

A PILOT STUDY OF THE USE OF THE GENOGRAM  
AS A METHOD OF INTERVENTION IN FAMILY THERAPY  
WITH AFRICAN FAMILIES

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DECLARATION

I hereby declare that this research is my own unaided work. It is being submitted for the degree of Master of Education (Educational Psychology) at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree for examination at any other University.

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ABSTRACT

The present study explored the use of the genogram as a method of family therapy intervention which facilitates the establishment of an effective relationship with African families. The study involved ten black families referred for family therapy by either their church or school. Families were alternately assigned to Sample A or Sample B. The genogram was used in the family therapy sessions with Sample A and a general systems approach was used in the sessions with Sample B. The families completed a Families Relationship Inventory (Adapted Barrett-Lennard, 1962) after the first session. Two raters then independently viewed a video tape of the first session of each family interview and completed the Raters Relationship Inventory (Adapted Barrett-Lennard, 1962). The responses to the Relationship Inventory by each family and the two raters were then statistically analysed. Analysis of the data revealed that there was not a significant difference in the client-therapist relationship as rated by the African families or the trained therapist observers when Sample A, which received the genogram approach was compared to Sample B, which received the general systems approach. The findings were discussed and recommendations made.

People in counselling have problems that are "close to the heart." Problems are felt. Problems that are troubling. To be helpful, the counsellor must "be with" the person, straddling the space between herself or himself and the client. The counselor must be bifocal, on the client's side of the fence, looking out at the world as the client sees it while also keeping one's own view. (Olson, 1988)

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CHAPTER ONE

INTRODUCTION

The subject of family therapy and culture is complex. If family therapy is to be an effective method of intervention in South Africa it is necessary to consider how family therapy can be applied to culturally diverse people. In South Africa psychology has operated within the individualist paradigm and this is considered a mismatch with respect to a Third World environment (Hickson and Christie, 1989). This mismatch needs to be addressed. Hodes (1989) writes of the complicated nature that exists between culture and family therapy and the various approaches to it. In South Africa the majority population group is not the dominant group and this has wide implications for the delivery of psychological services. Seedat and Nell (1990) discuss the cultural barriers to effective joining for the traditionally trained family therapist in South Africa. The underutilization of services by the majority of people (Berger and Lazarus, 1987) needs to be addressed and Ho (1987) writes of the wide gap that is found between the unmet needs of the

members of the nondominant population and the ability of the therapist to provide for their needs successfully. Hodes (1989) suggests that in a country where the family plays a more profound role, individual therapies may be less acceptable and family therapy more acceptable. Black South African people have a traditionally communal approach to life and thus family therapy has the potential to fit with their world view as a preferred method of therapy. However, it is unfortunate that most existing family therapy approaches are white, Western and encapsulated. In summary, the need for the therapist to be sensitive to discrepancies in world views as well as to gain knowledge, awareness and skills for working cross culturally emerges, particularly with respect to the majority black population.

#### RATIONALE FOR THE STUDY

Within the field of family therapy there are many techniques that have been developed to meet the needs of the client. Rather than develop yet another technique, there would appear to be a need to link the existing techniques used to the world view of the client. Presently existing family therapy theories tend to ignore cross

cultural variables (Ho, 1987). It will be suggested that the genogram is a technique used in family therapy which appears to lend itself to accommodating the world view of culturally diverse clients, especially Africans, in family therapy. In working with African clients, the genogram is particularly relevant as it will be shown as a tool to demystify the therapy process. It links the world view of African clients as it accommodates the aspects of their culture, such as the ancestral spirits, the extended family system and the preference to think in images and symbols. Besides accommodating the world views of different ethnic groups, the genogram tailors the techniques of family therapy to meet the specific needs of culturally diverse clients.

Furthermore, as all cultures in South Africa are in a state of rapid transformation, a model that can be used within this time of change is needed. This is especially necessary for the black population as their needs in the mental health field have been totally ignored (Turton, 1986) and most techniques used are based on the world view of white Westernized therapists. Indeed most therapists are members of the dominant population group and are not familiar with the world view of the African, nor are they fluent in a

black language, nor do they have first hand knowledge of black customs and beliefs (Bhana and Daniels, 1966; Buhrman, 1977; Kruger, 1980;). The need for a technique such as the genogram which enables the therapist to bridge the gap between the white and African cultures without undermining the importance of either culture becomes pertinent.

#### HYPOTHESES TO BE INVESTIGATED

1. The use of the genogram in family therapy in comparison with the use of a conventional approach (systems theory) will be rated as more effective by African families in terms of the client-therapist relationship.

2. The use of the genogram in family therapy in comparison with the use of a conventional approach (systems theory) will be rated as more effective by African families in terms of the client-therapist relationship with respect to the following specific variables of the relationship:

- a. Level of Regard
- b. Level of Empathy
- c. Level of Unconditional Regard

d. Level of Congruence

e. Level of Cultural Awareness.

3. The use of the genogram in family therapy in comparison with the use of a conventional approach (systems theory) will be rated as more effective by trained therapist observers in terms of the client-therapist relationship.

4. The use of the genogram in family therapy in comparison with the use of a conventional approach (systems theory) will be rated as more effective by trained therapist observers in terms of the client-therapist relationship with respect to the following specific variables of the relationship:

a. Level of Regard

b. Level of Empathy

c. Level of Unconditional Regard

d. Level of Congruence

e. Level of Cultural Awareness.

LIMITATIONS OF THE STUDY

A major limitation of the study concerned the sample used. The sample was drawn from an available black population. Consequently the sample size was limited and the families were not matched. Extraneous variables such as family composition, age, education level and presenting problems were not controlled. As the study was not a clinically controlled experiment, inferences as to the genogram facilitating the client-therapist relationship could not be conclusively drawn.

A second limitation is that only motivated families participated in the research. The families were drawn from churches and schools in the greater Johannesburg area who were willing to participate in research. As a result of the socio-political climate at the time the researcher was advised not to meet with the families in a so called "black area" but had to depend on families coming to see her. This resulted in a certain sector of the black population being excluded from possible selection. Generalizability of the study's findings to all sectors of the black population is therefore not possible.

Another limitation is that the researcher was also the therapist using the genogram with African families. This factor could have been a contaminating variable and could have affected each subject's objectivity. The therapist had a hidden agenda to touch on cultural issues in the first session as this was the only session to be used for research purposes. Also she was present when the families completed their relationship inventories. This may have affected the objectivity of the families.

