The Family Circle Method for Integrating Family Systems Concepts in Family Medicine

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The family circle method is a process that allows individuals to draw a schematic diagram of their family system. It is closely allied with family systems theory and family medicine philosophy. The method is readily understandable with brief instructions. Individuals can create a family circle drawing in as little as two or three minutes. Once instructions are given, the presence of the physician is not required during the drawing. Family circle drawings will often illustrate, in graphic form, patterns of closeness and distance, of power and decision making, of family alliances and boundaries. The drawings provide at a glance an overview of the family system as seen by the person who does the drawing. The drawings are a rich source of information concerning family dynamics and are useful for setting goals for changes in the family system.

Progress in the "family" dimension of family medicine will require close attention to concepts and methods that promise to be economic in their time requirements yet rich in their yield.[1-8] One such method is the family circle method, which has proven useful with the individual as well as the family and adaptable to the constraints of training and office practice.

The family circle method is a brief, graphic method for gathering, disclosing, and assessing family information and family dynamics as seen by one or more of the members of a family. It incorporates family systems theory, which views the family as a mutually interacting system wherein each part affects all the others and each is affected by the whole. This paper describes the uses of the family circle method in (1) gathering basic patient data in family practice, (2) applying the method clinically for individuals and families, and (3) teaching family dynamics and family systems theory to family practice residents and faculty.

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Origins of the Family Circle Method

Diagrams and drawings have a long history in the social sciences. Jacob Moreno[9] first introduced the sociogram in 1934 to assess and repre-

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sent the status or social popularity of the members of a group. In the years just before World War II, Kurt Lewin[10] used drawings and circles extensively to represent forces, vectors, and areas within individual personalities and to represent the life space of an individual as he or she sees it. In more recent years Bing,[11] Geddes and Medway,[12] Mostwin,[13] and Burns and Kaufman[14] have used pictorial or symbolic drawings to represent family scenes and relationships. Mostwin in particular used circles within circles to represent family members in family therapy sessions. From these antecedents and progenitors, one of the present authors (SMT) developed and explored the family circle method and its uses in family therapy over a seven-year period. Generally, the method was used with family members in the presence of each other in counseling sessions to assess family problems and determine the focus of treatment. Three views of family systems functioning were identified: the present system as it currently exists, the system as each person thinks it should be, and the family system as each person wants it to be in the future. Since 1977 the authors have used the family circle method in family medicine for data gathering, clinical, and educational purposes. The development of this method and its applications have been heavily influenced by family systems theory as taught by major theorists (Bowen,[15] Satir,[16] Minuchin,[17] and others).

How to Conduct a Family Circle Session

Family circles may be collected from an individual, a family subsystem (marital, sibling or parent, child) or individually from all the members of a family group in the presence of one another. The clinician draws a large circle on a piece of paper, blackboard, or flipchart. The person(s) interviewed are instructed as follows:

> As a family physician, I am interested in you, your family, and what is important to you. Let this circle stand for your family as it is now. Draw in some smaller circles to represent yourself and all people important to you—family and others. Remember, people can be inside or outside, touching or far apart. They can be large or small depending on their significance or influence. If there are other people important enough in your life to be in the circle, put them in. Initial each circle for identification. There are no right or wrong circles.

Instructions are varied by inviting participants to represent the important areas of their lives such as significant losses, vacations, and hobbies. Given this extra latitude, some participants will draw a picture of their entire life space, including recreational activities, religion, and past events that are of current significance. Emphasis is always given to an appreciation of the individuality of these circles with a reminder that this is not a test. For family therapy purposes a complete drawing may be valuable, wherein each member of the family group places him or herself in a single large circle, visible to all, with family discussion of each person's perception of his or her place.

The Discussion and Inquiry Process

The first step in the discussion of a family circle is for the person to describe and explain what he or she has produced. Inherent in the method is respect for the patient or other person's interpretation of the circle and thus the patient's control of the amount of self-disclosure and risk. Subsequent questioning may relate to intimacy and distance, power hierarchy and decision making, closeness and communication patterns, and personal boundaries and space, all factors of importance in family systems theory. The discussion may be directed toward any of these aspects of interpersonal relationship, and the inquiry may be as brief or as long as is required. Completing the circle usually takes five minutes. The discussion may last as long as 30 minutes. Examples of questions that go into more depth are: How would you compare the circle you drew with the way you would like it to be? How would you rearrange the circles to make these changes? What are some ideas of how you could accomplish this? If one person in the circle (system) changes, what rippling effects will this have on the others in the circle?

