The genogram, a means of enriching the interview: creation (Part II)

By Margot Phaneuf, RN, Ph.D.

The drawing up of a genogram must respect certain rules with regards to the preparatory interview and even more specifically, the use of the various icons and symbols which make it up and are used in its interpretation.

Its creation is carried out with the collaboration of at least one member of the family who often needs the help of others to complete the information required. It is in fact very frequent that the interested party does not have all the information necessary. Besides, the presence of several persons, enhances its objectivity and reliability. Let us recall however that the objective is not to do the perfect genogram but rather to gather the essential information for the comprehension of the situation in which the people under our care find themselves and to observe, during the course of the writing, their reactions and comments.

The important elements to consider in the creation of a genogram are: the interview, the nurse’s abilities in carrying it out and organizing its content, the order of the collection of the data and the nature of the information, the criteria used in drafting the genogram and the disposition of the generally accepted icons and symbols.

The interview preparatory to the creation of a genogram

The interview should take place in a relaxed and pleasant atmosphere imbued with empathy, a non-judgmental attitude and positive consideration. The nurse must first explain what the genogram is, its purpose and use, and how one goes about creating it and what its advantages are. The questioning used to gather the information should be done delicately without haste. According to the objectives and the type of problems one wants to reveal, the information may vary. It is not superfluous to reassure the person that the information collected will remain confidential. Since the scope is large, the creation of a genogram requires time and effort. It is thus necessary to ensure that there is sufficient time. It is often more practical to do the genogram in stages over more than one session.
Precautions

If the person is weak, suffering, or under strong medication, the interview must take into account their limits. The interview may include the revelation of difficult events such as the suicide of one of the members of the family or their marginality or the life habits of certain of its members that the family would prefer not to have revealed such as alcoholism, incest or imprisonment. It is thus recommended that the questions go from the more ordinary to the more delicate in such a way that the person gets used to it. (Monica McGoldrick and Randy Gerson, 1985, p. 49).

It can happen that our questions arouse reticence. We should avoid insisting and return to the sensitive question later. If the person becomes anxious or emotional, it is necessary to take the time to let them express the emotions and feelings that are aroused. If the person blocks, the aptitudes of a helping relationship are useful in bringing support to the person and manifesting our comprehension of their difficulty and our respect for their suffering. The first rule is to be a good listener, giving the patients time to express themselves.

The question format is thus a strategic choice, but should never be only a series of questions. In order to put the person at ease, a simple and relaxed conversation gives the best results. The open question and reformulations let us access more details and arrive at the more difficult emotional elements such as the description of a painful family climate or dysfunctional relationships. However, closed questions bring more precision. Thus a pertinent alternation between the two types of questions results in the best quality interviews. The use of indirect questions or other communication strategies are also useful to provoke a more extensive telling of the facts, life habits, modes of functioning and the physical and mental health of the group members. One must then extract the precise information which will fill in the graphic form of the family tree.

The genogram: the target

- **Risk factors:**
  - Biomedical: illnesses, accidents, miscarriages, stillborn infants, abortions.
  - Psychological: depression, suicide, alcoholism, drugs, gambling.
  - Social: failure, aggression, marginality.
  - Life events: the order of the generations, the place of each one, the important dates: births, deaths.
  - The identity of each one (according to what is necessary): first name, education, occupation, job, social status.
  - The relationships amongst the persons in the group: marriage, separation, divorce, common-law marriage, family triangles, conflicting or too close relationships.
  - Unspoken resentments, secrets which affect the family climate.
The type of information required

The information which needs to be gathered in order to construct the genogram are numerous and diverse. We need to show the composition of the family, the dates of birth, death, marriage, divorce or separation, demographic characteristics (married, common-law marriage and unmarried, widowed), occupation and medical antecedents. Depending on the objectives one may also need to know the level of education, the profession or occupation, the events which marked the family history such as major moves, social problems such as unemployment, delinquency, and the difficulties related to alcohol, drugs or gaming.

For simplicity’s sake, one must first note the information on the present generation, then move onto the preceding generations and finally to the enlarged family. The factual information is noted first, followed by the sensitive emotional elements and finally the more delicate subjects.

