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Metaphoric Generative Genograms: A Journey to bring Genograms to life through metaphorical components

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Metaphoric Generative Genograms: A Journey to bring Genograms to life through
metaphorical components

by

Elisa Garcia

A Dissertation Presented to the
Graduate School of Humanities and Social Sciences of Nova Southeastern University
In Partial Fulfillment of the Requirements for the Degree of
Doctor of Philosophy

Nova Southeastern University

2015

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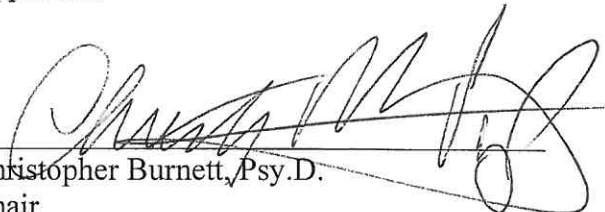
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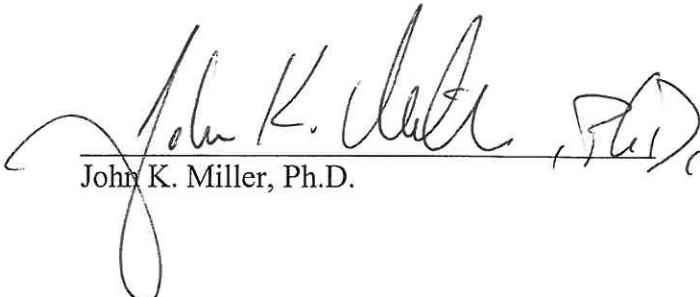
This dissertation was submitted by Elisa Garcia under the direction of the chair of the dissertation committee listed below. It was submitted to the Graduate School of Humanities and Social Sciences and approved in partial fulfillment of the requirements for the degree of Philosophy in the Department of Family Therapy at Nova Southeastern University.

Approved:

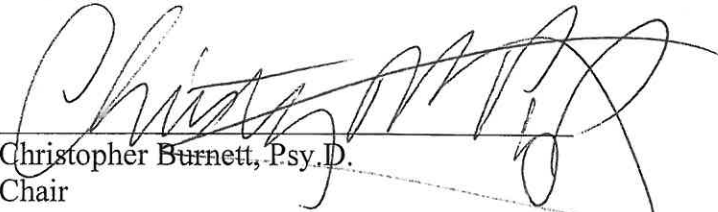
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Christopher Burnett, Psy.D.
Chair

Dedicated to

My parents, Knut and Christine Leeder

My husband, Sergio J. Garcia

Mentors and supporters

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Abstract

The purpose of this dissertation is to offer a greater understanding of the potential of genograms through my clinical work from a Bowen Family Systems lens. I account for how I processed and effectively blended metaphorical components, by examining six cases from my two-year journal entries, of bringing genograms to life in sessions. I also explain how I created a useful tool, the Metaphoric Generative Genogram, that can benefit other clinicians working with children and families in the foster care community.

CHAPTER I: INTRODUCTION

Freshly graduated from my master's program in Marriage and Family Therapy (MFT), I was eager to find a job in the community where I could apply my newly learned skills and build up my experience. I was ecstatic when I found my first job as a clinical in-home counselor in a community agency. I felt well prepared and sure about the strength-based, post-modern therapeutic lens I gained through my two year graduate program. I also began the Ph.D. program in MFT at the same time, and my clinical awareness was influenced by multiple thinkers, such as Ruiz, Bateson, Gergen, and others. Throughout the first phase of my Ph.D. studies, I decided to be a solution-focused therapist. I strongly believed that I could engage clients in doing something different through exploring their strengths and resources, which Berg and De Jong refer to as inviting "clients to be their own authority on what they want to change in their lives and how to make those changes happen" (2001). My solution-focused therapy style seemed to fit with the philosophy of the treatment at my new job.

I believed that a solution-focused approach worked well as an in-home therapist. I was able to balance the agency's treatment plan, the client's objectives, and focus on what they could do differently to reach their goal. As described by deShazer (1985), I utilized "the miracle question, which invites clients to develop well-formed goals in their own frames of reference, and exception questions, which focus on clients' past successes and strengths related to what they want to be different." At the time I felt comfortable in my philosophical understanding and thought that I could focus clients' resourcefulness and strengths in order to help clients accomplish their treatment plan goals.

Throughout the next phase of my Ph.D. learning experience, I became highly interested in Michael White and Freedman and Combs' narrative work. I enjoyed being educated about narrative therapy and to understand "people's lives in stories and to work with them to experience their life stories in ways that are meaningful and fulfilling" (Freedman & Combs, 1996, p. 1). I thought that adding a narrative approach to my therapeutic toolkit could

further benefit me in my work as an in-home therapist, by moving people to like themselves and create a new preferred meanings. My overall therapeutic orientation to treating families was based on my post-modern training, and utilizing strength-based, solutions and co-constructing clients' preferred stories of life. However, I came to notice I was not as successful in my clinical work with my clients as I hoped. I had to come to the realization I felt stuck in my sessions and that my therapeutic approach did not quite work in my job. I became genuinely aware of my frustration, and the overwhelming environment I had entered as a beginner in the adoption and foster care community.

When I first began serving adoptive families and foster care children, I did not know what to expect. I was eager to utilize my post-modern skills in practice. I thought that my knowledge about solution-focused and narrative therapy would prepare me for my work in the community. But I noticed that my focus on change made me inattentive to the complexity of system, the family unit, family dynamics, patterns, and attachment challenges experienced by adoptees and their families. I noticed that challenges in the adoptive family unit and clients in foster care are relational, affecting their whole system as well as their symptomatic function.

I had a high caseload, worked long hours and weekends, fulfilled all the endless required paper work, and was always on call for my cases. In addition, I witnessed supervisors and clinicians come and go, which affected my workload tremendously and made me pick up much of the slack. Some days I asked myself how I could meet all my responsibilities, continue to provide quality care to my clients, and remain sane. I spent many sleepless nights thinking about frustrations and struggles at work. For some reason I was unable to reach my treatment plan goals by using a post-modern approach. I worked very hard to remain hopeful in hopeless cases. I searched for resources and strengths where none were left, and tried to create new stories that were overshadowed by experiences of trauma and hurt.

At times I felt I worked much harder than my clients, because they were children who mostly grew up in the foster care system and were not very interested in doing or thinking anything different. They were much more attentive to the unfairness of life, finding their birth parents, and surviving in the system. My child clients who were part of the foster care system figured out how the system works. They understood that if they are non-compliant, run away, are disrespectful, mean, and hustle the streets, their assigned clinicians become frustrated and close the case. Mostly my assigned clients were not too excited to see me and experienced frustration with my persistence. They were interested in seeing me go away because they believed that I have no clue about what they have been through. And frankly, most of the time they were absolutely right, I did not know. I was naive to think that I could enter their lives and engage them in a strength-based conversation or re-authoring conversation without genuinely making sense of why they do what they do. Most of my clients experienced sexual abuse, physical abuse, neglect, and abandonment. I was often truly afraid in their presence, and did not feel well prepared to work with children and their families who experienced these traumatic events. I was unsure and afraid of engaging my clients in a therapeutic conversation that was useful to them. I did not want to threaten them to re-live their trauma and intensify their symptoms while in the system.

Luckily, I was introduced to the work of Murry Bowen, an American psychiatrist and pioneer of Family Therapy, at the end of my first year in the Ph.D. program. I had to recognize that being an effortfully constructed family unit is complicated and affects the whole family system, not just the adoptee or adoptee candidate. When I took a Bowen Family Systems Theory class, I instantly increased my abilities to think about my cases in the community. I remember that I was asked in one of my assignments to create my own family system genogram and recognized how my thoughtfulness about my own family system helped me to be less reactive as a clinician with my clients in therapy. For the first time, I noticed that my own anxiety lowered by recognizing that change in a family system is limited

and will occur naturally. Therefore, my level of stress reduced as a beginning clinician working in the foster care system, and much less of my efforts were spent trying to fix my clients or trying to initiate change within my client's family system.

I began to better recognize the complexity of the families and clients assigned to my case load and was eager to utilize my newly gained understanding of how humans function in my work. I studied Bowen Family Systems Theory in depth and experienced a sense of thoughtfulness within myself as a clinician and individual while working in a highly stress-filled environment. I began to engage my clients in different types of conversation, which opened new perspectives on how to treat my families as an in-home adoption therapist. I learned that my child-clients were not just rude and disrespectful because they were trying to get rid of me; my children were surviving and functioning in the system adults provided them with. I remember acknowledging for the first time how hard families had to work for attachment, which did not naturally occur, and how the fear of rejection in the children and adults impacted the experienced stress and chaos in the newly formed family unit.

I remember adoptive parents telling me that they never thought raising an adopted child would be that difficult, that the struggles were a sign from god that they should not be parents, or that they were embarrassed to admit that they were regretful of adopting the child. Also, children tearfully admitted to me that they cannot understand how the people who were supposed to love them forever and unconditionally hurt them, gave them away, or chose drugs instead of a family. Having heard those comments made me realize that the family units I was dealing with were highly complex, which made the relationships and duration of the symptoms highly intense.

I learned to recognize reoccurring themes such as children wondering how much they can invest in new relationships, and constant testing behaviors learned through surviving foster care, trauma, abandonment, etc., to assess the emotional family system. The family constantly worked to accomplish attachment in an ongoing process of testing to find out how

strong, resilient, and safe the parent-child relationship really is. Testing behaviors or symptoms create a high chronic, anxiety filled family environment that cannot be taken for granted because losing relationships is always an option.

I could not help but to make sense out of my newfound understanding of how human anxiety travels through relationships using the larger context of Bowen Family Systems Theory. My child-clients entered this world through their relationship with the birthparents to find safety, security, etc., and were left with trauma, neglect, hurt, and abandonment. This traumatic experience was something I would never be able to fix, cure or resolve for my clients in therapy. My treatment plan goals had three components: adoption or adoption support; strengthening and maintaining the adoptive family relationships; and providing behavioral and emotional support. Bowen Family Therapy helped me to accept how symptoms' reflect functioning needs, and how they are to be understood, not eliminated, because humans function with a purpose to survive in the system.

Since, in my case, families have been experiencing symptoms with high intensity and duration through the adoption process, chronic anxiety in the family unit manifested itself by trying to find out how much individuality and togetherness the family system can tolerate. I began to see that by viewing adoptive families in a larger emotional systems context, the parents' needs to adopt a child into their family unit impact the existing emotional system tremendously. Therefore, when thinking about the identified patient, the adoptee, I quickly came to realize that children can only be the individuals the people around them allow them to be.

I became highly interested in family dynamics, patterns, and relationships. My role was no longer to be the clinician who fixes the identified patients' behavioral struggles. I was the clinician who enters the system to lower the experienced level of anxiety, also known as stress, chaos, conflict, etc., and increase thoughtfulness while lessening emotional reactivity

in the family unit. I was able to conceptualize clients and families as emotional units and how symptoms function within their context.

The Turning Point

Now I had to figure out how I would implement and share such insights in therapy. Surprisingly, this was a very natural and organic experience for me. At first, I began to utilize genograms during intakes to complete my biopsychosocial assessments and treatment planning. Later, I utilized traditional genograms when working with parents. Then I asked myself how I could use the genogram in its full glory with the whole adoptive family, as well as with children in foster care who were noncompliant in order to gain a systemic perspective. Twyla Tharp (2009) said:

A good collaborator is easier to find than a good friend. But in the hierarchy of values, I find it hard to top a real friend. If you've got a true friendship, you want to protect that. To work together is to risk it. (p. 144)

Now, if I think about the therapeutic relationship with my clients, I had to understand what they risk working with me. They understood best how the foster care system worked and experience taught them how to protect themselves from relationship's pain by exhibiting noncompliant behaviors with me, as well as with their adoptive parents in new family units.

Having a Bowenian perspective on my cases helped me, as a clinician, to understand my struggles of connecting with my child-clients. It also helped me become aware of my own anxiety and reactivity in therapy and how it affects the therapeutic process. Such attentiveness to my role and how I function helped me tremendously to lower my levels of frustration, stress, and overwhelming emotions. I believe that this made me a better, less reactive, and more attentive therapist for my cases.

Throughout my two years there, I was blessed to find support and encouragement from one of my professors. He invited me write a journal about my work and personal process in an ever-evolving, highly stressful, and demanding work environment such as foster care. I

recognized in the agency a high turnover rate of clinicians and supervisors on a monthly basis. Many clients and families told me about their experiences with multiple never-lasting clinicians who disappeared. This was a source of great anxiety in the family unit when I entered the picture. I remember thinking that if I wanted to survive in this field above the average monthly turnover rate, I had to do something different. I became interested in reflecting through my journal what I did that appeared useful in my therapy session for the clients as well as for me, the clinician.

Bowen Family Systems Theory explained the complexity of the different systems, family units, etc. that make it so difficult to find attachment in an adoptive family unit. However, looking through my journal, I recognized a metaphorical component with my genograms. A metaphor “is the lifeblood of all art, if it is not art itself” because it is our “vocabulary for connecting what we’re experiencing now with what we have experienced before” (Twyla Tharp, 2006, p. 64). The reason I moved away from the ordinary family tree is because, as Cynthia Ozick says, metaphors transform the strange into the familiar (Twyla Tharp, 2006, p. 64).

Family Systems Theory might be strange to clients but utilizing familiar experiences can help the family gain a greater understanding of the adoptive family unit. I used the traditional elements of a genogram as well as metaphorical, client-engaged activities to bring the genogram to life in my cases. As Twyla Tharp said, “You remember much more than you may think you do, in ways you haven’t considered” (2006, p. 64).

This dissertation aims to articulate an understanding of my work in the foster care system from a larger Bowenian lens. It will show how I blended metaphorical applications in my journey to bring genograms to life in sessions, and how I created a useful tool, the Metaphoric Generative Genogram, that can benefit other clinicians working in the foster care community. My goal is to show the effectiveness of a Bowen Family Systems lens, while

blending metaphorical components to bring genograms to life in working with a pre-and post-adoptive families in the community.

Through shifting the view of the genogram as a simple family diagramming tool to a multi-dimensional, complex, and systemic understanding, I found a way to work with my clients that I believe benefits clinicians working in the community. I went into this job as one kind of clinician and came out someone else, because I realized that therapists are made and not born. I hope to demonstrate how utilizing Metaphoric Generative Genograms can help clinical professionals understand the complexity and richness of the family's "systems," and show how being attentive to relational issues, patterns, and family dynamics provides more effective services to clients and families in the context of the adoption and foster care systems.

CHAPTER II: REVIEW OF LITERATURE

Theories

Ludwig von Bertalanffy introduced the idea of General Systems Theory (GST). He understood systems and that “the whole is more than a sum of its parts,” meaning that “an entity investigated be resolved into, and hence can be constituted or reconstituted from, the parts put together, these procedures being understood both in their material and conceptual sense” (von Bertalanffy, 1967 p. 18). Papero (1990) emphasized that GST attempts to define principles found universally in all systems in nature” (p. 3). In the field of therapy, this implies that human behavior is linked to other human behaviors and the family system as a whole. According to Papero (1990), “the family acts as if the principles of General System Theory were shaping the course and its development” (p. 4). Bowen shared his beliefs in his presentation, *The Use of Family Theory in Clinical Practice* (1966), that “man’s family is a system,” which “follows the laws of natural systems” (Bowen, 2004, p. 151). He expressed his hope that “knowledge about the family system may provide the pathway for getting beyond static concepts and into the functional concepts of systems “(Bowen, 1966, 2004, p. 151).

