

The Use of the Genogram Graph, Drawn by the Patient, as a "State of Art Test" and as a "Test to Evaluate Change in Psychotherapy".

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Abstract

The article shows a new method, developed and tested by the author, that allows us to look at the genogram as a proper therapeutic resource, a developmental tool, a sort of graphic procedure for a temporal evaluation. It is drawn by the patient at the beginning and at the end of the therapeutic process. It is a "State of the Art" Test that talks about the "interior family", gives information on the relational dynamics within it, and is a Test to Evaluate Change in Psychotherapy as an instrument of awareness. The steps of the entire process are: Translation, Comparison, Reading, and Interpretation.

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The Genogram is a graphic instrument used by family therapists in order to have a chronological and three-generational systematization of the composition of the family under examination and of the parental relations within it. The family therapist draws the genogram of the family and “discussing it with the team” formulates some hypothesis on dysfunctional aspects and strategic situations that will be verified during the session.

The origins of the Genogram can be traced in the idea of the family tree, but its paternity is not clear. According to Anne A. Shutzenberger¹, for some it comes from Henry Collomb’s Genosociogram, from Genealogy (Family tree) and Sociogram (representation of bonds and relations) that he developed in Dakar and presented at Nice in 1978, starting from some considerations by J. L. Moreno. For others, it comes from Murrey Bowen (with reference to the conference on family therapy in 1967) and therefore from the conceptualizations of the Palo Alto Group² in California. Actually, for both elaborations of the Genogram, the epistemological distance seems to shorten as a link is found in Frieda Fromm-Reichman, the first researcher who started filming family sessions with schizophrenic patients in 1948, and who, in 1956, worked with Moreno in Stanford³ co-writing a book⁴, and with the Palo Alto Group⁵, marking the birth of Family Therapy. Actually, as Shutzenberger asserts, the genesis of the Genogram seems to be traceable to even earlier times as it contains concepts such as “das Umbewusste” and “Collective Psyche” by S. Freud and “Collective Unconscious” by C. G. Jung.

We will not here go into details on the interesting studies on the origins of the Genogram Technique, but we will focus on the uses that have been documented with time. It is important to notice that, so far, we have always referred to the genogram created from data gathered during the session and drawn by the therapist, not by the patient. More complex uses of the genogram have been tried in more recent research, as in the *Family Life Space*⁶ and the *Test della Doppia Luna*⁷, but without fully answering Montàgano⁸ reflections

¹ Shutzenberger A. A. (1993), *La sindrome degli antenati*, ed. Di Renzo, Roma, (pp. 17-31).

² G. Bateson, J. Haley, D. Jackson, poi P. Watzlawick, V. Satir.

³ At the Center for Advanced Study in The Behavioral Sciences, from 1955 to 1965.

⁴ Fromm-Reichmann, F., Moreno, J.L. (1956), *Profress in Psychotherapy*, Grune & Straton, N.Y.

⁵ It is this group that later formed the MRI (Mental Research Institute) where Paul Watzlawick currently works.

⁶ Bozzoli, C., Tamanza, G. (1998), *Family Life Space. L’analisi metrica del disegno*, FrancoAngeli ed., Milano.

⁷ Greco, O. (1999), *La doppia luna. Test dei confini e delle apparenze familiari*, ed. Vita e Pensiero, Milano.

on how “the dramatization in the drawing of the genogram offers living and complex representations, recalling the emotional and affective components of family and para-family relations as they have been experienced in that moment”, and how “the use of the genogram is [...] limited to its use as a technique, when [...] the genogram offers such greater possibilities that it can be considered a therapeutic expression”.

In fact, E. Lemaire-Arnaud⁹ writes that the pattern and the graphic form of the genogram “usually reflect the relation among the true members” and that “each genogram has its own original writing” since “the geometric pattern becomes free drawing”. Finally, we answer V. Cigoli’s¹⁰ call for a “genogram as a polyhedral instrument, separated from the anamnesis, that promotes an awareness of one’s own interior family by activating the emotional and imaginative memory”.

The Genogram Method¹¹ presented here answers such plea, making the genogram a useful instrument that talks about the “interior family”, gives information on the relational dynamics within it, and enters the therapy as an instrument of awareness. The patient needs to draw his own genogram, following specific instructions given by the therapist, and at specific moments of the therapeutic process, as specified hereafter. Moreover, it is by exploiting the interpretative aspects of the graph that we have verified the criteria for a generalizable symbolic translation of the genogram drawn by the patient. In this way the Genogram, drawn by the patient at the beginning of the therapy, becomes a *State of the art test*. In other words, it can be used as a graphic test that gives the therapist extra information, or confirmations, on particular aspects of the patient initial condition. When the patient is asked again to draw a genogram at the end of the therapeutic process or at specific significative moments, the graph acquires the meaning of a *graphic projection test for the qualitative evaluation of the therapeutic change*. During the session, the two graphs drawn by the patient at different times of the therapy are then compared with and for the patient. In fact, the comparison of the two graphs drawn at the beginning and at the end of therapy clearly defines the initial and final point of the patient’s therapeutic process. It defines “where we started”

⁸ Montagano, S., Pazzaglia, A. (1989), *Il genogramma. Teatro di alchimie familiari*, FrancoAngeli ed., Milano, pp.29-30.

