p.449). A genogram is a pictorial representation of family structure, family members, their functioning and their relationships, over at least three generations. Fundamentally, the genogram depicts intergenerational systemic patterns, relationships and influences within the family of origin.

There are two main ways in which the genogram is used. In assessment (for physical or mental health) to gather and compile information about the family over several generations into a manageable format. And as a component of therapy to promote change in families through facilitating the generation of hypotheses and the development of a systemic understanding of the family's issues, leading to avenues for therapeutic intervention (Beck, 1987; Erlanger, 1990; Kuehl, 1995; McGoldrick et al., 2008; Wachtel, 1982). However these principles have not yet been empirically explored in clinical practice. It is this use of the genogram to facilitate therapeutic change that is of interest in this research.

### **2.3. Rationale for the inclusion and exclusion of literature in this review**

A comprehensive three-stage literature search was undertaken for this review. First, key databases were searched consisting of: EBSCO, PsychARTICLES, Web of Science and Ovid. Search terms included, but were not limited to: genogram, couple therapy, systemic therapy, and family therapy. These search terms were identified and used with the aim of limiting the search to identifying only literature exploring the therapeutic use of the genogram. Wildcards were used and Boolean Operators were used to specify relationships between search words. Second, reference lists of identified articles were systematically searched for additional relevant articles not identified in the original search. Finally, relevant journals identified as publishing relevant work were subjected to individual searches using the term 'genogram'.

The search strategy followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses [PRISMA] guidelines (Moher, Liberati, Tetzlaff & Altman 2009). First, following identification of records, duplicates were removed. Second, titles and abstracts were screened for eligibility, and those not eligible were excluded. Third, any full text article deemed eligible was read, and those not eligible were excluded. Consequently, twenty-seven articles remained and were included in this literature review to provide a summary and evaluation of the theoretical and empirical literature on the therapeutic use of the genogram. This literature review covers the use of genograms in therapeutic systemic practice, but not the modifications of genograms, the use of genograms in other professions

(e.g., medicine), or for use in training and supervision. Although these are important areas of research, they are not directly relevant to this research.

Figure 1 illustrates the search strategy and exclusion criteria.

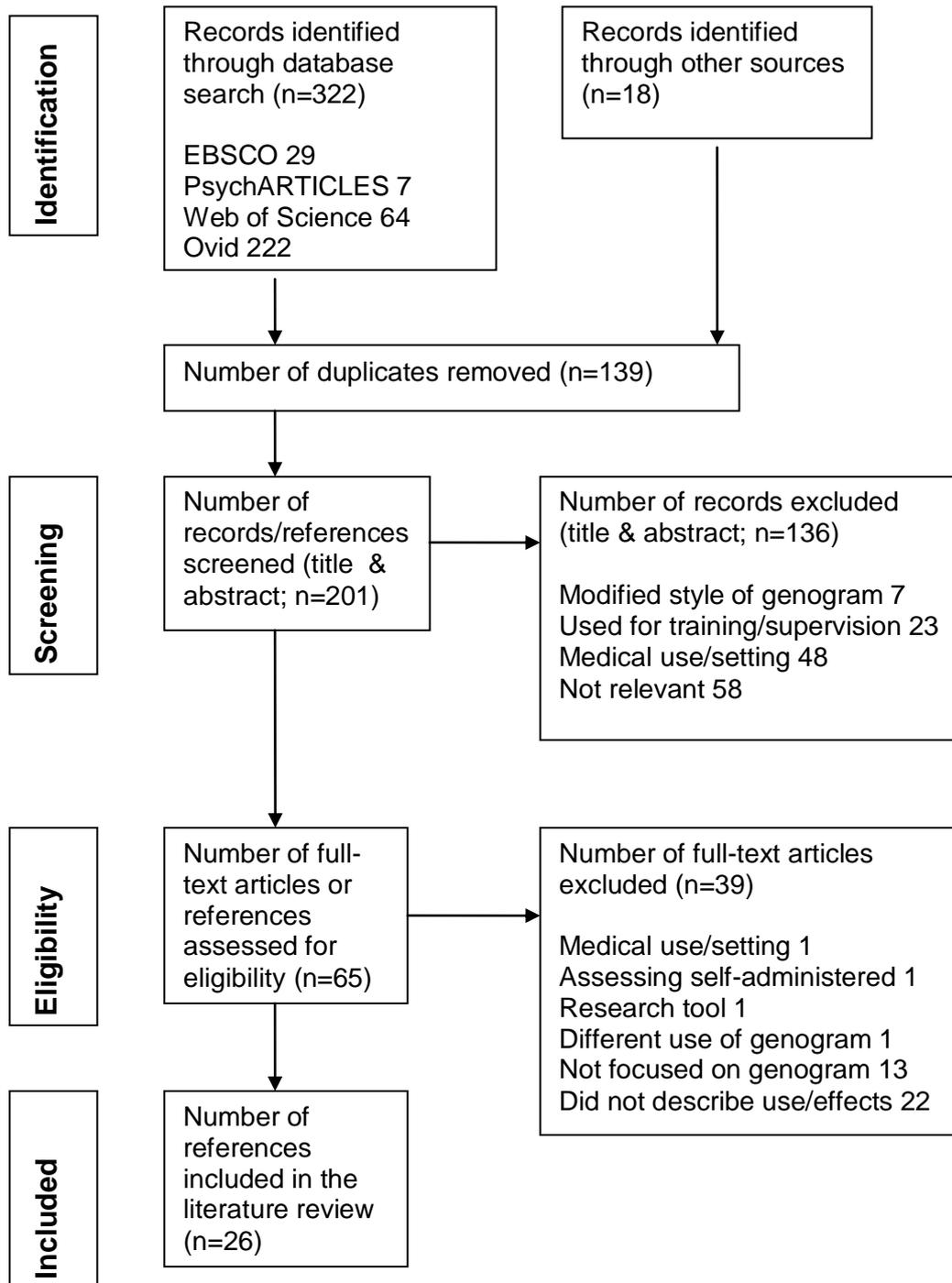


Figure 1. Literature review search strategy and exclusion criteria

Of the twenty-six references included in this literature search, fourteen were theoretical articles, four were books or chapters within a book, and eight were empirical research articles. Of those eight, only one was focused on the genogram directly<sup>2</sup>.

### **3. Review of the theoretical and empirical literature**

#### **3.1. Areas explored with the genogram**

The literature describes the genogram as a tool that can be used to illustrate and explore many systemic concepts, and to facilitate the exploration of those influences on current problems in the search for potential solutions to current difficulties (Erlanger, 1990; Lim & Nakamoto, 2008; McGoldrick et al., 2008; Wachtel, 1982). Specifically, genograms are said to be used to identify and explore intergenerational patterns of interaction, communication, and relationships; family structure (e.g., sibling position), boundaries and roles; family values, meanings, beliefs, expectations, and rules; and family scripts and stories (Butler, 2008; Carpenter & Mulligan, 2010; Dunn & Levitt, 2000; Hartman, 1995; Lim & Nakamoto, 2008; McGoldrick et al., 2008; Taylor, Clement, & Ledet, 2013). In addition, the literature suggests that genograms can reveal family secrets; the place of the family in the life cycle and transitional difficulties; loss, change and stress; the influence of cohort and world events; as well as current and historical societal, political, and cultural influences (Beitin & Allen, 2005; Butler, 2008; Erlanger, 1990; Hartman, 1995; Jones & LaLiberte, 2013; Lim & Nakamoto, 2008; McGoldrick et al., 2008). Lastly, the literature proposes that genograms can show family strengths,

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<sup>2</sup> See appendix two for detailed information of all included references

resilience and resources, including previous examples of overcoming hardship and examples of coping skills (Beitin & Allen, 2005; Carpenter & Mulligan, 2010; Chrzastowski, 2011; Erlanger, 1990; Jones & LaLiberte, 2013; Kuehl, 1995; Lim & Nakamoto, 2008; Staples, Abdel Atti, & Gordon, 2011). Fundamentally, the genogram is proposed as a tool with which to elicit and depict intergenerational patterns, relationships and influences within the family; a way to gather information and understand individuals and their difficulties within their historical and current context.

### **3.2. Theoretical underpinning of the genogram**

The genogram is therefore grounded in systems theory, which is concerned with multiple systemic levels as well as the joint construction of meaning between family members (Carr, 2006; Dallos & Draper, 2005; Goldenberg & Goldenberg, 2007). In essence, systemic theory suggests that problems apparently occurring within an individual can instead be seen as intricately intertwined with contextual influences including the relationships and dynamics within the current and historical intergenerational family and society (Carr, 2006; Dallos & Draper, 2005; Goldenberg & Goldenberg, 2007; Stratton, 2010). The genogram is thought to facilitate the uncovering of these systemic factors.

More specifically, the genogram is grounded in Bowen systems theory, and hence is said to primarily focus on many areas central to this theory. These include intergenerational transmission of family patterns; impact of sibling positions; differentiation-enmeshment; triangulation; cutoffs; and

effects of anniversary dates (Butler, 2008; Foster et al., 2002; Lim & Nakamoto, 2008; Neal, Weeks, & DeBattista, 2014; Wachtel, 1982; Witold, 2009). Bowen contends that the transmission of pathology transcends generations and affects patterns of behaviour and functioning in subsequent generations of a family (Kerr & Bowen, 1989).

However, differences exist between the original conception of the genogram and its contemporary counterpart. Genograms are now thought to be able to include other theories such as family stories, life cycle transitions, as well as wider contextual factors such as societal and cultural influences (Beitin & Allen, 2005; Butler, 2008; Carter & McGoldrick, 2006; Chrzastowski, 2011; Lim & Nakamoto, 2008; McGoldrick et al., 2008; Son & Choi, 2010). Bowen's theory was about the family as an emotional unit whereas contemporary theory highlights the importance of multiple levels of context (Butler, 2008). In actual fact, the genogram is reported to be used to explore theoretical concepts from all three phases of the development of family therapy (McGoldrick et al., 2008). The first phase was concerned with patterns and processes. It encapsulated concepts such as circularities and feedback, triangulation and conflict detouring, family homeostasis, family rules, the family life cycle, and a focus on communication including the double bind concept and meta-communication (Dallos & Draper, 2005). The second phase was concerned with the co-construction of beliefs and meanings, and included techniques such as hypothesizing and reframing (Dallos & Draper, 2005). The third phase focused on an increased awareness of social and

cultural contexts (Dallos & Draper, 2005). All of these concepts are thought to be able to be explored through the genogram (McGoldrick et al., 2008).

### **3.3. Therapeutic benefits of the genogram**

The body of literature is predominantly descriptive rather than empirical, however this literature suggests five therapeutic benefits of the genogram. First, the genogram is proposed to facilitate engagement and the development of the therapeutic relationship (Beck, 1987; Erlanger, 1990; McGoldrick et al., 2008; Simpson, 2003; Strozier, 2012; Wachtel, 1982; Witold, 2009). This is significant due to the link between therapeutic alliance and therapy outcome (e.g., Falkenström, Granström, & Holmqvist, 2013; Flückiger, Del Re, Wampold, Symonds, & Horvath, 2012; Rait, 2000) hence understanding the factors enhancing therapeutic alliance is important.

Second, the literature suggests the genogram facilitates disclosure and discussion of emotionally difficult information, including secrets and taboo topics (Dunn & Levitt, 2000; Erlanger, 1990; Hartman, 1995; Lim & Nakamoto, 2008; Wachtel, 1982), which aids systemic information gathering. This may be achieved through the structure that the genogram provides, which offers a nonthreatening 'safe holding space' for difficult and emotive topics to be explored (Dunn & Levitt, 2000; Lim & Nakamoto, 2008; Wachtel, 1982). Additionally, the genogram is positioned as a separate construct from the therapist and the family, hence the focus is taken off individuals, and the information is distanced from the family (Chrzastowski, 2011; Dunn & Levitt, 2000; Erlanger, 1990; Kuehl, 1995). Therefore the genogram affords a unique

'triangulation' between therapist-family-genogram, which can stabilise the therapist-family relationship and relieve tension and anxiety in the room (Lim & Nakamoto, 2008; Wachtel, 1982). This distancing and externalising is similar to processes described in the wider systemic therapy field (Pote, et al., n.d.), particularly narrative therapy (Dallos, 2006; White & Epston, 1990).

Third, the genogram is stated to aid the development of systemic hypotheses depicting how problems may have developed and are being maintained; including the influences of historical context; the origins and influences of belief systems; and the impact of current behaviours (Carpenter & Mulligan, 2010; Chrzastowski, 2011; Dunn & Levitt, 2000; Erlanger, 1990; Foster et al., 2002; Lim & Nakamoto, 2008; Neal, Weeks, & DeBattista, 2014; Witold, 2009). The development of systemic hypotheses applying psychological theory to problems is core to the clinical task (Hall & Llewelyn, 2006) because it provides a framework with which to make sense of current difficulties. Additionally it is central to the implementation of any psychological intervention (Johnstone & Dallos, 2006) by informing treatment decisions (Carr, 2006) making it vital to effective systemic therapy (Gehart, 2010; Nelson et al., 2007; Sperry, 2010; Stratton, Reibstein, Lask, Singh, & Asen, 2011). Hence identifying ways this process can be supported and strengthened is important.