Bowen Family Systems Theory is understood in the context of natural systems theory. Bowen proposes that when thinking about biology, evolutionary theory, “... symbiosis was that the human was significantly governed by the same natural forces that influence other forms of life” (Kerr & Bowen, 1988, p. 5). Bowen was the first family systems therapist to assume that human behaviors are similar to all other species’ behaviors. He developed the connection that the “emotional system has provided a basis for establishing a behavioral link between the human and other animals” (Kerr & Bowen, 1988, p. 27). Kerr and Bowen defined the emotional system as the concept that “postulates the existence of a naturally occurring system *in all forms of life* that enables an organism to receive information (from within itself and from the environment), to integrate that information, and to respond in the

basis of it” (p. 27). According to this concept, “the behavior of all forms of life is driven and regulated by the same fundamental ‘life forces’,” survival (Kerr & Bowen, 1988, p. 28).

Papero (1990) described that “Bowen Theory represents an effort to define in an initial fashion the operating principles for the human” and that “by definition the human emotional system is assumed to be a version of that which governs the behavior of all animate life” (p. 5). Therefore, all “physiological systems of an organism are part of a larger system governed by operating principles that regulate the various parts that comprise it” (Kerr & Bowen, 1988, p. 29). Kerr and Bowen emphasized in their theoretical understanding of families that there exist rules and regulation of the family system, which regulates the family as a unit, and that systems principles also pertain to the individual.

Kerr and Bowen (1988) also discussed two additional systems to discuss the phenomenon of human behaviors and family systems in family systems theory, the feeling and intellectual systems. The feeling system assumes that “humans are reacting emotionally ... with a layer of feelings” (Kerr & Bowen, 1988, p. 31). They believed that humans are very aware of their feelings even though they are due more to reactivity than just feelings. The intellectual system defines the “human capacity to know, to understand, and to communicate complex ideas far exceeds that of any other animal” (Kerr & Bowen, 1988, p. 31). Humans differ in their ability to think compared to other species.

While Bowen developed his theoretical concepts of human behaviors in his clinical work, he also remained aware of MacLean’s Triune Brain. Kerr and Bowen were aware that “MacLean’s work clearly suggests that many of the most important aspects of behavior of higher mammals are significantly influenced by that part of the brain higher mammals have in common with lower mammals and reptiles” (1988, p. 37). In summary, human behavior is guided by the emotional system to ensure survival, as it does in other living creatures. The family systems theory explains human behaviors from an evolutionary process and shares “insight about the forces that shape evolutionary change” (Kerr & Bowen, 1988, p. 52).

Papero (1990) viewed Bowen Family Systems Theory from a perspective of human behavior as remarkably constant since “Homo sapiens first appeared on the planet” (p. 1). He believed human behaviors respond to life forces, e.g. “self-preservation and reproduction” (Papero, 1990, p. 1)

Bowen Family Systems Theory

Bowen understood the family as a “system in that a change in one part of the system is followed by compensatory change in other parts of the system” (Bowen, 1966/2004, p. 155). He further thought of the family “as a variety of systems and subsystem” which operate “from optimum functional to total dysfunction and failure” (Bowen, 1966/ 2004, p. 155). Therefore, Bowen concluded that “the functioning of any system is dependent on the functioning of the larger systems of which it is a part, and also on its subsystems” (Bowen, 1966/2004, p. 155). Hall (1981) suggested that in Bowen Family Systems Theory, “the intense emotional interdependency in families contributes towards making family interaction more predictable than behavior in other groups or settings” (p. 16). Hall emphasized that the intergenerational family system can determine patterns of persistence and intensity, which are repeated in different generations (p. 16). Kerr and Bowen believed that the “interplay between what is occurring within the individual and the functioning position of that individual in his most emotionally significant relationship system,” the family, “is a very important aspect of systems thinking” (1988, p. 56).

Bowen’s shift from the individual towards the family developed from his research project in the 1950s with schizophrenic patients. According to Bowen’s family theory, “children grow up to achieve varying levels of differentiation of self from the undifferentiated family ego mass” (Bowen 1965/2004, p. 108). He believed that “some achieve almost complete differentiation of self and become clearly defined individuals with well-defined ego boundaries,” a mature person (Bowen 1965/2004, p. 108). When individuals are

differentiated, “they can be emotionally close to members of their own families or to any other person without fusing into new emotional onenesses” (Bowen 1965/2004, p. 108).

When selecting a spouse with an “equally high level of differentiation of self, the spouses are able to maintain clear individuality” and no “fusion of selfs” (Bowen 1965/2004, p. 109). In this theory, Bowen referred to “differentiation of self” as “identity” or “individuality” (Bowen 1965/2004, p. 108). Bowen understood emotional illness in families on a range of “human functioning on a single scale with the highest possible level of differentiation of self (theoretical complete maturity) at the top of the scale and the lowest level of maladaptation and the severest forms of emotional illness at the bottom” (Bowen 1965/2004, p. 109). The intensity of the husband-wife ego fusions determines “the pattern of events in the new family ego mass” (Bowen 1965/2004, p. 112). Kerr and Bowen referred to the concept of a scale of differentiation. This scale was developed “to describe differentiation among people” (Kerr & Bowen, 1988, p. 97). The scale represents a continuum ranging from “complete differentiation ... a person who has fully resolved the emotional attachment to his family,” 100, to “undifferentiation ... a person who has achieved no emotional separation from his family,” (Kerr & Bowen, 1988, p. 97). According to Kerr and Bowen, this scale is to help gain a theoretical understanding rather than utilizing this concept as a tool in therapy.

Kerr and Bowen (1988) described “the existence of a family emotional field” as a product of an “emotionally driven relationship process that is present in all families” (p. 55). They highlighted that the intensity varies in different families but that it is always present to some degree (Kerr & Bowen, 1988, p. 55). This leads to the understanding that “the functioning positions of family members are a manifestation of the emotional system,” which means that it manifests in the sibling position because of the expectations of functioning (Kerr & Bowen, 1988, p. 55). The differentiation of self adds to Toman’s research on sibling position in the early 1960s (Kerr & Bowen, 1988, p. 316). Kerr and Bowen (1988) described “levels of functioning” regarding the profile of sibling positions, which shapes personalities

(1988, p. 316). They believed that “the concept of functioning position in family systems theory predicts that every family emotional system generates certain function” (Kerr & Bowen, 1988, p. 315). This led Kerr and Bowen to the conclusion that the same functioning position within the family unit is predictability, even though humans grow up in completely different families. Therefore, in family psychotherapy, the different qualities can be diagnosed due the parents’ sibling positions. However, they understood that “the personality characteristics defined for any one sibling position are not confined to that position,” but on the functional level and maturity (1988, p. 316).

Kerr and Bowen (1988) suggested that family emotional systems consist of two life forces manifested in the family relationship system, *individuality* and *togetherness*. Individuality “is a biologically rooted life force ... that propels an organism to follow its own defectiveness to be an independent and distinct entity,” whereas togetherness “is a biological rooted life force ... that propels an organism to follow the directives of others, to be a dependent, connected, and indistinct entity” (Kerr & Bowen, 1988, pp. 64-65). Humans form attachments with one another, which result in relationships “existing on a continuum” (Kerr & Bowen, 1988, p. 67). In the case in which “a high percentage of energy is bound in the relationship, the relationship is described as very stuck together, very fused, very undifferentiated, or as having little emotional separation” and “as mildly stuck together, slightly fused,” etc. for a low percentage of energy (Kerr & Bowen, 1988, pp. 67-68). Therefore, a human’s functioning level is influenced through relationships and the intensity of the life forces, which means that “a very poorly differentiated person has *no capacity for autonomous functioning*” and a person with “slightly better level of differentiation of self has a little more capacity for autonomous functioning” (Kerr & Bowen, 1988, p. 69).

The idea of differentiation of self is one of 8 concepts that define Bowen Family Systems Theory. A second principle that helps to understand a person’s functioning is “chronic anxiety” (Kerr & Bowen 1988, p. 112). Anxiety is “defined as the response of an

organism to a threat, real or imagined” (Kerr & Bowen 1988, p. 112). Anxiety increases through “various types of emotional reactivity, such as gaze aversion, aggression, and flight” in which anxiety is “a heightened sense of awareness and fear of impending disaster” (Kerr & Bowen 1988, p. 113). Kerr and Bowen (1988) referred to “chronic anxiety” as “people’s inability to adapt” which occurs “in response to imagined threats” (Kerr & Bowen 1988, p. 113). They also believed that everyone experiences anxiety that is not caused by any one thing (1988, p. 113). Chronic anxiety generates “people’s reactions to a disturbance in the balance of a relationship system” (Kerr & Bowen 1988, p. 113). Anxiety also “rubs off” and “is transmitted and absorbed without thinking” (Kerr & Bowen 1988, p. 116). Kerr and Bowen thought that “due to the ‘infectious’ nature of anxiety and the way it permeates the atmosphere, a child tends to develop a baseline level of chronic anxiety close to what is average for the nuclear family in which he grew up” (1988, p. 116). Therefore, an interrelationship exists between chronic anxiety and differentiation of self. Most likely, the more an individual has failed to emotionally separate from the family of origin (low level of differentiation), the more chronic anxiety would manifest within the individual if he or she would attempt to leave (Kerr & Bowen 1988, p. 117). Overall, people use, bind, and express anxiety in many different ways within the family system process, which affects conflict, adapting, etc., in families. For example, in a parent-child relationship, the “process of transmitting parental undifferentiation to a child” is called “family projection process” (Kerr & Bowen, 1988, p. 201). This process implies the “psychological processes,” which are important in the transmission of parental anxieties and immaturity” (Kerr & Bowen, 1988, p. 201). This concept leads to the understanding that “the stronger the unresolved symbiotic attachment, the more a child’s development is colored by the needs and fears of his family” (Kerr & Bowen, 1988, p. 201). A family’s experience of life events and their level of adaptability, as well as the level of chronic anxiety, is significantly influenced by the “character of a nuclear family’s relationship to the extended family system” (Kerr & Bowen,

1988, p. 271). The concept of emotional cutoff “describes the way people manage the undifferentiation (an emotional intensity associated with it) that exists between generations” (Kerr & Bowen, 1988, p. 271). This concept “emphasizes the importance for explaining the intensity of the emotional process in a nuclear family” (Kerr & Bowen, 1988, p. 271).

In Bowen Family Systems Theory, the therapist thinks in terms of relationships. Bowen began thinking about a dyadic model throughout his early time at the Menninger Foundation between 1946 and 1949 (Titelman, 2008, pp. 4-5). In 1954 Bowen became chief of the Family Studies Section at the National Institute of Mental Health, where he researched schizophrenic patients and their families, which further involved his initial hypothesis regarding “the dyad” (Titelman, 2008, p. 7). Bowen understood schizophrenia through “the parent-child triad as the pathway for the circuitry of emotional attraction and distancing, both the glue and mode of transmission of family emotional process,” which later developed into the triangle concept (Titelman, 2008, p. 8). In relational thinking, “it is never possible to explain the emotional process in one relationship adequately if its links to other relationships are ignored” (Kerr & Bowen 1988, p. 134). The concept of triangles describes when “one relationship becomes intertwined with others,” which means “that the relationship process in families and other groups consists of a system of *interlocking triangles*” (Kerr & Bowen 1988, p. 134). This concept defines “*the facts of functioning* in human relationships,” which can become predictable (Kerr & Bowen 1988, p. 134). Triangles help to manage the experience of chronic anxiety in relationships. The “shifting of anxiety around the system” helps to reduce “the possibility of any one relationship emotionally ‘overheating’” because they are more flexible than “a two-person system” (Kerr & Bowen 1988, p. 135). In families, Bowen and Kerr considered triangles enduring because “if one member of a triangle dies, another person usually replaces him” (1988, p. 135).

To Kerr and Bowen were attentive to “the emotional system, differentiation, chronic anxiety, and triangles makes it possible to see the interrelationship of the various processes

that can be observed in the *nuclear family emotional system*” (1988, p. 163). This concept suggests that “when stress and anxiety increase, the family’s chronic symptoms worsen and new symptoms frequently appear” (Kerr & Bowen, 1988, p. 165). To what level a nuclear family experiences dysfunctions is determined “largely by the experience of each parent had growing up in his or her family of origin” (Kerr & Bowen, 1988, p. 166). When children grow up, they adapt to the emotional intensity experienced in the relationship process within the family unit. Then, when people “leave their families and form new emotionally significant relationships, they tend to select mates with whom they can replicate the more influential aspects of their relationship process that existed in the original family” (Kerr & Bowen, 1988, p. 167). Kerr and Bowen believe that “the patterns of emotional functioning of a nuclear family” develop as emotional “fit” or “complementarily” (Kerr & Bowen, 1988, p. 167). When people experience anxiety, these complementarily elements can worsen and be represented in problems in “marital conflict, spouse dysfunction or child dysfunction” (Kerr & Bowen, 1988, p. 167). Therefore, the “patterns of emotional functioning in nuclear families that contribute to clinical dysfunctions are assumed to be anchored in the instinctual nature of man” (Kerr & Bowen, 1988, p. 167).

Overall, the “average level of functioning of a nuclear family can be assessed by evaluating the individual functioning of each member of that family” (Kerr & Bowen, 1988, p. 222). When encountering a multigenerational family view, “differences in the average level of functioning of the nuclear families will always be found” (Kerr & Bowen, 1988, p. 222). Bowen Family Systems Theory assumes that that “individual differences in functioning and multigenerational trends in functioning reflect an orderly and predictable relationship process that connects the functioning of family members across generations,” which is referred to as the “*multigenerational emotional process* or the *multigenerational transmission process*” (Kerr & Bowen, 1988, p. 224). This process is rooted in the emotional system and “includes emotions, feelings, and subjectively attitudes, values, and beliefs that are transmitted from

one generation to the next” (Kerr & Bowen, 1988, p. 224). Looking at the total picture to acknowledge that emotions link people together across generations entails automatic reactions and a sense of subjectivity by the viewer. Therefore, Bowen Family Systems Theory requires people to get beyond blaming themselves or others and “a balanced view—not feeling compelled to either approve or disapprove of the nature of one’s own and other people’s families” (Kerr & Bowen, 1988, p. 255).

Bowen (1974/2004) reported that his interest in societal issues began in the early 1940s. Bowen’s clinical research with families provided him with evidence “that anxiety, and the accompanying behavior symptoms, can occur with change that represents progress” (1974/2004, p. 271). Bowen understood mankind as a “cause-and effect thinker” to “look for reasons to explain the world and his parts in it” (Bowen, 1974/2004, p. 272). Humans gained awareness of their emotional functioning but “in an emotional field, even the most disciplined systems thinker reverts to cause-and-effect thinking and to taking action based more on emotional reactivities than objectivity thinking” (Bowen, 1974/2004, p. 273). To Bowen, this plays an important role in humans’ decision making process in society and how to manage societal problems. Therefore Bowen believed that “society’s emotional reactivity in dealing with societal problems is similar to the years of slow building-up of an emotional breakdown in a family” (Bowen, 1974/2004, p. 273).

Bowen’s relational understanding of people can also be applied to whole societies. If “anxiety mounts in the society, the average functional level of differentiation decreases and the society goes through a period of regression,” which then results in a pressure of togetherness that “is more intense ... is manifested in more selfishness, more behavior by certain subgroups that impairs the functioning of other groups, and more symptoms of all types” of a family’s experience of life events and their level of adaptability (Kerr & Bowen, 1988, p. 271). The level of chronic anxiety is significantly influenced by the “character of a nuclear family’s relationship to the extended family system” (Kerr & Bowen, 1988, p. 271).

The concept of emotional cutoff “describes the way people manage the undifferentiation (an emotional intensity associated with it) that exists between generations” (Kerr & Bowen, 1988, p. 271). This concept “emphasizes the importance for explaining the intensity of the emotional process in a nuclear family” (Kerr & Bowen, 1988, p. 251).