Thus, the family circle method can be used for identifying and setting specific goals and increasing awareness of the dynamics of change in a system. It also aids in the development of a "family" profile or data base, allowing the patient to define his or her own concept of family. The drawing is not interpreted to the person or family. It is important to remember that the circles and their meanings belong to their originators and represent a subjective view of their own family system. The

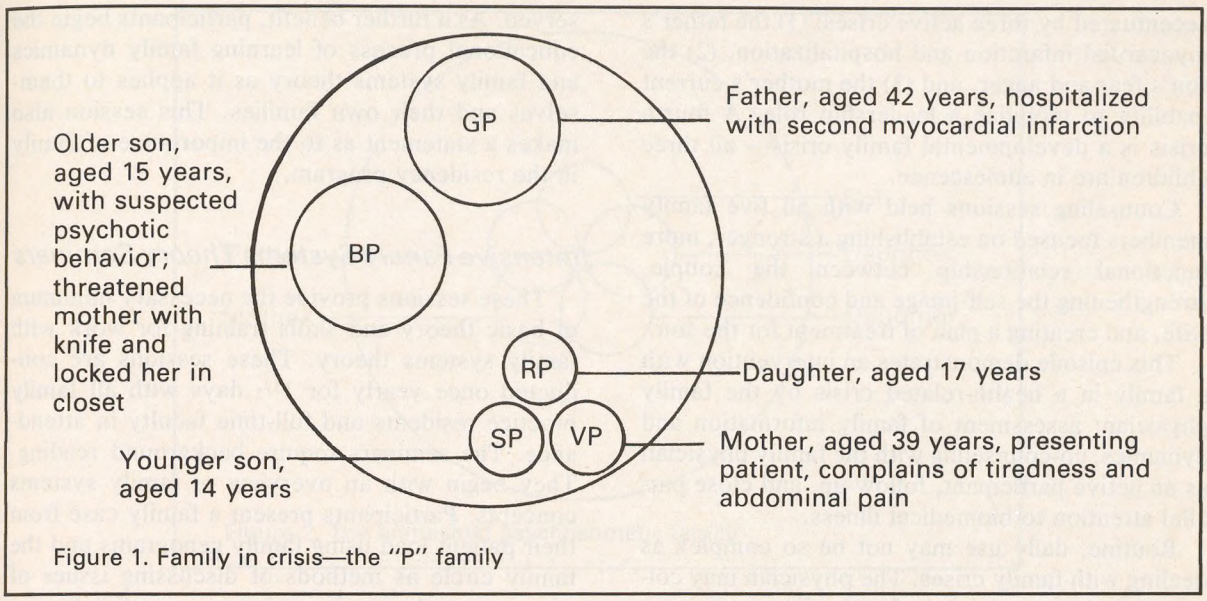

Figure 1. Family in crisis—the "P" family

clinician's role is to ask questions to elicit the patient's view and also to help define areas of strength as well as of desired change. The dialogue can readily shift from assessment to goal setting.

Clinical Uses

The family circle is potentially useful as a part of the clinical data base of every patient in the practice. Initially residents and faculty generally collected a family circle when there was a particularly puzzling patient and "psychosocial involvement" was suspected but unclear. Currently residents and faculty are using the method for more routine patient situations. In the course of a brief visit during a busy afternoon, a physician can refer to the circle and ask a few leading questions that will assist an integration of the biomedical and psychosocial issues in family care. Collecting and discussing a family circle briefly with a patient formalizes the family physician's interest in the patient's significant relationship and support systems as related to health.

An example of the family circle method in demonstrating its clinical use is shown in Figure 1. A senior family practice resident caring for the "P" family met with Mrs. P., who presented at the Family Practice Center complaining of "tiredness" and "stomach pains." In sifting through a melange of unclear psychosocial information and medical complaints, the resident asked the patient to draw a family circle using the instructions previously described. Mrs. P., who was neither well-educated nor verbally articulate, readily grasped the instructions and produced the family circle.