A further limitation is that although the trained therapist observers were carefully chosen for their knowledge of cross-cultural issues, both were members of the white population group. It is to be expected that they approached their task from the point of view of a white middle class South African. The present research excluded the opinions of trained therapist observers who belonged to other sectors of the population.

To summarize, the limitations of this study relate to the limited sample chosen; the fact that the therapist was also the researcher; the trained therapist observers were drawn from one population group only; and that it was impossible to control for a number of contaminating variables.



DEFINITION OF TERMS

African / Black / Black South African These terms are used to depict that sector of the population who are not members of the dominant white group and who do not form part of those population groups identified in pre-apartheid legislation as either Coloured or Asian. The choice of one term over the other has emotional connotations for some sectors of the population. The researcher wishes to remain objective and has no hidden agenda in adopting one term over the other. She therefore will be seen to use them interchangeably.

Family For the purpose of this study a group of people are considered to be a family if they perceived themselves as such. This allows for various combinations to be included and attempts not to disadvantage any grouping that may have resulted due to factors within the wide socio-political sphere. For example a family may consist of the traditional extended family, the Westernized nuclear family, single parent families or families where grandparents and grandchildren live together. This wide definition attempted to avoid the stereotyped, culturally biased usage of the term family (Seedat and Nell, 1990).

Family Therapy This refers to a method of psychological intervention that requires the therapist to work with the entire family as opposed to an individual. In this research the therapist adopts a systemic approach to family therapy as well as a genogram approach

(a) A general systems approach is a model that provides a comprehensive theoretical framework for looking at seemingly unrelated phenomena and understanding how they represent interrelated components of a larger system (Berta 1977).

Genogram is a structural diagram of a family's relational relationship system (Guerin and Pendagast, 1976). It is used to facilitate change in the family functioning.

Relationship Periman (1979) defines relationship as the heart of helping people. Counselling, psychotherapy and indeed family therapy is an interpersonal relationship and provides the counsellor with leverage to apply procedures and techniques that are change agents (Egan, 1986). For purposes of this study a relationship is seen to consist of five specific variables:

(a) Level of regard refers to the therapist's ability to show respect and appreciation for the client.

(b) Level of empathy refers to the ability to enter into and understand the world of another person and to communicate this understanding to him or her (Egan, 1986).

(c) Level of unconditional regard refers to the therapist's ability to understand the client from his/her perspective and not that of the therapist. It is a way of caring in which the client is accepted as s/he is without being judged or evaluated (Holdstock, 1974).

(d) Level of congruence refers to the therapist's ability to show a genuine congruence between his/her feelings (whether they are positive or negative) and his/her overt behaviour, and communicates these feelings in a way that strengthens the relationship.

(e) Level of cultural awareness refers to the ability of the therapist to understand the world view of the client.

CHAPTER TWO

REVIEW OF THE LITERATURE

South Africa is a multicultural society. Even though the apartheid system is being rapidly eroded away, it remains a fact that the largest number of trained family therapists will for some time to come belong to the white cultural group in the country. Whether or not the service delivered by them is relevant to the needs of the majority of black people in this country has been the subject of ongoing debate (Dawes, 1986; Holdstock, 1981). Doubt is expressed about whether counsellors from the dominant group can provide an effective therapeutic relationship for black clients (Vontress, 1971) as the therapist may have difficulty overcoming the cultural barriers that could arise. This demands the adoption of a "bifocal view" of human nature that allows the therapist to see that the range of human values and emotions is wide (Olsen, 1988). Cognizance must be taken of the similarities and differences within different cultures and Sue (1978) advises that the world views of both the client and the therapist must be taken into account when engaging in cross

cultural therapy. Hickson and Christie (1989) consider cross cultural understanding to be a prerequisite for professional competence. It becomes essential to carry out research into ways that will help to overcome the difficulties that are anticipated in cross cultural therapy to ensure this professional competence at all times.

#### Difficulties in Family Therapy in South Africa Today

The problem encountered in family therapy in South Africa today is the fact that cross cultural variables have been ignored to a large extent. Therefore therapy (including family therapy) has been criticised for being "Western in its origin, imported, decontextualized, non-African, and, therefore inappropriate for a Third World country like South Africa" (Hickson, Christie and Shmukler, 1990, p.171). Assumptions are made concerning the level of understanding of the English language; the applicability or transferability of a method of therapy; as well as the fit between a particular therapy and the world view of a cultural group. The present research proposes that the use of the genogram as a cross cultural technique will overcome this problem to a large degree but the researcher

does take cognisance of the warning of Seedat and Nell (1990) that the therapist is often trapped in a search for a specific model that can be used with clients from different cultural groups. They suggest that the failure of "Western therapies" with Third world clients might be a result of inadequate joining of therapist and client as a result of the imposition of a stereotyped world view. This research proposes that the genogram allows for differences within a world view as well.

Within the field of psychology two opposing views relating to working with clients from a different ethnic background to that of the counsellor are identified and further exacerbate the difficulties in family therapy in South Africa. On the one hand the pragmatics adopt the point of view that "psychotherapy is a universally applicable coping and stress relief modality" (Seedat and Nell, 1990, p141). Here the therapist is considered able "to empathize with clients on the human rather than the cultural level

. . . identify and share experience in spite of differences in cultural or racial background" (Hickson and Christie, 1989, p. 163). In opposition to the pragmatics point of view, there is the linear, historical and culturally relativist view (Hodes, 1989). An understanding

of a world view becomes paramount within this paradigm. This research supports the latter point of view.

Research done in South Africa has demonstrated that definite differences between cultural groups in terms of their world view do in fact exist (Hickson, Christie and Shmukler, 1990). It is proposed that cognizance of this fact would do much towards avoiding the use of interventions that resulted in alienation, lack of rapport, underutilization of services or premature termination, as well as preventing the imposition of a stereotyped world view onto the client. The choice of the correct technique within this culturally relativist view will facilitate the diversity that exists within a specific group. The genogram is proposed as one such technique.