Let us not forget that during the interview, it is important to note the reactions of the person interviewed in order to bring out the buried emotions, grudges, anger, unhappiness or guilt which may come up. Since it is difficult to make a pertinent choice in this mass of information, one can never sufficiently underline the importance of taking notes indicating the dates, problems encountered, opinions emitted, reactions, etc.

The dimensions which need to be touched on in order to constitute a genogram

To create a genogram requires much information which the nurse must gather from the family or one of its members. In order to construct it, the nurse must:
• Identify the person or persons who will furnish the information.
• Construct the skeleton of the genogram, that is, draw up the graphic representation of the various family members using the symbols of the genogram, by couples for each of the maternal and paternal ancestors, then for the descendants on both sides in chronological order by birth, for three generations if possible.
• The use of a stencil or computer software lets us easily align the icons corresponding to the members of the group.
• Gather the demographic information, dates of birth, death, abortions and if required the place of residence, urban or rural, occupation, level of education, religion, race or racial ancestry, etc.
• The functional information which gives us clues as to the physical and mental health of the members of the family
• Information concerning critical events in chronological order, for example important changes such as relationship failures (separations, divorce), adoption, emigration, moves or changes in work.

The interview

Let us keep in mind that the questions required to create the genogram must be adapted to the context and the age of the person. They will vary for example if the person is single, married, with children, etc. The following are some examples of questions for a married person with children.

• Tell me about your present family situation. What is the occupation of each of the parents, their dates of birth, their religious affiliation, their nationality?
• How many children do you have? What are their ages, sex? Their order of birth? Have there been any child deaths? When? Were there any stillborn children, abortions or miscarriages? Adoptions? A child with a particular difficulty?
• Who lives under the same roof with you?
• Where do the other members of the family live?
• What is the reason for their departure?
• What recent events have happened in your family? What happened exactly? What was the reaction of each family member to this event?

The nurse and the genogram

The genogram is a tool which can be used by nurses

■ It is related to their role as facilitators of the diagnosis, as well as to their role in the prevention of disease and the education of the clients.
■ It does not require a medical prescription.
■ It is easy to construct during an information gathering or care-giving interview.
■ It is extremely useful in the prevention of various physical and mental health problems and for the various problems associated with dependence and violence.
■ It requires a good knowledge of the rules of its creation and solid communication skills.
• Were there any changes in the relationship between you? What other types of changes occurred: moves, work changes?
• Are your children married? Tell me about their spouses. What is their religion, their nationality, the date of their marriage?
• How many children do they have? What is their age, sex, their order of birth?
• Have there been any deaths amongst them? When? Stillborn infants, abortions or miscarriages? Adoptions? A child with a particular difficulty?
• Tell me about the bonds which unite them to their spouses.
• Have there been any separations, divorces? A break in the relationship with your brothers and sisters?
• Do you, your spouse or certain of your children, have problems such as alcoholism, suicide? What illnesses have you suffered from: cancer, respiratory diseases, allergies, mental health problems, problems with the law? (Have them specify)
• Tell me about this difficulty. When did it start?
• How did you or your children react? What is your perception of the problem?
• Was the family climate different? Who was involved?
• Did you get any external help? How did the problem evolve?
• Tell me about your brothers and sisters? How many do you have? What is their birth order?
• Are your brothers and sisters married?
• Tell me about their relationship with their spouses? Have there been separations? Divorces? Break-ups in the relationship between you and your brothers and sisters?
• How many children do they have? What is their age, their sex?
• Have there been any deaths amongst them? When? Stillborn infants, abortions, miscarriages? Adoptions?
• Do certain members suffer from problems of alcoholism, suicide? Which diseases have they had: cancer, respiratory diseases, allergies, mental health problems? (Have them specify).
• What were the relationships between them and their aunts, uncles, nieces and nephews?
• Tell me about your parents. When were they born? Are they still living? Dates of death? Where do they live? What do they do? How did they meet, when did they marry? What was their relationship like? Their religion, their nationality (or their race)?
• Have there been separations, divorces? Was there another marriage? Did they have any children by this other marriage? Was there a break-up in the relationship between your parents and certain of your brothers and sisters?
• Did your parents have any particular problems such as alcoholism, suicide? What illnesses did they have: cancer, respiratory ailments, allergies, mental health problems? (Have them specify).
The content of the genogram