The process of inquiry, discussion, and explanation is often a positive factor in the physician-patient relationship and also improves the circle's clinical usefulness. In this case, Mrs. P., whose husband (formerly the leader of the family—indeed, the leader of the neighborhood) was now hospitalized as a result of his second heart attack, explained the family system as follows: Her 15-year-old son, often a behavior problem, had become highly agitated to the point of threatening her with a knife and locking her in a closet. Mrs. P. indicated that she felt small and helpless, worried, separate from her husband, fearful of her angry, violent son, and closer to her other two children.

These family issues are readily suggested by Mrs. P.'s family circle drawings. The circle suggests a family in disequilibrium, with two primary group alliances: father-son and mother-daughter-son. The marital subsystem of husband and wife is not in evidence. This lack of balance was probably

accentuated by three active crises: (1) the father's myocardial infarction and hospitalization, (2) the son's fear and anger, and (3) the mother's current inability to mobilize a leadership role. A fourth crisis is a developmental family crisis— all three children are in adolescence.

Counseling sessions held with all five family members focused on establishing a stronger, more functional relationship between the couple, strengthening the self-image and confidence of the wife, and creating a plan of treatment for the son.

This episode demonstrates an intervention with a family in a health-related crisis by the family physician: assessment of family information and dynamics, co-counseling with the family physician as an active participant, follow-up, and close parallel attention to biomedical illness.

Routine, daily use may not be so complex as dealing with family crises. The physician may collect the circle and ask a few leading questions, such as: "Who can you count on to help you in a crisis?" "Is your circle the way you would like it to be?" "What steps might you take to change it?" This initial information provides a useful map for future discussions and continued relationship building.

Teaching and Training

The family circle method has been adapted to several settings for teaching family practice residents. The method is used to clarify family systems in psychosocial problem cases. It is also used in a program designed to teach family systems theory to family practice residents. The outline of this program is as follows:

Understanding One's Own Family

Family systems theorists have emphasized the understanding of one's own family as a first step in understanding and making effective application of the theory. During orientation of new residents, a family circle session is held with residents and faculty. Each participant (faculty and resident) draws his or her family circle, including the perceived impact of recent changes, on the blackboard and shares it with the group. Since implementing this session two years ago, a more rapid development of group cohesiveness, trust, and understanding among the residents has been observed. As a further benefit, participants begin the educational process of learning family dynamics and family systems theory as it applies to themselves and their own families. This session also makes a statement as to the importance of family in the residency program.

Intensive Family Systems Theory Seminars

These sessions provide the necessary minimum of basic theory and skills training for work with family systems theory. These sessions are conducted once yearly for 1½ days with all family practice residents and full-time faculty in attendance. The seminars require background reading. They begin with an overview of family systems concepts. Participants present a family case from their patient load using family genograms and the family circle as methods of discussing issues of assessment, diagnosis, and care using family systems concepts.

Faculty Development

Interested family practice faculty members are critical to the success of any effort to teach family systems theory and methods to residents. The family circle method has been used in a combined didactic and small-group faculty development workshop for the statewide network of five residencies that are affiliated with the University of North Carolina at Chapel Hill. Didactic material was followed by small-group sessions in which participants drew and explained their own family circles. This workshop generated considerable enthusiasm and favorable evaluations.

Related Principles of Family Systems Theory

The family circle method can be used and appreciated on a purely intuitive basis; however, its richest and most effective clinical use requires an understanding of family systems theory. Indeed, family systems theory is part and parcel of the family circle method.