#### THE WORLD VIEW OF THE BLACK SOUTH AFRICAN - AN OVERVIEW

This study is being undertaken because of the researcher's awareness of the complexity of working cross-culturally within the South African context. Working cross-culturally in South Africa demands of the therapist the need to understand the world view of black people. Sue (1977)

defines world view as the way in which people perceive their relationship to the world around them. The complexity of this need is confounded by the fact that black South Africans do not form a homogeneous group. Traditionally, they have differences determined by the ethnic group they belong to. Also, the effects of the past, particularly colonialism, imperialism and to a greater extent the apartheid system have had a lasting impact on the people. Many foreign concepts have been impressed onto the black individual. As a result, any one black person may be placed on a continuum from traditional to Westernised. This will effect whether the individual is near to the core or the periphery of the culture (Hilliard, 1985). In this study it is hypothesised that the use of the genogram in family therapy allows the individual to decide his/her position on the continuum and a supposition is not made by the therapist. Buhrmann (1984) comments that working within the South African context demands that the therapist facilitate the meeting of the two worlds that exist. Hickson, Christie and Shaukler (1990) highlight the importance of understanding the world view of the client when working cross culturally:



- a. World view assists counsellors in understanding themselves and their clients from different backgrounds.
- b. It makes explicit both the counsellor's and the client's values, beliefs, suppositions and attributions.
- c. It facilitates the choice of mutually agreed-upon goals and processes appropriate to the client.
- d. It provides the subjective reality which is important in gaining knowledge and developing meaningful skills (1990, p.171).

Their study highlighted aspects of the world view of the black South African that differed from that of the white South African in the areas of human nature, human relationships, people-nature, time orientation and activity. Their findings regarding human nature, human relationships and time orientation are pertinent to this study for the following reasons:

(a) In the research conducted by Hickson, Christie and Shukler (1990) black adolescents scored significantly higher in their belief that human nature is evil. This is explained by the humiliation and oppression suffered in apartheid South Africa. As the relationship between the

therapist and the family is at the heart of the helping process (Chapter 1) it becomes obvious that this view of human nature is detrimental to the purposeful use of therapy especially in a cross cultural situation.

(b) In another set of findings by the same authors, black adolescents were found to score significantly higher on Lineal-Hierarchical and Collateral-Mutual human relationships. The lineal-hierarchical relationships are in keeping with the hierarchical and authoritarian structure and composition of the majority of black families. Effective therapy would need to account for this.

(c) Their findings relating to time orientation, and a preference by black adolescents for the past and future, also play an important role in therapy. Therapy must account for the vital role that ancestors play in the lives of some African people. However, with the present day changes in South Africa the importance of the future for the black majority cannot be down played.

Thus, in order to understand the world view of the African it is necessary to examine the nature of the black family, the role of the ancestors within their culture and finally how the socio-political situation has impinged on all.

aspects of their lives.

### THE BLACK FAMILY

The study into the world view of the black South African by Hickson, Christie and Shmukler (1990) revealed the importance of both lineal-hierarchical relationships and collateral-mutual relationships in the organization of the life of the black family. Lineal-hierarchical relationships are common since black families are authoritarian and hierarchical. Also, collateral-mutual relationships are important as black families ascribe to communal life and extended families where primacy is given to group goals and welfare.

Traditionally, the world view of the black South African has encompassed a number of customs. An extended family has typically been responsible for the emotional, physical and intellectual nurturance of the children and the transmission of social mores. Wisdom and authority were invested into the aged. An element of communalism has been upheld and the "lobola" system has far reaching consequences for the family functioning and the moral structure of the society. Influx and labour control, the

creation of Bantustans, the need for younger members to move to urban areas for survival and to support their older family members have all contributed to the breakdown of the system in its traditional form. However, the mores of the culture have not been totally eradicated and the need to respect elders has not been completely removed. A form of therapy that did not allow black family members to show this respect for the elders, for example many conventional family therapy approaches being used, would not accommodate these social mores.

It is proposed that the genogram is a technique that is able to demonstrate in a concrete way the respect of the therapist for African customs. The lineal-hierarchical relationships in the family are visually represented on the wall chart used in the therapy session. The extended family is incorporated into the "healing" process of the family therapy session by their depiction on the wall chart. The genogram could even go so far as to represent for some people the restoration of the order in the traditional family before the influence of Westernization disrupted their way of life as it acknowledges the patterns that existed. However, for others with less ties to the traditional ways it becomes merely a structural diagram of a family's multigenerational relationship system.

THE ROLE OF THE ANCESTORS

Time orientation is another important aspect of the world view of the blacks highlighted by Hickson, Christie and Sheukler (1990). The importance of the past, especially the role of the ancestral spirits emerges but the future orientation is becoming more important to segments of the society as a result of the changes in the socio-political structure of the society. Buhrmann (1984) explains that for the black person there is a Western world that is

primarily scientific, rational and ego-orientated, and [then] the world of the black healer and his people, which is primarily intuitive, non-rational or orientated towards the inner world of symbols and images of the collective unconscious (p.14).

The importance of the spiritual dimension and the role of the indigenous healer must be examined in any discussion of the world view of the African. Mason and Rubenstein (1985) write that the world view of the blacks, which for the most part arose in pre-Western times, have not been totally displaced by the influences of Christianity and science. Traditional healers such as the "Sangoma" and the "Inyanga"

still fit with the beliefs and perceptions of the people who ascribe to them.

In an unpublished paper written by black M.Ed students at the University of the Witwatersrand (1991) the spiritual aspect of the black is described as follows:

African indigenous healing systems emphasise community context and the spiritual dimension. Healing is defined as a process of transition towards greater meaning, balance, connectedness and wholeness, both within the individual and between the individual and his environment. From childhood, this spiritual dimension is inseparable from daily life wherein individuals are connected within a particular cultural context while transcending the self and directly engaged within the community. This closeness of the spiritual leads to it being respected and also generating familiarity and even an intimacy amongst people. An African child, though he may be a Christian, grows up knowing that nothing can help an illness unless one is in touch with the spiritual dimension in his social context. The ancestors are said to be controllers of the people's destiny and

spiritual dimension. They can retain human characteristics and are perceived to be imbued with supernatural powers. Offending an ancestor leads to serious consequences. Indigenous healers are thought to be connected to their ancestors during their training and can therefore mediate during times of illness or problems (Makgoba, Moloko and Pampallis, 1991).

Buhrmann (1984) has written of the ceremonies that are conducted to make contact with the ancestors. In keeping with the holistic philosophy of the black, when an individual is "ill" all of him is "ill" and this link between mental and physical health must be recognised. As tradition demands in a society in which community is placed before self, a number of the members of the family are required to be present to assist in the healing process. What in Western psychiatry (or psychology) is called a family therapy session then develops. It becomes clear from the above that if family therapy is to be effective it must be in touch with this tradition.

The genogram appears to be the technique that allows the link between the modern and the traditional to be maintained. Similarities between the genogram and the

methods used by the traditional healers may be identified. Both have the ability to bring the "presence" of a dead relative into the therapy session; one in a spiritual form and the other in a graphic form. In employing the genogram, the preference for group therapy as opposed to individual therapy is catered for and is in keeping with the belief that the entire family is needed to assist in a helping process.