Bowen’s Research Projects

Bowen shared in an interview that he spent “over twenty years trying to build a theory that is a factual representation of the human phenomenon, that can remain open to new knowledge from the accepted sciences, and that can rise above dogma” therapy (1976/2004, p. 390). Bowen’s research projects provide a different view to the nature and origin of human maladaptation and how to deal with human problems. He started his research project at the Menninger Foundation to study patients with schizophrenia. Later, he worked at the National Institute of Mental Health and then Georgetown University, where he expanded his research findings as well as his ideas of family systems and family therapy.

As a young researcher at the National Institute of Mental Health in Bethesda, Bowen originated his theory of family systems from *The NIMH Family Study Project* in the 1950s. Bowen’s goal in 1955 for this project was to grow “evidence that certain conditions exist in the very early mother-infant relationship which impede the child’s emotional maturation and set the stage for the later development of clinical schizophrenia” (Bowen & Butler, 2013, p. 18). Throughout the 1950s Bowen was attentive to the family movement due to his effort to “find more effective treatment methods for severe emotional problems (Bowen, 2004, p. 146). In 1957 Bowen presented *Treatment of Family Groups With a Schizophrenic Member*, in which he shared his observations and clinical experiences (Bowen, 2004, p. 5). His psychotherapy observations suggested that the mother-patient attachment is more “than a state of two people *responding* and *reacting* to each other in specific way but more a state of two people *living and acting and being for each other*” (Bowen, 1957/2004, p. 10). He noticed that “the relationship was more than two people with a problem ... it appeared more to be a

fragment of a larger family group,” in which anxiety or symptoms could shift from one to the other (Bowen, 1957/2004, p. 10). Later on, Bowen included the father to treat the family as a unit and observed an advantage to further explore treating the whole family in therapy.

Bowen discovered that “the patient’s psychosis is an effective mechanism to rearrange family patters” (1959/2004, p. 20). Throughout the family therapy process, “some unexpected changes in family patterns” occurred (Bowen, 1959/2004, p. 43). Bowen explained that “a change in one family member would be followed by complementing changes in the other two members if the father-mother-patient triad” (1957/2004, p. 10). Bowen emphasized in *Family Relationships in Schizophrenia* that “in those families in which parents could resolve the emotional divorce, the psychotic patient began to change toward more mature functioning” (1959/2004, p. 10).

Bowen based his idea of emotional illness on his work with schizophrenic patients in the hospital. Bowen conducted a family research study with a schizophrenic family at the Clinical Center Institute of Mental Health (1954-1959) in which he developed his family theory (1965/2004, p. 118). In this study, Bowen included the “entire family in the theoretical premise, the research design was modified to permit both parents and other family members to live on the ward with the patient, and the psychotherapy was changed from individual to family psychotherapy” (1965/2004, p. 119-120). In addition, Bowen engaged with families who experienced less severe illnesses. For example, Bowen and colleagues included “some 250 families with problems ranging from simple neuroses to those of near psychotic degree” (1965, 2004, p. 120). Findings showed that “all the family dynamisms so striking in schizophrenia were also present in families with the least severe problems and even in ‘normal’ or asymptomatic families” (Bowen, 1965/2004, p. 120). This led Bowen to the conclusion that:

The entire range of human adjustment to be a single scale, with the highest range of human adjustment to be on one single scale, with the levels of maturity at one end of

the scale and the lowest forms of maladaptations and emotional illness at the other end of the scale. (1965/2004, p.120)

This research observation indicated “the expansion of the family concept of schizophrenia into the family theory of emotional illness” (Bowen, 1965/2004, p. 120).

Bowen stated that “schizophrenia develops in a family in which the parents have a low level of differentiation of self and in which a high level of parental impairment is transmitted to one or of their children” (1965/2004, p. 126). In this process, the severity of the “problem in the parental ego mass” and the “degree to which the parental impairment is transmitted to a single child or ‘spread’ to multiple children or to other relationships in the extended family” are important variables (Bowen, 1965/2004, p. 126). In previous writings in the 1960’s Bowen referred to this idea, saying that “in most situations there are varying degrees of ‘spread’ in the transmission process, which requires more than three generation for the development of schizophrenia” (1965/2004, pp. 126-127). Bowen emphasized that the parental problem is transmitted to the child until the child finally “interjects” and accepts the projection, known as “family projection process” (1965/2004, p. 127). He viewed the family projection process as “a natural phenomenon that develops as any phenomenon in nature when conditions are favorable for it,” because this can be controlled and modified by man” if more awareness can be created of how the process operates (1965/2004, p. 145). He also understood the advantage in therapy if the therapist is able to deal with “the family projection process without diagnosing sickness in the impaired family member (Bowen, 1965/2004, p. 146).

Part of Bowen’s research project at Georgetown University Medical Center highlighted the changes in his theoretical understanding of psychotherapy, which he presented in *Principles and Techniques of Multiple Family Therapy* (1971/2004). He verbalized his main efforts to define his system’s concepts from traditional or conventional theories. Bowen stated that he experienced the importance through working with his research families about

how a “therapist functions as a ‘therapist’ or a healer, and the family functions passively, waiting for the therapist to work his magic” and the difference that occurs when the therapist gets out of the healing or helping position where the family is in a position in which they have to accept responsibility for their own change (1971/2004, p. 246). For example, when working with the two most responsible family members, the couple, it is the therapist’s goal to define the relationship between spouses, keep detriangled from the emotional system, teach them the function of the emotional system, and demonstrate differentiation (Bowen, 1971/2004, p. 247).

Bowen Family Systems Theory conceptualizes struggles, such as alcoholism, as a symptom “of the larger family or social unit” (Bowen, 1974/2004, p. 259). Bowen assumes “systems theory” emphasizes that “all important people in the family unit play a part in the way family members function in relation to each other and in the way the symptom finally erupts” (1974/2004, p. 259). In the concept of alcoholism and the family, “the process of drinking to relieve anxiety, and increased family anxiety in response to drinking, can spiral a functional collapse or the process can become a chronic pattern” (Bowen, 1974/2004, p. 259). Bowen thinks about the person who drinks as a “degree of impairment” and encounters the level of differentiation, strengths, rather than “the intensity of the alcoholism” to predict the outcome of therapy (1974/2004, p. 267). To Bowen, Family Systems Theory provides a “broader perspective of death,” as well as other problems occurring in families, because of its attentiveness to family anxiety, “understanding emotional interdependence,” and the “emotional impact” of the problem on the family unit therapy (1976/2004, p. 335).

The Genogram

In the majority of circumstances, our family is “the most important emotional system to which most of us ever belong; it shapes the course and outcome of our lives” (McGoldrick, 2011, p. 19). Therefore, “relationships and functioning (physical, social, emotional, and spiritual) are interdependent, and a change in one part of the system is followed by

compensatory change in other parts” (McGoldrick, 2011, p. 19). This results in the family being our greatest resource as well as our greatest cause of stress (McGoldrick, 2011, p. 19). A family is defined as “those who are tied together through their common biological, legal, cultural, and emotional history and their implied future together” (McGoldrick & Shellenberger, 1999, p. 7). All family systems are unique in their relational complexity and historical connections. McGoldrick, Gerson, and Shellenberger (1999) understand genograms as a “practical and useful framework for understanding family patterns (p. 1). Murry Bowen, Jack Froom and Jack Medalie were “the leading proponents of genograms” to develop the standardized genogram format (McGoldrick, Gerson & Shellenberger, 1999, p. 1). McGoldrick and colleagues suggest that utilizing genograms in therapy is enticing for clinicians because it provides a visual picture of complex family problems by mapping family structures and patterns (1999, p. 1). Genograms can also help to put the complexity of clients in context, include their history, and patterns, relationships, and life changing events (McGoldrick, Gerson & Shellenberger, 1999, p. 2). Genogram are useful assessment tools, help clinicians to get to know the family, join with them, and gain a systemic perspective (McGoldrick, Gerson & Shellenberger, 1999, p. 2). McGoldrick and colleagues emphasize that genograms “help both the clinician and the family to see the ‘larger picture,’ that is, to view problems in their current and historical context” (McGoldrick, Gerson & Shellenberger, 1999, p. 2).

In order to understand family history, Bowen Family Systems Theory uses “the genogram—a kind of annotated family tree—as a tool in learning about families” (McGoldrick, 2011, p. 33). A genogram is also “a pictorial diagram of a family using data gathered during a semi-structured interview to assess for various elements of family functioning” (Platt & Skowron, 2013, p. 35). Genograms help to “map out the basic biological and legal structure of the family—who was married to whom, the names of their children, and so on,” as well as “show key facts about individuals and the relationship of family members” (McGoldrick,

2011, p. 33). The genogram can help to “offer clues about the family’s secrets and mythology, as families tend to obscure what is painful or embarrassing in their history” (McGoldrick, 2011, p. 33). A genogram presents “the basic facts (who is in the family, ...), information regarding the primary characteristics and level of functioning of different family members (education, occupations, ...), and relationship patterns in the family (closeness, conflict, or cutoff)” (McGoldrick, 2011, p. 34). Usually a genogram includes the drawing of at least three generation from the point of view of the client or nuclear family and includes their children or grandchildren (McGoldrick, 2011, p. 19). The genogram can help to highlight patterns in family conflict as well as alliances, which can emphasize family members’ automatic responses “even when they think they are being objective” (McGoldrick, 2011, p. 34). Relationship triangles shown in the genogram can illustrate that “a person emotionally trapped in a triangle is likely, by virtue of being trapped, to suffer some loss of function,” which results in arousing “emotional reactivity to the point where the reactivity constrains behavior” without the ability to imagine any other options (Guerin, Fogarty, Fay, & Kautto, 2010, p. 31).

Platt and Skowron (2013) believe that McGoldrick and colleagues provide guidance on how to utilize, symbolize, and structure a genogram but “does not offer a standardized interview protocol” for the therapist (p. 35). Platt and Skowron designed the *Family Genogram Interview* (FGI) to “assess nuclear family emotional processes,” which contains of “68 quantitative questions and 84 qualitative questions that assess both current nuclear family functioning ... and family of origin relationships (2013, pp. 37-38). The purpose of their study was “to develop a standardized genogram interview protocol. The results indicate that the FGI shows adequate reliability but failed to show construct validity.

A genogram is a useful tool that therapists utilize within different therapeutic lenses. Therapists developed different types of genograms, such as genograms in couples’ therapy (Foster, Jurkovic, & Meadows, 2002), cultural genograms (Hardy & Laszloffy, 1995),

spiritual genograms (Frame, 2000), academic-specific genograms (Granello, Hothersall, & Osborne, 2000), solution-focused genograms (Kuehl, 1995), and narrative genograms (Chrzastowski, 2011). Kuehl (1995) shared that “by graphically representing the evolution of a family through time, the solution-oriented genogram becomes an important documentation of change that clients can not only take home ... but can also help construct along the way, adding a sense of personal investment that can increase the document’s meaningfulness” (p. 4). Hardy and Laszloffy (1995) selected the genogram as a tool to construct cultural awareness by creating additional symbols and using colors to identify culture of origin and pride or shame concerns. Frame (2000), on the other hand, utilized the genogram to discuss the sensitive topic of religion, to discuss and process spiritual concerns in therapy. In addition to therapy, genograms are also utilized in other settings such as career building or academic environments to encourage trainees to discover their academic roots. Granello, Hothersall, and Osborne (2000) utilized the genogram with students to trace their academic mentors as they would with their family to engage in a process of self-exploration and understanding. However, Chrzastowski (2011) connected the genogram with the narrative re-membering conversation in therapy to reconstruct the family authors’ relationships to his family unit.

Therapists have become more and more innovative on how to use the genogram with a specific agenda. For example, Cook and Poulsen (2011) combined photographs with the genogram in couple’s therapy “to help couples to become aware of the social and cultural narratives and the patterns in their family of origin that may be affecting their current relationship” (pp. 22-23). Peluso (2003) developed an ethical genogram “as a tool to guide students to help them understand better the meaning of these initial feelings about complex ethical situations that students face” (p. 290). Others developed a training exercise for students in Africa to improve cross-cultural understanding by inviting students to present their genograms, followed by a sculpting exercise about their genogram with other students

(Marchetti-Mercer, 2000, p. 1). In addition, art therapists use genograms to join with the clients in therapy (Arrington, 1991, p. 204).

Also, Petry and McGoldrick developed a play genogram as an assessment tool to engage children and families in a therapeutic conversation (Koocher, Norcross, & Green, 2013, p. 389). They invite children to “choose a miniature that best shows your thoughts and feelings about everyone in the family, including yourself” and “to place the miniature on the squares and circles on the easel paper” (Petry & McGoldrick, Koocher, Norcross, & Green, 2013, p. 389). Children in foster care with different multiple caretakers can benefit from a series of play genograms including different therapists, friends, foster siblings, etc., to be attentive to important relationships and process feelings of loss (Petry & McGoldrick, Koocher, Norcross, & Green, 2013, pp. 389-390). Schützenberger introduced the genosociogram, which “is a mixture of family tree and family social atom” to bring to light “sequence of connections” in “therapy, medicine, surgery, upbringing, education, health, in the caring professions and for our own personal or professional development” (Kellerman & Hudgins, pp. 286-287). Overall, genograms appear to be ever evolving and can be utilized to be specifically attentive to a particular agenda.

Metaphors of Life

Metaphors are defined as a “device of the poetic imagination and the rhetorical flourish—a matter of extraordinary rather than ordinary language” (Lakoff & Johnson, 2003, p. 3). Most metaphors are understood to be linguistic tools rather than an actual experience. However, as Lakoff and Johnson (2003) have found, “metaphor is pervasive in everyday life, not just in language but in thought and action” (p. 3). Therefore, they believe that we think and act in metaphorical nature at all times. This concept emphasizes that metaphors govern “our everyday functioning,” and become a part of “the way we think, what we experience and what we do” (Lakoff & Johnson, 2003, p. 3). Overall, “we are adopting the practice of using the most metaphorical concepts... to characterize the entire system” (Lakoff & Johnson,

2003, p. 9). Twyla Tharp (2006) refers to all metaphors as art and connects the idea that all “all art begins with memory” (p. 64). Therefore, we appreciate memory through metaphors through out of the box forms of memory so we can creatively take “facts, fictions, and feelings, we store away” and find “new ways to connect them” (Twyla Tharp, 2006, p. 64). In therapy we can use metaphorical application to value different forms of memory and help clients relate to these through the therapeutic process.

Bowen Family Systems Theory and Change within the Family Unit

In Bowen Family Systems Theory, the clients become researchers with the therapist on “family patterns and history” to understand “relationships that may have been frustrating, boring, tense, or painful” and to view the family unit in a new way (McGoldrick, 2011, p. 19). According to Hall (1981) “patterns of family interaction and family programming influence past, present, and future behavior” (p. 32). She also believed that “family systems theory is an emotional systems theory to the extent that social groups such as work, friendship, religious, and political systems manifest relationship characteristics similar to those of families” (Hall, 1981, p. 32). Bowen believed that “family configuration emerges clearly in family psychotherapy” because when the “family follows the plan of working on its own problem in the hour, then the family group cannot avoid running into intense family conflict, and disagreement,” and then anxiety is heightened and therapy progress can occur (1959/2004, p. 20).

Bowen believed that “any family is motivated to seek outside help when its own stabilizing mechanisms have failed and family efforts to solve the problem result in ‘making it worse’” (1965/2004, p. 112). For Kerr and Bowen (1988), the “conceptualization of this interplay between what is occurring within the individual and the functioning position of that individual is his most emotionally significant relationship system (usually the family),” one of the most important aspects of systems thinking (p. 56). Kerr and Bowen emphasized that “when a person asks the other, ‘Why do you do what you do?’ *focus on the relationship*

process is immediately lost” because “it assumes that the cause of the person’s behavior exists *within* that person” (1988, p. 61). They suggested that “probably most behavior is simultaneously influenced by both individuality and togetherness” (Kerr & Bowen, 1988, p. 61).