Fourth, the genogram is argued to facilitate cognitive change; the development of awareness, insight, and understanding of the origins and influences on current problems (Beck, 1987; Butler, 2008; Dunn & Levitt,

2000; Erlanger, 1990; Foster et al., 2002; Hartman, 1995; Howe, 1990; Lim & Nakamoto, 2008; Neal et al., 2014; Newman, Burbach, & Reibstein, 2013; Son & Choi, 2010; Wachtel, 1982; Witold, 2009). Genograms aid this process by allowing families to (visually as well as metaphorically) view their family patterns of relationships and functioning across generations which facilitates the focus on the system as a whole, instead of on the individual (Butler, 2008; Erlanger, 1990; Foster et al., 2002; Lim & Nakamoto, 2008; Neal et al., 2014). This can facilitate understanding others' perspectives, seeing others or themselves in a new light, as well as reframing behaviours and relationships to facilitate alternative interpretations and a new shared meaning of a family's experience (Carpenter & Mulligan, 2010; Chrzastowski, 2011; Erlanger, 1990; Foster et al., 2002; Howe, 1990; Lim & Nakamoto, 2008; Neal et al., 2014; Newman, Burbach, & Reibstein, 2013; Wachtel, 1982). Additionally, the genogram can aid the reformulating and strengthening of the client's sense of identity and place in the family (Erlanger, 1990; Lim & Nakamoto, 2008; Staples et al., 2011; Witold, 2009). The therapeutic benefits of this type of cognitive change has been empirically demonstrated in systemic therapy outcome research (e.g., Bowman & Fine, 2000; Coulehan, Friedlander, & Heatherington, 1998; Sells, Smith, & Moon, 1996).

However, it has been argued that this intellectualizing appears to occur in an affective vacuum (Beck, 1987). Some therapists, particularly those grounded in Bowen theory, place considerably more emphasis on the cognitive understanding generated by the genogram than on any elicited feelings (Kuehl, 1995; Lerner, 1988; Wachtel, 1982). In contrast, others

propose that the genogram facilitates the expression, processing and awareness of emotions (Chrzastowski, 2011; Dunn and Levitt, 2000; Wachtel, 1982). Moreover, others view emotions at the core of therapeutic change through the genogram (Son & Choi, 2010; Witold, 2009). Similarly, Schamess (1990) stated that the genogram can provide a meaningful experiential experience, particularly of re-experiencing loss and disruption. Dunn & Levitt (2000) describe this as 'catharsis', and describe the genogram as triggering and facilitating that process. Beck (1987) argued the importance of attending to elicited feelings when working with the genogram. He stated that if you ignore emotions it is in effect denying their existence and therefore limiting potential growth (Beck, 1987) and that understanding the elicited emotional processes affords an additional dimension for self-understanding and change (Beck, 1987). Therefore, it is vital to attend to and explore both the cognitive and affective dimensions elicited by the genogram (Beck, 1987).

A fifth suggested therapeutic benefit of the genogram is behaviour change. This includes the genogram initiating family conversations and changing the way a family communicates (Dunn & Levitt, 2000; Howe, 1990; Lim & Nakamoto, 2008) as well as developing a new and coherent narrative of a family's experience (Chrzastowski, 2011; Dunn & Levitt, 2000; Lim & Nakamoto, 2008). The therapeutic importance of developing a coherent narrative of a person's history, context, or functioning is highlighted in the attachment narrative literature (Dallos, 2006; White & Epston, 1990). In addition, the genogram is reported to promote empathy between a couple or family group (Beck, 1987; Hartman, 1995; Lim & Nakamoto, 2008) as well as

increasing intimacy and changing the ways family members relate to each other (Beck, 1987; Foster et al., 2002). This included people being more regulated in their anxiety and emotional reactivity in response to relational issues, and being more differentiated from others (Foster et al., 2002). Furthermore, the genogram is also proposed to increase people's readiness to change and experiment with new behaviour (Dunn & Levitt, 2000; Foster et al., 2002).

### **3.4. Empirical literature**

The literature hence suggests a myriad of ways the genogram produces clinically meaningful effects. However, none of these compelling effects have been empirically explored or verified, thus empirical research evidencing these proposed uses and effects needs to be strengthened. Therefore this research aims to address that gap; does theory relate to practice?

Only one of the above references, Foster et al. (2002), conducted an empirical investigation into the therapeutic benefits of the genogram. However, the limitations of this research included: clinical application that does not currently reflect clinical practice (i.e., a five-session manualised application of the genogram); using only one couple and that couple were not presenting with symptoms; unspecified recruitment strategy or criteria; and unspecified outcome measures. Therefore sound conclusions from this research as to the therapeutic benefits of the genogram were limited.

#### **4. Gaps in existing knowledge and future directions**

In summary, many authors have written descriptively and theoretically about the therapeutic benefits of this tool. However the use and therapeutic effects of the genogram have not been empirically explored and thus remain speculative. This under-researched area therefore requires good quality empirical investigation to verify or refute the claims made in the theoretical literature. The primary aim of this thesis is therefore to empirically and systematically explore the suggested therapeutic use and effects of the genogram, defining the critical mechanisms of this therapeutic tool. Thus an exploratory, discovery-oriented approach is appropriate. This can also reveal aspects of the genogram application that may be overlooked by hypothesis-testing quantitative methods (Moon, Dillon, & Sprenkle, 1990), and provides contextual information that enriches the interpretations of quantitative outcome studies (Sprenkle & Bischof, 1994). A qualitative approach is therefore the most suitable methodology to explore the therapists' experience of using the genogram in clinical practice (Frosh, Burck, Strickland-Clark, & Morgan, 1996; Moon et al., 1990; Patton, 2002).

In conclusion, this review was undertaken to provide an overview of the current literature of the therapeutic use and effects of the genogram; a tool grounded in systems theory and widely used in clinical practice but under-researched and thus empirically speculative. What has been highlighted throughout this review is the lack of empirical investigation into the therapeutic use and effects of the genogram in clinical practice. This lack of an evidence base is unacceptable in today's competitive evidence-based market.

Consequently, this study aims to address this deficiency with a qualitative exploration of the therapists' experience of using the genogram in clinical practice; namely, to what extent the claims made in the theoretical literature are empirically substantiated. Additionally, the questions this study aims to answer are: what therapeutic tasks the genogram is used for, how the genogram is helpful for that task, what the outcomes were, and what the salient mechanisms within the genogram that adds to therapeutic practice are.

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SCHOOL OF PSYCHOLOGY  
DOCTORATE IN CLINICAL PSYCHOLOGY

**Therapists' experience of using the genogram in  
systemic family and couples therapy**

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## **Part 2: Major Research Project (Manuscript)**

### **Abstract**

Genograms are a widely used tool, well grounded in systemic theory. However the claims made in the literature regarding the therapeutic use and effects of the genogram have not been empirically explored or verified. This study therefore aimed to examine the extent to which the use and effects of genograms in clinical practice reflect the claims made in the literature. This study asked: what therapeutic tasks the genogram is used for, the specific pathways the genogram facilitates those tasks, and the mechanisms salient to the genogram that adds to clinical practice.

Ten qualified Family Therapists participated in semi-structured interviews discussing their experiences. A Thematic Analysis was conducted. Five themes were identified: therapist-family joining; systemic exploration; therapist hypothesizing; family perturbation through cognitive change; family perturbation through experiential and behaviour change. This study found that genograms were used in some of the ways described in the literature: engagement, information gathering, hypothesizing and intervention aimed at cognitive change. The usefulness of the genogram was found to extend beyond 'engagement' and 'information gathering' to 'therapist-family joining' and 'systemic exploration' respectively. However, this study did not find the genogram was used to explore emotions, nor as an intervention aimed directly at behaviour change; instead, change at the experiential level was reported. The pathways the genogram facilitates therapeutic tasks are

delineated, as are the mechanisms salient to the genogram that adds to clinical practice. Recommendations for further research were made. This included repeating this study with therapists from different training backgrounds, as well as undertaking a quantitative study examining genogram outcomes in terms of a measurable change in presenting problems.

## **Introduction**

The genogram is a tool used predominantly in family and couples therapy, which often involves two or more members of a family being present during therapy sessions. Over the past few decades, the genogram has been established as a framework for depicting family patterns; a window into the richness of family dynamics. The use of the genogram as a tool for understanding family history, functioning and relationships seems to be widespread among Family Therapists and Psychologists. Despite this, the literature is predominantly descriptive and thus limited empirical research has been conducted into the therapeutic use and effects of the genogram in clinical practice. Research into therapy process is needed to complement therapeutic outcome research. We need to know more about the therapeutic benefits of the intervention components that we employ within therapeutic models to effect change.

A genogram is a pictorial representation of family structure, members, their functioning and relationships, over at least three generations. Fundamentally, the genogram depicts intergenerational patterns, relationships

and influences. There are two main ways the genogram seems to be used: in assessment to gather and compile information about the family over several generations into a manageable format, and as a component of therapy to promote change in families through facilitating the generation of hypotheses and the development of a systemic understanding of the family's issues, leading to therapeutic intervention (Beck, 1987; Erlanger, 1990; McGoldrick, Gerson, & Petry, 2008; Wachtel, 1982).

The literature states that the genogram can be used to illustrate and explore many systemic concepts, and to facilitate the exploration of those influences on current problems (Erlanger, 1990; Lim & Nakamoto, 2008; McGoldrick et al., 2008; Wachtel, 1982). Specifically, genograms can be used to identify and explore intergenerational patterns of interaction, communication, and relationships; family structure (e.g., sibling position), boundaries and roles; family values, meanings, beliefs, expectations, and rules; and family scripts and stories (Butler, 2008; Carpenter & Mulligan, 2010; Dunn & Levitt, 2000; Lim & Nakamoto, 2008; McGoldrick et al., 2008; Taylor, Clement, & Ledet, 2013). In addition, the literature suggests that genograms can reveal family secrets; the place of the family in the life cycle and transitional difficulties; loss, change and stress; the influence of cohort and world events; as well as current and historical societal, political, and cultural influences (Beitin & Allen, 2005; Butler, 2008; Jones & LaLiberte, 2013; Lim & Nakamoto, 2008; McGoldrick et al., 2008). Lastly, the literature proposes that genograms can show family strengths, resilience and resources, including previous examples of overcoming hardship and

examples of coping skills (Beitin & Allen, 2005; Carpenter & Mulligan, 2010; Chrzastowski, 2011; Jones & LaLiberte, 2013; Lim & Nakamoto, 2008; Staples, Abdel Atti, & Gordon, 2011). Fundamentally, the genogram is proposed as a tool with which to elicit and depict intergenerational patterns, relationships and influences within the family; a way to gather information and understand individuals and their difficulties within their historical and current context.

The body of literature is predominantly descriptive rather than empirical, however this literature suggests five therapeutic benefits of the genogram. First, the genogram is proposed to facilitate engagement and the development of the therapeutic relationship (Erlanger, 1990; McGoldrick et al., 2008; Simpson, 2003; Strozier, 2012; Witold, 2009). This is significant due to the link between therapeutic alliance and therapy outcome (e.g., Falkenström, Granström, & Holmqvist, 2013; Flückiger, Del Re, Wampold, Symonds, & Horvath, 2012) hence understanding the factors enhancing therapeutic alliance is important.

Second, the literature suggests the genogram facilitates disclosure and discussion of emotionally difficult information, including secrets and taboo topics (Dunn & Levitt, 2000; Erlanger, 1990; Hartman, 1995; Lim & Nakamoto, 2008), which aids systemic information gathering. This may be achieved through the structure that the genogram provides, which offers a nonthreatening 'safe holding space' for difficult and emotive topics to be explored (Dunn & Levitt, 2000; Lim & Nakamoto, 2008; Wachtel, 1982).

Additionally, the genogram is positioned as a separate construct from the therapist and the family, hence the focus is taken off individuals, and the information is distanced from the family (Chrzastowski, 2011; Dunn & Levitt, 2000; Erlanger, 1990; Kuehl, 1995). Therefore the genogram affords a unique 'triangulation' between therapist-family-genogram, which can stabilise the therapist-family relationship and relieve tension and anxiety in the room (Lim & Nakamoto, 2008; Wachtel, 1982). This distancing and externalising is similar to processes described in the wider systemic therapy field (Pote, et al., n.d.), particularly narrative therapy (Dallos, 2006; White & Epston, 1990).