#### RACE, CLASS AND CULTURE

The world view of the black South African is further complicated by the fact that race, class and culture are confounded within the South African context (Seedat and Neil, 1990). Baganakis (1990) writes of the notion of "race" and "culture" being linked in official policy. She cites the Eisellen Commission (1951) justifying racial segregation on the grounds that particular population groups have different life-styles which should be preserved in their own unique social and political systems. Thus it becomes difficult to discuss the notion of the world view of the black South African without references to the wider socio-political structure that has affected it.



The socio-political political system has also had a major effect on the education system available to black people. This in turn has impinged on the readiness of the black people to utilize Westernized therapies. Berger and Lazarus (1987) write of the under utilization of therapy by blacks. Ho (1987) identifies racism and poverty as reasons for this as family therapists are generally "monolingualistic middle class, and ethnocentric in family problem and treatment" (p.14).

The genogram is put forward as a family therapy technique which could bridge the gaps that exist between the therapist and his/her African client as a result of the influence of race, class and culture. This technique allows the therapist to convey to the client his/her acceptance of the differences that exist between the cultural groups. The "tool" (genogram chart) the family sees the therapist using is open to the information that the client wishes to provide. The genogram demystifies the therapy process as the client has a graphic representation of what the information is used for and how it is relevant to the helping process. For the client who has not been exposed to some degree of Western education this may be considered most helpful. The language barrier is lessened as the

client and therapist have a graphic representation of the information. If it is incorrectly depicted on the wall chart, it may be assumed that the client who has a good relationship with the therapist would be able to indicate this.

### THE GENOGRAM

A genogram is a graphic, tangible technique used to record information about a family across a number of generations. Although there is no generally agreed upon right way to use this technique McGoldrick (1985) provides an outline. More detailed information is contained in Appendix A. The advantage of the genogram approach to therapists has been identified by McGoldrick (1985). It is a tangible representation of the family; it helps the therapist to keep family members, patterns and recurring significant events in mind; it facilitates the generation of hypotheses; it helps the family to change their perspective of a problem if necessary; begins to orient the family to a systems perspective; and facilitates the joining with families in therapy.

The following advantages are hypothesised when the genogram is used cross culturally as possibly overcoming some of the possible racial barriers specified by Vontress (1969):

(a) Racial attitude: The genogram is an open technique which allows the client to bring his/her world view into therapy and acknowledges the differences that might exist between people.

(b) Ignorance of client's background: The genogram allows the therapist to collect information relating to the client's background in such a way that it may be perceived as nonthreatening by the client. Gaps in the therapist's knowledge become apparent and s/he may gain clarity on these issues. The family is also less threatened as they have an idea of how the information will be used.

(c) Language: As this is often a barrier to working successfully across cultures, the use of a graphic technique may facilitate understanding.

(d) Client's unfamiliarity with therapy: The genogram gives structure to the family therapy session and demystifies the family therapy session and the family is given a graphic representation of what is to be explored in the session.

(e) Client's low self disclosure: It is difficult for

black clients to self disclose to another person especially when studies (Hanson, Christie, and Shmukler, 1990) have shown that for the most part blacks view human nature as essentially evil. The function of the genogram in demystifying therapy as discussed above makes self disclosure far less threatening.

(f) Sex and racial taboos: The genogram, being a graphic representation of the extended family allows the family to explain to the therapist differences between cultures that might have been more difficult to introduce into therapy had the genogram chart not facilitated this.

The preceding material demonstrates how the genogram can accommodate different aspects of a world view and limit the possibility of the counsellor imposing his/her culture onto the family. Also the genogram is a tool used in family therapy which would appear to lend itself to accommodating the opposing points of view in family therapy in such a way that the world view of the clients of different cultural groups as well as diversity within these world views is accommodated as the client determines the focus of therapy.

SUMMARY

The review of the literature has indicated the need for family therapy to be sensitive to the culturally diverse needs of the South African population. Failure to address this need will continue to result in the underutilization of the mental health services by the majority of the population. These services will remain the territory of the elite white sector of the population unless they are able to accommodate certain variables of the African culture such as the black family system, the role of the ancestors and the effects of race, class and culture that have been discussed. It has been proposed that the genogram is a technique that encourages the therapist to be sensitive to the culturally diverse needs of the African population as it fits with the traditional healing systems in terms of accommodating the role of the ancestors, the extended family system and the implications of race, class and culture. Thus, the present study was an attempt to investigate the effectiveness of the genogram as opposed to the conventional systems approach in establishing a good client-therapist relationship.

CHAPTER THREE  
RESEARCH PROCEDURES

The present study is an attempt to develop a model of family therapy that will take into account the implications that African cultures have for this mode of therapy. The researcher hypothesises that the use of the genogram in the first stage of family therapy will facilitate the establishment of a helping relationship between family and therapist when they belong to different cultural groups. In Chapter Two the fit between the world view of the black South African and the genogram was highlighted as well as its accommodation of the wide diversity within the cultural groups that may have arisen due to different degrees of Westernization amongst urban blacks.

Ten families participated in the present study. The genogram was used with half the families in the initial interview and a general systems approach was used with the remaining five families. The sessions were then rated by all of the families, regardless of approach used, on the Families Self-Report Relationship Inventory (Appendix B).

Video-recordings of the entire sessions for all ten families were then rated by two independently trained therapist observers who completed the Raters Relationship Inventory (Appendix C). The two therapists who served as raters had no prior knowledge that different approaches were being used with respect to different families. The different methods, the genogram and the general systems approach, were then compared. Data regarding the client-therapist relationship established in each approach were analysed to determine whether the difference was statistically significant or not. The relationships established using the different methods of family therapy were further analysed on the following variables: (a) Level of Regard; (b) Level of Empathy; (c) Level of Unconditional Regard; (d) Level of Congruence; and (e) Level of Cultural Awareness.

#### DESCRIPTION OF THE POPULATION

For the purposes of this study family was defined very broadly to encompass various compositions of persons who considered themselves to be a family. The adaptation of this broad definition was necessary to accommodate the wide

diversity that exists in black South African families as is discussed in Chapter One. This enabled the following compositions of persons to be included:

- (a) Nuclear family consisting of father, mother and children.
- (b) Extended family consisting of father, mother, children and grandparent.
- (c) Common Law family consisting of mother, her child and mother's boyfriend
- (d) Single parent family consisting of mother and her children.
- (e) Families consisting of grandparents and child.

The ten families who would be considered average urban black South Africans were chosen to participate in this study and were selected on the basis of availability. This had implications for the administration of the Families Self-Report Relationship Inventory as the educational level of the participants could not be assumed. Family members' education ranged from those who had received no schooling to those who had university degrees.