⁹ Lemaire-Arnaud, E. (1985), *Utilité du genogramme pour la mise au jour des phénomènes transformationnelles*, in Dialogue, n° 89, p. 152.

¹⁰ Preface, in O. Greco, 1999, pp. 18-19.

¹¹ The author has been working on its development since 1998, through a clinical research done on site.

and “where we have arrived”. It is useful information for the therapist who, having an extra instrument to evaluate the results obtained up to that moment, can decide, alone or with the team, if and how to continue the therapy (end of therapy and dismissal, partial objective achieved, definition of the next goal, adjustment of the therapeutic strategy, etc.), basing his reflections on objective data.

The information is also helpful for the patient, who, by comparing and interpreting the graphs, can experience a moment of self-awareness, as this procedure allows him to “objectify” his changes and to concretely “see them outside of him”, black and white. It even allows him to read them, interpret them. By fixing a ‘before’ and an ‘after’ (clear, recognized and shared), he can add to his developmental experience a new awareness of self and of his history. In those two drawings of ‘before’ and ‘after’, set before his eyes, he will be able to see at one glance the entire therapeutic process and master the changes he has made (intended as “kunesis” versus “entelechia”). The patient sees that *his changes are real*; they are set before him, black and white. He can see himself in them, and become aware that he was the author, with the guidance and help of the therapy. In our clinical experimentation we have found, in fact, significant changes in the two graphic representations, in relation to the therapeutic progress achieved. It has been confirmed that this change in time, in the graphic-symbolical representation of the genogram, is in fact the result of a new representation of one’s family world, a reflex of a different image of one’s family (and therefore of a both affective and cognitive relational self), a result of a new conception of one’s family graph. The person has built new concept in his mind thanks to a therapeutic change that, in this way, can be verified also *qualitatively*, and shared with the patient during the session. We have therefore confirmed our initial idea, which was to verify if the use of the genogram drawn by the patient could be used as a graphical instrument for the evaluation of therapeutic change - not only from a systemic view - of relational changes, or, even better, of a subjective and relational vision that the person has of himself, of his family and of his emotional world. Currently, the study is open to new research that can give statistical validity to the qualitative results that have been achieved so far.

In conclusion, the Genogram Method developed and tested by the author, allows us to look at the genogram as a proper therapeutic resource, a developmental tool, a sort of graphic procedure for a temporal evaluation. It is drawn by the patient at the beginning and at the end of the therapeutic process, or as needed, avoiding however a counterproductive familiarization of the patient with the graph. In fact, there are some reservations about its repeated

use in a short period of time. It is important that the genogram remains a projective tool fairly unknown to the patient. If the patient becomes too familiar with it, the genogram risks becoming like a game and the patient might lose his emotional intensity when drawing it and put less effort into it. It must not become a thermometer, used at each increase of temperature! Obviously, the interval between the two applications depends on the duration and the progress of the therapy. However, we have observed that it is never less than a year, unless the therapy ends before then, or unless significant changes have been obtained which mark the beginning of a new phase of the therapeutic process and are worthy to be “fixed”.

In the research we have conducted, the second test has been used after a long time, and each time the patient did not remember about it. In fact, the first graph is not discussed during the session, and therefore the patient does not have the possibility to store it in memory. The first graph is a State of the Art Test, which gives information on the “current situation”, giving important information for the individual psychodiagnosis, for the detection of dysfunctional family dynamics and resources of the entire individual-family system. It is an instrument that urges the therapist or the therapeutic team to ask themselves targeted questions and to interact constructively, elaborating etiopathological hypotheses and individuating appropriate therapeutic intervention strategies. The phases of the entire process are: Translation, Comparison, Reading, and Interpretation. The therapist translates the graph outside the session according to the representative parameters of the Graphic Model of Reference (MRG), then he reads it and compares it to this. Finally, he interprets the graph following specific interpretative criteria. The first test is not discussed with the patient, does not become material for the session, it is simply filed, and we go back to it when the second Test is given, in order to compare it together with the patient, in the last conclusive session.

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