Third, the genogram is stated to aid the development of systemic hypotheses depicting how problems may have developed and are being maintained; including the influences of historical context; the origins and influences of belief systems; and the impact of current behaviours (Carpenter & Mulligan, 2010; Chrzastowski, 2011; Lim & Nakamoto, 2008; Neal, Weeks, & DeBattista, 2014; Witold, 2009). The development of systemic hypotheses applying psychological theory to problems is core to the clinical task (Hall & Llewelyn, 2006) because it provides a framework with which to make sense of current difficulties. Additionally it is central to the implementation of any psychological intervention (Johnstone & Dallos, 2006) by informing treatment decisions (Carr, 2006) making it vital to effective systemic therapy (Gehart, 2010; Nelson et al., 2007; Sperry, 2010; Stratton, Reibstein, Lask, Singh, & Asen, 2011). Hence identifying ways this process can be supported and strengthened is important.

Fourth, the genogram is argued to facilitate cognitive change; the development of awareness, insight, and understanding of the origins and influences on current problems (Butler, 2008; Lim & Nakamoto, 2008; Neal et al., 2014; Newman, Burbach, & Reibstein, 2013; Son & Choi, 2010; Witold, 2009). Genograms aid this process by allowing families to (visually as well as metaphorically) view their family patterns of relationships and functioning across generations which facilitates the focus on the system as a whole, instead of on the individual (Butler, 2008; Erlanger, 1990; Lim & Nakamoto, 2008; Neal et al., 2014). This can facilitate understanding others' perspectives, seeing others or themselves in a new light, as well as reframing behaviours and relationships to facilitate alternative interpretations and a new shared meaning of a family's experience (Carpenter & Mulligan, 2010; Chrzastowski, 2011; Foster, Jurkovic, Ferdinand, & Meadows, 2002; Lim & Nakamoto, 2008; Neal et al., 2014; Newman, Burbach, & Reibstein, 2013). Additionally, the genogram can aid the reformulating and strengthening of the client's sense of identity and place in the family (Erlanger, 1990; Lim & Nakamoto, 2008; Staples et al., 2011; Witold, 2009). The therapeutic benefits of this type of cognitive change has been empirically demonstrated in systemic therapy outcome research (e.g., Bowman & Fine, 2000; Coulehan, Friedlander, & Heatherington, 1998; Sells, Smith, & Moon, 1996).

However, it has been argued that this intellectualizing appears to occur in an affective vacuum (Beck, 1987). Some therapists, particularly those grounded in Bowen theory, place considerably more emphasis on the cognitive understanding generated by the genogram than on any elicited

feelings (Kuehl, 1995; Lerner, 1988; Wachtel, 1982). In contrast, others propose that the genogram facilitates the expression, processing and awareness of emotions (Chrzastowski, 2011; Dunn and Levitt, 2000; Wachtel, 1982). Moreover, others view emotions at the core of therapeutic change through the genogram (Son & Choi, 2010; Witold, 2009). Similarly, Schamess (1990) stated that the genogram can provide a meaningful experiential experience, particularly of re-experiencing loss and disruption. Dunn & Levitt (2000) describe this as 'catharsis', and describe the genogram as triggering and facilitating that process. Beck (1987) argued the importance of attending to elicited feelings when working with the genogram. He stated that if you ignore emotions it is in effect denying their existence and therefore limiting potential growth (Beck, 1987) and that understanding the elicited emotional processes affords an additional dimension for self-understanding and change (Beck, 1987). Therefore, it is vital to attend to and explore both the cognitive and affective dimensions elicited by the genogram (Beck, 1987).

A fifth suggested therapeutic benefit of the genogram is behaviour change. This includes the genogram initiating family conversations and changing the way a family communicates (Dunn & Levitt, 2000; Howe, 1990; Lim & Nakamoto, 2008) as well as developing a new and coherent narrative of a family's experience (Chrzastowski, 2011; Dunn & Levitt, 2000; Lim & Nakamoto, 2008). The therapeutic importance of developing a coherent narrative of a person's history, context, or functioning is highlighted in the attachment narrative literature (Dallos, 2006; White & Epston, 1990). In addition, the genogram is reported to promote empathy between a couple or

family group (Beck, 1987; Hartman, 1995; Lim & Nakamoto, 2008) as well as increasing intimacy and changing the ways family members relate to each other (Beck, 1987; Foster et al., 2002). This included people being more regulated in their anxiety and emotional reactivity in response to relational issues, and being more differentiated from others (Foster et al., 2002). Furthermore, the genogram is also proposed to increase people's readiness to change and experiment with new behaviour (Dunn & Levitt, 2000; Foster et al., 2002).

The literature hence suggests a myriad of ways the genogram produces clinically meaningful effects. However, these compelling effects have not been empirically explored or verified thus requiring empirical evidence to be strengthened. Due to a lack of research in this field this study proposes a qualitative exploration of the therapists' experiences of using the genogram in clinical practice. This study aims to elicit rich information regarding how therapists use the genogram, specifically: what therapeutic tasks the genogram is used for, how the genogram is helpful for that task, and what the outcomes were. From this the salient mechanisms that add to therapeutic practice can be identified. The goal is to clarify clinical practice from the view of those providing therapy, which will enrich our understanding of genogram use and the factors that may contribute to successful outcomes. In addition, this will enable an examination of whether clinical practice reflects the existing, empirically unsupported literature; does theory relate to practice?

## **Methodology**

### **Design**

An exploratory qualitative design was used to empirically examine how genograms are used. One-to-one semi-structured interviews were considered the most appropriate methodology to elicit depth of information about clinical practice. Those interviews were audio recorded, transcribed verbatim and analysed using Thematic Analysis (TA). An inductive (data-driven) approach was taken due to limited previous research (Braun & Clarke, 2006). Initial questions were designed to elicit a free and balanced account of therapists' experiences. However there was an element of a deductive component in that the literature influenced the generation of the interview schedule. Following the initial generic questions, more specific questions relating to the findings in the literature were asked. This was necessary in order to explore the extent to which therapists experiences reflected current knowledge. Nevertheless, an inductive approach was taken to data analysis.

### **Approach to analysis**

Thematic analysis was considered the most appropriate method to explore participants' views and experiences. Thematic analysis involves the generation and interpretation of patterns *across* participants, and is flexible towards epistemological, ontological or theoretical positioning, which meets the needs of an exploratory approach. Furthermore, thematic analysis has been increasingly utilised in exploring the process of systemic family therapy (e.g., Liu, et al., 2013; Liu & Zhao, 2009; Liu & Zhao, 2010). Other methods were considered, but were not appropriate. Interpretative Phenomenological

Analysis (IPA) was not appropriate because the research aim was to explore descriptions, views, and processes in their professional practice. Grounded Theory was not appropriate because the aim was not to develop an explanatory theory of the social processes involved.

## **Participants**

Ten participants were recruited from Devon Partnership NHS Trust and Somerset Partnership NHS Foundation Trust. Nine participants identified themselves as White British; one identified herself as Asian. All participants were aged between 40-69 years old; Family Therapists who had been qualified for a minimum of five years; and who were presently working with couples or families using systemic or family therapy<sup>3</sup>. This population was deemed important for this study for two reasons. First, Family Therapists are trained in one model (in contrast to Clinical Psychologists for example) which incorporates the genogram. Second, time since qualification and current practice affords the potential for good experience and recency with which to offer depth of views and experience in the interview.

The secondary research supervisor identified potential participants meeting these criteria (the geographical location of the participants was due to the geographical location of the research supervisor). Twenty-seven individuals were emailed with details of the study and invited to participate<sup>4</sup>. Eighteen individuals replied; fifteen of which agreed to participate. However only ten of those made correspondence regarding the arrangements of a

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<sup>3</sup> See appendix three for more detailed information about the participants

<sup>4</sup> See appendix four for information given to potential participants

research interview. Those ten self-selected sample signed a consent form<sup>5</sup> and were subsequently interviewed in a private room at their place of work by the researcher. This was deemed the most convenient setting for the participants in terms of eliminating travel and limiting the time taken for participation. It is unknown why some of the individuals contacted did not participate. The reasons for this may include: being busy, not being interested in taking part, or not using the genogram in their practice; or for other reasons unknown.

## **Materials**

A semi-structured interview schedule was developed based on the literature depicting the use and effects of the genogram. Questions explored participants' use of the genogram; the clinical issues they aimed to address using the genogram; their experience of the clinical outcomes of using the genogram; and the helpful and unhelpful aspects of its use<sup>6</sup>. In addition to those questions, the interview included prompts and probes for specific details and examples to stimulate free thought and encourage a rich description of participants' accounts.

## **Procedure**

The interviews were transcribed verbatim, and checked against the audio recordings for accuracy. The analysis procedure (Fereday & Muir-Cochrane, 2006) progressed through six stages to produce a meaningful

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<sup>5</sup> See appendix five for the consent form

<sup>6</sup> See appendix six for the interview schedule

account of the data<sup>7</sup> (Braun & Clarke, 2006; Saldana, 2009). To start, the transcripts were actively read and re-read several times for familiarisation. Then, each transcript was read and coded, with all data given equal attention. Initial codes were generated at any data point which seemed to capture something of interest in the participant's account. Those codes included: processes, intentions, descriptions, or a quote. The coding process was thorough, inclusive and comprehensive. A codebook was kept depicting all the codes, and a description and quote referring to that code. This provided structure to facilitate reflection on the development of the codes. No new themes were identified after the fourth participant. Subsequent codes made in the following six interviews were components of themes already identified. Once all ten transcripts had undergone this process the codes were reviewed and considered for connecting patterns. Those that seemed to meaningfully relate were amalgamated into a theme. A theme captures something of interest that relates to the research question, and if repeated, appears to be meaningful (Braun & Clarke, 2006). Each theme was checked against each other, as well as with the original data. This process involved much review and reflection. In the final stage the themes were further defined and named. Throughout this process a reflective journal was kept: making connections, raising questions, and evaluating the process<sup>8</sup>.

As part of quality control checks, the themes were sent to participants for feedback and to ensure they reflected a true account of the interview

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<sup>7</sup> See appendix seven for thematic analysis procedure

<sup>8</sup> See appendix eight for a reflexivity statement

discussions<sup>9</sup>. Themes were also discussed with two supervisors for input and feedback.

## **Ethics**

Ethical approval was granted by NHS Research Ethics Committee and the University of Exeter<sup>10</sup>. Permission was also granted by Devon Partnership NHS Trust and Somerset Partnership NHS Foundation Trust to recruit participants from their trusts.

## **Results and analysis**

All themes were systematically analysed, however only the themes relevant to the research questions will be reported and discussed here<sup>11</sup>. The quotes presented were chosen due to how poignantly and eloquently they represented each theme. Five themes were most relevant and interesting to the research aim: 1) Therapist-family joining. 2) Systemic exploration. 3) Therapist hypothesizing. 4) Family perturbation through cognitive change. 5) Family perturbation through experiential and behaviour change.

### **1) Therapist-family joining**

One central element raised in each interview was engagement. Facilitating therapeutic engagement was an important part of the reported benefit of the genogram, the central aspects of which were: the active participation of family members (i.e., the co-creation or collaboration); sparking curiosity; and having an 'activity' to 'do' and look at, rather than

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<sup>9</sup> See appendix nine for a summary of participant feedback

<sup>10</sup> See appendix ten for ethical issues and approval documents

<sup>11</sup> See appendix eleven for the complete theme table

talking with eye contact. The latter aspect involved a lessening of the intensity of the interpersonal contact and focus away from the self.

Abbie<sup>12</sup> described the difficult-to-engage families: *“It can be a way of engaging family members who are difficult to engage, reluctant, maybe a bit embarrassed, a bit uncomfortable, maybe don’t want to be there (...) doing a genogram suddenly they get involved, and interested (...) a family who are feeling quite anxious about coming, who are quite reserved and find it difficult talking about their feelings, I think a genogram is a good tool to use to help them settle into the experience of being in therapy”*. This suggests that the genogram provides a method for people to become accustomed and adapt to the therapy context, including allaying anxieties and fostering a sense of safety within which people can engage, be curious, and participate. In other words, the genogram provides a structure which gives a ‘safe holding space’ for people to engage in therapy.

Ben depicted the collaborative nature of genograms: *“The therapist is coming alongside them, working on something together (...) if they’re involved in creating it, then it gets them engaged (...) most people see it as an interesting thing to do”*. This is synonymous with the current positioning of therapists in systemic family and couples therapy as experts on the process of therapy but the family are experts on themselves.

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<sup>12</sup> Participant names have been changed for anonymity

Caroline emphasised the externalising aspects of genograms: *“It gives some distance from the topic, removing some of the intensity, diluting the pressure of being put on the spot (...) asking them questions about their genogram, rather than about what they think or feel (...) it feels safer to them because it is less intense or direct than with eye-to-eye, instead all eyes are focussed on the paper and not on each other, you’re not in the realm of speech but in the realm of drawing (...) for instance if you ask a child who does or doesn’t get on well they might be worried about a disloyalty or the effect on Mum, but put a pencil in their hand and say put a line where people get on well and they’ll do it, it feels safer for them, but they can’t say it”*. This proposes that face-to-face communication may be demanding and result in discomfort or avoidance. However, attention on a joint activity with an external focus may alleviate some of that discomfort. This lessening of intensity may be due to a ‘triangulation’ between therapist-family-genogram that relieves tension in the room.

