The Family Health Tree: A Form for Identifying Physical Symptom Patterns Within the Family

Sandra Prince-Embury, PhD
Middletown, Pennsylvania

The Family Health Tree is introduced as a form to simplify the identification of physical symptom patterns within the family. Four kinds of information related to family systems that are consolidated by this form are simultaneity of symptoms, similarity of symptoms across family members, any dominant physical symptom within the family, and degree of focus vs distribution of symptoms among family members. Use of this information for prediction, patient education, and preventive health care is discussed.

Previous authors have written on the importance of integrating family concepts into the practice of family medicine for the purpose of improving medical care.[1-3] According to Christie-Seely,[4] in some family medicine residency programs and practices physicians may never see a whole family together, family charts are not the rule, and family registration may even be discouraged.

It is the thesis of this article that visits including the entire family, although useful, are not necessary for incorporating family concepts but that record keeping that employs family charts is essential to the integration of family concepts into family practice and training. In other words, it is not the number of individuals seen during a visit that defines family medicine. A framework for the family system that would make physicians aware of relevant family information during patient interviews is essential to family medicine. Such a systems framework as presented by Bowen[5] suggests the following:

1. Families are systems in that the amount of anxiety or dysfunction in one member is related to the amount of anxiety or dysfunction in other members.

2. Family disequilibrium, internally or externally generated, may be manifested by the deterioration of pre-existing chronic symptoms or the appearance of new symptoms.

From the Department of Behavioral Science, Pennsylvania State University, Middletown, Pennsylvania. Requests for reprints should be addressed to Dr. Sandra Prince-Embury, Department of Behavioral Science, Pennsylvania State University, Capitol Campus, Middletown, PA 17057.

3. The system reacting to potential disturbance in its equilibrium may bind or wall off the anxiety into the symptomatic family members, thereby preserving the equilibrium of the system as a whole.

4. Clinical disease is not the result of the presence of any or all systemic factors, but develops based on a disturbance in the balance of the relationship system among them.[6]

Family-centered record keeping is worthwhile for two reasons. First, as linear or reductionist cause-and-effect thinking is more familiar than systems thinking,[5] the physician is likely to attend to and record symptoms reported by individuals without reference to family context. Rapid perusal of patient charts before visits allows, at best, information about the most recent symptoms of the patient to be seen. Thorough review of the symptoms of other family members would generally take more time than is allowed by the schedules of most family physicians. In fact, the scheduling realities of many residency programs and practices may result in multiple members of the same family never having direct contact with the family physician primarily responsible for that family. Thus scheduling and record keeping as currently applied in family practice, although expedient, reinforces the consideration of isolated symptoms as the problem of isolated individuals rather than observation of the family as a system.

In addition to denying the physician valuable information that could be used for diagnosis and treatment of patients, linear record keeping also has the disadvantage of obscuring systemic information about patient-families that could be accumulated over time and used to improve preventive medical treatment for the family.

In an attempt to rectify the problem, the author has developed a family health record-keeping form, the Family Health Tree (FHT), which allows the physician to see at a glance the members of a given family, their blood relationship with one another, their ages, the health problems of each member, and the dates of health problems (Figure 1). Standard family genograms that present information about multigenerations of a family and complex relationships have previously been suggested.[3,7-10] The application of genograms suggested thus far, however, has been predominantly genetic and relational, and has not yet been integrated into family practice. The FHT differs in that its focus on symptoms is designed to portray a family symptom portrait rather than symptoms of individuals who are members of families.

Health Problem Patterns

Health problem patterns observable with the FHT include similarity of health problems among family members, simultaneity or synchronization of health problems among family members, predominant forms of health problems within the family, and relative focus vs distribution of health problems in the family.

Similarity of Health Problems

The pattern of similar health problems may be observed between two or more family members, and may be noted directly in the FHT by circling identical or similar symptoms and connecting these with a colored pencil (Figure 2). In addition to possible genetic similarities, such similarities may indicate identification or perhaps overinvolvement on the part of particular family members. Similarities of symptoms noted in Figure 2 occur between a mother and a daughter-in-law who has recently married her mother-in-law's favorite son.

In family systems in which similar symptoms are manifested by nonblood relatives, indication is strong that this similarity may reflect similar positions held by these individuals within the family structure. The symptom similarities depicted in Figure 2 suggest that the mother and daughter-in-law may be vying for closeness with the mother's son. In addition, these two women appear to have similar stress-symptom vulnerability.