Kerr and Bowen stated that “an understanding of the origin of this variation in level of chronic anxiety among individuals and families begins by examining the multi-generational family history” (1988, p. 115). Considering the individual variation of chronic anxiety in individuals, some “branches of family become more governed by automatic emotional reactivity and subjectivity than others” (Kerr & Bowen 1988, p. 115). Kerr and Bowen (1988) understood that:

The existence of these generational changes is linked to the occurrence of the following processes: (1) children from the same nuclear family having different degrees of emotional separation from their parents; (2) people marry spouses with equivalent degrees of emotional separation from their families; (3) children of these new marriages having unequal degree of emotional separation and, in turn, marrying people like themselves; (4) this process repeating generation after generation, eventually creating segments of family in which people have little emotional separation from one another, segments in which people are reasonably differentiated from one another, and segments that reflect gradations between these extremes. (p. 115)

They described “three categories of dysfunction” in a nuclear family: “(1) illness in a spouse; (2) marital conflict; (3) impairment of one or more children” (Kerr & Bowen, 1988, p. 163). To them, “the level of differentiation of self and the level of chronic anxiety strongly influence the vulnerability of a relationship system as a whole to symptom development” (Kerr & Bowen, 1988, p. 163). Therefore, “the patterns of emotional functioning” can predominantly be fostered in the “dysfunction in a spouse or in a child” and high emotional

anxiety can be experienced by “symptoms developing in a spouse or in a child” (Kerr & Bowen, 1988, p. 163). In Bowen Family Systems Theory, the idea is that any disorders, physical or psychological, fall under the same umbrella into the category of all clinical dysfunction, which are “linked to the same patterns of emotional functioning in a nuclear family” (Kerr & Bowen, 1988, p. 164).

Kerr and Bowen stated that “the more generations of a family included in the assessment, the greater will be the divergence in functioning,” because “significant differences in level of functioning can exist between members of different generations” (1988, p. 221). If the therapist examines “a multigenerational family diagram that includes data for assessment of the functioning of each family member (and each nuclear family unit) ...as a whole” trends are linked “in functioning that develop over a number of generations” (Kerr & Bowen, 1988, p. 222). This concept results in the idea that “very unstable functioning in one family member is usually associated with unstable functioning in other family members in the existing preceding few generations” (Kerr & Bowen, 1988, p. 165). Also, “the functioning of the same multigenerational family and generational trends that lead toward or away from stable or unstable functioning are *facts* about families” that can be observed (Kerr & Bowen, 1988, p. 223). It is believed that infants are not born neutral but as a “human, like other forms of life,” that “is a ‘product’ of his genes and many important aspect of his behavior” (Kerr & Bowen, 1988, p. 224). Therefore, “life experience has an important effect on his psychological development and, it is assumed, on his biological and physiological development and functioning” in an “interrelationship between genes and the functioning of the emotional system” (Kerr & Bowen, 1988, p. 224). This concept implies that the problem is a family problem that plays itself out in generations in a predictable sequence and reflects similar levels of intensity and characteristics (Kerr & Bowen, 1988, p. 225).

However, it is not simply enough to only gather information about the multiple generations in therapy to change a way of thinking if their basic assumptions are not

challenged. Kerr and Bowen emphasized that “to alter a way of thinking a person must decide if his data are more consistent with an individual theoretical model ... or with a systems model...” (Kerr & Bowen, 1988, p. 255). This leads to the conclusion that “the more neutrality a person can develop through learning and thinking ... the more self he can develop through action, the more his problematic feelings about himself and others will resolve” (Kerr & Bowen, 1988, p. 255). Kerr and Bowen highlight that this kind of change will take “periods of years” if this person looks at a “four of five generation diagram of his own family” and really sees “a living organism, a multigenerational emotional unit that changes gradually over time in accordance with precise principles” and goes beyond blaming himself or others (1988, p. 255).

Throughout the 1950s Bowen began to involve the family into his psychotherapeutic treatment. This shift included working with schizophrenic patients from individual to family therapy. He was aware of Freud’s idea that parents played a part in “causing” emotional illness (Bowen, 1965/2004, p. 103). Bowen engaged in family therapy as a clinical approach because of his understanding of how humans function. Bowen Family Systems Theory “includes parents and all the children meeting together to learn to communicate and to verbalize feelings,” which is beneficial to observe, to reveal “symptoms and create a temporary better feeling and attitude in the family” (Bowen 1965/2004, p. 113). However, Bowen stated that he did not find it helpful to “resolve deep problems” in family psychotherapy (1965/2004, p. 113). Instead, he believed the goal of therapy is “to help the stronger side of the family to assume responsibility for the weaker side” in creating and maintaining the “sickness” (1965/2004, pp. 113-114). Therefore, “a wide range of problems resistive to individual psychotherapy become fluid and workable when the therapist is able to shift about, utilizing family strength wherever it appears” (Bowen 1965/2004, p. 115). He expected that the families would gain “new insight,” which provides “understanding [of] the human phenomenon” (Bowen 1965/2004, p. 115). Bowen also believed that the therapy

process for “upper middle class families who are motivated to continue working until they have achieved significant change in family psychotherapy are concerned, the average family continues for about four years, whether appointments are once or twice a month” (1971/2004, p. 257).

In Bowen’s work with alcoholism and families, he highlighted “the over-all level of anxiety” in the family unit (1974/2004, p. 267). He explained that “those family members who are most dependent on the drinking person are more overly anxious than the one who drinks,” which led Bowen (1974/2004) to the conclusion that:

The more the family is threatened, the more anxious they get, the more, they become critical, the greater the emotional isolation, the more the alcoholic drinks, the higher the anxiety, the greater the criticism and emotional distance, the more the drinking, et cetera, in an emotional escalation that makes the problem worse and both sides more rigidly self-righteous. (p. 267).

Therefore, “any significant family member who can ‘cool’ the anxious response, or control one’s own anxiety” can interrupt the spiral anxiety in the family unit. Being aware of the clinical relevance of relationship triangles and “being familiar with how they work, and having a repertoire of interventions for exploring and resolving them are invaluable weapons in a therapist’s armamentarium” (Guerin, Fogarty, Fay, & Kautto, 2010, p. 28). Overall, Family Systems Theory can provide a different therapy understanding and provide a variety of effective conceptualizations of symptoms within family relationships.

Cultural Awareness in Bowen Family Systems Theory and Genograms

Bowen Family Systems Theory is believed “sufficiently versatile to be particularly useful for international cross-cultural research,” because of “its emphasis on universals in human behavior, biological analogies, and an evolutionary context” (Hall, 1981, p. 21). Kerr and Bowen (1988) emphasize that “the patterns of emotional functioning that can lead to symptom development in a nuclear family are universal in families” and are present in all

cultures and “a product of the human’s evolutionary past” (p. 220). However, it is important to be aware that the “intensity of these patterns” varies in families because they are the “outcome of a multigenerational emotional process” (Kerr & Bowen, 1988, p. 220). In Bowen Family Systems Theory “clinical dysfunctions” are linked to “naturally occurring relationship processes” (Kerr & Bowen, 1988, p. 252). Kerr and Bowen believe that “differentiation of self, chronic anxiety, nuclear family emotional process, and multigenerational emotional process are all assumed to have roots in the long line of species that evolved to *homo sapiens*” and emphasize that “illness reflects a quantitative change (outcome of process) rather than a qualitative change (result of a defect)” (1988, pp. 252-253).

McGoldrick (2011) highlights that in order to understand families, “we must look deeply into their cultural context” (p. 277). Genograms can help to “contextualize kinship networks in terms of culture, class, race, gender, religion, family process, and immigration history” (McGoldrick, 2011, p. 277). Cultural genograms are utilized specifically to create cultural awareness in therapy (Hardy & Laszloffy, 1995). Hardy and Laszloffy “promote cultural awareness and sensitivity by helping trainees to understand their cultural identities” (1995, p. 2). Cultural awareness increases trainees’ insights of how their culture influences their role as a therapist. Hardy and Laszloffy established five primary goals of a cultural genogram. The goals emphasize the trainee’s cultural influence on the family system, identify cultural identities, discuss challenges such as assumptions or stereotypes, discover emotional triggers, and awareness of how culture influences a therapy approach (Hardy & Laszloffy, 1995). The process to conduct a cultural genogram requires definitions and discussions of the trainee’s culture of origin, pride, shame issues, and a cultural framework (Hardy and Laszloffy, 1995). The interpretation and presentation process of the cultural genogram “is primarily experiential and involves considerable interaction and discussion” (Hardy and Laszloffy, 1995, p. 4). This exercise invites trainees to identify unresolved cultural issues and

find resolutions to become “more effectively cross-culturally” in therapy with clients ((Hardy and Laszloffy, 1995, p. 5).

It is important to note that through “scanning the family system culturally and historically and assessing previous life-cycle transitions,” the therapist can place the presenting problem in context of the family’s cultural patterns “of geography, migration, and family” (McGoldrick, 2011, p. 277). Each family has their own culture because “no two families share the exact same cultural roots” (McGoldrick, 2011, p. 278). It is important to keep in mind that the “family in which we are born is made up of many cultural strands” (McGoldrick, 2011, p. 278). Therefore, for people to “understand themselves, they have to understand their families and their families’ cultural roots” (McGoldrick, 2011, p. 178). Bowen Family Systems Theory and genograms encompassing interpersonal skills and awareness that every family has their own unique culture, values, prides, or shames within the larger context of society, entity, spirits in family of origins, which impact the system and people’s functioning levels.

Conclusion

This chapter is intended to provide an examination of the history of Bowen Family Systems Theory and the most recent genogram literature. Many different genograms are used in therapy with different constructed agendas. However, a gap exists in how to effectively apply Bowen Family Systems Theory with the use of a metaphorical component to bring genograms alive in psycho-family therapy. Many of the types of genograms discussed in this section are specified to be used with individuals to look at only one specific concern, for example, culture, ethics, solutions, change, academics, etc., and disregard additional, systemic, complex aspects of the clients’ experiences and relationships. Given this literature discussion, the question addressed in my research is how to move beyond a simple family diagramming tool and develop a multi-dimensional, systemic genogram through the

utilization of metaphorical components to facilitate familiar experiences in an unfamiliar setting and provide more effective services to clients and families.

CHAPTER III: METHODOLOGY

Subjects

This research project is a qualitative study about the ways that Genograms can be brought to life through metaphorical application in therapy sessions with children and adults. I examined six different cases in which I utilized a natural system lens while developing Metaphoric Generative Genograms working with families and children pre-and post-adoptions. This research provides insight into my Bowen Family Systems informed work by examining how I applied a Metaphoric Generative Genogram approach in therapy with children and families. I want to articulate fully the idea that genograms can come to life through metaphor and transform a session into a systemic understanding of the richness and complexity of family units.

Design

The research is a qualitative study, which “is not to generalize to other subjects or settings, but to explore deeply a specific phenomenon or experience on which to build further knowledge or to develop a more patient-focused practice that is sensitive to the research participants” (Thomas & Magilvy, 2011, p. 152). Papero emphasized that a “mile stone is reached when the learner becomes an investigator, substituting the active pursuit of knowledge for passive receipt and reproduction of information” (1990, p. 107). Therefore, learning about one’s own practice is an important contribution to the field. The study was an in depth analysis of six cases in which I explored how I utilized Bowen Family Systems Theory and developed a metaphorical application to bring genograms to life in therapy in six different cases displayed in my journal. The cases were selected from my personal, two-year journal entries, and emphasize my experiences as an in-home counselor in the foster care system. I ensured generalization by studying “certain activities or problems or responses

[that] will come up again and again” through my archival data review (Stake, 1995, p. 7). A grounded theory application was applied to discover and articulate the theory of the Metaphoric Generative Genogram through the archival review of the data in my journal.

Grounded theory was first described by Glaser and Strauss (1967) and suggested that this qualitative research method can be useful for practitioners. In the grounded theory application theories are “derived directly from real-world settings” in order to potentially “produce theories that can be used by social workers ... to guide their practice” (Okta, 2012, p. 3). Okta argued that grounded theory and social work research connect through the development of “theories that can be applied in practice situations” (2012, p. 3).

Procedure

I identified six cases from my journal for this research study. The data collection for this multiple case study consisted of information that was described in my journal entries. I focused on the analysis of themes of how I transformed my Bowenian, natural system, clinical view through bringing Genograms alive with metaphorical components in family psychotherapy. I analyzed the cases through reviewing “the workings of the case ... objectively [and] simultaneously examine [...] its meaning” of my archival data (1995, pp. 8-9). I “focus[ed] on understanding how individuals experience[d] the process and identify the steps in the process” by analyzing my experience of the metaphoric generative genogram phenomenon by utilizing grounded theory (Creswell, 2013, p. 88). I answered how the process unfolded, what influenced my phenomenon, the strategies utilized, and the occurring effect of the metaphoric generative genogram phenomenon (Creswell, 2013 p. 88).

Lincoln and Guba (1985) explain research rigor and how to help the audience understand that the findings of an inquiry are relevant and trustworthy (p. 290). Their model addresses four qualitative research elements, such as credibility, transferability,

dependability, and confirmability to emphasize trustworthiness (Thomas & Magilvy, 2011, p. 152). I participated in peer debriefing and examinations to check on my data generation and “ensure that the interpretations (reported as categories and themes) of the researcher are recognized” by me “as accurate representations” of my work experience documented in my journal (Thomas & Magilvy, 2011, p.153). I ensured transferability as described by Lincoln and Guba (1985) by transfer my findings in one case to another five additional cases documented in my journal. Dependability will be achieved by

(a) describing the specific purpose of the study; (b) discussing how and why the participants were selected for the study; (c) describing how the data were collected and how long the data collection lasted; (d) explaining how the data were reduced or transformed for analysis; (e) discussing the interpretation and presentation of the research findings; and (f) communicating the specific techniques used to determine the credibility of the data. (Thomas & Magilvy, 2011, p. 153)

Confirmability is accomplished when all three elements are established (Thomas & Magilvy, 2011, p. 154). I also created trustworthiness by utilizing Johns’ model for structured reflection (Johns, 2000). Johns developed this model to articulate a philosophy of a “collective statement of shared beliefs and values that are congruent with the practice setting that gives both meaning and direction to every day practice: a light to show the way” (2000, p. 1). The process of structured reflection gives practitioners the “opportunity to discuss collectively the meaning of their practice” (Johns, 2000, p. 1). I constructed a valid and trustworthy philosophy about my clinical practice by establishing a structured analysis and interpretation of my reflective journal through Johns’ reflection model.

Measurements

The data collection occurred by analyzing my journal notes on each of my six cases. My journal is a reflection of my experience with attention to meaningful events in my therapy practice. Johns (2000) understands a reflective journal as “an eddy within the fast-moving water that enables the practitioner to swim out of the current in order to reflect on events,” in this study the metaphoric generative genogram phenomenon (p. 44). He emphasizes that the reflection process “is mapping, charting the unknown areas, expanding the Jahari window [understand the relationships] to reveal self to self and others” (Johns, 2000, p. 45). In Johns’ work with nurse practitioners, he developed “the model for structured reflection (MSR) as a technique to guide the practitioner’s reflection” (2000, p. 46). This model was initially used to attend to the dialogue between practitioners, “guide within guided reflection relationships and framed with Staruss & Corbin’s grounded theory paradigm model” (Johns, 2000, p. 46). MSR invites the practitioner to reflect and become aware of patterns unfolding in his or her work experience with patients.

I used the MSR model (Appendix A) to analyze my journal entries to guide my ground theory reflection process of the six cases. The guided reflection process of my journal became “a meaningful and practical endeavor to connect” my “beliefs about practice with the realities of everyday whitewater rafting across the furious river of practice” (Johns, 2000, p. 44). In order to ensure credibility of my descriptive reflections I engaged in peer review examinations. I provided three peers, who have similar extensive Bowen Family Systems training with two journal entry cases each and ask them to write a review of the case using as well the MSR model. Incorporating peer reviews will “attribute of having insight, the ability to give meaning to data, the capacity to understand, and capability to separate the pertinent from what it isn’t” (Strauss & Corbin, 1990, p. 42).