This study hence found the genogram is used in clinical practice to foster engagement. However, the term ‘engagement’ means ‘to occupy the attention or efforts of a person’ and ‘to attract and hold fast’ their attention. The benefits of the genogram can extend beyond engagement to facilitate therapist-family joining. It was positioned by the therapists in this study as a method or structure within which the therapist and family could step into a relationship and the therapy context; a joining together for the task of constructing and exploring the family’s genogram. In this sense, the therapist and family join together for the mutual discovery of their family, history and

current dynamics. This process involved: being respectful towards difficulties (including acknowledging the sensitivity felt in some areas); being client-centred tailoring the genogram to the specific family; mutual discovery with therapist joining alongside the family instead of occupying the 'expert' role; and therapist transparency regarding their thought processes.

Moreover, the therapists in this study also highlighted the need to be mindful of the timing of the introduction of the genogram, as well as the pace at which the genogram work is undertaken. Whilst it was described as a tool to foster engagement and joining, none of the therapists believed the genogram should be used in the first session, but somewhere in the second or third. This gives evidence to the tool being used respectfully as a method for joining together collaboratively, following a pace that suits the couple or family, rather than a tool to be used by the therapist to elicit attention or effort in the first session. Following the introduction of the genogram in the initial sessions, the therapists in this study described then "coming back to it" and using the genogram throughout the remainder of therapy, at various times. The pace and timings for which to come back to the genogram throughout therapy was described in a client-centred way. For instance, if a family had suffered a bereavement then this was explored later and less difficult topics would be discussed first. Or if there had been abuse in the family, then the pace at which difficult aspects of their history and relationships would be gauged by the therapist on how they were responding to the genogram process.

## 2) Systemic exploration

Another key component, raised the most and discussed throughout each interview, was systemic information gathering and exploration. Therapists reported eliciting rich systemic information about a family, including: family structure, intergenerational functioning, relationships, life cycle transitions, loss and stress, family scripts and narratives, and family strengths and resources. These parts of the familial picture elicited by the genogram are reported extensively in the literature. Des emphasised the systemic nature of information gathered with the genogram: *“It’s systemic because it’s all the bits of the jigsaw, a picture of the whole (...) it’s a systemic umbrella (...) a way to gather information regarding historical and current context (...) giving lots of information about what it is to be in this family”*. Emma described the depth of information gathered through a genogram: *“Through a better sense of connection to the information, a better richer description comes out (...) and you can uncover and find out stuff you wouldn’t know otherwise (...) the genogram shows what’s missing, gaps, things that don’t get talked about, that you discover and can then talk about (...) talking and thinking together about ‘what does that mean”*. This quote reflects the common theme in the interviews that the genogram can: aid the eliciting and discussion of information, going to a greater depth than with conversation alone, uncovering key information at a quicker pace, eliciting topics that are not normally talked about, and helping to avoid avoidance.

This study hence found the genogram is used in clinical practice to gather rich systemic information. However it is not simply the gathering of that

information that this study found was beneficial; but the gathering and subsequent *exploration* of that information to examine the impact, meaning, stories and narratives of these contextual aspects that was crucial. Hence for these therapists, the genogram offered a window into a family's world, through which both therapists and families could see what it means to be in their family, and to view various aspects of the historical and relational context to explore these factors in more depth.

### **3) Therapist hypothesizing**

A theme running through all but two of the interviews was therapist thought processes. This included the genogram being used as: an 'anchor' for thinking systemically rather than individualistically; a way to hold all the information in mind; a tool for reflection on the family difficulties, particularly if 'stuck' or to review progress; to gain vision and clarity; and as an 'aide memoire'. Harry detailed his thought processes using the genogram: *"It helps me to think systemically about the family, to link systemic theory to therapy practice (...) it prevents me from looking at things with a single lens (...) for my own thinking; before, during, and after sessions (...) to focus on what's important, which is more apparent than through conversation"*. The advantage of this for the therapist is the 'grounding' of oneself in the theory; to have a structure with which to apply theory to practice, but without the constraints of a prescribed process. This flexible but structured anchor to the model, and the visual representation enabling the therapist to hold the family 'in mind', supported and freed therapists to hypothesize about the family. Therefore

these thought processes formed the foundation upon which hypothesizing could be supported.

This study found the way the genogram facilitated therapist hypothesizing included: reflection; making connections; identifying patterns and themes; identifying the possible factors involved in the onset and maintenance of difficulties; and generating the therapeutic focus or identifying the therapeutic task/intervention. Kelly described the process of hypothesizing using the genogram: *“It helps you to see things (...) you start to unpick what you see (...) to find connections; intergenerational patterns; and links between the family of origin and current circularities (...) understanding how the family dynamics relates to the onset and maintenance of problems (...) the genogram helps identify the issues that might be relevant and the hypotheses that might be important to think about, to explore further (...) formulating systemic ideas about things and identifying what to take forward towards intervention”*. Developing hypotheses proposing the possible influences on the onset and maintenance of difficulties is vital. The therapists in this study found the genogram aided this process by providing a structured and visual presentation of complex information in a concise and manageable format. The genogram provides a way to hold the systemic context in mind and ground them in theory to facilitate reflection and hypothesizing.

#### **4) Family perturbation through cognitive change**

In terms of therapeutic effects, this study found therapists use the genogram as an intervention to effect clinically meaningful change. In all of

the interviews the genogram was described as creating perturbation at the cognitive level. In other words, families gained new insight or understanding of their context and difficulties. This was achieved through: exploration of experiences and perspectives; people hearing things they've not heard before; facilitating reflection; helping people make connections; making sense of things in a new way; developing insight, awareness and understanding; gaining clarity; integrating multiple perspectives; developing a systemic perspective; developing a new and coherent shared meaning and narrative; and reformulating or strengthening the client's sense of identity and place in the family.

Roger emphasised the benefits of the visual nature of the tool: *"The fact that it's visual can facilitate therapy (...) seeing it up there shows it in a different way, they can relate to their context and history in a new way (...)it can help people to gain a different kind of understanding and so it aids the therapeutic process"*. The visual aspect of the genogram is a key strength in that it presents information in a new way through which views and beliefs can be explored and challenged. Many of the therapists described the development a systemic perspective through a genogram, as Sharon describes: *"It gives them a systemic perspective in so much as they see themselves as part of, bound up in relationships, so its not just all about me, I'm part of a bigger system, I am part of a relationship network which impacts not only on my identity, but what I do as well (...) it could reveal to people who maybe weren't actually thinking about that as an aspect of what was going on (...) to have a systemic view instead of an individualistic view, which is great*

*for the IP child!*". This shift towards a systemic view facilitates the understanding and processing of the factors involved in the onset and maintenance of difficulties. It also creates space for understanding others' perspectives.

James described the genogram facilitating a wider view and discourse of difficulties: *"People don't usually have the opportunity to see information presented in that way, which then leads them to think about intergenerational stuff (...) and begin to think about how they are attributing meanings to each others' behaviours (...) to have a new understanding of where other people are coming from (...) they also begin to see that actually their behavioural interactions are not just related to them but to stuff that they've learnt and that has come down through generations (...) it leads to talking about problems in a different way (...) and integrating it all into their new family narrative"*. This change in discourse around sensitive and problematic areas is key to providing families with the space and opportunity to evolve and change the way they talk about things. Increased understanding and shift in perspective perturbs the family system as Abbie describes: *"When families first come into therapy, you get a sense of what their understanding of the problem is, and the meaning of it for them (...) then when you do a genogram you explore things so new things are coming to light, people will hear things they've not heard before, listen to other people's realities, and see themselves and their family in a way that they have not before (...) developing insight (...) an 'a-ha' moment where they see things in a new way (...) and then seeing things in a new light is going to perturb them, that is already a therapeutic intervention in*

*itself, it has already created change for that family*". Therefore in summary, the genogram offers a way for families to develop insight and a systemic understanding of their context and the onset and maintenance of their difficulties, including attributions for others behaviours and awareness of multiple perspectives, as well as the construction of a new shared meaning and family narrative.

The therapeutic benefits of this type of cognitive change have been empirically demonstrated. Whilst the methodology employed in this study precludes linking genograms and cognitive change with clinical outcomes, these findings suggest the use of genograms in this way can have a positive impact on areas associated with good therapeutic outcomes.

##### **5) Family perturbation through experiential and behaviour change**

Half of the therapists interviewed in this study reported perturbation at the experiential or behavioural level through the genogram. This was due to unfolding events between family members in the therapy room; an experiential and relational shift in the moment. This study found that the way the genogram facilitated experiential and behaviour change was through: the experience of being heard, acknowledged and validated by others; the felt experience of making sense of things together as a family and collectively constructing a new shared meaning and narrative; promoting change in the way the family communicates (i.e., what is talked about and how); and the development of empathy between family members.

Some of the therapists using the genogram in this way described moving between exploring the content of the genogram, and working with the responses to that content in the therapy room. Others described a process that is similar to an enactment; a systemic family and couples therapy behavioural intervention sometimes used to invite a family to engage in problem-resolving interactions in the therapy session (Carr, 2006). Ben described his experience of this process: *“The content of the genogram provokes a response in the room (...) then you work with what comes up in the room (...) what comes up for people when you talk about something (...) the relationships that are in front of you”*. In contrast, Caroline described communicative interactions in the therapy session: *“You can see who speaks first, who gives the most information, who gets involved, who goes quiet, where the disagreements are, who thinks what about whom (...) you can see where people don’t communicate very well (...) then each family member is being heard (...) and different family members are turning to each other and having conversations that they didn’t have before (...) really understanding where other people are coming from (...) it’s a good way of connecting people”*.

Des emphasised the process of validation and empathy that arises from family members’ perspectives being explored and heard in session: *“It’s an opportunity for each person’s views to be heard and valued (...) after we explored boundaries and roles, and how this must have felt for her daughter, then she was able to put herself in her daughter’s shoes and think about how difficult it was for her, how it must have felt for her, and how things could be*

*done differently (...) which enables people to think about how they want to do things differently from now on*". Emma highlighted the narrative process:

*"Working with the genogram in the room you can see the nature of the conversations that happen in the family, how things are talked about (...) and then the genogram challenges their beliefs, attributions of behaviour, relationships, and ideas about what it is to be in their family (...) you see who is holding the narratives about the family (...) and the process leads to a richer and clearer description and story about the family, the history of the family, and the current problems"*. A key part of the process is the experience of people's perspectives and realities being heard, acknowledged and validated by others. This changes what and how things are talked about, and forms the foundation for a family to collectively make sense of things and construct a new shared meaning and narrative of what has been happening.

Therefore, whilst some therapists reported the genogram changes communication patterns, it was not reportedly used as a direct communication training tool. In addition, some therapists reported the genogram increased empathy and intimacy between family members, however they did not report using it to change circularities and interactional patterns directly. Hence the genogram was not considered a skills-based direct behavioural intervention.

During analysis this theme initially appeared to reflect behavioural change. However through reviewing and defining themes this theme became more refined and evolved to reflect both experiential and behaviour change. A behavioural heading did not seem to capture this theme entirely, particularly

because therapists did not describe directly working on behaviours in a traditional sense (e.g., establishing new circularities; communication skills training, conflict management, problem-solving skills). Although theoretically the genogram could present an avenue for these therapeutic tasks to be undertaken, the therapists in this study did not describe using the genogram in this way. Instead the effect of the genogram was described as a felt sense or lived experience of people in relation to their family members, in the moment-to-moment unfolding of the genogram work in the therapy session, which included new behaviours emerging, that created a shift for the family members.

This study hence found the genogram to be used as a tool to initiate family conversations and shift the way a family communicates; develop a new and coherent family narrative; increase empathy between a couple or family group; and increase intimacy. However, there was no mention by the therapists in this study of the use of genograms to: directly change interpersonal relationships and behaviours; regulate anxiety and emotional reactivity in response to relational issues; have a more differentiated stance in relation to others; increase people's readiness to change and experiment with new behaviour. Moreover, it is interesting that only half of the therapists interviewed reported using the genogram in this way.

## **Discussion and clinical implications**

This study aimed to empirically examine the use of the genogram in clinical practice, from the view of those involved in the provision of therapy, in

order to determine whether the claims made in the literature were empirically supported in clinical practice. In particular, this study asked: what therapeutic tasks the genogram is used for, the specific pathways the genogram facilitates those tasks, and the mechanisms salient to the genogram that adds to clinical practice.

This study provided empirical support for the genogram to foster engagement as proposed in the literature. However the findings of this study brought to light the more sophisticated benefit of the genogram to extend beyond engagement to facilitate therapist-family joining. This involves the family and therapist reciprocally stepping into a relationship and the therapy context to join together for the task of constructing and exploring the family's genogram; a collaborative activity for mutual discovery. This makes sense in terms of attachment theory that the process of genogram work positions the therapists as curious (non-judgemental, accepting, showing interest and therefore valuing the person's world), providing intersubjectivity (joining them in their experience) within a predictable structure. This results in the provision of a 'safe base' with which the family can feel supported to engage and reflect on difficult information. It therefore appears that these two components of therapy (the relationship and the therapeutic task) do not evolve as separate constructs in a linear fashion, but instead are developed in tandem; developing the therapeutic task and strengthening the therapeutic relationship in synchrony. This process hence supports the development of a good therapeutic alliance, which is central to the effectiveness of therapy. Therefore it is clinically useful to utilise a tool that facilitates that goal.