The researcher approached schools and churches within the Johannesburg / Witwatersrand area to identify families who



might benefit from family therapy and who would be prepared to have their first sessions video-taped for research purposes. Each person contacted at the school or church was given a brief description of the nature of the study, the research procedure, the follow up services that would be available for those families who were found to need ongoing family therapy and the feedback that the organization would receive. The identified families were contacted and appointments arranged at venues accessible to the families and the therapist.

#### PROCEDURE

Ten families were selected on the basis of availability as discussed in the preceding section. The families were alternately assigned to Sample A or to Sample B. Each family participated in an initial family therapy session of approximately one hour conducted by the researcher. The genogram, a structural diagram of the family's multigenerational relationship (Guerin and Pendagast, 1976) that is used to facilitate change in the family functioning, was used in the session with Sample A. A general systems approach, which is an approach that looks

at seemingly unrelated phenomena and how they represent interrelated components of a larger system (Bertalanffy, 1968), was used with Sample B. The sessions were approximately one hour long. Each first session was video-taped with the knowledge of the family. At the end of the session each family was asked to complete a Families Self-Report Relationship Inventory (Appendix B) which assessed how families felt about the overall relationship established with the therapist. The relationship was also assessed on the same questionnaire according to the levels of regard, empathy, unconditional regard, congruence and cultural awareness experienced by the family members. The researcher assisted the families in this to varying degrees as was dictated by their level of understanding of written English. She was however available to all families should they experience any difficulty. Two independent raters who had no knowledge of the research problem were then given the video tapes to view. They were given a set of written instructions (Appendix D). Having viewed the tapes they were required to complete the Raters Relationship Inventory (Appendix C). This instrument also assessed the overall relationship established between the family and therapist as well as the five variables of the relationship identified above.

The data received from the relationship inventories completed by both the families and the raters were then statistically analysed using the t-test.

### INSTRUMENTATION

The relationship inventory used was the adapted split half form of the Relationship Inventory developed by Barrett-Lennard in 1962. Five additional questions relating specifically to cultural issues were included (Numbers 5,10,15,20,25, Appendices A and B). These questions were included to tap the customs and traditions of the African family. The wording of the relationship inventory was adapted slightly to accommodate the fact that English is not the first language of the families who were required to complete this instrument. The wording of the relationship inventory to be completed by the raters was also slightly altered. For example "she" was changed to "the therapist". Before administering the Families Self-Report Relationship Inventory to the sample used in the present investigation, it was validated on twenty Africans who were not a part of the study. Their ages ranged from 16 to 53 years and their educational levels

and occupations were diverse. Validating of the instrument indicated that some slight modification was needed in terms of the language used. However, such validation indicated that the instrument was quite appropriate for use with the majority of African people.

### THE RATERS

Two raters were selected to view the video-tapes and to complete the Raters Relationship Inventory. Both raters were chosen on the basis of their qualifications as trained therapist observers. Rater number 1 was a qualified Clinical Psychologist and Rater number 2 was an Educational Psychology Intern who had almost completed her training. Both raters had experience with family therapy and had worked cross-culturally. The raters had trained at different universities in South Africa. These universities have different perspectives of cultural variations in South Africa. Rater number 1 had trained at the Randse Afrikaanse Universiteit, an Afrikaans university, whereas rater number 2 had trained at The University of the Witwatersrand, an English university. It was hoped to overcome some biases within the white South African culture by

making this choice and thus ensuring that the value of the genogram as a technique to use with African families would be tested across the spectrum of white therapists in the country.

The raters were required to view the video-tape sessions in a compressed time to avoid the time factor becoming a confounding variable. They were then required to complete the Raters Relationship Inventory (Appendix C). They had no knowledge of the nature of the experiment but were required to rate the relationship between the therapist and the client. They had to judge the overall effectiveness of each session and each session's effectiveness with respect to each of the five variables, namely, level of regard, empathy, unconditional regard, congruence and cultural awareness.

#### STATISTICAL PROCEDURES

Thirty scripts in total were used in the statistical analysis. Ten scripts were the relationship inventories answered by the families after the sessions. Five were from Sample A and five were from Sample B. The remaining twenty

scripts were the responses of the two raters to the video tapes of each family and their assessment of these sessions on the relationship inventories. These data were analysed using a t-test.

The t-test compared the two groups and tested whether there was a significance difference between the responses to the relationship inventory between Sample A and Sample B overall according to the African families and then according to the raters. Significant differences within the various levels contained within the relationship inventory were also tested for. These are (1) Level of Regard (Items 1, 6, 11, 16, 21); (2) Level of Empathy (Items 2, 7, 12, 17, 22); (3) Level of Unconditional Regard (Items 3, 8, 13, 18, 23); (4) Level of Congruence (Items 4, 9, 14, 19, 24); and (5) Level of Cultural Awareness (Items 5, 10, 15, 20, 25). Rater reliability was also assessed.

CHAPTER FOUR  
ANALYSIS OF THE DATA

Data were obtained from African families exposed to a genogram approach and from African families exposed to a general systems approach in family therapy sessions. The relationship established between the family and the client was judged by the Barrett-Lennard Relationship Inventory (Adapted) (1962). Data were examined by a t-test which analysed significant differences in the mean scores between Sample A and Sample B. The scores obtained for Sample A and Sample B were analysed according to five specific variables of the relationship:

- (a) Level of Regard;
- (b) Level of Empathy;
- (c) Level of Unconditional Regard;
- (d) Level of Congruence;
- (e) Level of Cultural Awareness.

The level of significance was established at 5%. Rater reliability was established at 58%.

RESULTSHypothesis 1.

The use of the genogram in family therapy in comparison with the use of a conventional approach (systems theory) will be rated more effective by African families in terms of the client-therapist relationship. The results of the investigation are presented in Table 1.

Table 1 t Values for differences between means of the genogram approach (Sample A) and a conventional approach (Sample B) on measures of client-therapist relationship.

	Sample A	Sample B	t	prob>/t/
Mean	27.6	26.4	-0.24	.8112

Results showed that there was no significant difference between the ratings of the client-therapist relationship by African families exposed to either the genogram approach or the systems approach.



Hypothesis 2.

The use of the genogram in family therapy in comparison with the use of a conventional approach (systems theory) will be rated more effective by African families in terms of the client-therapist relationship with respect to the following specific variables of the relationship: (a) Level of Regard; (b) Level of Empathy; (c) Level of Unconditional Regard; (d) Level of Congruence; and (e) Level of Cultural Awareness. The results of the investigation are presented in Table 2.