After the peer review, I collected their MSR review of my journal entry cases and identified how I used my Bowen Family Systems Theory lens. I analyzed my peers prospective as well as my work experiences of blending metaphorical components within genogram experiences in family therapy. In a grounded theory analysis, I proceeded by identifying and coding presented patterns, factors, or themes provided by the MSR model reflection of my journal. I coded terms, themes, key words, and statements into data and process the data to explore and identify my metaphoric generative genogram phenomenon.

Overview of the Analysis

The data analysis and interpretation “are the making sense” (Stake, 1995, p. 71), of the application of metaphors through the genogram in Family Therapy. Just how this enriched and transformed therapy sessions with this population into a series of complex, systemic family unit understandings is what was explored. The archival data “analysis is a matter of giving meaning to first impressions as well as to final compilations” (Stake, 1995, p. 71). The data collected in my journal entries was interpreted and meaning was given to the “the parts that are important” (Stake, 1995, p. 71). The MSR analysis of the multiple journal entries to understand the effectiveness of blending metaphorical components with genograms in family psychotherapy was pulled apart by themes, key words, and statements, then interpreted through the experience and perception of the associated meaning. The results indicate major themes in conjunction with the effectiveness of Metaphoric Generative Genogram in family psychotherapy.

Limitations

My bias on the effectiveness of Bowen Family Systems Theory and the utilization of genograms in family therapy and the qualitative, descriptive data, can be reflected in relation to how the data in this case study was interpreted as well as how the data are presented. Also

the research components today, such as literature search and proposed components, conflict with the traditional grounded theory model proposed by Glaser and Strauss (1967). The research subject, my journal, and the small sample size of my reflection of six cases might limit overall generalization of the results to the wider population. This multiple case study combined with grounded theory components can be difficult to be replicated to ensure reliability and validity.

Advantage

Strauss and Corbin (1990) emphasize that “formulating theoretical interpretations of data grounded in reality provides powerful means both for understanding the world ‘out there’ and for developing action strategies” (p. 9). Therefore, the result of this study could help to address gaps about questions of therapeutic effectiveness within the adoption and foster care system in general. It may also serve to “give the intricate details” of the metaphoric generative genogram phenomenon “that are difficult to convey with qualitative methods” (Strauss & Corbin, 1990, p. 19). The analysis of this multiple case study can enrich therapists working in the foster care system by helping to increase their understanding of Bowen Family Systems Theory through the Metaphoric Generative Genogram. The aim in research has always been discovery in science (Strauss & Corbin, 1990). The idea of using grounded theory is to provide logic to understand “what you are doing and why you are doing it” (Strauss & Corbin, 1990, p. 15). Perhaps this multiple grounded theory case study can be “joined by interventional and comparative studies along with meta-studies and narrative reviews” in the future to provide diversity and pluralism (Chenail, 2012, p. 2).

CHAPTER IV: RESEARCH FINDINGS AND DISCUSSIONS

The data was derived from three peer reviewers who completed “the Model for Structured Reflection” (MSR) of six cases drawn from my personal reflections journal kept while I was a therapist working with adoptive families (Johns, 2000). First, I selected my group of three marriage and family therapists from peer reviewers with an extended Bowen Family Systems Theory understanding. Second, I asked the peer reviewers to go through each of their two assigned case reflections to produce the data, which I used later as the basis for my grounded theory study. All peer reviewers were blinded to decrease possible issues of bias, undue influences, and positive responses set. Peer reviewers had no knowledge of the research process, methodology, analysis, and aspiring results. The peer reviewers were instructed to focus on the described case and encouraged to pay attention to their thoughts and emotions about the therapist’s work. Peer reviewers were asked to write down what they thought was significant to them when answering the MSR questions.

The total of six analyzed cases were drawn from archival data collected from my personal journal, which I kept while working as a clinical counselor in the adoption community. I kept the journal to help me track the ways that my clinical practices were changing throughout the course of my doctoral education. No identifying information of the families described in the cases was disclosed, in order to protect their confidentiality. Only details about my therapeutic approach, thoughts, and emotions from the family-psychotherapy sessions were included in the reflection.

Introduction of Johns’ Model of Structured Reflection (MSR) Method

Christopher Johns (2000), a professor of nursing, developed a questionnaire of 17 questions to guide nurse practitioners’ reflection of their work and help them learn from their

clinical experience. He first designed the MSR in 1991 to analyze patterns between himself and practitioners to guide a “reflection relationship” in supervision (John, 2000, p. 46).

Johns’ model helps to reflect on patterns such as aesthetic, personal, ethics, empirical and reflective aspects while acquiring meaning of clinical practice aspects (Johns, 2000). The MSR guide allows practitioners to become more aware and expand their perspective of themselves and what unfolded in their practice.

In this research project, peer reviewers utilized Johns’ (2000) MSR to answer 17 questions and reflect upon my clinical practice. The MSR model helped to gain insight into my clinical practice and whether my actions were effective in meeting the clients’ needs in therapy. From my peer reviewers’ MSR answers, I developed a theory that informed my clinical actions and decisions displayed in the six cases.

I invited each peer reviewer to engage in a reflective process for two of the cases by answering questions from the MSR (Johns, 2000). I asked the peer reviewers to focus on the case descriptions and to pay attention to the therapist’s thoughts and emotions. They then wrote down those thoughts and emotions that seemed significant in realizing the work of the therapist. I as the main researcher then evaluated each peer-reviewer’s written reflection and began my grounded theory methodology. As a result of my grounded theory approach, I discovered the “Metaphoric Generative Genogram” (MGG). What follows is an articulation of the use of the MGG in family therapy with pre-and post-adoptive families.

Introducing the Six Cases

In this section, I will outline the six cases that were utilized for the data collection and analysis. These particular cases were selected because they illustrate my clinical work with children and families in the adoption community. Throughout the course of this research

study, peer-reviewers reflected on these cases while answering Johns' (2000) MSR questionnaire.

Case 1

The first case describes a family with a Caucasian mother and a Hispanic-American father who have been married for 20 years and practice the Catholic faith. The parents have one biological daughter who is 15 years old. The family adopted a Caucasian female client from foster care at eight weeks old. The child had been exposed to Cocaine at birth. When I saw them, the client was 8 years old and referred to therapy due to her ADHD diagnosis and behavioral struggles at home. The presenting problem described by the family was her struggle to follow her adoptive parents' rules, regulations, and directives. The parents said that the client struggles with anger expressed through tantrums, and they attribute this to her curiosity about her birth family.

When I met the family for therapy, the father disappeared into his office and the mother appeared overwhelmed, saying that no one listens to her instructions. I noticed the family's two dogs when entering their home. Dog A came running to me with the client and excitedly jumped on me, not listening to the mother's instruction to calm down. The mother explained that dog A is overwhelming and does not follow any rules. Dog B ran away to a quiet space to escape. I recognized that utilizing the two family dogs was a wonderful opportunity to create a metaphorical component in the session.

I invited the mother and the client to engage with the family dogs while I observed their interactions, family dynamics, and patterns. The mother and the client stood up and started to hug each other to demonstrate dog A's attention-seeking behavior. Dog A immediately tried to get in between their hug to pull them apart and receive attention from them. Dog A began barking, jumping on them, and appeared frustrated as his attempts to

break them up did not work. Dog A began to bite the mother to get her attention and the mother yelled at him.

Throughout this scene, dog B, who entered earlier, left the room again to escape the uproar. The older, biological daughter remained in her room as well to escape the drama. After the dog bit the mother, the father entered the room to deescalate the unfolding struggles with the dog and firmly instructed the dog to stop. The family shared that this is what often happens, which helped me recognize that dog A will keep engaging in these negative attention-seeking behaviors if he continues to receive his preferred way, e.g. attention from the whole family.

I asked the family if this experience and these relational dynamics reminded them of anything. The mother and the client both answered yes and shared that the way the dynamics unfolded represented how their family relationships function. The client identified her actions with dog A's effort to receive the mother's love when she tries to give attention to the older, biological daughter, until her father intervenes and provides her with what she wants. I invited the adoptive parents to discuss this experience by engaging them in a Bowen Family Systems genogram conversation.

I drew a genogram of the family unit, which included three family generations, the client's adoptive family of origin, and the family dogs. I discussed with the parents the family relationships, dynamics, and patterns that they just recognized in the drama unfolding with the dog. This appeared to symbolize the main family problem of a high level of chronic anxiety in the family system. The adoptive parents recognized that the client was going to continue engaging in attention-seeking behaviors if they keep providing unregulated attention to her in order to overcome attachment struggles from the adoption. I emphasized that the

client developed a family system through her negative attention-seeking behaviors that expressed her fear of losing the adoptive family.

Case 2

The adoptive parents described themselves as elderly, of the Jewish faith, with no biological children. The mother worked as a nurse but was on disability leave due to a back injury. The father had been the breadwinner of the household since the wife's injury. The parents adopted the Caucasian female client at birth from foster care and she was now 10 years old. The client had been exposed to Cocaine at birth. In addition, the parents adopted a Caucasian baby boy from foster care one year later. The client was referred to therapy due to her ADHD diagnosis and her struggles in the family unit. The presenting problem described by the family was the client's increased interest about her birth parents and questions regarding her birth family's neglect. The adoptive parents shared that they did not know how to approach the client's curiosity, answer questions, or deal with her separation anxiety. The parents said that they expected behavioral and emotional difficulties with the client due to her adoption history and her ADHD diagnosis and symptoms. The client struggled in school and did not do her homework. The client engaged in tantrums and did not follow her parents' rules at home.

When I first met the client, I recognized her creative personality through her efforts to show me all her artwork and her invitation to create art with me. My goal was to incorporate her passion for art into the family sessions. Therefore, I invited the family to take a couple of minutes to prepare and perform a play about how they became a family. The play began with the adoptive parents' wish of wanting children. The adoptive parents shared their emotional struggles of not being able to conceive biological children. Later, the parents made the final decision to adopt a child to enrich their family unit.

The adoptive parents shared how they received the client as a baby. The family highlighted the emotional struggles throughout her adoption because the biological grandparents wanted to adopt the client as well. The adoptive parents said that the client's biological parents struggled with drugs, which hindered them to nurture and assure the client's survival in the world. The adoptive family also showed throughout the play how they adopted the client's brother. The play ended with a family scene at the courthouse where they officially became a family. At the end of the performance, the client started to become sad. The client said that she does not understand why her biological mother took drugs and gave her away. She also thought it was not fair that her brother has letters and pictures of his birth mother, which resulted in one of her temper tantrums. The adoptive parents tried to assure the client that it is okay to talk about her curiosity and anger when she feels like that. The client attempted to run away from the session. The adoptive mother instructed her to come back while the adoptive father said to the client she can be excused. The client followed her father's instruction and left the session. The adoptive father allowed her to receive her preferred way, to escape.

Throughout the second half of the session, I engaged the parents in a Bowen Family Systems conversation about the family dynamics, relationships, and patterns experienced in the play. I drew a genogram, which included three generations and the client's, as well as the brother's, family of origin. The adoptive parents recognized that the client's emotional anger tantrums are filled with pain from her family of origin's neglect. The adoptive parents shared that the client runs away each time she feels overwhelmed, e.g., with her homework, when asked to do a non-preferred activity, etc., which results in family conflict (a high level of chronic anxiety).

The adoptive parents described themselves as elderly and practicing a Christian faith. The adoptive mother shared that this is her second marriage and the father said that this is his third marriage. The adoptive mother explained that she has no biological children and the father said that he has three grown children from his first marriage and adopted a child in his second marriage with whom he has no contact. The parents adopted a ten-year-old Caucasian female client four years ago from foster care. The presenting problem described by the adoptive parents was her struggling behaviors, e.g. rubbing herself on the father, boundary violations, emotional tantrums, etc. The adoptive parents believed that the client's struggles were caused by her experience of sexual abuse, which concerns them. The client had admitted in the past that her birth mother sexually abused her; however, she shut down and denied the abuse to me at the beginning of therapy. She said that most therapists she worked with had left and did not work through the abuse with her. The family reported that the client struggles with anger outbursts as well as vulnerable baby behavior in times of stress. The adoptive parents said that they recognized the client's need for control and manipulation to receive her preferred way. The adoptive parents reported that the client is affected by bad nightmares. However, the client denied having any post-traumatic symptoms or nightmares to me.

In this session, the client introduced her new pet, a fish, to me. The client's excitement about the fish provided a wonderful metaphorical component for our individual session. The client and I looked at the fish bowl and discussed her experience of being the caretaker of the new pet, who depends on her to survive. I observed the client engaging with the fish, playing with the water, trying to catch him, and scaring him to remain in control of their relationship. The client appeared frustrated as the fish tried to hide from her to ensure his survival, and she yelled at the fish.

After observing the client's relationship with her new pet, we drew a genogram together. We included her adoptive family, her family of origin, and her new pet. The client admitted that she struggles with building a safe relationship with her new pet. She acknowledged that she tries very hard to build a close relationship with her adoptive parents but experiences difficulties due to her behavioral and emotional tantrums. For the first time, the client told me that her birth mother sexually abused her, which negatively affects her relationship with the adoptive parents. She said that she has a strong need for control in all of her relationships. The client voiced that she does not want to hurt her adoptive parents' feelings but cannot help her efforts to assure control of the family system in order to feel safe. The client and I discussed in the genogram conversation how her post-traumatic symptoms, e.g., feeling angry, hurt, violated, etc., surface in her adoptive family unit, as well as in her relationship with the pet. The client noticed that controlling the intensity and the level of chronic anxiety and chaos in the adoptive family unit through symptomatic behaviors assured her the control of a safe relationship worth investing in.

Case 4

The female client of this case was 14 years old and lived at the time of therapy in a single foster-mother's home with her older biological sister. The client identified herself as a faithful African-American young lady. She was part of a sibling group of nine children who are in foster care. The client and her siblings were removed from the birth mother's care due to substance abuse, substance exposure, and neglect. The client was first removed at the age of one and reunited after the mother completed her case plan, but was removed again shortly after the reunification and placed with her older sister in numerous foster care homes. Multiple adoption attempts have failed due to her older sister's behavioral and emotional struggles with the pre-adoptive families. When I entered therapy with the client, her goal was

an individual adoption with a pre-adoptive family. However, the client struggled to make a decision of wanting to follow the adoption process without her sister.

I met with the client for an individual session at her foster home and engaged her in a chatty conversation about what she was watching on TV. The client enthusiastically described her favorite TV show, “The Fosters,” to me. She shared that the show is about sisters who were adopted by a family. I became interested and invited the client to share her experience of the show with me. I asked her to describe her favorite characters to me and to share with me the character she associated herself with, as well as those she associated other family members with. The client explained that she connected with one special character in the show because she experiences similar struggles with her sister, as she is trying to find her independence but also remain connected to the only constant biological family member in her life.

While discussing the show, we began to draw a genogram together, including her birth family, all the different foster homes from the past, the pre-adoptive parents, staff (CAs, therapists, counselors, etc.), and related TV show characters she resonated with. We discussed how she struggled with finding independence and following her goal, because it interferes with her sister’s goal of having complete togetherness of their sibling subsystem. She connected her struggles again to her favorite TV show and voiced that she wants to be adopted and find a forever family. She said that she is afraid of how her sister will function separate from her because she has been the caretaker in their relationship to ensure her survival. The client said that the foster mother reminds her not to worry about her sister and do what is best for herself. The client identified her older sister with another character from the show and recognized that she has always been in this caretaker, over-functioning role, and fears losing her identity. The client noticed that she was against the adoption because she

recognized that her functioning position in their sibling subsystem will assure her sister's survival and help her manage foster care.