The uses of this information are manifold and depend upon the inclination of the family physician and the motivation of the patient-family. At minimum, the physician could simply use this information to predict future symptoms in individual family members on the basis of past similarities with other family members. More intensive use of this information would involve the patient-family in collecting and assessing this information for use in understanding family dynamics. This information could also be used in joint education of the family members manifesting similar symptoms.

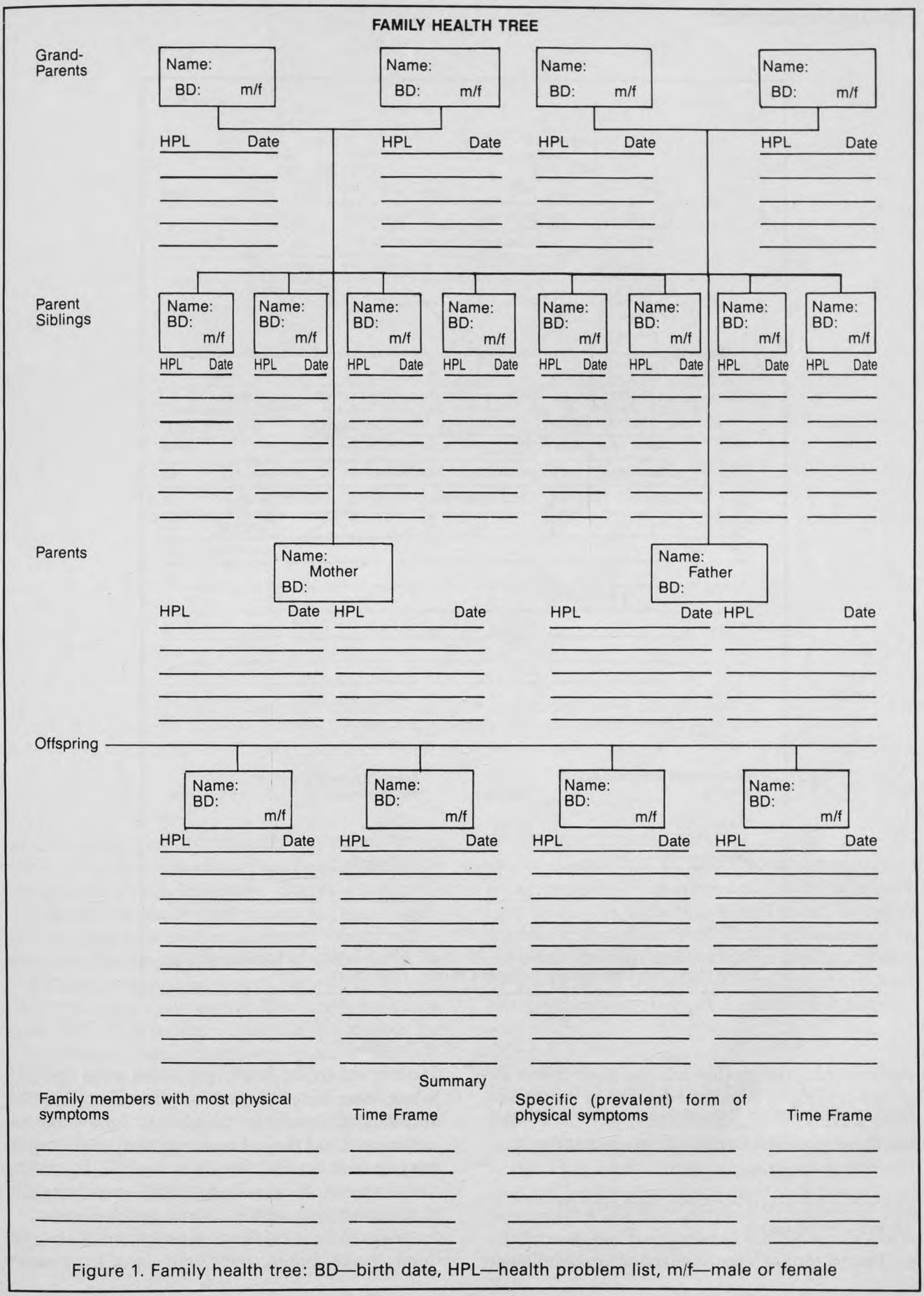

Figure 1. Family health tree: BD—birth date, HPL—health problem list, m/f—male or female