Table 2 t Values for the differences between means of a genogram approach (Sample A) and a conventional approach (Sample B) on measures of client-therapist relationship in terms of specific variables as rated by African families.

Level	Sample A	Sample B	t	prob>/t/
Regard	9.8	7.8	-0.07	.3144
Empathy	4.2	7.6	1.74	.1193
Unconditional Regard	-1.2	0.0	0.48	.6412
Congruence	7.0	6.6	-0.32	.7570
Cultural Awareness	7.0	4.4	-0.71	.4955

Results showed that there was no significant difference between the ratings of the client-therapist relationship by African Families with respect to the five specific variables statistically analysed.

Hypothesis 3.

The use of the genogram in family therapy in comparison with the use of a conventional approach (systems theory) will be rated more effective by trained therapist observers in terms of the client-therapist relationship. The results of the investigation are presented in Table 3.

Table 3 t Values of genogram approach (Sample A) and a conventional approach (Sample B) on measures of the client-therapist relationship as rated by trained therapist observers.

	Sample A	Sample B	t	prob>/t/
Mean	36.0	34.6	-0.41	.6878

Results showed that there was no significant difference between the ratings of the client-therapist relationship by trained therapist observers when families were exposed to either a genogram approach or a conventional approach.

Hypothesis 4.

The use of the genogram in family therapy in comparison with the use of a conventional approach (systems theory) will be rated more effective by trained therapist observers in terms of the client-therapist relationship with respect to the following five specific variables of the relationship: (a) Level of Regard; (b) Level of Empathy; (c) Level of Unconditional Regard; (d) Level of Congruence; and (e) Level of Cultural Awareness. The results of the investigation are presented in Table 4.

Table 4 t Values for the differences between means of a genogram approach (Sample A) and a conventional approach (Sample B) on measures of client-therapist relationship in terms of specific variables as rated by trained therapist observers.

Level	Sample A	Sample B	t	Prob>/t/
Regard	10.5	10.4	-0.09	.9272
Empathy	8.1	7.3	-0.77	.4463
Unconditional Regard	1.1	-0.6	-1.74	.0978
Congruence	8.3	9.7	1.43	.1697
Cultural Awareness	8.1	7.6	-0.39	.6966

Results showed that there was no significant difference in the ratings of the client-therapist relationship by trained therapist observers with respect to the five variables statistically analysed.

Therefore, the results of this study failed to show significant differences in the ratings of the client-therapist relationship by African families and by trained therapist observers when the genogram approach and the systems theory approach were compared as methods of intervention in family therapy with African families.

CHAPTER 5SUMMARY, DISCUSSION AND RECOMMENDATIONSSUMMARY

The present study explored the use of the genogram as a method of family therapy intervention which facilitates the establishment of an effective relationship with African families. The study involved ten black families referred for family therapy by either their church or school. Families were alternately assigned to Sample A or Sample B. The genogram was used in the family therapy sessions with sample A and a general systems approach was used in the sessions with Sample B. The families completed a Families Relationship Inventory (Adapted Barrett-Lennard, 1962) after the first session. Two raters then independently viewed a video tape of the first session of each family interview and completed the Raters Relationship Inventory (Adapted Barrett-Lennard, 1962). The responses to the Relationship Inventory by each family and two raters were then statistically analysed according to the following four hypotheses:

(1) The use of the genogram in family therapy in comparison with the use of a conventional approach (systems theory) will be rated as more effective by African families in terms of the client-therapist relationship.

(2) The use of the genogram in family therapy in comparison with the use of a conventional approach (systems theory) will be rated as more effective by African families in terms of the client-therapist relationship with respect to the following specific variables of the relationship: (a) Level of Regard; (b) Level of Empathy; (c) Level of Unconditional Regard; (d) Level of Congruence; and (e) Level of Cultural Awareness.

(3) The use of the genogram in family therapy in comparison with the use of a conventional approach (systems theory) will be rated as more effective by trained therapist observers in terms of the client-therapist relationship.

(4) The use of the genogram in family therapy in comparison with the use of a conventional approach (systems theory) will be rated as more effective by trained therapists' observers in respect of the following specific variables of the relationship (a) Level of Regard; (b) Level of Empathy; (c) Level of Unconditional Regard; (d) Level of Congruence; and (e) Level of Cultural Awareness.

Analysis of the data revealed that there was not a significant difference in the client-therapist relationship as rated by the African families or by trained therapist observers when Sample A, which received the genogram approach was compared to Sample B, which received the general systems approach. Data also indicated no significant differences with regard to variables of levels of regard, empathy, unconditional regard, congruence or cultural awareness. The findings are discussed and recommendations made.

#### DISCUSSION

The four hypotheses concerning the use of the genogram in comparison to the use of a general systems approach in facilitating the establishment of an effective relationship when working with African families in family therapy are rejected when a quantitative analysis of the data is made. The researcher proposes that the failure to find significant differences may be attributed to the limitations of the study identified in chapter one, especially those relating to the sample used. The sample was drawn from an available black population. Consequently the sample size was limited and the families were not matched. Extraneous variables

such as family composition, age, education level and presenting problem were not controlled. The researcher also believes that the political climate in South Africa at the time that the study was conducted made it difficult to find a viable sample. Also, it would have been beneficial to have included more than two trained therapist observers to rate the video tapes.

It is also noteworthy that, although there were no significant findings at the 5% level of significance, if this had been set at the 10% level two interesting observations could have been made. Firstly, the client-therapist relationship as rated by trained therapist observers for the variable unconditional regard (.0978) would have proved significant when the genogram approach was compared to a conventional approach (systems theory). Secondly, the client-therapist relationship as rated by African families for the variable empathy (.1193) approached significance when the genogram approach was compared to a conventional approach. In the light of the small sample size these findings, although conservative, suggest that further investigation into this family therapy approach with African families is warranted.



Although the empirical research failed to have significant findings the researcher justifies further research in this area on the basis of her qualitative findings while conducting the family therapy sessions. When the genogram was used in family therapy the therapist found the following advantages. These are linked to the discussion in chapter two on the racial barriers specified by Vontress (1969).

For example, the therapist felt she was able to overcome the problem of racial attitude towards whites to some extent when she used the genogram in the session. She felt that she was able to demonstrate her respect for the beliefs and cultural traditions of the family. In mapping the genogram of a particular family (Appendix E) she was able to include the deceased grandparent of the mother. This demonstrated in a tangible way the therapist's acceptance of the importance of the ancestors for the black family. The relationship between these two was particularly close and the mother could easily discuss how she prayed to this ancestor to help her. This fact was used in therapy as a source of support for the mother in dealing with her daughter who was school refusing. It had also helped the family overcome some of the taboos about discussing their ancestors with a stranger.