Case 5

The male client of Haitian descent has lived with his Jamaican foster parents, who practice the Christian faith, for one year. The client was eight years old when I met him for therapy. The client and his two sisters were removed from their birth parents many years ago because the birth father sexually abused all three children. The children were placed in three different foster homes because they had a history of sexually acting out among one another. One year ago, the client moved into a pre-adoptive home through his individual adoption process. The adoption failed due to the client's attempt to sexually act up on the pre-adoptive parent's biological son. The client was diagnosed with ADHD and struggled with those symptoms. The presenting problem in this case was the foster parents' complaints about the client's non-compliant behavior towards their instructions. The foster parents described disrespectful behavior and his inability to follow their house rules. The client experienced temper tantrums and engaged in physical fights with peers at school, church, and aftercare programs.

When I met the client for the first time, he greeted me politely. As soon as we started to talk, he shared with me that he has anger problems. He explained that other therapists tried to help him manage his anger with behavioral charts and positive reinforcements. The client explained that his last adoption failed because he did something he wasn't supposed to do. He said that he preferred not to talk about what happened. He disclosed that he did not care for his foster parents much because of their loud tone of voice when he got in trouble. I invited the client to draw with me, and the client appeared very excited to use all the art materials I presented him with, e.g., colorful paper, crayons, pens, glue, stickers, etc. The client drew a

picture and shared negative thoughts about his drawing, saying that his picture looked ugly and that he is not a good artist.

I recognized how much the client enjoyed engaging in creative activities. Throughout the therapy session he liked to draw pictures, which provided me with the idea to use art enthusiasm as a metaphorical component in my session. My goal was to initiate a systemic discussion about his birth family, the idea of adoption, and his experience in foster care. I asked the client to draw a picture with me about his life. He drew a picture of different people, e.g. family members, etc. in his life that were meaningful to him. Then, we cut out those pictured and created a genogram together. I utilized his genogram of pictures to discuss relationships, connections, and dynamics with the client. He created different colors, signs, shapes, etc., to explain to me relationships, connections, and dynamics from his experiences. We discussed how his birth parents expressed relationships and connections in ways which were against the law, unethical, unfair, hurtful, etc. We also talked about the impact of the sexual abuse on his relationship with himself as well as with others. The client said that he experienced confusion and struggles with how to build relationships with possible adoptive or foster care family members.

Case 6

This is the case of a female client who is ten years old. The client and her two biological younger brothers were adopted during the process of therapy by a same sex male couple. The client and her brother had been living with the adoptive fathers for eight months. Before moving in with the adoptive parents, the client and her brothers were placed in different foster care homes individually for many years. The client and her brothers were removed from their birth parents due to the birth mother's drug abuse and father's imprisonment due to domestic violence, sexual exposure, and neglect. The client and her

brothers were reunited in the adoptive home after many years apart. The presenting problems described by the adoptive parents were the client's inability to connect with the adoptive family. They said that her lying behaviors, emotional tantrums, trying to control the family unit and her brothers, noncompliant behaviors, constant back talk, and continual fighting with the family interrupted their bonding.

I met with one of the fathers, the client, and her brothers at the park for family therapy because the father forgot his house key. I invited the family to play soccer and observed their interactions, relationships, dynamics, and patterns with one another. The client tried to control her brothers in the game by telling them what to do and encouraging them not to listen to the adoptive father. The father and the client competed for the parental role in the family unit as well as on the soccer field. After a period of observation, I asked the father to sit with me. We drew a genogram to discuss his experience of playing soccer while continuing to observe how the siblings' interactions had changed on the soccer field by his removal.

In the genogram conversation, the father recognized that the client struggles to attach emotionally to the family unit because she is still in a foster care survival mode. The father said that the client continued to remain in survival mode to ensure emotional safety and prevent heartbreak again.

The MSR Research Method

The MSR research method described by Johns (2000) helped with the examination of the six cases where I used Bowen Family Systems Theory to inform my work. This study was an analysis of these six cases from my journal entries, and emphasized my experiences as an in-home counselor in the foster care system. The MSR model (see Appendix A) provided the tool to analyze my journal entries and guide my grounded theory reflection

process. The three peers with extensive Bowen Family Systems training were asked to write a review of their two assigned cases by answering the MSR questions in short paragraphs. The completed MSR questionnaire was turned in to me. My data analysis of the MSR peer reviewed answers provided me with the emerging patterns, factors, and themes of each case. I took those themes, key words, and statements and processed these to explore and identify my Metaphoric Generative Genogram (MGG) phenomenon through Grounded Theory.

In my Grounded Theory study, I analyzed the results of how I transformed my clinical view through bringing Genograms to life with metaphorical components in family psychotherapy. I engaged in the coding process “to bring meaning, structure, and order to data” (Anfara, Brown, & Mangione, 2002, p. 31). In this phase, I explored relational patterns of the categories and the subcategories. As a result of analyzing categories and subcategories, a common phenomenon surfaced. The relationship between the discovery of three main themes lead to central patterns of all categories. From this procedure I articulated a theoretical new concept, the MGG.

Analysis

This study utilized a grounded theory approach to collect and analyze my research data, with the intent to discover a new phenomenon (Strauss & Corbin, 1990). At the beginning of my qualitative analysis, I focused on my therapy process, pulling six cases from my work experience with adoptive families. My goal was to give examples of, and explain the process of, building an understanding and defining the theory of the Metaphoric Generative Genogram (MGG) approach. In order to articulate an explanation, grounded theory creates “theoretical categories that are arrayed to show how the theory works” (Creswell, 2013, p. 85). My primary form of data collection was the written peer reflections of ideas about the emerging theory from my journal cases. I reviewed the peer reflections multiple times to

“follow patterns of developing open categories, selecting one category to be the focus of the theory, and then detailing additional categories ... to form a theoretical model” (Creswell, 2013, p. 89). The data analysis procedure helped me to piece together meaningful categories to create a conceptualization of my therapeutic work with adoptive families.

Due to my two-year in-depth documentation of my therapeutic practice and my detailed description of the therapeutic case development, my journal and the peer review reflections of the cases provided me with enough information to fully develop the MGG model.

I conducted the data analysis in stages by studying categories, finding subcategories (properties), assembling data in a visual model of the MGG theory, exploring conditions that influence the MGG theory, and specifying influential factors of the MGG theory, identifying contextual components, and looking at the results (Creswell, 2013).

Introducing Themes, Categories, and the Discovery of the MGG

The interpretive process of the MSR data was coded and categorized into abstract, meaningful patterns recognized in each case example (see Figure 2). The relationships of the resulting themes, categories, and subcategories led to an emerging core phenomenon, the MGG (see Figure 3), which shows what practices work with adoptive families in family-psychotherapy.

Analysis of Case 1

Through the process of introducing a metaphoric component in the genogram conversation, I discovered three themes (see Figure 1) embedded in the adoptive family’s presenting problem. First, I recognized, along with the parents, that the client’s negative behaviors were a “test” of her place within the larger family relationship system. The client learned that by testing the family system through tantrums, attention could always be had. If the parents provided her with immediate attention, it also provided a sense of closeness, if

not actual attachment. For the client, losing her biological family of origin meant that attachment was always an issue. The older, biological daughter had become frustrated with the client's constant attention-seeking and removed herself from the drama by distancing herself until such conflicts were resolved, much like dog B. The father could always be counted on to show up at the height of the conflict and calm everyone down, and in so doing, help the client receive individualized attention and nurture the experience of closeness.

The family discovered, through the experience of the metaphor and the family dogs, that their family dynamics reinforce the family problem. The family's behaviors were intended to accomplish attachment with the client. The session explained the three themes emerging in adoptive family units. The client was: a). curious about how much to invest in the adoptive parent-child relationship, and b). engaging in testing behaviors in order to c). assess the family system. The adoptive family unit embodied these three themes with the goal of accomplishing attachment, which did not occur naturally.

I received the opportunity to recognize these themes by inhabiting the four categories (see Figure 2) in my therapy practice. During the therapy I utilized the family dogs as: a). a different creative orientation; b). a way to establish rapport with the client to enter the client's worlds; c). a method to observe emotional reactivity and interaction in the family unit; and d), a way to connect with the family to lower the level of anxiety by gaining insight through the genogram. Once a metaphorical framework was established, I created an interconnected relationship among the categories and themes, which emerged in the discovery of the MGG. The MGG approach is as follows: I created a metaphorical component by engaging the family dogs in the session, which allowed me to observe the families' interactions and relationships throughout the first half of the session. Throughout the second half of the session, I met with the family to discuss the experience in relation to the three themes (Figure

1), which manifested itself in a high level of chronic anxiety in the family unit. The genogram conversation invited the family to gain insight into the adoptive family problem, which lowered the level of anxiety experienced. The relationship between the metaphoric framework around the experience and the genogram conversation helped the family to recognize how the identified family problem functions within the larger family system, generating insight.

Later, I received an e-mail from the mother, thanking me for the session. She explained that the conflict in the family unit had reduced, which allowed the older, biological daughter to become more present in the family. The sisters spent quality bonding time together, e.g., mall visits, lunch outings, etc. The father and the mother utilized the insight they gained to further develop similar parenting skills. This helped the client realize that she does not need to engage in attention-seeking behaviors to receive relational closeness from both parents. The client recognized that she can build attachment with the family by connecting through fun activities rather than drama, which reduced her fear of losing the family. The therapy experience lowered the level of chronic anxiety and chaos, and increased opportunities to build attachment in the family unit.

Analysis of Case 2

In case 2, three overarching themes (see Figure 1) entered my therapeutic conversation. The adoptive parents recognized that the client engaged in non-compliant behavior not to hurt them, but to test if they will stay around forever and ensure the family unit, which then reduces her fear of losing them. Every time the client refused to comply with the adoptive parents' instructions, the level of chronic anxiety increased in the family, and this fact comforts the client because it assures her that they will remain a family even in times of struggle. When the level of stress in the family increased, the adoptive father would

help the client to complete any assigned task. As he hoped to build attachment with the client, this undermined the adoptive mother's efforts of parenting. The parents recognized the three themes through the experience of the play in relation to the genogram conversation. The client questioned: a). how much she can invest in this family relationship while finding the answers by engaging in b). constant testing behaviors adapted through her experience of abandonment, e.g. not listening, running away, etc. Therefore, the client and family created an assessment of c). the emotional family system that functions through creating a high level of chronic anxiety to build attachment. In this case, attachment is accomplished when the adoptive father provides the client with the attention and closeness desired, e.g., by giving in to assure the family unit's survival. For the first time, the adoptive parents recognized how the father overcompensated to help the client in times of struggle because he struggled with similar fears and symptoms as a child himself. He engaged in these enabling behaviors with the client to help reduce her fear of losing the family and to ensure a close family bond.

The themes and categories referenced in Figure 3 outline the process I engaged in to embody the MGG in my therapeutic practice. The emerging categories allowed me to: a). experience a different creative orientation with the family; b). help me establish rapport with the client to enter the client's worlds while joining; and c). observe the emotional reactivity and interaction in the family unit through d). building a connection with the clients to lower the experienced level of chronic anxiety by gaining insight through the genogram. These specific categories helped me discover the significant metaphoric component, the play, in this session. Once I began to analyze the categories and subcategories (see Figure 2), I made meaning of the relational patterns and recognized the MGG approach in this case.

The MGG in this case approach is as follows: I created a metaphorical component by asking the family to perform a family play about the adoption process and observed the

clients' interactions and relationships throughout the play. This provided me with the opportunity in the second half of the session to meet with the caregivers and engage them in a genogram conversation. This in turn led to a discussion of how family members' functioning nurtures a high level of chronic anxiety. This therapeutic practice helped the adoptive parents to gain greater insight about their family problem and how the client's symptomatic behavior reinforces their family dynamics. Later, the family reported that the level of chronic anxiety in the family decreased, which allowed the family to lower their emotional reactivity to one another.

Analysis Case 3

The categories embodied in case 3 surfaced through: a). a different creative orientation; b). my efforts to establish rapport with the client to enter the client's worlds while joining; and c). my observation of the emotional reactivity and interaction in the family unit through the fish. Engaging the client and her interaction with the fish in the genogram conversation led to a discussion about the three themes. We discussed: a). how much she can invest in this family relationship; b). how her constant testing behaviors, adapted through her experience of sexual abuse, affects her relationships; and c). how her assessment of the emotional family system through controlling and manipulating her relationships reinforces feelings of safety. The client recognized that she receives a sense of security when she increases the level of chronic anxiety in the family through her symptomatic testing behaviors. These behaviors increase her adoptive parents' emotional reactivity, which ensures the client that they will stick around through good and bad times and the relationship is safe. The client admitted that attachment does not occur easily for her in the adoptive family due to her past experience of abuse. She explained that her experience of being a pet

caretaker helps her understand how much of a struggle it has been for her adoptive parents to be around her when she projects her anger about the abuse.

The specific discussion of the three themes within the categories created another exploration of the MGG approach (see Figure 3). I created a metaphorical component with the fish and observed the clients' interactions and relationships throughout the first half of the session. During the second half of the session I engaged her in a genogram conversation to discuss her relational experience. Naturally, the client gained greater insight about how her abuse and family of origin relationships affect her new adoptive family relationships. The client was able to develop a systemic understanding of her need for control to ensure her need for safety in relationships. This therapeutic practice took away any self-blame for the abuse by highlighting her family of origin's unhealthy relationships initiated by her birth mother's mental health symptoms.

Overall, the adoptive parents reported the following week that the constant drama and fighting (chronic anxiety) had reduced, which allowed the family to start building greater attachment. The client recognized that she wanted to work through her experience of sexual abuse with the help of her adoptive parents.

Analysis Case 4

The genogram conversation in case 4, in relation to the TV show, invited the client to recognize the adoptive family problem. The three themes (see Figure 1) emerged in our discussion. We talked about how her focus on the only relationship that remained secure, the sibling's relationship, made her wonder: a). how much she could invest in a new adoptive family relationship. That led to b). constant testing behaviors adapted through her experience of abandonment, e.g., saying that she does not want to be adopted, etc. Therefore, the client

learned to c). assess any emotional family system by pushing away any new relationships to find out if they will stick around and are worth investing in.

The themes were illuminated by the four categories (see Figure 2) through the experience of the metaphoric component, the TV show, in association with the genogram. The TV metaphor constructed the therapeutic opportunity for me, expressed in the 4 categories, to: a). engage in a different creative orientation; b). help to establish rapport with the client to enter the client's worlds while joining, which allowed me c). to observe emotional reactivity and connection with the TV characters and d). connect with the clients to lower the experienced chronic anxiety by gaining insight through the genogram. This experience allowed the client to recognize her relationships, dynamics, and patterns in her sibling relationship. At the end of the session, the client stated that she would like to meet the pre-adoptive family and is curious to find out what could happen in the future.

As a result of this categorizing process of the central problem, the MGG theory (see Figure 3) emerged in this case. I refined the interpretative finding of this case and reached theoretical saturation again by discovering that I conducted the case by: a). creating metaphorical components by including the TV show; and b). observing the clients' interactions and relationships when discussing the shows' characters throughout the first half of the session. In the second half of the session, I: c). engaged the client in a genogram conversation, which helped her gain greater insight about her struggle to make the decision of wanting to be adopted. The genogram conversation highlighted: d). the relationship of the metaphoric experience in the session with the family map to lower the level of chronic anxiety due to the fear of losing her older sister through adoption.

Throughout the following sessions, we continued to discuss her favorite TV show episodes while drawing her genogram to talk about relationships, dynamics, and patterns. We

began to include the possibility of meeting the pre-adoptive family more and more. We discussed how the possibility of adoption could impact her family unit and function of the sibling subsystem. Throughout our therapy sessions, the client began to talk and meet with the pre-adoptive parents.