A genogram potentially conceals multiple information. There is first of all the apparent content, an objective which is easy to identify and position using the symbols of the family matrix. These include the various members of the family, the order of succession of the generations, medical antecedents, achievements, certain traumatic events such as illness, accidents, deaths, etc. This is the easiest part of the construction and people generally are comfortable with furnishing the information that they know. This tool also includes an abstract content which it is important to sketch in with the help of the person. It includes attitudes, values, and traditions of the group, its sensibilities and prejudices, its modes of problem solving, its beliefs and the distribution of power within the group. This aspect is more difficult to arrive at but an ability in communication and deductive skills of the nurse and her capacity to establish bonds make this knowledge possible. But the genogram may also reveal a hidden content which one might compare to what Jung called the shadow for an individual. It is a delicate subject and requires much diplomacy because it concerns the unspoken, family secrets, persons who are forgotten or repudiated, economic or social failures which one would prefer to hide, fugues, grudges, desires for revenge, illnesses considered to be shameful, imprisonment or confinement in a psychiatric ward, etc. A knowledge of this content is crucial for an understanding of the family problems.

The interpretation of a genogram is thus a complex step. It is the moment when the nurse goes from the questions to establishing the relationships between the events described and the emotional reactions of the person, between the events which marked the family history and the negative or deviant behaviours or symptoms presented by the members of the group or by the person whose genogram is being constructed. It is the moment to identify the generational transferability.

The content of the genogram

- The genogram comprises three different types of information
  - An apparent factual content: the members of the family, the order of succession of the generations, the medical antecedents, achievements, traumatic events such as illness or accidents.
  - An abstract content which must be discovered: attitudes, values and traditions of the group, its sensibilities and prejudices, its modes of problem solving, its beliefs and the distribution of power within the group structure.
  - A hidden content which needs to be brought to light: unspoken resentments, secrets, forgotten persons or those who were rejected, economic or social failures, fugues, grudges, revenge, shameful diseases, confinement to a mental hospital.
This stage is particularly delicate and requires precautions. For this reason, reformulations and elucidation reframing answers are required. And if, for our interpretation we emit hypotheses, it is important to furnish clear explanations and avoid being too affirmative in the face of generational phenomena. One can only demonstrate in an objective manner the repetition of certain facts or symptoms in the family group. Our abilities in conducting the interview must also enable us to avoid certain pitfalls.

Finding the source of a family problem or a deviant behaviour should not allow it to generate grudges, ideas of revenge or guilt. An empathetic, skilful interposition may prevent this deviation or at the very least diminish its effects. But again, communication is the best strategy.

### Generational transferability

Anne Ancelin Schützenberger, who has worked a lot on this subject, explains the phenomenon of generational transferability. She tells us that when one observes a recurrence of the same illnesses, the same social problems or the same psychological lack of adaptation, there exists at the source an important traumatic event (suffering, death, abortion, abandonment, murder) which is hidden. She explains that this event is thus infused with “nescience”, which is a lack of knowledge or ignorance, of that which is too painful to be recognized. It is forgotten in a latent state in the consciousness or even slides into the unconscious. The prohibition to know and to speak of the event may come from the prejudices of the group, or from the social marginalisation or shame that is attached to it. This is what we find for example in the cases of assassination, rape, incest, illegitimate children, etc. According to Anne Ancelin Schützenberger, it is the prohibition to express one’s anger and despair concerning this event which produces an important emotional impression in the family unconscious and which provokes subjection to the recurrence.
This is what Jean COTTRAUX called life scripts. These are recurrent situations which a person or a family experience over several generations. And even when they become conscious of the danger of this situation and they know that it would be better not to repeat it, they are as if trapped. Thus, we encounter in a family the recurrence of failure at school, several family dramas or several economic or affective failures.