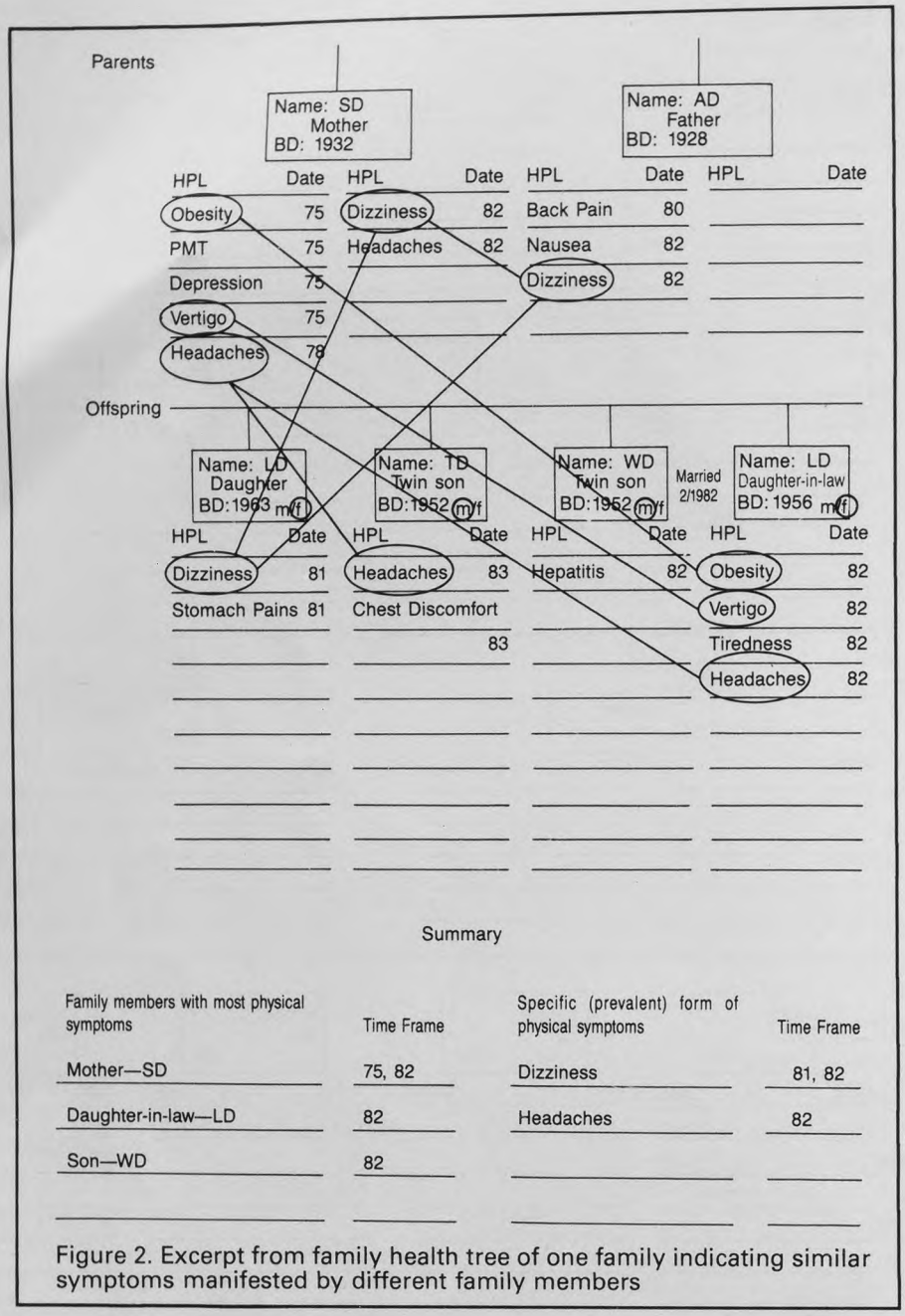

Figure 2. Excerpt from family health tree of one family indicating similar symptoms manifested by different family members

For instance, the mother and daughter-in-law depicted in Figure 2 could be educated in weight control, dizziness, and headaches, and how these might be modified through stress management.

Synchronization or Simultaneity of Health Problems

The pattern of synchronization or simultaneity is observed by the family physician using the FHT when dates of health problems manifested by different family members coincide or follow one another closely in time. These temporal relationships may be underscored visually in the FHT by circling simultaneous or sequenced health problems and connecting them with a colored pencil (Figure 3).