Analysis Case 5

In case 5, we discussed the three main themes throughout the genogram art project (see Figure 1). We examined: a). how much he could invest in this family relationship and find the answers by providing b). constant testing behaviors adapted through his experience of sexual abuse, which he utilizes to c). assess the emotional family system through fights, disobedience, and sexual acting out. I discussed with the client how he was learning to connect with people in a different way due to his foster parents' efforts to implement altered values by presenting age-appropriate boundaries and rules to him. The client began to draw his wish of finding a pre-adoptive family in the genogram again. He drew how he wished for new relationships and connections by using his own signs and colors in the relational map. He explained that he could build different relationships if he continued to process his understanding about what unfolded in his family of origin.

The client explained that something happened in his birth family that caused him to be removed. He wondered if he did something wrong, such as in the last pre-adoptive home. I invited him to look at the genogram picture he created and tell me the answer to his question from his point of view. And for the first time, he said he recognized, while looking at his picture, that the unhealthy relationship connections in his family of origin caused his removal and that it was not his fault. After this emotional discovery, I asked the client what he would like to do with the picture and he decided to build a paper airplane. He explained that the airplane represented his source of anger and, by letting it fly, he could begin to let go

and build different relationships with his foster parents and maybe find an adoptive family in the future. The client incorporated a metaphorical component, the creation of the paper airplane, to symbolize the relational insight he had gained.

The categories, such as the picture drawing activity in therapy, provided: a). a different creative orientation; b). establishing rapport with the client to enter the client's worlds while joining; and c). helping me observe any emotional reactivity and interactions throughout the process and d). connecting with the client to lower the experienced chronic anxiety by gaining insight through the genogram. The four categories created the opportunity to discuss the three adoptive family themes (see Figure 2) in the genogram. This results again in the inspired theory of the MGG approach in this case, because I: a). created metaphorical components by engaging the client in an art activity combined with the genogram creation; and b). observed the clients' interactions and relationships throughout the first half of the session when creating his art. Throughout the second half of the session, I: c). engaged him in a genogram conversation to discuss his relationships, family of origin, foster parents, past pre-adoptive parents, and future possible adoptive parents. The outcome of the session: d). explored again the relationship of the metaphorical art experience in conjunction with the genogram, which invited the client to gain greater insight about his struggles and abuse.

The client and the foster parents reported the following week to have had a better week. The client explained that he was not as disrespectful (emotionally reactive) to his foster parent's guidance, which created a different home environment. He said talking to me about connections and relationships seemed to help him understand that children learn to connect and relate to others due to experiences in early childhood. The client said that he is motivated to build different relationships and connect with trustworthy people such as his foster parents. At the end of each of the following sessions, he used the ever-evolving picture

genogram to build a paper airplane and flew it with the counselor to let go of anger due to gaining a greater understanding of his relationships.

Analysis Case 6

Throughout the session of case 6, we discussed the three main themes (see Figure 1):

- a). how much the client can invest in this family relationship and find answers by providing
- b). constant testing behaviors adapted through surviving foster care and her family of origin family relationships. Therefore, the client learned that c). assessing the emotional family system through emotional tantrums, lying behaviors, her need for relational control, etc., assured the possibility of attachment if the adoptive parents stick around for the struggles she creates. I explained that by sticking with her through her testing behaviors, the adoptive parents put money into her emotional bank, which lowers her fear of heartbreak when considering becoming emotionally attached to the new family unit. The father shared that for the first time, he recognized that the client struggled to move from a foster care survival mode towards attachment. Trusting and connecting with an adult always brought a risk of getting hurt again to the client, since the birth parents, who were supposed to nurture and assure her survival in the world, did not do so.

The family's interaction with one another in the soccer game provided a metaphor for their family dynamics and relational struggle. Additionally, the metaphor reflected the four categories embedded, which allowed me to engage in: a). different creative orientations; b). establishing rapport with the family to enter the client's worlds while joining; and c). observing emotional reactivity and interaction in the family unit as well as d). connecting with the client to lower the experienced chronic anxiety by gaining insight through the genogram. The relationship of the categories with the interconnection of the themes transformed an ordinary session into the MGG approach (see Figure 3). In the description of

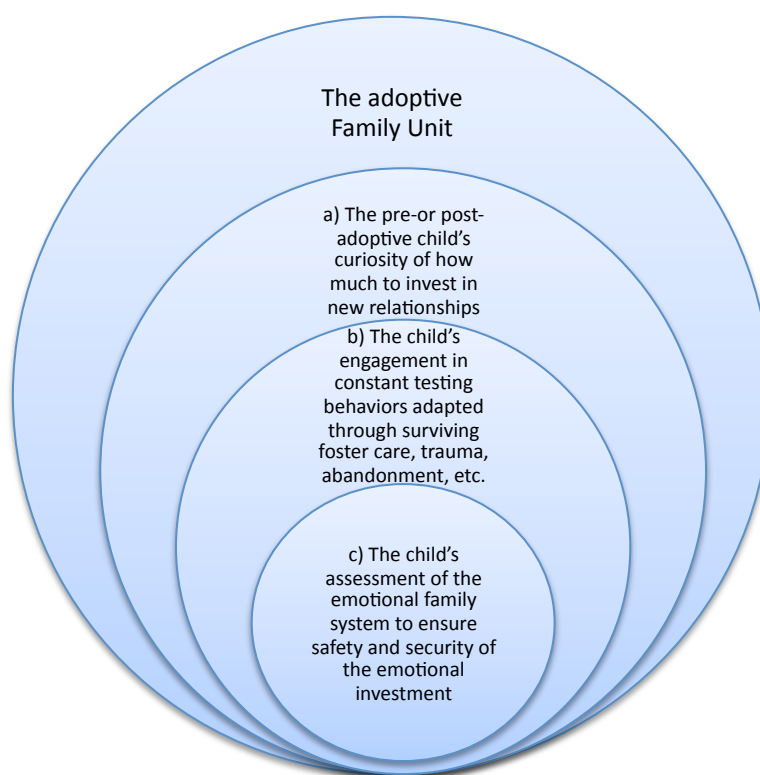
the session, I found that I: a). created metaphorical components by inviting the family to engage in a soccer game; and b). observed the clients' interactions and relationships throughout the first half of the session. In the second half of the session, I: c). met with the caregiver to engage in a genogram conversation, which allowed him to gain greater insight of the new family unit and how the level of chronic anxiety functions in their family unit. Specifically, the genogram conversation, in conjunction with the metaphorical experience, allowed the adoptive father to increase his thoughtfulness by lowering emotional reactivity due to his newly gained systemic understanding.

Throughout the course of therapy, the adoptive parents recognized that the client's survival mode from the past interferes when trying to build new attachments in the new adoptive family unit. The adoptive family gained a greater understanding of how risky it is for her to trust the adoptive parents in their guidance. The adoptive parents appeared to feel less rejected by the client through the process of therapy, as demonstrated by saying that they feel less hurt by the client's actions and behavioral struggles.

Studying Emerging Themes

Three main themes surfaced in each of the six cases. The relationship of the themes substantiated the discovery of the overall identification of a Bowen Family Systems Theory approach in all cases. The three main themes embodied in the cases are: a) the pre-or post-adoptive child's curiosity of how much to invest in new relationships; b) the child's engagement in constant testing behaviors adapted through surviving foster care, trauma, abandonment, etc.; and c) the child's assessment of the emotional family system to ensure safety and security of the emotional investment. On the following page is a visual model of the interconnected relationship of the three main themes discovered in all six cases.

Figure 1



Note: This visual model shows the interconnected relationships of the three main themes embodied in an adoptive family from a Bowen Family Systems Theory.

In order for clinicians to engage in effective family-psychotherapy with adoptive families, it is important for them to recognize the manifestation of those three main themes in adoptive family relationships. As noted by the peer reviewers, what worked for me when conducting family therapy with adoptive families was my process of lowering the families' chronic anxiety, remaining attentive to the emotional reactivity displayed, and analyzing the family dynamics. My attention to the interconnected relationship of the three main themes from a Bowen Family Systems Theory view inspired the process of creating a new approach on how to successfully engage adoptive families in family-psychotherapy.

Identifying and Formulating Categories and Subcategories

The findings from my data analysis indicated several categories along with numerous subcategories, or properties. The categories emerged from the three main themes, which surfaced in each adoptive family case. Strauss and Corbin's (1990) grounded theory methodology guided my data analysis process. I identified and formulated categories, as shown in Figure 2, through the "process of taking information from data collection and comparing it to emerging categories" in the constant comparative method of my data analysis (Creswell, 2013, p. 86). I engaged in open coding of the data from the reflective peer-reviews to extract the major categories of information. As a result of the open coding, I identified axial coding to focus on developing the "core" phenomenon, the MGG theory, from the data creating the categories and subcategories (Strauss & Corbin, 1990). The factors of the MGG approach emerged out of this qualitative data analysis process, as well as identifying contextual components. The final step consisted of relating the categories and subcategories to the core phenomenon and interpreting the process of the coding into patterns and themes to support the discovery of the new phenomenon.

Figure 2

1. Theme: A) Pre-or post-adoptive child's curiosity of how much to invest in new relationships

1. Category: Different creative therapy orientation

Subcategory: "Connect with client"
 "Joining"
 "Creating rapport"
 "Planning intervention"

2. Category: Establishing rapport with the client to enter the client's worlds

Subcategory: "Collaborative work between client and therapist"
 "Interacting in age-appropriate ways"
 "Work together"
 "Thoughtful Activities"

2. Theme: B) The child's engagement in constant testing behaviors adapted through surviving foster care, trauma, abandonment, etc.

3. Category: Observing emotional reactivity and interactions in the family unit

Subcategory: "High chronic Anxiety"
 "Patterns of family dynamics"
 "Emotional Reactivity"
 "Bowen Family Systems Theory"
 "Genogram"

3. Theme: C) The child's assessment of the emotional family system to ensure safety and security of the emotional investment

4. Category: Connecting with the clients to lower the experienced level of chronic anxiety by gaining insight through the genogram

Subcategory: "Understanding family dynamics"
 "Survival in the system"
 "Support family process"
 "Meet clients' needs"
 "Low emotional reactivity"

Note: Emerging themes, categories, and subcategories of the study

Exploration of Categories and Subcategories

As shown in Figure 2, the four categories emerged from the data of the peer reflection. All peer reviewers noted that in each case a metaphorical component (i.e., family dog, a play, fish, TV show, art project, and soccer game) emerged in the MSR feedback. The peer reviewers discussed how the metaphorical component contributed to the Bowen Family Systems Theory approach in the session. The reviewers described my therapy approach in the session as a different creative orientation identified in category 1. The subcategories and properties allocated with the therapeutic creativity were “connect with client,” “joining,” “creating rapport,” and “planning intervention.” The subcategories were developed from the MSR peer reflection of my therapeutic context, as displayed in the journal cases. The second category emerging from the data was the peers’ recognition of my efforts to establish rapport with the client to enter the client’s worlds while joining in all cases. My therapeutic effort was reflected in the evolving subcategories “collaborative work between client and therapist,” “interacting in age-appropriate way” “working together,” and engaging in “thoughtful activities.” The first and second category relate to the pre-or post-adoptive child’s curiosity of how much to invest in new relationships, as reflected in the first theme. I recognized a pattern within the two categories reflected in all MSR peer reviews. By coding the joining and building rapport effort, I explored the client’s world and struggles to gain relational and systemic insight. It can be challenging to build a therapeutic relationship with a pre-or post-adoptive client. The client’s question of how much to invest in this therapeutic relation can overshadow the rapport building process.

The third category identified in my therapy practice of working with pre-and post-adoptive families was the observation of emotional reactivity and interactions in the family unit. The subcategories systematized were “high chronic anxiety,” “patterns of family

dynamics,” “emotional reactivity,” “Bowen Family Systems Theory,” and “Genogram” and were discovered through the exploration of the theoretical framework reflected in the cases. This data describes theme 2, how the child engages in constant testing behaviors adapted through surviving foster care, trauma, abandonment, etc. Through recursive patterns in the cases, I generated a relational understanding that my creative therapy approach allowed me to observe how different levels of chronic anxiety evolved in the family unit. Additionally, observing the emotional reactivity through implementing relational metaphors in therapy helped me to understand the fundamental family problem of adoptive families.

Category 4, connecting with the clients to lower the experienced chronic anxiety by gaining insight through the genogram, emerged in relation to the metaphorical component in the cases. Three subcategories surfaced from the data analysis in this category, described as “understanding family dynamics,” “survival in the system,” “support family process,” “meet clients’ needs,” and “low emotional reactivity.” During the therapeutic conversation of this category, theme 3 emphasized the child’s assessment of the emotional family system to ensure the safety and security of the emotional investment. In the peer review reflections, the potential for a better understanding of the four categories that feed into the utilization of the metaphorical components arose. The metaphorical components are identified through the categories, which are connected to the subcategories, and interconnected within three themes that govern the adoptive family unit. It appears that the theoretical understanding of the adoptive family unit influenced my metaphoric generative therapy approach. Additionally, the metaphoric component, in conjunction with the Bowen Family Systems Theory, can inspire a new creative therapy practice with adoptive families. Peer reviewers emphasized that the utilization of metaphoric components amplified my therapeutic insight of the family unit.

The Relationship among Categories and Subcategories

With regard to my genogram work, the combination of the metaphoric components is based on Bowen Family Systems Theory. Peer reviewers acknowledged a relationship between metaphorical components and Bowen Family Systems Theory in all cases. This suggests that the affiliation between categories and subcategories may have something to do with the families' experience of the metaphorical components and the insight gained in conjunction with the genogram conversation. One of the unique findings developed from these resources is the concept of the Metaphoric Generative Genogram (MGG). In my review of the peer reflections, the therapeutic intervention was characterized by providing insight of the family unit problems in all six cases. The therapeutic component in each case invited the family to reflect on the family dynamics. In relation to the genogram conversation, the metaphorical component allowed for greater systematic insight, which lowered the level of chronic anxiety in the family. Peer reviewers noted that the metaphorical interaction is similar to the family problem. Reflecting on the metaphoric experience in a genogram conversation helped the family to immediately gain insight. The relationship of the categories and subcategories describe the value of MGG and the resulting therapeutic outcomes. Each peer reviewer discussed in their reflection the effective therapeutic results of the categories and subcategories relational connection. The therapist's work was identified as ethical and transformative for the family when exploring and interpreting categories.