This study also provided empirical support for the use of the genogram for systemic information gathering, as is proposed in the literature. This was by far the most mentioned function of the genogram by the therapists in this study. However the genogram was found to extend beyond information gathering to the *exploration* of that information within the genogram structure. The therapists in this study were interested in the impact, meaning, stories and narratives of these contextual aspects for members of a family which added more depth to the information gathered. The genogram aided this process by collating and holding the complex information into a manageable format and structure with which to systematically explore the various aspects of a family's world.

It is interesting though, that arguably this task can be undertaken without the use of the genogram. The difference between gathering and exploring this information with and without the genogram appears to be threefold. First is the structure and organisation that the genogram provides, both to the information gathered, and the information yet to be gathered. However this structure is provided without restrictions from a prescriptive model of use and thus remains client-centred. Second is the visual presentation of the collated, complex family picture into a manageable format. The genogram becomes an external construct which influences the richness of information elicited and discussed. Third is the nature of the task as a collaborative activity that takes a 'triangulating' position between therapist-family-genogram thus providing distance and hence lowering anxiety and

enabling reflection. These factors may be the key mechanisms salient to the genogram that adds to clinical practice.

In addition, this study provided empirical support for the genogram to aid the development of systemic hypotheses, as is proposed in the literature. The formulation of hypotheses proposing the potential factors involved in the onset and maintenance of difficulties is a core clinical task; without which intervention would be indiscriminate and random. Guidelines for good clinical practice call for formulations to suggest how those problems might be resolved and thus inform the choice of treatment (NICE, 2001). The mechanisms unique to the genogram (i.e., structure and visual presentation) afford therapist and family clarity and reflection. Being able to see all of the information in one place allows the therapist and family to view the complex picture as a whole, which facilitates the consideration of various connections and patterns to develop systemic hypotheses with which to explore. Hence the genogram offers an 'anchor' to theory, a way to remain grounded in theory at a time when therapists are applying that theory to practice.

The strength of genogram-led therapist hypothesizing is that it supports family hypothesizing. It is this transparent and collaborative, mutual discovery approach to exploring and then linking historical and relational factors to current functioning and difficulties that is a core strength of the genogram. Family hypothesizing begins the process of increasing awareness, insight, and a new or systemic understanding of the onset and maintenance of their difficulties. Consequently, this study provides empirical support for the

genogram to be used as an intervention tool to facilitate cognitive change, the therapeutic value of which has received empirical support in systemic therapy outcome research.

What is interesting, however, is the primary focus on cognitive change. In contrast, only half of the therapists in this study reported using the genogram to effect behavioural change, albeit not as a skills-based, direct behavioural intervention. Instead, this was described as an unfolding of events between family members in the therapy room; an experiential and relational shift in the moment. Therefore, the findings of this study empirically support some but not all of the literature presenting the genogram as an interventive tool to effect behavioural change. Nevertheless, fewer therapists reported using the genogram for this purpose or outcome than for the other functions.

Additionally, only two therapists in this study mentioned the emotions elicited in this process, in reference to exploration as well as therapeutic change. The relatively few mentions of using the genogram to prompt, explore and process feelings is surprising. Of the two therapists who mentioned emotions, one of those thought the genogram may actually distract therapists from attending to the feelings arising in the room, particularly if a therapist was too focused on 'finishing' the task of the genogram. This contrasts with the view that therapists can move between the content of the genogram and the reactions in the room. Nevertheless, the underrepresented affective component of the genogram mirrors the view presented by Beck (1987) that

intellectualizing and understanding are prioritized as the main therapeutic tasks, marginalising the exploring and processing of feelings. Given the literature supporting the expression and processing of emotions it is surprising to find the affective domain is overshadowed in the therapeutic use of the genogram. It seems vital to attend to the cognitive, affective and behavioural domains in therapeutic work. It is possible that the use of the genogram reflects the belief system of the therapist, regarding their emphasis on cognitive, affective or behaviour as meaningful for therapeutic change and as such is the focus of the therapeutic task. Their views on the key components of the nature of difficulties and the nature of change will likely influence the focus of therapy and the intervention tools they employ in their clinical practice.

### **Limitations of the study and directions for future research**

The number of people interviewed compared to the number of people contacted appears to show a response rate of 37%. However, the initial response rate was 67% due to eighteen individuals responding to the initial email. Only one email was sent to discuss interview arrangements and if this email was not responded to then no other attempts to contact them were made. If these individuals had been followed up by email or telephone two or three times the response rate may have improved. Nevertheless, the number of people interviewed has potential implications on the generalizability of the findings; namely, that this cohort may not be representative of the family therapy population but instead may be indicative of something about the

people who were keen to participate. A replication of this study would be useful in order to further verify this study's findings.

In addition, this study only interviewed systemic Family Therapists. This was due to genograms being taught in family therapy training, and thus all family therapists would have some knowledge and experience of the use of genograms. However, further research involving therapists with different training backgrounds (e.g., Clinical Psychologists) would add to this study's findings. Specifically, examining whether the use of the genogram reflects the background training and beliefs of the therapist. In particular, regarding their emphasis on cognitive, affective or behaviour change as the key therapeutic task, and hence the influence of those beliefs on the way the genogram is used in their practice.

Therapists' responses may have been influenced by several factors. Firstly the questions asked by the researcher may have influenced their responses. Secondly, therapists' responses may be influenced by their training, current team cultures, current NHS cultures, their own perceptions of their work (e.g., their effectiveness), and the therapeutic model they employ. Thirdly, the interview is not an observation of practice but a recollection and interpretation of their practice. This includes the relationship between the researcher and participant in the context of being interviewed by a Trainee Clinical Psychologist, the interview being recorded, and the researcher being supervised by a colleague of the interviewees. Whilst it is important to acknowledge these limitations, they do not present a challenge in relation to

the interpretation of the results and validity of the study's findings. Examining the experiences and views of the providers of therapy is an important and clinically meaningful exercise eliciting tentative associations and conclusions that offer implications for practice.

No new themes were identified after the fourth participant for the following six participants. It appears that data saturation was therefore reached, whereby more data did not lead to more information and most of the perceptions that seemed important was uncovered. Hence, there is no evidence that the collection of more data would shed any further light on the issue. However, a replication of this study would further verify this. In addition, different participants (i.e., those with a different training) may have provided different opinions and experiences. Therefore further research involving therapists with different training backgrounds (e.g., Clinical Psychologists) would add to this study's findings.

Lastly, therapists' experiences, whilst clinically meaningful and important, are not an objective or direct measurement of change. In a climate with heavy emphasis on evidence-based practice, demonstrating empirically supported therapies effecting measurable change in symptoms is recommended. Therefore it would be beneficial to quantitatively examine the clinical outcomes of the genogram in terms of measurable change, empirically and conceptually linking the genogram to therapeutic outcomes in terms of a measurable improvement in presenting problems (Craig, et al., 2008; Heatherington, Friedlander, & Greenberg, 2005). An experimental outcome

study would have been premature prior to this study, because the critical aspects of this therapeutic tool had not yet been empirically supported or defined. Thus this study provides the rich qualitative information revealing the mechanics of genogram use that may be overlooked by hypothesis-testing quantitative methods and enriches the interpretations of subsequent quantitative outcome studies (Moon, Dillon, & Sprenkle, 1990; Sprenkle & Bischof, 1994).

## **Conclusion**

In summary, this study aimed to empirically examine the use of the genogram in clinical practice, from the view of those involved in the provision of therapy, in order to determine whether the claims made in the theoretical literature were empirically supported in clinical practice. In particular, this study asked: what therapeutic tasks the genogram is used for, the specific pathways the genogram facilitates those tasks, and the mechanisms salient to the genogram that adds to clinical practice. This study found that the use of the genogram in clinical practice reflects to some degree the claims made in the literature, namely to: aid engagement and the discussion of emotionally difficult information; facilitate systemic information gathering; support therapist hypothesizing; and to facilitate cognitive and behavioural change. However, this study only found partial support for the latter, in that only half of the therapists reported using the genogram for this purpose. This study did not find support for the use of genograms to: directly change interpersonal behaviours; regulate anxiety and emotional reactivity; promote differentiation of self; increase readiness for change and new behaviours.

In addition, this study extended the literature by making salient the more sophisticated benefits of the genogram, namely: therapist-family joining, systemic exploration, and experiential change in the therapy session. This study also highlighted the underrepresented affective domain in the application of the genogram by the therapists in this study.

Furthermore, this study expanded on the literature by specifying the specific pathways the genogram facilitates those tasks, and the mechanisms salient to the genogram that adds to clinical practice. The genogram adds to clinical practice through providing a structured but client-centred tool undertaken as a collaborative activity for mutual discovery, that is not prescriptive in method, which anchors vast information within a systemic model and presents amalgamated, complex information in a visual and concise configuration. This visual presentation also affords distance and triangulation between the therapist-family-genogram which relieves pressure and lowers anxiety. These factors support therapists and families to hypothesize about the factors involved in the onset and maintenance of their difficulties, potentially resulting in cognitive change, and to some degree, experiential and behavioural change. Although these tenets require further empirical investigation.

## Appendices

### Appendix one: Guidance on the application of the genogram

- **Definition:** A genogram is a pictorial representation of family structure, family members, their functioning and their relationships, over at least three generations. The genogram illustrates intergenerational systemic patterns and influences within the family of origin.
- **Theoretical underpinning:** It is a tool through which generic systemic ideas can be applied.
- **Function:** The genogram pictorially provides a quick gestalt of complex family patterns and depicts areas to be explored (e.g., details of family members (occupation, socioeconomic status, functioning, and health); intergenerational patterns of relationships (closeness, distance, conflict, cutoffs, triangulation, boundaries); communicative and emotional style; family structure including sibling position; roles; family values, beliefs, myths, expectations, rules and scripts; family secrets; the place of the family in the life cycle; transitional issues (through time and space); periods of loss, change and stress; anniversaries; the influence of cohort and world events; as well as current and historical societal, political, and cultural influences; family strengths, resilience and resources).
- **Purpose:** To facilitate the generation of systemic hypotheses of current or historical difficulties and an understanding of the family's issues.
- **Style of application:** Ongoing, mutually collaborative and process-orientated approach to genogram construction and exploration to facilitate therapeutic change.

- **Application:** The genogram has not yet been manualized. No two families are the same therefore clinical judgment will be used to decide which aspects of any particular family's genogram or systemic ideas are explored in more depth.
- **Basic standardized format:**
  - Men are symbolized by squares, women by circles.
  - In a partnership, men are shown on the left, women on the right with a 'U' shaped line connecting them (see below).
  - Children are shown by a line vertically attached to their parents' line (see below).
  - Children are drawn from left to right in order of age (eldest on the left, youngest on the right).
  - Household membership is shown by circling members living together (see below).
  - The 'identified patient' ('IP') is shown by a double lined symbol according to gender (see below) and is written lower than other siblings.
  - Details are added, including names, date of marriage/cohabitation (written above the partnership line), date of separation/divorce (by date of marriage/cohabitation), date of birth (above symbol to the left) and age (inside the symbol), date of death (X through the symbol, age at death in symbol, and death date above symbol by date of birth), occupation (under name). Physical health, mental health and addictions are also added using shading of the symbols (see below).

- Relationships between people are illustrated using different connecting lines (see below).