When there is evidence of simultaneity of symptoms in the family, there may have been major

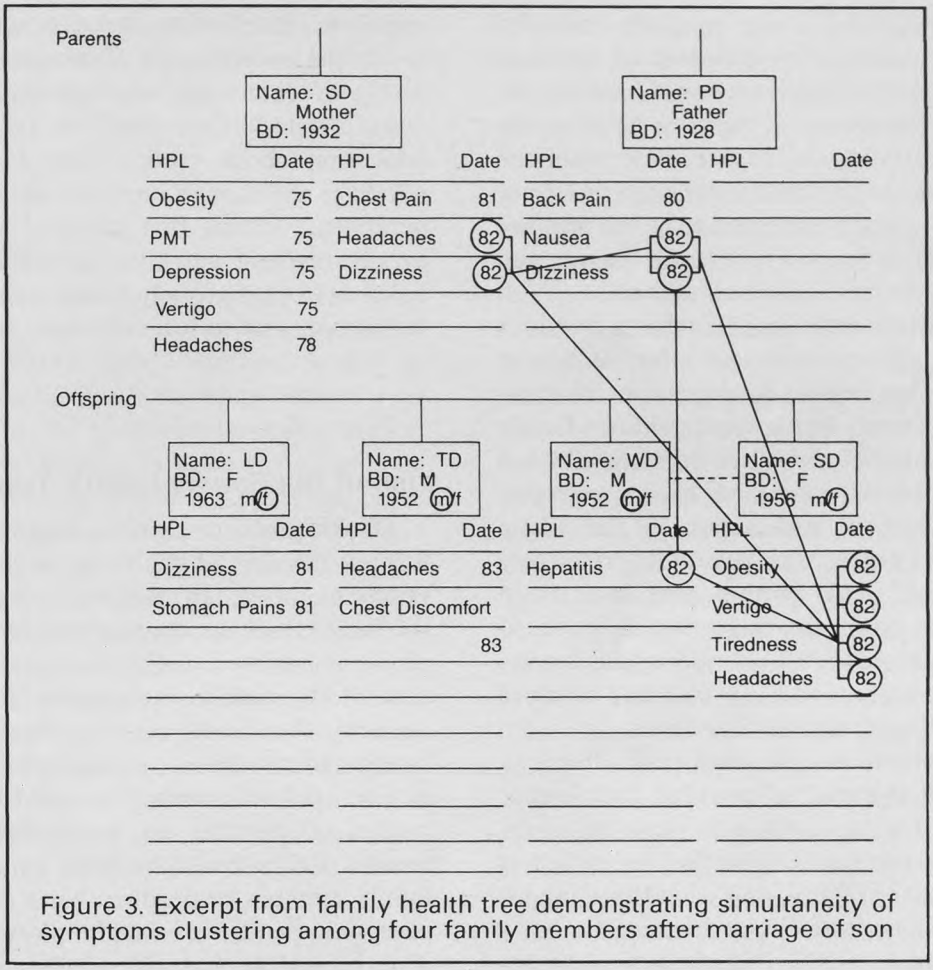

Figure 3. Excerpt from family health tree demonstrating simultaneity of symptoms clustering among four family members after marriage of son

psychosocial stressors or family transitions in the family. This possibility may then be explored with one or more family members. Degree of severity with which the family experienced such a stressor may be indicated by the number of family members who became symptomatic and the severity and duration of the symptoms. Figure 3 illustrates the presence of symptoms in four family members in the latter half of 1982. Checking the records for a possible psychosocial stressor revealed that one son had been married in February 1982. The hypothesis derived here is that separation of offspring from this family through marriage was extremely stressful. It appears to have been particularly stressful for the son, who manifested the most serious physical problem.

The usefulness of this information would be in collaboration between physician and patient-family in anticipating family reaction to future potential psychosocial stressors. For instance, the family depicted in Figure 3 could be alerted to their reactions to separations and could be encouraged to discuss them before separations occur. In summary, simultaneity of health problems as revealed on the FHT could alert the family and family physician to the relative stressful impact various psychosocial stressors have on each family.

Degree of Focus vs Distribution of Health Problems Among Family Members

The summary information section at the bottom of the FHT allows the family physician to record whether health problems tended to be manifested primarily by one or two family members or by a number of family members during a designated period. This information is obtained by comparing

health-problem lists of family members recorded on the FHT. Focus may be indicated by one family member's manifesting a number of health problems, frequent recurrence of the same health problem, or manifestation of severe or continuous health problems. In the family depicted in Figure 3, the mother originally appeared to be the primary symptom bearer; since their marriage the son and his wife appear to have assumed that role.

The value of this observation is that it provides clues about family process and who may have been affected most heavily by psychosocial stressors during the year. For instance, in the family described, the mother, who has had frequent but mild health problems, may have been expressing the stress or physical dysfunction for the whole family system, which was otherwise relatively less symptomatic. This pattern may have been changed by the son's marriage, which in some significant way upset the equilibrium of the family. It is the son who seems to have absorbed much of the stress resulting from this imbalance.