With some families language did present a problem as Vontrass (1969) predicted. The use of the genogram did help clarify misunderstandings. When the therapist had difficulty in understanding which particular family members lived together and represented this incorrectly on the chart, the father moved to the chart on the wall and made the necessary changes.

As Western "therapies" are unfamiliar to black clients the depiction of the information onto the chart demystified the therapy. The family became aware of what family therapy entailed as they saw how the information on the chart was used to explain the influence of the families on each other. McGoldrick (1985) describes this as helping the family to think systemically. The use of the genogram also provided structure to the session and the therapist felt that the perception of a task that was to be completed helped the family to feel less threatened.

Difficulties with client low self disclosure were more easily overcome when the genogram was used. When the family realised that information was to be filled in on a chart they appeared to be far less reticent in sharing. They had tangible evidence of how the information was to be used.

However, the use of the genogram was felt to have little positive effect when used with two of the families who had overwhelming financial needs. These families were hoping for financial relief and when it became apparent that their expectations were not to be met, they were not able to address psychological issues in family therapy. For the remaining families the researcher felt that the genogram had a demonstrable beneficial effect on the therapy process.

To summarize, the researcher remains convinced that the use of the genogram as a family therapy technique to facilitate working cross-culturally has validity. The results reflected in this study portray the difficulty of carrying out research in South Africa. Many of the institutions approached were reluctant to participate in research studies. Experience with this in the past has left them with the feeling that the participants have been exploited for the sake of research. This problem is confounded when the research involves different cultural groups as the feeling that black people are exploited by white people becomes a reflection or indeed a perpetuation of the status quo. The researcher concludes with the hope that in the "New South Africa" many of these difficulties will be overcome and differences between people will become more

important than differences amongst cultural groups. As the genogram offers a promising avenue of communication with black families on the basis of the qualitative data, the researcher makes the following recommendations.

### RECOMMENDATIONS

1. The present study should be redone with the following changes relating to the sample:
  - (a) The sample size be increased;
  - (b) The families included in the two samples be matched on as many variables as possible as opposed to using an available sample;
  - (c) Families with fewer ties to Western institutions such as churches and schools should be included.
2. The relationship established between the therapist and family should be assessed over at least five sessions as opposed to merely the first session.
3. The raters used to assess the video-taped sessions should be from various cultural groups.

4. The family therapist should not be the researcher as well as s/he will have a bias to the use of one method over another.

5. The study should be conducted with families belonging to cultural groups other than African.

As the genogram has shown such promise on a qualitative basis as a communication avenue between two cultures and fits with the world view of the African people, further investigation into this method of family therapy, heeding the recommendations made above, should prove fruitful.

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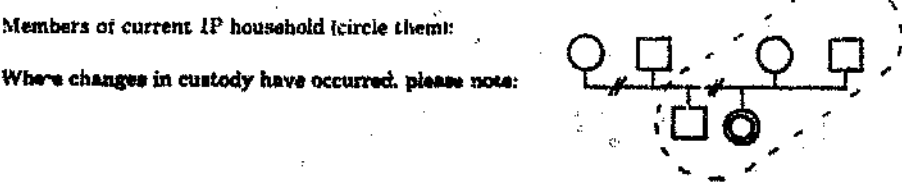
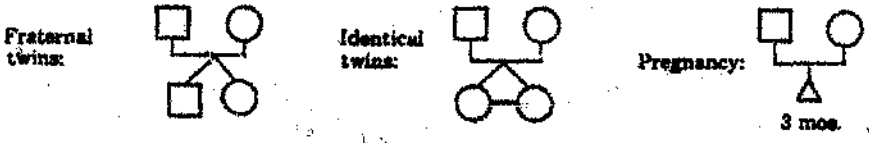
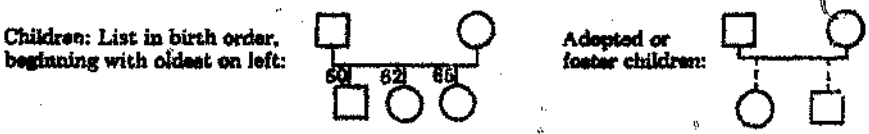
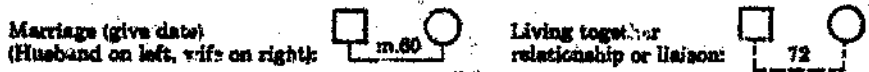
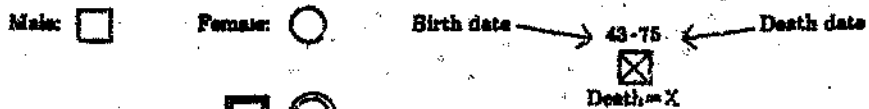
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APPENDIX A

This appendix comprises parts 1-3 of the appendix from McGoldrick, M. (1985) Genograms in Family Assessment.

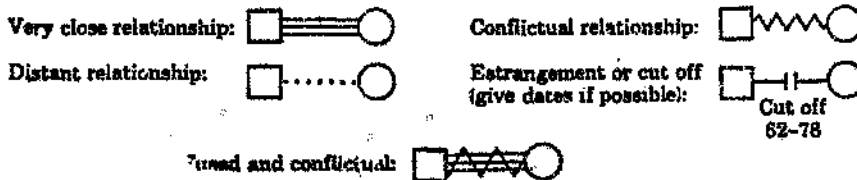
**PART I: GENOGRAM FORMAT**

A. Symbols to describe basic family membership and structure (include on genogram significant others who lived with or cared for family members—place them on the right side of the genogram with a notation about who they are.)



Appendix A Cont.

B. Family interaction patterns. The following symbols are optional. The clinician may prefer to note them on a separate sheet. They are among the least precise information on the genogram, but may be key indicators of relationship patterns the clinician wants to remember:



C. Medical history. Since the genogram is meant to be an orienting map of the family, there is room to indicate only the most important factors. Thus, list only major or chronic illnesses and problems. Include dates in parentheses where feasible or applicable. Use DSM-III categories or recognized abbreviations where available (e.g., cancer: CA; stroke: CVA).