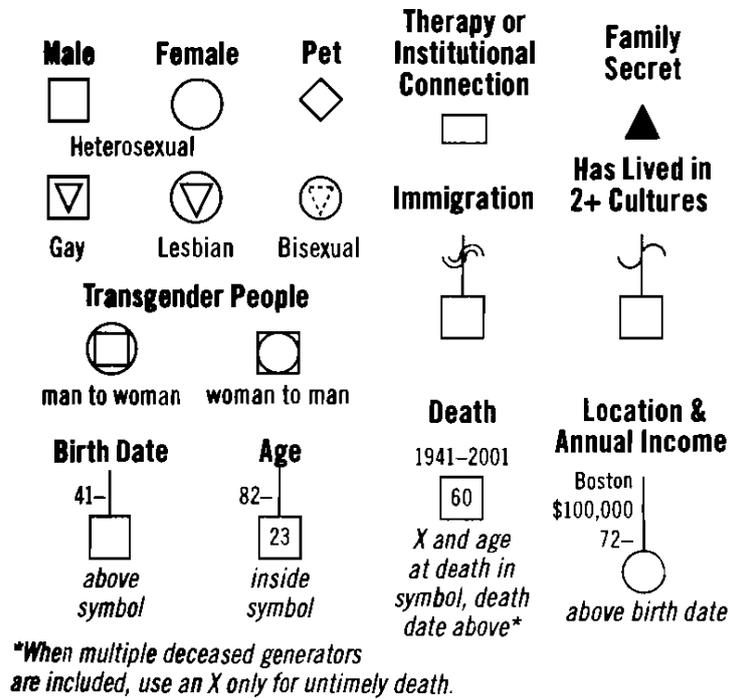


Figure 2.1. Genogram symbols

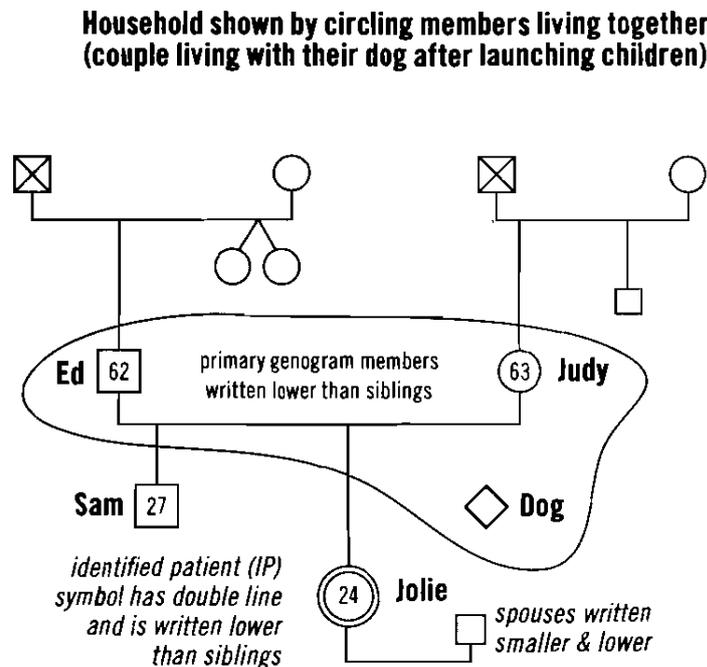


Figure 2.2. Circling household family members

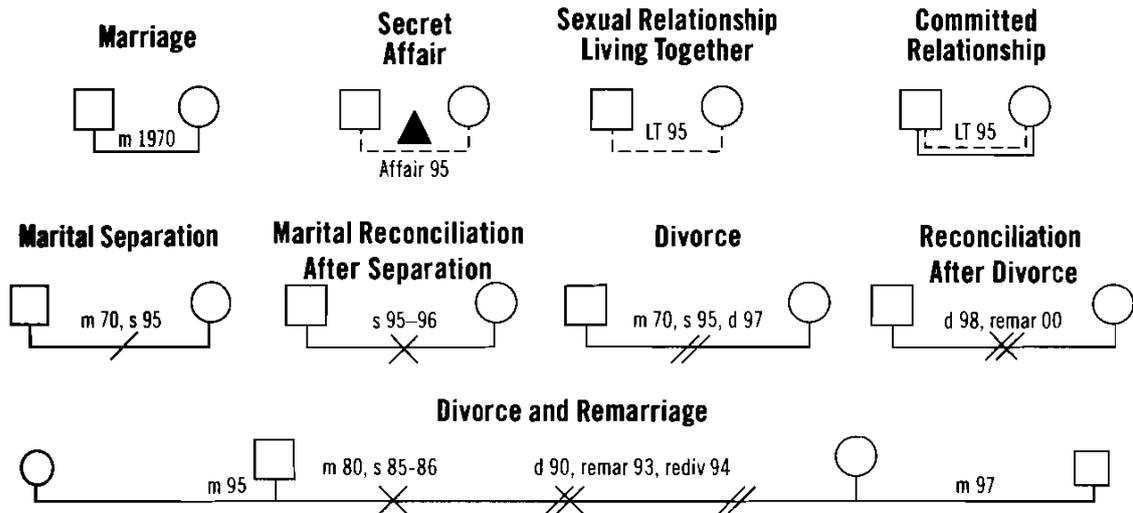


Figure 2.3. Depicting couple relationships

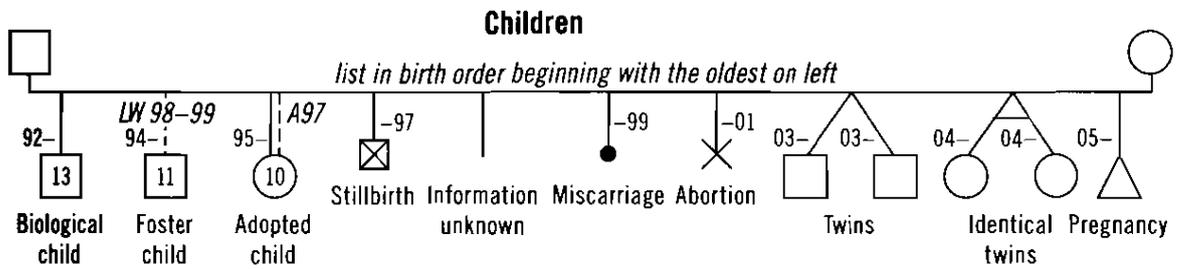


Figure 2.4. Depicting children

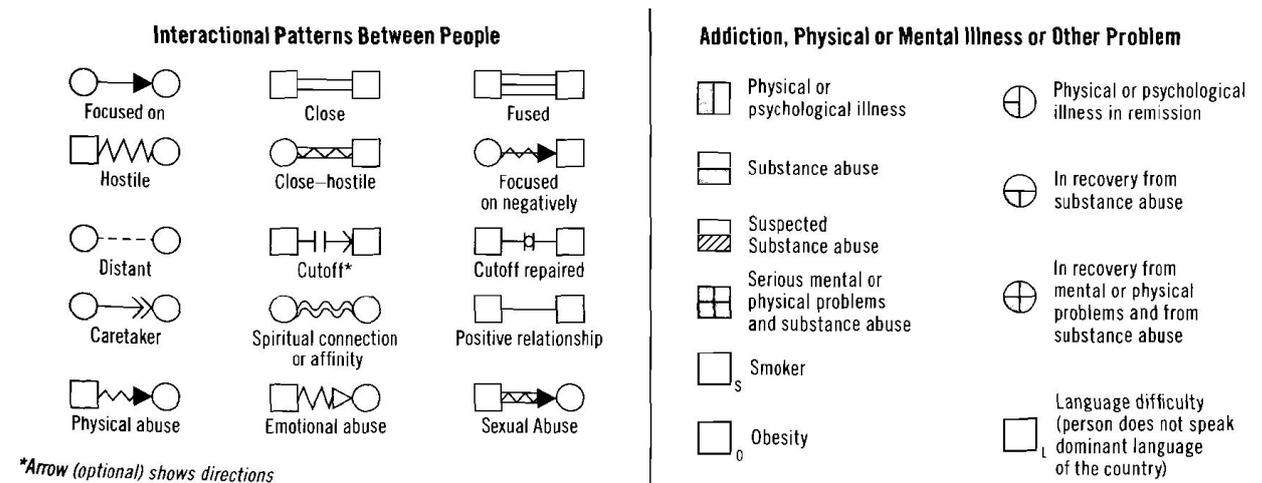


Figure 2.5. Depicting interactional patterns and functioning

## Appendix two: Detailed information of literature review references

**Table 1. Detailed information of literature review references**

Reference	Type	Aim	Methodology	Participants	Outcome (re genogram)
Beck, 1987	Theoretical article	To review affect in genogram construction	Discussion with case example	One	Stressed the importance of attending to the genogram process to build a therapeutic alliance, increase the bond of the family group, recreate family dynamics for increased understanding, and to encourage active participation
Beitin & Allen, 2005	Empirical research article	To explore how Arab Americans dealt with the terror attacks in 2001	Qualitative/Interviews	18 Arab American couples	Clinical recommendation to use the genogram to deal with family-of-origin histories, as well as to access stories of strengths and successes to foster coping skills
Butler, 2008	Theoretical article	To compare the differences between family diagrams and genograms	Discussion	None	The family diagram and genogram have a different purpose, theoretical basis, rationale and method of interpretation
Carpenter & Mulligan, 2010	Book chapter	To discuss family assessment methods for later-life families	Discussion	None	Presented the benefits to using genograms with later-life families to assess and improve various systemic factors
Carter & McGoldrick, 2006	Book	To offer new perspectives on development and the life cycle	Discussion	None	Presented comprehensive ways to think about the life cycle, including the impact of systemic issues at multiple levels
Chrzastowski, 2011	Theoretical article	To present how genograms can be used in narrative therapy	Discussion	None	Genograms can be used to explore and re-tell family stories, enabling their re-authoring. This includes accessing strengths and distancing self from dominant family narratives

Dunn & Levitt, 2000	Theoretical article	To present the need for client-therapist collaboration in genogram construction	Discussion with case examples	Two	The therapeutic power of the genogram is enhanced with increased collaboration between client and therapist in the process of genogram construction
Erlanger, 1990	Theoretical article	To discuss the usefulness of the genogram when counselling older adults	Discussion with case examples	Two	There are therapeutic benefits from the use of the genogram in both the process of construction as well as the data produced
Foster et al., 2002	Empirical research article	To explore the manualisation of the clinical application of the genogram with couples	A case study using pretest and posttest data	Two participants who were a couple	The genogram can impact on self-differentiation and the ability to think systemically about issues
Guerin & Fogarty, 1972	Book chapter	To present various aspects of family therapy	Discussion	None	Presented information about the genogram
Hartman, 1995	Theoretical article	To discuss diagrammatic assessment of family relationships	Discussion	None	The genogram can increase clients' understanding of the impacts of systemic factors on current functioning, as well as to increase empathy between people
Howe, 1990	Theoretical article	To discuss how writing one's mother's biography changes peoples' perceptions of their mothers	Discussion illustrated with biography excerpts	Three	Genograms can highlight the mother's story in the same way as a biography, resulting in therapeutic effects on peoples' perceptions of their mothers (i.e., becoming less blaming, more close and affectionate, and greater understanding and empathy)
Jones & LaLiberte, 2013	Empirical research article	To present the development and preliminary	Quantitative	Fifty-three adolescents in out-of-home care	Genograms can facilitate engagement with young people, their families and wider networks

		validation of the Youth Connections Scale, a measure of youth connectedness			
Kuehl, 1995	Theoretical article	To describe the use of genograms in solution-oriented interventions	Discussion with case example	Three (two were a couple)	The use of genograms in this way results in a collaborative approach to understanding family-of-origin issues, whilst encouraging the identification of strengths and self-differentiation
Lim & Nakamoto, 2008	Theoretical article	To present genogram use with Asian families of diverse cultural heritages	Discussion with examples from both authors' genogram explorations and one case example	One	The usefulness of the genogram included engagement; triangulation in the therapeutic process; cultural resonance; honouring diversity; broadening creative areas of freedom.
McGoldrick et al., 2008	Book	To present the ways the genogram can be used as an assessment and intervention tool	Discussion illustrated with examples of well-known families	None	Documented the myriad of ways a genogram can be used as an assessment and intervention tool
Neal et al., 2014	Theoretical article	To present an informal and collaborative way in which 'locus of control' could be assessed in couple's therapy	Discussion with case example	One couple	Presents the uses and benefits of the locus of control focused genogram, including the use of the genogram for hypothesizing as well as to facilitate a change of perspectives
Newman et al., 2013	Empirical research article	To research how therapists discuss causality of psychosis with families where a	Qualitative/Focus groups	Eighteen clinicians from a family intervention service	Genograms were described as a way to engage people, explore contributing factors, and to construct a shared understanding of systemic factors. However, exploring genograms at a

		person has been diagnosed with psychosis (e.g., biological versus family relations)			pace that is comfortable for the family was also raised as important
Schames, 1990	Theoretical article	To discuss the use of genograms in a group intervention for adolescents in disrupted families	Discussion	None	Genograms can facilitate increased understanding and processing of memories and feelings, as well as constructing new meaning systems, particularly in reviewing intergenerational relationships
Simpson, 2003	Empirical research article	To explore beliefs about diet and traditional Chinese medicine related to the breast cancer experience of Hong Kong Chinese women and their families	Qualitative/Interviews	20 Hong Kong Chinese women diagnosed with breast cancer and at least one other family member	Genograms can facilitate engagement and the development of the therapeutic relationship
Son & Choi, 2010	Empirical research article	To test the structured anger management nursing program for the family members of patients with alcohol use disorders (AUDs)	Quantitative	Sixty three participants referred from community mental health centers, alcohol consultation centers, and an alcohol hospital in Korea	The genogram can facilitate a greater awareness and understanding of the origins and influences on current problems. Genogram work can also aid the expression and processing of emotions, key to therapeutic change
Staples et al., 2011	Empirical research article	To evaluate a mind-body skills group program	Quantitative	129 children and adolescents meeting criteria for PTSD in Gaza	Genograms can show family strengths, resilience and resources, including previous examples of overcoming

		on posttraumatic stress disorder (PTSD), depression and on hopelessness in children and adolescents in Gaza			hardship and examples of coping skills
Strozier, 2012	Empirical research article	To explore whether participation in kinship support groups improved the feeling of social support for kinship caregivers	Quantitative	Sixty-one kinship caregivers	Genograms can facilitate engagement and the development of the therapeutic relationship
Taylor et al., 2013	Theoretical article	To present solution-focused and narrative approaches to genogram constructions for use with children and adolescents	Discussion with case examples	Three	Genograms can explore family values, meanings, beliefs, expectations, and stories
Wachtel, 1982	Theoretical article	To describe a variety of ways clinicians can use the genogram (e.g., a quasi-projective technique)	Discussion	None	Genograms used in this way can aid people getting in touch with their emotions; accessing their interpretations of reality and creating new perspectives; understanding their response to different contexts; encourage engagement between family members; and revealing relational issues in the family system as well as potential solutions