Such information may be used in feedback to the family with the goal of possible prevention. Identification of a predominant symptom bearer raises questions regarding how that individual is special in his or her family, and what that individual might do to increase his or her resistance to stress. Achieving total absence of physical symptoms may be an unrealistic goal for many families. Preventing focus of all symptoms in one family member to the point of dysfunction might, however, be possible.

Predominant Forms of Health Problems

The observation of predominant forms of health problems allows the family physician to assess the particular form of health problems or vulnerabilities manifested in the family. A predominant health problem may be focused in an organ or organ system, such as cardiovascular or digestive system vulnerability. Family symptoms may be infectious or noninfectious (eg, common colds or muscle tension). This information may be used by the physician in planning family education on diet, exercise, substance use, or stress management. In the family depicted in Figures 2 and 3, dizziness and headaches were frequent symptoms. Family members manifesting these symptoms could be given alternative ways of monitoring their stress levels to determine whether the symptoms are stress related. Care must be taken that patient education about predominant family symptoms not raise the family's anxiety about physical vulnerability. Stating that physical systems are unevenly resilient and that knowledge of the most vulnerable part gives patients more potential control is one way to forestall such anxiety.

Use of the Family Health Tree

Health problems may be reported on the FHT form at the time of each visit or telephone call by family members. In addition, it is understood that the family does not consult the physician for every physical symptom and that not all family members consult the family physician with the same frequency. The family may be asked, therefore, to keep a chart at home on which physical symptoms of various family members could be regularly recorded. Depending on the receptiveness of the family, FHTs could be kept by more than one family member to produce what might be a more objective picture of family physical symptoms. This procedure has the advantage of providing important information about symptoms prior to full-blown manifestation of disease, making early diagnosis and treatment possible, and gives a potentially more accurate indication of family symptom patterns as separate from family patterns of contacting the physician. Symptom-record keeping by the family might enhance family sensitivity to its own health and complexity. Such use of the FHT may indirectly encourage family members to communicate health concerns to one another and to be aware of health in other family members.

Families particularly prone to somatization may respond initially to the FHT by exaggerating this tendency. The physician should use discretion in deciding on appropriate use of the inventory with these families. Highly somatizing families could, however, find using the FHT beneficial. The tendency of the family to somatize in periods of high stress may be difficult for the family to deny when this tendency is documented in the chart. This information, presented with respect and caring for the family, may make relationships between life

stressors and physical symptoms more evident to these families, suggesting the potential benefit of improved stress management.

Record Keeping

Given that marriages, offspring, and reconstituted families alter the family system, symptom information from such family additions would be of value. Management of unwieldy amounts of data may be facilitated by storing back information from the FHT in computer or microfiche form and limiting one's working visual chart to the three most recent generations. Additional information in the case of stepfamilies[11] might be placed over the working FHT in the form of a transparency, which in itself might reveal new symptom patterns in the reconstituted family.

Space for accumulating symptoms can be managed by replacing the chart at appropriate time intervals or developing a system for summarizing and coding symptoms. Variation in use of the FHT as a record-keeping tool will, of course, depend upon specific physician and patient-family preferences.

Conclusions

In summary, the Family Health Tree provides the family physician with quick information about similarity of physical symptoms among family members, simultaneity of symptoms in families, dominant physical symptoms, and relative focus or distribution of symptoms within the family. This information may be used for increased focus in prediction and intervention by the physician as well as for patient-family education.

From the family's point of view the FHT is a record-keeping form that is simple to use and understand. It provides an opportunity for the family to observe how physical symptoms occur in patterns. It provides the opportunity for families to examine how symptoms are related to the stresses of everyday life and to their ability to cope with these stresses.

It is important that the physician and the patient-family be aware that the existence of symptom patterns and the relatedness of these patterns to external stressors do not minimize the reality or medical legitimacy of the symptom. Awareness of symptom patterns does not mean that direct and immediate control of symptoms is possible or would be likely. A helpful reminder might be that the body's symptoms may be releases of excess anxiety in the system and the most vulnerable areas of a physical system are the safety valves where these occur, like it or not. With this in mind, a realistic goal may be reduced frequency of, moderation of, and early anticipation of symptoms rather than total symptom elimination.

It is recognized that the motivation and ability of families to understand symptom patterns will vary and that the value of this information for each family is likely to develop over time. Family physicians should be prepared to collect FHT information with the understanding that it may not reveal symptom patterns immediately and that the family may not fully incorporate the information within the first visits.

The benefit for family physicians and their patient-families in more individualized prediction, prevention, and health care should evolve over time, however. As patient-families incorporate this information, they are likely to begin viewing themselves as collaborators with physicians in their own health care and develop a higher level of overall physical well-being.

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