The term *family* as it is used means the network of important human relationships of an individual or individuals. Thus, the range of family includes the traditional mother-father-child group, the sin-

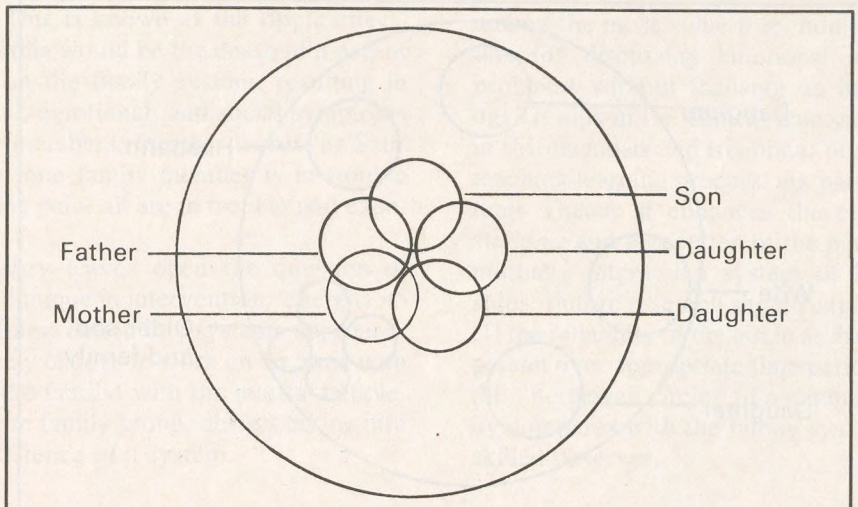

Figure 2. The enmeshed psychosomatic family

gle parent and child, the homosexual couple, the single adult with long-lasting relationships, and many other family patterns. Family systems are numerous in their variety. Certain systems, however, have special interest for health professionals.

The Fused, Enmeshed Psychosomatic Family

In this family system the members do not clearly separate their own feelings, anxieties, concerns, and identities. The members engage in a reverberating, souplike emotional atmosphere that is shared by all. Boundaries between persons are very unclear. Sometimes, the physician may unwittingly be caught up in the confusion. According to Bowen[15] and Minuchin,[17] these families often produce psychosomatic members. On occasion a patient may draw another person's circle mostly overlapping or even precisely on top of his or her own. Figure 2 illustrates how such a family might be represented in a family circle.

The Emotionally Divorced Family

In this family system, the married couple has emotionally separated or "divorced" while maintaining a common household. The husband and wife are distant and share few of their emotions. Living together may continue as a matter of convenience. Members of this system, including the children, are at risk for anxiety, depression, and other symptoms. Figure 3 illustrates how such a family might be represented.

The Patriarchal (or Matriarchal) Family

Issues of power and hierarchy have great importance in this type of family. Sometimes there is one leader who wields power. Real power, however, may also reside with an apparently passive or compliant spouse. The assessment of the distribution of power in a family is not a simple matter. Sometimes a grandparent or even a child has strong influence. The misuse of this concentrated power sometimes will play a role in symptom production. Physicians, as figures of high status and power to their patients, may unwittingly engage in a power struggle with the family leader or may pre-empt the leader's role in case of sickness. At times the physician deliberately challenges the power system for therapeutic purposes. Figure 4 illustrates how such a family might be represented.

As can be seen, the family circle illustrates certain family dynamics and systems at a glance. Other fundamental principles are not so easily represented in a static picture. Since families are changing, the individual is viewed as part of an