Exploration of the Metaphoric Generative Genogram (MGG)

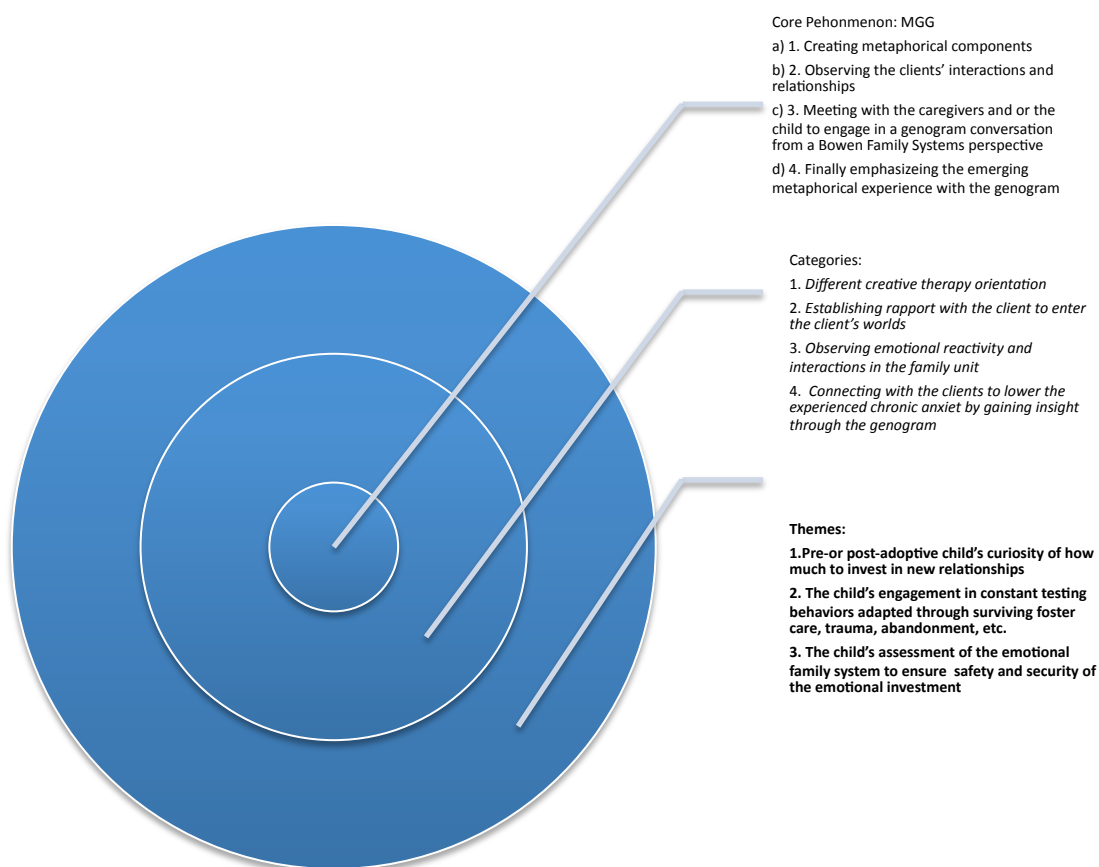
The findings of this analysis show how having a Bowen Family Systems Theory understanding with respect to metaphorical components can sustain a different and innovative practice with adoptive families in psychotherapy. The data recommends that this is a new core phenomenon established from the grounded theory analysis. The identification

of this phenomenon is called the Metaphoric Generative Genogram (MGG). The MGG maintains four characteristics recognized by the peer reviewers in all cases. The theory is as follows: the MGG approach invites the therapist to create metaphorical components, to observe the families' interactions and relationships within the metaphorical experience, to engage in a genogram conversation from a Bowen Family Systems perspective, and finally to emphasize the emerging metaphorical experience with the genogram. Building an interactive process among the metaphor and the genogram increases the adoptive family's insight of their emotional family unit and minimizes the level of chronic anxiety. Minimizing the level of chronic anxiety in the adoptive family unit helped the family members to lower their emotional reactivity to one another.

The peer reviewers recognized that the majority of my practice consisted of finding a metaphor that the families can connect with. The connection with a metaphor is felt when a client engages in a situational exercise, which provokes thoughts and feelings in the family with regards to the family problem. The metaphoric components are different in each case but follow similar recurring therapeutic patterns, such as the observation of family interactions, relationships, patterns, and dynamics. This process allows me to establish the context for a systemic genogram conversation. I created a family map that includes at least three generations, as well as the pre- or post-adoptive child's family of origin. Bowen Family Systems Theory provided me with the contextual understanding of how the family's emotional reactivity manifests itself in the family unit, as presented in the metaphoric experience. The data analysis emphasized several factors within the relationship of the categories and subcategories relating back to the three main themes. It seems that exploring the family problem from a MGG approach provides clients with an opportunity to explore their family relationships from a systemic point of view.

The MGG offers correspondence with Friedman's fable practice in therapy. He recognized that "people can only hear you when they are moving toward you, and they are not likely to hear when your words are pursuing them," because "even the choicest words lose their power when they are used to overpower" (Friedman, 1990, p. 5). It looks as if that the MGG commits the therapist to experiencing the metaphoric situation with the family. Friedman (1990) emphasizes that insight gained through therapy depends on the emotional context. Therefore, the MGG provides the emotional context to the family, which allows them to gain a systemic understanding about their problem.

Figure 3



Note: Visual model, logical diagram of the Metaphoric Generative Genogram (MGG). The prescribed themes and categories in relationship ground the MGG core phenomenon in a systemic process that reflects the adoptive family in therapy from a Bowen Family Systems lens.

CHAPTER V: DISCUSSION AND IMPLICATIONS OF THE STUDY

Findings

The purpose of this qualitative dissertation study was to offer a greater understanding of how to work with pre-and post-adoptive families in family-psychotherapy from a Bowen Family Systems Theory approach. The grounded theory methodology process of the data analysis helped to explore how genograms come alive through the use of metaphorical components. This resulted in a meaningful discovery of the MGG in my work with pre-and post-adoptive families. Research rigor was ensured through my constant comparative analysis of the peer review reflections. Throughout the data collection process, I acknowledged and monitored my assumptions of my research findings to control my bias to the best of my abilities.

The research findings indicate a relationship between the MGG approach and Bowen Family Systems Theory in my practice with pre-and post-adoptive families. I discovered through my therapeutic practice with adoptive families that relational struggles impact all family members. I recognized that “once a symptom emerges, a relationship process develops around the symptomatic person,” the adoptee, “which may foster its becoming chronic” (Kerr & Bowen, 1988, p. 87). The problem is not an individual problem of the adoptee but a family problem. This family problem was shown by a high level of chronic anxiety, which emerged in symptomatic behavioral struggles expressed by the adoptees and reinforced by caregivers.

Comparable to my research findings, the literature suggests that pre- and post-adoptive children “face unique challenges in forming secure attachment relationships with their adoptive parents due to the resonance of this ‘primal wound’ experience” (McGinn,

2007, p. 63). These challenges were expressed through the discovery of the three main themes (see Figure 1) emerging from this research. The adoptive family's challenges manifested in the three themes of "being in more than one foster placement," "history of neglect," and a "lack of parental readiness and subsequent ineffective parent-child interaction style" (Simmel, 2007, p. 274). Scholars support the fact that an effortful constructed family arising from the adoption process is a struggle for the adoptee as well as the adoptive parents. Therefore, this life changing process of becoming a constructed family demands professional attention from clinicians in therapy.

However, a gap in the research exists on how to work with relational issues arising among adoptive families from a Bowen Family Systems lens. Although common therapy practices such as cognitive-behavioral therapy are utilized as treatments, they mainly focus on the adoptee alone (Dattilio & Nicholas, 2011). Nevertheless, Wind, Devon, and Barth (2007) emphasized that effective therapy incorporates additionally "relational components consistent with the needs of special needs adoptive families" (p. 387). My research findings indicate that the problem is an adoptive family problem that can be addressed through the MGG in family therapy. A systemic insight can be gained by facilitating a multiple interactive process through implementing a metaphorical component in conjunction with the genogram conversation. As the six case examples show, systemic insight lowered the level of chronic anxiety in each family unit and allowed for more thoughtfulness and less reactivity in each family member. The MGG discovery can fill the research gap and allow for more "didactic and practicum-specific training in adoption and foster care" communities to develop (Weir, Fife, Whiting, & Blazewick, 2008, pp. 285-286).

Discussion

This research indicates that family therapy can “increase the therapist’s ability to provide effective treatment for adoptive families” (Berman & Bufferd, 1986, p. 6). Specifically, the MGG phenomenon can provide a unique treatment approach to the practice of marriage and family therapists. As previously discussed, relational struggles such as attachment can interfere with building an effortful constructed family unit. Testing behavioral symptoms can help pre-and post-adoptive children to find out “If I kick you, will you kick me back, will you kick me more or less, or will you neglect me?” The child’s engagement in symptomatic behaviors assesses the emotional family system. This process helps to ensure that the relationship with a new caregiver will not fail and can enhance the chance of attachment. In essence, what worked for me when I was discussing difficult topics in a family environment filled with a high level of chronic anxiety was the continuous process of bringing genograms alive through metaphorical components, the MGG. The MGG approach allowed me to be sensitive to the adoptive family unit, an unnaturally developed family system, which cannot be taken for granted by the child as well as the caregiver.

As demonstrated throughout the six case examples, utilizing a Bowen Family Systems Theory when working with adoptive families in therapy helped me to acknowledge and be aware of the three themes that govern pre-and post-adoptive family units (see Figure 3). In order to share my insight into how symptoms reflect the families’ functional needs, and explain that these needs have to be understood rather than eliminated, I created the Metaphoric Generative Genogram (MGG) phenomenon. I utilized different relational components, e.g., pets, art activities, games, plays, etc., and invited families to connect with the family problem. The subsequent genogram conversation of the emotional experiences through the metaphor invited the adoptive family to gain systemic insight of the family problem. The MGG approach is congruent with the understanding that “changes in subjective

experience, behavior, and physical functioning are related to a reduction of chronic anxiety” (Kerr & Bowen, 1988, p. 338). The goal of the MGG in therapy is to help family members to receive the “ability to be a ‘self’ in one’s most emotionally significant relationship systems,” the adoptive family (Kerr & Bowen, 1998, p. 338). Gaining more insight through the MGG about relational patterns, individuality/togetherness, emotional cutoff, triangles, etc., which govern the family’s everyday level of functioning, helped to lower the chronic anxiety experienced in the nuclear family unit.

The findings of the MGG approach suggests being attentive not just to what is said throughout the metaphoric experience but also to what family members do and do not do. The MGG makes an observation and assessment of the immediate family unit and the family problem as well as three or more generations and the birth family members. This treatment process allows adoptive caregivers and children to understand that relationships that last long need a long time to develop for attachment to occur.

Additionally, the MGG approach helped me to remain systemically aware of the adoptive family problem from a Bowen Family Systems Theory lens, which allowed me to be non-emotionally reactive but still thoughtful when working with children and families in foster care. The peer reviewers recognized that I did not integrate my own personal biases and assumptions and did not force my own agenda on the family during treatment. The most important outcome is that the MGG theory goes beyond any other therapeutic model of understanding human behaviors in adoptions and foster care systems from a Bowen Family Systems Theory. Most therapists may think about how to fix the pre-or post-adoptive child’s struggles in their therapeutic approach, rather than understand the relational system and its regulations and functioning by lowering the experienced chronic anxiety in the family unit.

Strengths of the Study

This research contributes to enhancing therapeutic practices with pre-and post-adoptive families in family psychotherapy from a Bowen Family Systems lens. The research results indicate the unique discovery of the MGG phenomenon, which could provide therapists with the knowledge of what works in therapy practice with adoptive families. The grounded theory methodology allowed me to explore and analyze my therapeutic practice with adoptive families with the intention of interpreting my findings of the MGG. The guided peer reflections, the MSR (Johns, 2000), emphasizes research rigor and proves the congruence of the MGG discovery in all six cases. Furthermore, the discovery of the MGG is applicable to fill the research gap on how to conduct family-psychotherapy with adoptive families by bringing metaphors alive through metaphorical components. The family therapy field needs more research and literature on how to successfully engage adoptive families in Bowen Family Systems therapy to understand the complexity and the impact of adoption or foster care on the family unit.

Limitations of the Study

This qualitative study explores the phenomenon of the Metaphoric Generative Genogram (MGG) by analyzing six cases from my journal. Scholars could argue that the application of grounded theory methodology is a lengthy research process and that the discovery of a phenomenon depends on the researcher. Critics could emphasize that the mix of ground theory methodology and archival data review to discover a new phenomenon limits the generalizations of the study. Another common issue of grounded theory is the researcher's considerable investment in the construction and analysis of the data process and the discovery of the phenomenon. Overall, this grounded theory study does not lack in methodological strength because I followed the analytic guidance of Stauss and Corbin (1990) in my grounded theory research.

In order to decrease the limitations of this study, a larger sample size of cases and additional archival data, e.g. progress notes, treatment plans, etc., would be beneficial for analyzing more families in family-psychotherapy and discovering additional information. The research rigor is dependent on the peer reviews and my ability to accurately reflect the journal case reviews. The guided reviewers could be influenced by biases and assumptions of the Bowen Family Systems Theory model. The researcher's biases could reflect how the data in this study was interpreted and presented. In addition, generalization of the research results was compromised due to the utilization of a private journal and a small sample size.

Implications for Future Research

Future studies could include additional archival data, which might provide the researcher with more detailed information on how Metaphoric Generative Genograms were brought to life in family-psychotherapy sessions. Also, the sample group could become more diverse and include other families besides pre-and post-adoptive families to generalize the effectiveness of the Metaphoric Generative Genogram in therapy with other groups. Furthermore, interviews could be conducted with the families to assess how they experienced the family-psychotherapy sessions with the therapist. Families might be more forthcoming about the therapy treatment of the Metaphoric Generative Genogram approach. In addition, future research could engage families in a pre- and post- interview to find more evidence of the effectiveness of bringing genograms to life through metaphorical components in therapy. Also, this multiple grounded theory case study could be “joined by interventional and comparative studies along with meta-studies and narrative reviews” to provide diversity and pluralism to the results (Chenail, 2012, p. 2).

Implications for In-Home Therapy Services

This research study could motivate therapists to experience working as in-home therapists and acknowledge the advantage of utilizing the client's home environment in family-psychotherapy. I realized that therapist are not born but made through their therapeutic experiences when working with clients. I utilized my challenges as an in-home therapist as an opportunity to grow and become the clinician I am today. I would have lost this research opportunity if I did not agree to my first therapy job as an in-home clinical counselor.

Additional implications of my study outcomes could result in trainings for in-home therapists who work for community agencies. My hope is to demonstrate that future trainings could encourage more clinicians to enter the field of in-home therapy. I have found a way, the MGG, to successfully engage non-compliant clients in therapeutic services when working in the community that could benefit colleagues in the field. Agency trainings could decrease the clinician's level of experienced stress and allow for longer employment duration.

Implications for Future Practice

This research study shows how to effectively work with adoptive families in family-psychotherapy and can help therapists working in adoption agencies or private practice. Trainings developed from the research findings can educate professionals working with adoptive families. Furthermore, clinical trainings for therapists on how to bring genograms alive through metaphorical components can encourage clinicians to become attentive to how symptoms function in the family unit, rather than trying to eliminate these symptoms from the family unit. In-depth trainings can reduce therapists' high levels of pressures and stress when working with this population. Through this process, professionals can be more compliant while working for a longer duration of time in the agency settings.

Additional research studies can be utilized to create a manual about the MGG and how to apply this approach in family-psychotherapy. This manual could inspire future teaching, supervision, training, and therapy practice for therapists. The MGG approach could also enrich clinicians working with all types of families in psychotherapy. In conclusion, this research has created new knowledge about how to bring genograms alive through metaphorical components to enhance systemic family-psychotherapy with adoptive families. Facilitating therapy from a Bowen Family Systems lens transformed the family's experience in therapy, which enhanced an effective therapeutic outcome.

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Appendix A

Model for Structured Reflection (MSR)

Dear Reviewer please:

- Find a space to focus on self (of the therapist describe in the journal)
 - Pay attention to your (the therapist) thoughts and emotions
 - Write down those thoughts and emotions that seem significant in realizing desirable work (in the session described)
1. Write a description of the situation surrounding your (the therapist's) thoughts and feelings.
 2. What issues seem significant?
 3. What was I (the therapist) trying to achieve?
 4. Why did I (the therapist) respond as I (he/she) did (in the session)?
 5. What were the consequences of that for the client/others/myself (the therapist)?
 6. How were others (experiencing the session)?
 7. How did I (the therapist) know (how clients experience the session)?
 8. Why did I (the therapist) (experience) the way I (he or she) did within this situation?
 9. Did I (the therapist) act for the best?
 10. What factors (either embodied within me or embedded within the environment) were influencing me (the therapist)?
 11. What (therapeutic approach)/knowledge did or could have informed me (therapist)?
 12. Does this (case)/situation connect with previous experiences (the other case)?
 13. How could I (the therapist) handle this situation better?

14. What would be the consequences of alternative actions for (clients)
patients/others/myself?
15. How do I (the therapist) now feel about this experience?
16. Can I support myself (the therapist) and others better as a consequence?
17. How 'available' am (was) I (the therapist) to work with (clients) patients/families and
staff to help them meet their needs?