Witold, 2009	Theoretical article	Mourning the "Person One Could Have Become" (POCHB) is an existential transition for traumatized individuals. The process of mourning the POCB is part of the group therapy. The role of the therapist in facilitating such mourning is discussed	Discussion with case examples	Two	Genograms can foster engagement, facilitate the generation of hypotheses, facilitate cognitive change, improve one's idea of their place in the family, and can be used to elicit and process emotions, which is key to therapeutic change
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**Appendix three: Detailed information regarding the participants**

**Table 2. Detailed information regarding the participants**

<b>Participant Number</b>	<b>Age</b>	<b>Gender</b>	<b>Ethnicity</b>	<b>Number of years qualified</b>	<b>Client group</b>
1	40-49	F	White British	18	Outpatient CAMHS/Sexual Health
2	40-49	F	White British	5	Outpatient CAMHS
3	60-69	F	White British	20	Outpatient Adults
4	40-49	F	White British	3	Outpatient CAMHS
5	40-49	F	White British	5	Outpatient Couples/CAMHS
6	*	M	White British	*	Outpatient Adults
7	50-59	F	Asian	7	Outpatient CAMHS
8	60-69	M	White British	9	Outpatient CAMHS
9	60-69	F	White British	10	Outpatient CAMHS
10	50-59	F	White British	9	Inpatient Eating Disorders

\* Information not available

## **Appendix four: Copy of the participant information sheet**

### **What is the study for?**

Research of the effectiveness of couples and family therapy is generally positive. However minimal research has been conducted exploring the effects of the actual therapeutic tools and techniques we use to effect change. One of those tools is the genogram. Clinical theory proposes that the genogram has many uses. However research linking this theory to practice is limited.

Therefore this research aims to explore the practice of using the genogram, specifically around how, when and why the genogram may be used. This type of research will help us to improve our therapeutic practice.

### **What will participation involve?**

Accredited Family Therapists who are currently working systemically (either with couples or families) will be eligible to participate. The researcher will interview each therapist individually, to hear about their experiences of the genogram in therapy. The interview will be informal and flexible so that you can talk about things in your own words. The interview should take between 1-1½ hours, and will be recorded.

### **Who will have access to this information?**

The researcher will use the recording to create a transcript. Both the recording and the transcript will be anonymised so your name will not be attached to your interview, and only the researcher will have access to the recording and transcript. Your anonymised interview will only be discussed with the research

supervisor. Anonymised excerpts of some transcripts will be used when the study is written up for publication in a professional journal to be read by professionals interested in this field.

### **What do I do next?**

If you are still happy to continue with the interview, then please confirm by email that you are happy to go ahead. The researcher will then meet you at the agreed date, time and place for your interview, where you will be given a consent form to sign prior to the interview.

### **What do I do if I change my mind?**

If you would like to withdraw your participation you can do so at any time, and do not have to give a reason. Please let the researcher know at any time that no longer wish to participate. (You can withdraw your data from the study any time until the 31<sup>st</sup> May 2012).

### **Any questions?**

If you have any questions or concerns regarding participation in the study, please contact the researcher to discuss these on 01305 266011 or email at [cjg214@exeter.ac.uk](mailto:cjg214@exeter.ac.uk).

Many thanks and best wishes.

**Appendix five: Consent form**

**As an informed participant of this study, I understand that:**

1. My participation is voluntary and I may withdraw my involvement at any time before the data completion deadline (31<sup>st</sup> May 2012). My withdrawal would not be questioned in any way.
2. I understand what my participation in this study involves.
3. I understand there are no risks involved in the participation of this study.
4. All my questions about the study have been satisfactorily answered.

**I have read and understood the above, and give consent to participate:**

Participant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant's Work Address:

\_\_\_\_\_  
\_\_\_\_\_

Participant's Work Telephone Number:

\_\_\_\_\_

**I have explained the above and answered all questions asked by the participant:**

Researcher's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix six: Copy of the interview schedule

- What is your understanding of what genograms are for?
  
- How have you used them in your practice?
  - Do you use them often/with most clients?
  - For what purpose – at intake for information gathering or therapeutically?
  - If therapeutically, at what point during therapy would you use it, and how often/ how much time would you spend on it?
    - What are your ideas about why using it at this point might be useful?
    - What issues arose that you thought the genogram would be useful for/what areas were you aiming to address using the genogram?
    - What might you gain from using this form of enquiry rather than another one (e.g., circular questioning)?
    - Can you tell me more about the process of using it therapeutically (e.g., what questions have you asked?)
  
- Do you think the genogram adds anything to the discussion of systemic concepts without the visual representation of the family?
  - If so, what do you think it adds? How is it different?

- When has the genogram been helpful or unhelpful?
  - In what ways/Why was it helpful or unhelpful?
  - What happened when you used it? What was the response of the couple/family when you used it?
  - Do you think the genogram made a difference to the couple/family, their problems, their relationships or the way they relate to each other in any way?
  
- Have you ever decided against using it, or delaying using it?
  - If so, why? Under what circumstances?
  - Have you ever found clients avoid/are resistant to constructing/working on their genogram? If so, what sense do you make of this – Why do you think some people would avoid/not want to do it?
  
- Would you use the genogram to/Have you found the genogram to facilitate....
  - Engage family members/foster the therapeutic alliance
  - Disclosure of emotionally difficult information
  - Intergenerational understanding of difficulties (e.g., impact of intergenerational patterns of interaction/relationship dynamics)
  - Impact of the family dynamics on their problems (e.g., roles, values, meanings, beliefs, myths, expectations, rules and scripts)
  - Revealing family secrets

- Identifying the place of the family in the life cycle and any transitional issues
  - Identifying periods of loss, change and stress, anniversaries
  - Identifying family strengths, resilience and resources
  - Stimulate insight
  - Perspective taking (e.g., seeing other family members perspectives, or seeing them from a new perspective, as well as reframing behaviours and relationships to facilitate alternative interpretations or a new shared meaning of a family's experience)
  - Enhance communication
  - Enhance empathy
  - Formulate systemic issues and/or identify targets for intervention?
- Would you say using the genogram has been more/less helpful for you?
  - On reflection, thinking back to how you first thought about genograms and their usage, would you say you use them now in the way you had thought you would?
    - How has the way you have used them evolved – do you use them in the same or different ways to the past? And more or less frequently than in the past?

- If this has changed, what sense do you make of why it has changed?
- Do you think they are crucial to working systemically or not? Why?

## **Appendix seven: Approach to thematic analysis**

A theme captures something of interest that relates to the research question, and if repeated in the data thus appears to be meaningful (Braun & Clarke, 2006). The themes are analysed (Fereday & Muir-Cochrane, 2006) through six stages in order to produce a meaningful story of the data (Braun & Clarke, 2006; Saldana, 2009); detailed in the table below.

**Table 3. Analysis procedure**

Step 1	Familiarization with the data
Step 2	Generating initial codes
Step 3	Searching for patterns
Step 4	Constructing and reviewing themes
Step 5	Defining and naming themes
Step 6	Producing the report

## **Appendix eight: Reflexivity statement**

Qualitative research is influenced by the researcher's perspective, assumptions, beliefs, values, and context. The researcher in this study acknowledges her role in the construction of the research, the analysis and the findings. The researcher considered these processes through a reflective journal, acknowledging and contemplating the influences of current context, professional experience, and personal history on the implications of these things on the research. The researcher also considered the influences of the researcher on the participants.

The following factors were acknowledged as potentially affecting participants' accounts of their experience:

- Being interviewed by a Trainee Clinical Psychologist. The perception of a professional in training could either be that they are reciprocally placed in the 'expert' role. Or the influence might be that a professional in training has access to up-to-date knowledge, reciprocally placing the participant in a place reflecting lack of knowledge. These, and other perceptions which are unknown, may influence their subsequent accounts. The interplay between researcher and participant cannot be eradicated in qualitative research, but instead requires acknowledgement and consideration.
- The interview being recorded may make some participants uncomfortable or more aware of what they are saying. The length of each interview lasted between forty and eight minutes. Therefore

hopefully each participant would have habituated to any anxieties provoked by the use of an audio recorder.

- The researcher being supervised by a colleague may have had an influence. Each participant professionally knew, to varying degrees, the secondary supervisor of this research. The participants knew this supervisor may read anonymised transcripts of their interviews, however participants may have feared their accounts may be identifiable to them. One participant asked for her transcript not to be given to the research supervisor. All participants were assured that anonymised short excerpts would be taken randomly, hence limiting identification.
- Participants may not have wanted to express negative views about the genogram. One participant in particular discussed the unhelpful aspects of the genogram, whilst others only made brief references to that. Therefore it is possible that the participants may have felt under pressure to only recount positive things, especially due to the findings being reviewed by the secondary research supervisor (who trained many of the participants) and published. However, the researcher made every effort to ask now only about how and why the genogram was used, but also why or when it wouldn't be used, and the unhelpful aspects. Again, it is also hoped that the anonymisation of the transcripts would have reassured participants to offset this.
- All participants presented as friendly and motivated to engage in the interview. The researcher made every effort to put them at ease and encourage open conversations. Additionally, the researcher often

summarised or delineated salient points as a way to clarify participant thinking and encourage depth in their account. However, the researcher acknowledges that through the extensive literature review and subsequent construction of the interview schedule that the interview questions were influenced by the researcher's prior knowledge. This in turn may have impacted on the participants' accounts as well as the researcher's understanding and interpretation of their accounts. It is hoped that by triangulating the findings with participants and supervisors that this influence is minimised and controlled.

- The researcher also acknowledges an interest in the systemic model of therapy, and believes in the location of people within their familial and interpersonal contexts is vital. Hence, researching a tool with which to depict intergenerational and interpersonal influences on the onset and maintenance of peoples' difficulties is meaningful to the researcher. Therefore, the researcher acknowledges her interest in the more positive aspects of the genogram, as well as to produce favourable findings in this study. Similarly, this process may have been present for the participants, who trained in the overarching theoretical model.
- Additionally the researcher acknowledges that the research was conducted within the context of contributing to the researcher's doctoral degree in clinical psychology.
- Therefore, discussions with both research supervisors were important to consider the developing findings and presentation of the findings in the final report.

## **Appendix nine: Summary of participant feedback**

All ten participants were contacted following completion of the coding stage and the generation of initial themes. Participants were asked for their feedback on these themes, particularly for any thoughts on how well the themes reflected the interview discussions. Five of the participants replied, but only three included feedback.

Caroline's feedback was: "*The themes seem well-named and reflect well my experience of the usefulness of genograms. Be great to read final edition*".

Roger's feedback was: "*Good luck with the rest of the work, the categories look interesting*".

Sharon's feedback was: "*I am very impressed with your themes and amazed that you were able to include such richness. I guess theme names are a personal preference, and I note that your first 4 are about the therapist processes and the next two are family processes and 'engagement' is the only collaborative one. I guess for me that's the most important one. Not sure what I'm trying to say really, but that's what jumped out for me personally. I note that 'respectful' is in the less salient points and again wondered if that point could be included because again it's important to me as a therapist*".

Following the feedback, in step four (reviewing themes) and step five (defining and naming themes), engagement was renamed 'therapist-family

joining', which included both 'engagement' and 'respectful'. It was noted that as systemic therapists the joint processes may be more salient. However in examining the mechanisms by which a genogram is used in clinical practice it is helpful to delineate those processes. Whilst this then may present them as 'separate' processes occurring and influencing only therapist or family, that it not the case. The reciprocal nature of therapy is acknowledged, where one will influence the other in a circular way. The mechanisms are presented separately here only in order to give clarity.

## **Appendix ten: Ethical considerations and four approval documents**

Ethical considerations for the participants included:

- Potential participants were not pressurized to participate as they were not pursued if email correspondence was not entered into.
- No deception was involved, therefore debriefing was not necessary.
- The difference between confidentiality and anonymity was discussed
- Participants' recordings and transcripts were allocated a participant code to ensure anonymity and were kept in a secure place that only the researcher had access to.
- Although transcript excerpts were used in the write-up, pseudonyms will be used.
- Participation was unlikely to place participants in an adverse situation or cause significant distress, and no distress was demonstrated during the interview process.
- All participants were given the researcher's contact details should they wish to discuss any concerns regarding participation in the study, or to withdraw.
- The main inconvenience to participants will be the time expended to undertake the interview. However every effort was made to minimise this, including interviews conducted at the participants nominated place of work.