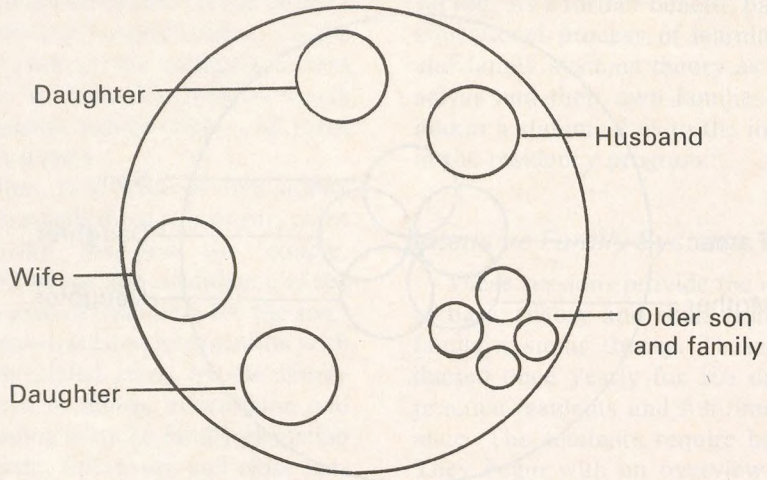

Figure 3. The emotionally divorced family

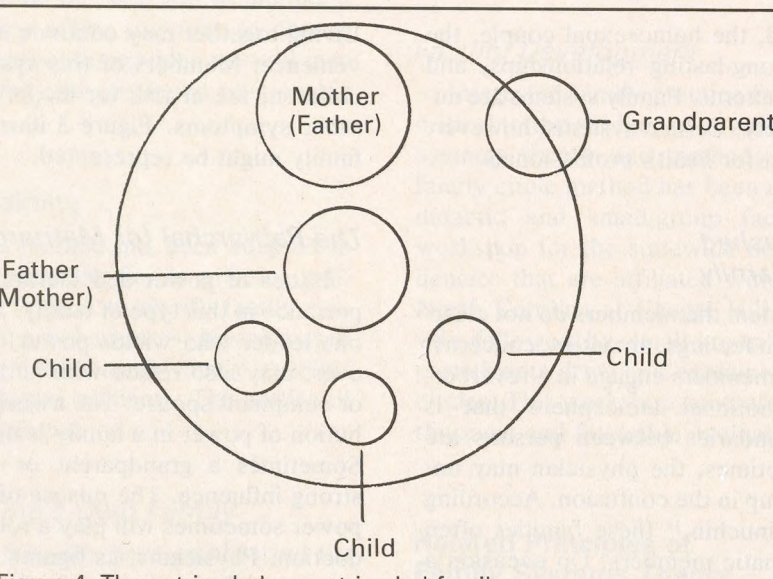

Figure 4. The patriarchal or matriarchal family

interactional network system that is constantly evolving.

The family is viewed as a mutually interacting system that operates as an emotional unit. No one person is blamed or labeled as "the problem." The whole family system is more than a sum of its parts for it includes the individual plus his interactions with others; therefore, a change in one part of the family system (an illness, a behavior, or social dysfunction) effects change throughout the system. Conversely, if the family unit is not functioning well, symptoms may develop in one or more of

the members. This is known as the ripple effect. An example of this would be the death of a parent and its effect on the family system, resulting in various physical, emotional, and social symptoms in other family members. In other words, as Satir suggests, when one family member is in trouble and experiencing pain, all are in trouble and experience pain.[16]

Systems theory leaves open the question of strategy and technique in intervention. There is no single correct intervention in a systems approach. The clinician may choose to work on an issue with one person in the family, with the marital couple, or with the entire family group, always taking into account the existence of a system.

Discussion

The family circle method helps to develop the boundaries of physician-patient communication for the family physician and the patient while simultaneously expanding the data base. This method is flexible, adaptable, and efficient. The circle can be used for a brief look at family information in the course of routine clinical care or can be the springboard for psychotherapeutic goal setting with follow-up appointments for counseling and for monitoring progress. Given mastery of interviewing skills and the basic knowledge of family systems theory, this method is easily learned and unusually rich in its yield. Its use in itself is a continual learning-teaching process for the patient and the practitioner.

The family circle method, incorporated with Smilkstein's family APGAR[2] and the family genogram,[18,19] provides the practitioner with a comprehensive approach for understanding, assessing, and treating the patient and the family. The family APGAR measures individual satisfaction with family functioning, the family genogram provides in-depth data collection of the family structural history, and the family circle method includes data gathering and family dynamics.

The family circle provides convenient externalization of a person's subjective sense of his or her family system. The circle is likely to depict roles, positions, and dynamics. It provides a simplified picture that may enhance openness and discussion. At times the circle represents issues that are marginally present in conscious awareness. It is among the most value-free, nonjudgmental methods for discussing emotional and relationship problems without focusing on individual pathology. It aids in the clinical data-gathering process, in the diagnosis and treatment process, and in the teaching-learning process. As part of Family Systems Theory it enhances the clinician's understanding and perception of the patient as part of a mutually interacting system of human relationships. Future research should explore the issues of (1) the reliability of the circle as drawn by the same person over appropriate time periods, and (2) how the "perceived circle" of a patient or patient family compares with the family system as seen by a skilled observer.

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