**Generational transferability (2)**

- The generational message is transmitted in the family and to the following generations in the form of nonverbal behaviours and bits and pieces of conversations which remain repressed in the unconscious.
- The message expresses itself in the future in other members of the family by the repetition of the harmful behaviours, the reprehensible act, or more or less identical physical symptoms.
- It can also take the form of an obligation to repair the unfortunate family situation even if it is unknown to the person.

This phenomenon of generational transferability possesses a somewhat mysterious character. However, according to Nicolas ABRAHAM and Maria TOROK the generational message is transmitted in the form of nonverbal behaviours, bits and pieces of conversations, half-veiled secrets which are repressed in the unconscious. They express themselves by a recurrence of the positive or negative behaviours, the reprehensible act or even the physical symptoms of the same diseases. Thus one finds in a family several cases of heart problems or cancer.

But this transmission may also take the form of an obligation for certain members to repair the actions of their parents which hurt others, even over the course of previous generations. Certain altruistic desires could find their origin there. This desire is unconscious and the unfortunate situation may even be unknown to them. According to Nicolas ABRAHAM and Maria TOROK, these messages of generational transferability, which escape consciousness and logic, remain in the form of “crypts” and can always be
reactivated in emotional situations which are strong enough to recreate the same conditions.

**Special case**

An analysis of the genogram enables us to notice certain astonishing features. When one looks at the events which happened to each member of the family within the entire time frame, we notice not only that there exist repetitions but also the notable evidence of an “anniversary syndrome!” It would appear that we are more vulnerable at the anniversary date of a traumatic event which happened in our family.

A major result that we can expect from the genogram is to become aware of our vulnerabilities, of our unconscious programs, in order finally, to opt for prevention and a change in behaviour.

We may not even be conscious of the event at that moment. But if the memory is still emotionally charged, if the mourning of the beloved person has not been completed, or if the conflict with them or the guilt is not appeased, the risk remains that this will still affect us in a direct manner such that we become ill or even have an accident. One does not always find the anniversary syndrome but it is a frequent enough occurrence. It is thus remarkable that in certain families, accidents, deaths or births always happen on the same dates. Several persons fall ill at the same age, several are born on the same day or have an accident more or less at the same moment of the year and even at the same place.

---

**The abilities required to do the genogram**

- **Helping relationship attitude:**
  - Listening with respect
  - Non-judgmental attitude
  - Positive consideration
  - Empathy

- **Communication skills:**
  - Reformulations and elucidation reframing answers
  - Respect of hesitations and resistance
  - Open questions
The professional utilisation of the genogram

The genogram is a precious tool in several domains, for example in psychology, medicine or social work, but it can also be successfully used in nursing where it can help us to foresee problems of adaptation, health problems and incompatible relationships (Monica McGoldrick and Randy Gerson 1985, p. 25 as well as Ann Wolbert Burgess (1997, p. 118).

All professionals agree on the importance of collecting information on the family. One cannot be against virtue! But few do it in an exhaustive, clear and concise manner as in the genogram. Once you get used to doing it and with the aid of a stencil or a software program, it becomes second nature. Let us not forget that this tool can reveal a multitude of facts on the health problems of the persons under our care. For example, in certain families, one frequently finds an increase in the number of cardiac problems among the adults or respiratory problems with the children when they are subjected to the stress of separation, death or another traumatic event. In such situations, the preventive role of the nurse is precious. One can see this for example when a genogram reveals several cases of cancer in a family and one directs

Symbols used in the genogram

- Woman
- Man
- Marriage
- Common-law marriage
- Emotional relationship
- Intensely close relationship
- Conflicting relationship
- Distant relationship
- Rupture, separation
- Intensely close and conflicting relationship
- Divorce
- Stillborn child
- Miscarriage
- Abortion
- Serious illness
- Death
- Violent death
- Suicide
- Disappearance

Inspired by : P. Kerforne, 2003, p. 47
these persons towards medical consultation and preventive programs. The same applies to psychological problems when one can see an internal dynamic of conflict or dependence.