**Derbyshire Research Ethics Committee**

1 Standard Court  
Park Row  
Nottingham  
NG1 6GN

Telephone: 0115 8839461  
Facsimile: 0115 9123300

23 July 2010

Mrs Clair Burley, Trainee Clinical Psychologist  
Taunton & Somerset NHS Foundation Trust  
Dept of Psychology, Washington Singer Building  
University of Exeter  
Perry Road, Exeter  
EX4 4QJ

Dear Mrs Burley

**Study Title:**                   **Clients' experience of the genogram in family therapy: An Interpretative Phenomenological Analysis**  
**REC reference:**               **10/H0401/59**

The Proportionate Review Sub-committee of the Derbyshire Research Ethics Committee Research Ethics Committee reviewed the above application at the meeting held on 20 July 2010.

**Ethical opinion**

- The Committee noted that on the second page of the Participant Information Sheet (PIS) participants are advised to contact CERES. This organization has been replaced by Involve.
- The Committee noted that there is no provision on the consent form for the participant to give consent for the interview to be audio recorded.

The members of the Committee present gave a favourable ethical opinion of the above research on the basis described in the application form, protocol and supporting documentation, subject to the conditions specified below.

**Ethical review of research sites**

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

### **Conditions of the favourable opinion**

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

*For NHS research sites only, management permission for research (“R&D approval”) should be obtained from the relevant care organisation(s) in accordance with NHS research governance arrangements. Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at <http://www.rdforum.nhs.uk>. Where the only involvement of the NHS organisation is as a Participant Identification Centre, management permission for research is not required but the R&D office should be notified of the study. Guidance should be sought from the R&D office where necessary.*

**Sponsors are not required to notify the Committee of approvals from host organisations.**

1. Remove reference to CERES from the Participant Information Sheet.
2. Add a point on the consent form for the participant to give consent for the interview to be audio recorded.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

### **Approved documents**

The documents reviewed and approved at the meeting were:

<i>Document</i>	<i>Version</i>	<i>Date</i>
Investigator CV		24 June 2010
Investigator CV		
Protocol		
REC application	54865/130754/1/4 19	24 June 2010
Covering Letter		24 June 2010
Letter from Sponsor		27 May 2010
Interview Schedules/Topic Guides	1	24 June 2010
Participant Information Sheet	1	24 June 2010
Participant Consent Form	1	24 June 2010
Evidence of insurance or indemnity		17 August 2009
Evidence of insurance or indemnity		22 July 2009

### **Membership of the Proportionate Review Sub-Committee**

The members of the Sub-Committee who were present at the meeting are listed on the attached sheet.

### **Statement of compliance**

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

**10/H0401/59**

**Please quote this number on all correspondence**

With the Committee's best wishes for the success of this project

Yours sincerely

**Mr Phil Hopkinson**  
**Chair**

**Figure 3.1. NHS Research Ethics Committee favourable opinion approval letter, subject to conditions**

**Derbyshire Research Ethics Committee**

1 Standard Court  
Park Row  
Nottingham  
NG1 6GN

Telephone: 0115 8839461  
Facsimile: 0115 9123300

05 August 2010

Mrs Clair Burley, Trainee Clinical Psychologist  
Taunton & Somerset NHS Foundation Trust  
Dept of Psychology, Washington Singer Building  
University of Exeter  
Perry Road, Exeter EX4 4QJ

Dear Mrs Burley

**Full title of study:**           **Clients' experience of the genogram in family therapy: An Interpretative Phenomenological Analysis**  
**REC reference number:**   **10/H0401/59**

Thank you for your letter of 30 July 2010. I can confirm the REC has received the documents listed below as evidence of compliance with the approval conditions detailed in our letter dated 23 July 2010. Please note these documents are for information only and have not been reviewed by the committee.

**Documents received**

The documents received were as follows:

<i>Document</i>	<i>Version</i>	<i>Date</i>
Participant Information Sheet	1	24 June 2010
Participant Consent Form	1	24 June 2010

You should ensure that the sponsor has a copy of the final documentation for the study. It is the sponsor's responsibility to ensure that the documentation is made available to R&D offices at all participating sites.

Yours sincerely

**Mrs Lisa Gregory**  
**Committee Co-ordinator**

**Figure 3.2. NHS Research Ethics Committee approval letter**



SCHOOL of  
PSYCHOLOGY  
ETHICS COMMITTEE

Washington Singer  
Laboratories  
Perry Road  
Exeter  
EX4 4QG

Telephone  
Fax +44 (0)1392 264623  
Email

e.j

**To: Clair Burley**  
**From: Louise Pendry**  
**CC: Janet Reibstein**  
**Re: Application 2009/192 to Ethics Committee**  
**Date: 14 September 2014**

The School of Psychology Ethics Committee has now met and your NHS Local Research Ethics Committee application and approval were reviewed. In line with our procedures your project, **2009/192 – Clients’ experience of the genogram in family therapy: An Interpretative Phenomenological Analysis**, is now de facto approved.

The agreement of the Committee is subject to your compliance with the British Psychological Society Code of Conduct and the University of Exeter procedures for data protection (<http://www.ex.ac.uk/admin/academic/datapro/>). In any correspondence with the Ethics Committee about this application, please quote the reference number above.

I wish you every success with your research.

Yours sincerely,

A handwritten signature in black ink that reads 'L. Pendry'. The signature is written in a cursive style and is underlined with a single horizontal stroke.

Louise Pendry  
Chair of School Ethics Committee

**Figure 3.3. University of Exeter approval letter**

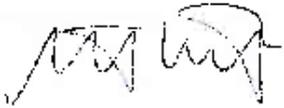
4<sup>th</sup> January 2012

Project title **Therapists' experience of using the genogram in couple or family therapy**  
Chief Investigator **Mrs Clair Burley, Taunton & Somerset NHS Foundation Trust and Department of Psychology, Washington Singer Building University of Exeter.**

Dear Sir/Madam,

The University of Exeter will act as sponsor for the proposed clinical study titled 'Therapists' experience of using the genogram in couple or family therapy'. The University will undertake its responsibilities in this role as outlined in the Department of Health's Research Governance Framework for Health and Social Care (second Edition, 2005). In addition the University will ensure that the necessary ethical approval and cover for indemnity and insurance are in place before the study commences.

Yours sincerely,



Dr Michael Wykes  
Research & Knowledge Transfer  
University of Exeter  
Tel: 01392 262851  
Email: [m.c.wykes@exeter.ac.uk](mailto:m.c.wykes@exeter.ac.uk)

Figure 3.4. University of Exeter letter of sponsorship

## Appendix eleven: Theme table

**Table 4. Theme table**

Theme	Description
<b>Themes discussed in this study</b>	
1) Therapist-family joining	<p>Facilitating engagement as well as the joining together for the task of constructing and exploring the family's genogram, through:</p> <ul style="list-style-type: none"> <li>- active participation of family members (i.e., co-creation and collaboration)</li> <li>- spark curiosity</li> <li>- having an activity to 'do' and look at</li> <li>- being respectful</li> <li>- being client-centred and flexible</li> <li>- a sense of mutual discovery</li> <li>- therapist transparency</li> <li>- therapist mindful of timing and pace</li> </ul>
2) Systemic exploration	<p>Therapists reported using the genogram to elicit rich systemic information about a family, including:</p> <ul style="list-style-type: none"> <li>- family structure, subgroups and birth order</li> <li>- intergenerational presentation and functioning</li> <li>- relationships and attachments</li> <li>- communication styles</li> <li>- parenting</li> <li>- major life events, trauma, and life cycle transitions</li> <li>- loss and stress</li> <li>- family scripts, narratives and stories</li> <li>- family secrets and lies</li> <li>- separation and divorce</li> <li>- power, control, and shame</li> <li>- expectations, values, and beliefs</li> <li>- mental health difficulties</li> <li>- strengths, coping strategies and resources</li> <li>- ethnic, racial, cultural, societal, and religious influences</li> <li>- cohort effects</li> <li>- factors such as gender, age, geography, ability, class, and sexuality</li> </ul> <p>This also included eliciting a greater depth of information than with conversation alone, uncovering key information at a quicker pace, eliciting topics that are not normally talked about, and helping to avoid avoidance.</p> <p>Lastly, it was the gathering and subsequent</p>

	<p><i>exploration</i> of that information to examine the impact, meaning, stories and narratives of these contextual aspects for family members that was crucial.</p>
3) Therapist hypothesizing	<p>This study found the genogram to aid therapist thought processes, which included the genogram being used:</p> <ul style="list-style-type: none"> <li>- as an 'anchor' for thinking systemically rather than individualistically</li> <li>- as a way to hold all the information in mind and a tool for reflection on the family difficulties, particularly if 'stuck' or to review progress</li> <li>- to gain vision and clarity</li> <li>- as an 'aide memoire'</li> <li>- visual</li> <li>- structured but not prescriptive</li> </ul> <p>This study found the way the genogram facilitated therapist hypothesizing included:</p> <ul style="list-style-type: none"> <li>- reflection</li> <li>- making connections</li> <li>- identifying patterns and themes</li> <li>- identifying the influences on the onset and maintenance of their difficulties</li> <li>- generating the therapeutic focus or identifying the therapeutic task/intervention</li> </ul>
4) Family perturbation through cognitive change	<p>This involved gaining a new insight or understanding of their context and difficulties through:</p> <ul style="list-style-type: none"> <li>- prompting exploration of experiences and perspectives</li> <li>- hearing things they've not heard before</li> <li>- facilitating reflection</li> <li>- making connections</li> <li>- making sense of things in a new way</li> <li>- developing insight, awareness and understanding</li> <li>- gaining clarity</li> <li>- integrating multiple perspectives</li> <li>- developing a systemic perspective</li> <li>- developing a new shared meaning and narrative</li> <li>- reformulating or strengthening the client's sense of identity and place in the family</li> </ul>
5) Family perturbation through experiential and behaviour change	<p>This referred to a change in felt sense or lived experience of people in relation to their family members, in the moment-to-moment unfolding of the genogram work in the therapy session, that created a shift for the family members, which included:</p> <ul style="list-style-type: none"> <li>- the experience of being heard, acknowledged</li> </ul>

	<p>and validated by others</p> <ul style="list-style-type: none"> <li>- the felt experience of making sense of things together as a family and collectively constructing a new shared meaning and narrative</li> <li>- promoting change in the way the family communicates (i.e., what is talked about and how)</li> <li>- the development of empathy between family members (through understanding and respecting multiple perspectives).</li> </ul>
<b>Themes not discussed in this study</b>	
6) Limitations	<p>Some therapists discussed the unhelpful parts of the genogram:</p> <ul style="list-style-type: none"> <li>- other tools can be used for some aspects (e.g., a timeline for horizontal information; a sociogram when the family is not a traditional configuration)</li> <li>- the genogram can be too problem focused</li> <li>- the genogram can gather too much information, distracting therapists from the 'process' in the room</li> <li>- it can be a shameful experience (e.g., for a client to see multiple partners drawn on the board for everyone to see)</li> </ul>
7) Client-specific tool	<p>This refers to the genogram:</p> <ul style="list-style-type: none"> <li>- being unique to each family; allowing each genogram to be tailored to different presentations</li> <li>- eliminating stereotypical thinking</li> </ul>
8) Centrality to therapy	<p>Many of the therapists interviewed described the use of genogram in therapy:</p> <ul style="list-style-type: none"> <li>- many therapists described 'coming back' to the genogram, at various points in therapy, either because the therapist considered it to be a helpful aid to the conversations in the room, or because the therapist wanted to refer to the genogram in order to progress the next steps in therapy (e.g., if stuck). This suggests therapists consider the genogram to be an addition to therapy rather than as a therapeutic method in itself</li> <li>- the consistent nature of this tool (i.e., the same tool used throughout therapy) is clinically beneficial. Research shows that consistency of therapeutic approach within therapy to be helpful.</li> </ul>

9) Processes away from the family	<p>This included the use of the genogram for:</p> <ul style="list-style-type: none"><li>- record keeping</li><li>- note taking</li><li>- supervision</li><li>- case presentations.</li></ul> <p>This benefits of this included the collated presentation of complex data in a visual and manageable format.</p>
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## **Appendix twelve: Plans for dissemination**

Dissemination to participants:

- All ten participants were consulted regarding the initial themes generated during analysis, and provided with the opportunity for feedback and further discussion.
- A copy of either the full research report or the version to be submitted for publication will be sent to participants.

Dissemination to service providers:

- Opportunities to present the findings at relevant training days will be explored.
- A copy of either the full research report or the version to be submitted for publication will be made available to both Devon Partnership NHS Trust and Somerset Partnership NHS Foundation Trust.

Dissemination to wider research community:

- This paper will be submitted to the Journal of Family Psychology. This journal has previously published papers covering similar topics using qualitative methods.
- Opportunities to present the findings in poster format at national conferences will be explored.

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