To do a genogram with a patient is an important professional act which must be taken seriously. It is created according to defined rules which must be respected. Depending on the objectives it can include multiple details, in which case one must avoid overloading the graphic presentation by adding an accompanying explanatory text. Firstly, one must establish the structure of the family and then add the dates and details necessary to illustrate their lives.

Let us remember that the genogram should be done according to the perceptions of the patient thus we must gather in the first place his own way of seeing his family and his place in it. Supplementary details can be requested of others in order to give the caregiver a more complete and more objective perspective. But the point of view of the patient must always remain primordial. The relationships are then expressed by the conventional and universally accepted lines and symbols.

**Genogram symbols**

The graphic description of which the genogram is composed is created by using a universally agreed upon code. It is made up of small rectangles for the male members and small circles for the females. The individuals making up a couple are united by full horizontal lines, or broken lines if there were separations or divorce. They are linked to their children by short vertical lines. The members of the same generation are placed in chronological order on the same level, one
beside the other. Common-law couples are indicated by dotted horizontal lines and adopted children by dotted vertical lines linking them to their adoptive parents.

Deceased members are indicated by an X within the square or the circle with the date of death indicated. Stillborn children, abortions and miscarriages are indicated by a triangle or by tiny circles, almost dots.

The client is set off by a double line within the circle or the square, by a different colour, or by an arrow. Persons living under the same roof are encircled by a line or a dotted line which may encompass several generations.

Depending on the area that one is seeking to elucidate, certain details may be added. For example, for an analysis concerning the health of the client, the important physical or mental problems are noted especially cancers, cardiac problems, allergies, asthma, depression, manic depression, alcoholism, suicide, etc. If the sociological dimension is primordial, one would note the race, nationality, religion, level of education, profession, educational, economic or social successes. We try to indicate the available information but if certain information is missing, we simply put a question mark.

Revealing the ties within families

As can be seen, the family dynamic has an important influence on our lives. The genogram reveals certain of these influences but one needs to interpret them in order to arrive at conclusion and help the person under our care. This is the most delicate step. For example, the premature deaths of Patrick’s parents in the Gervais family may presuppose a lack of supervision which may have far-reaching repercussions on his alcoholism and suicide, furthermore that these conditions, plus the psychiatric difficulties on his mother’s side shed light on
Cathy’s difficulties. One also notices the almost non-existent ties between Brad and his father, the intensely close relationship between Myriam and her father and the conflicting relationship between Cathy and two of her children, Carl and Luc. This area of misunderstanding has a good chance of being full of quarrels, somatic problems and maladjustment. Measures taken to enable Cathy to become more aware and to understand the inherited vulnerabilities, may enable her to try to modify her way of perceiving life.

Thus, to do a good analysis of the family relationships, one must reveal the ties which bind the various members and the dynamic which surrounds them. Particularly strong ties may develop between certain members, going even as far as intensely close relationships, whereas other relationships may be strained and even conflicting. It is thus important to note this. Certain authors such as Monica McGoldrick and Randy Gerson (1985, p. 48 and Ann Wolbert Burgess (1997, p. 118)), recommend indicating these relationships on the genogram, whereas others, such as Noreen Cavan Frisch and Lawrence E. Frish (1998, p.669) recommend that they be included in another analytical structure, such as the diagram of the attachment family pattern, because of the confusion which may result from having too many symbols. It may also be useful to represent the attachment pattern of the client on the same diagram, which enables one to visualize a 4th generation. But a separate diagram may be constructed to show more clearly the internal dynamics of the family.
The diagram of the attachment system

Since the genogram does not show the emotional ties between family members, Noreen Cavan Frisch and Lawrence E. Frish (1998, p. 669) recommend that one should specifically include this by adding a diagram of the family attachment pattern. In this diagram one indicates with lines the intensity of the bonds or the animosity which characterises them. As in the genogram, one must add the sociological and medical events which marked the life history of these people. This diagram, whether it be integrated in the genogram or placed apart, enables a representation of the strengths and weaknesses of a part of the family group (O. Chambon and M. Marie-Cardine 1999, p. 129).

P.S.: refer to the first part of this article: The genogram: a means of enriching the interview: the principles (Part I).

BIBLIOGRAPHY