D. Other family information of special importance may also be noted on the genogram:

- 1) Ethnic background and migration date
- 2) Religion or religious change
- 3) Education
- 4) Occupation or unemployment
- 5) Military service
- 6) Retirement
- 7) Trouble with law
- 8) Physical abuse or incest
- 9) Obesity
- 10) Smoking
- 11) Dates when family members left home: LH '74.
- 12) Current location of family members

It is useful to have a space at the bottom of the genogram for notes on *other key information*: This would include critical events, changes in the family structure since the genogram was made, hypotheses and other notations of major family issues or changes. These notations should always be dated, and should be kept to a minimum, since every extra piece of information on a genogram complicates it and therefore diminishes its readability.

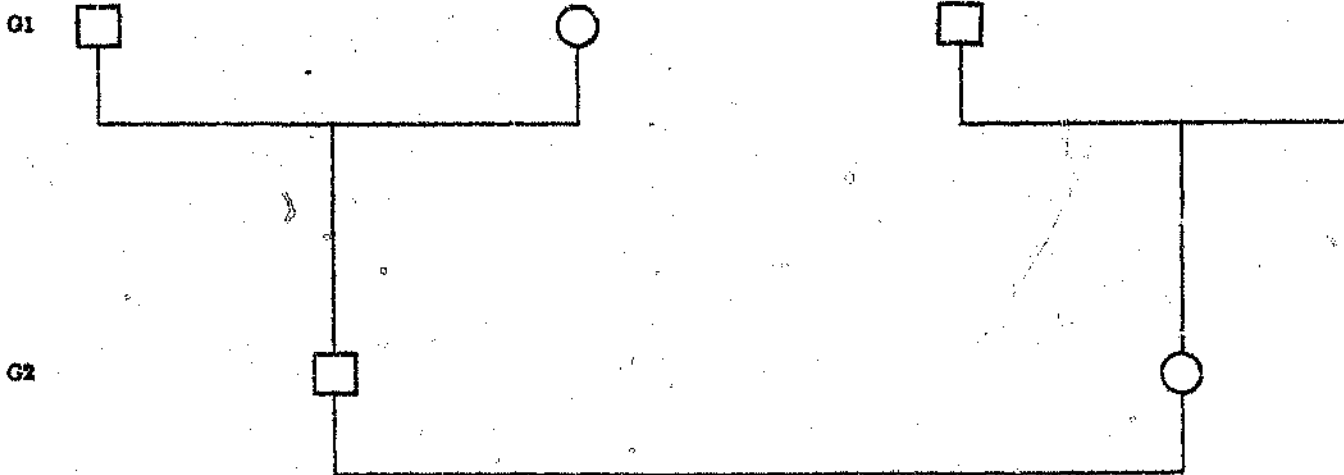
Appendix A Cont.

**PART 2: GENOGRAM FORM**

FAMILY NAME \_\_\_\_\_  
Date Filled In \_\_\_\_\_  
Filled In By \_\_\_\_\_  
Family Address \_\_\_\_\_

Key Hypotheses &  
Life Events

Significant



G3 (IP)

Appendix A Cont.**PART 3: OUTLINE FOR A  
BRIEF GENOGRAM INTERVIEW****Index Person, Children and Spouses**

*Name? Date of birth? Occupation? Are they married? If so, give names of spouses, and the name and sex of children with each spouse. Include all miscarriages, stillbirths, adopted and foster children. Include dates of marriages, separations, and divorces. Also include birth and death dates, cause of death, occupations and education of the above family members. Who lives in the household now?*

**Family of Origin**

*Mother's name? Father's name? They were which of how many children? Give name and sex of each sibling. Include all miscarriages, stillbirths, adopted and foster siblings. Include dates of the parents' marriages, separations, and divorces. Also, include birth and death dates, cause of death, occupations and education of the above family members. Who lived in the household when they were growing up?*

**Mother's Family**

*The names of the mother's parents? The mother was which of how many children? Give name and sex of each of her siblings. Include all miscarriages, stillbirths, adopted and foster siblings. Include dates of grandparents' marriages, separations, and divorces. Also include birth and death dates, cause of death, occupations and education of the above family members.*

**Father's Family**

*The names of the father's parents? The father was which of how many children? Give name and sex of each of his siblings. Include all miscarriages, stillbirths, adopted and foster siblings. Include dates of grandparents' marriages, separations, and divorces. Also include birth and death dates, cause of death, occupations and education of the above family members.*



Appendix A Cont.

**Ethnicity**

Give ethnic/religious background of family members and the languages they spoke if not English.

**Major Moves**

Tell about major family moves and migrations.

**Significant Others**

Add others who lived with or were important to the family.

**For All Those Listed, Indicate Any of the Following:**

serious medical, behavioral, or emotional problems;  
job problems;  
drug or alcohol problems;  
serious problems with the law.

**For All Those Listed, Indicate Any Who Were:**

especially close;  
distant or conflictual;  
cut off from each other;  
overly dependent on each other.

APPENDIX B

IDENTIFYING INFORMATION

Name:

Date:

Family Members Present

FAMILY SELF-REPORT RELATIONSHIP INVENTORY

Please read each sentence below. Mark each sentence in the way you feel it is true or not true in this relationship.

Please mark everyone. Write in +3, +2, +1, or -1, -2, -3 to stand for the following answers:

- +3 Yes, I strongly feel that it is true.
- +2 Yes, I feel it is true.
- +1 Yes, I feel that it is probably true, or more true than untrue.
- 1 No, I feel that it is probably untrue, or more untrue than true.
- 2 No, I feel it is not true.
- 3 No, I feel that it is not true.

Appendix B Cont.

- 1. She shows me respect.
- 2. She wants to understand how I see things.
- 3. She is interested in me only if I say things she wants to hear.
- 4. She is comfortable and at ease with me.
- 5. She understands that some problems are better solved when the whole family, grandmother, grandfather, aunt and uncle, come together as a group rather than the person trying to solve it on his/her own.
- 6. She really likes me.
- 7. She hears my words but she does not know how I feel.
- 8. If I am feeling happy or unhappy about myself, she will still feel the same way about me.
- 9. I feel that she changes the kind of person she is when she is with me.
- 10. She is aware that she does not understand everything about the ways of the Black/African people and we might need to consult with the traditional healers as well.
- 11. She is impatient with me.

Appendix B Cont.

- 12. She understands what I mean.
- 13. If I behave well she likes me, if I behave badly she does not.
- 14. She is herself with me.
- 15. She knows that sometimes people feel that they cannot overcome their difficulties or their own - they need the help of their ancestors.
- 16. I feel appreciated by her.
- 17. She sees things only from the side of the White person.
- 18. The way I feel towards her does not make a difference to the way she feels towards me.
- 19. She is not happy when I talk about certain things.
- 20. She knows that some of our difficulties are because we have been forced to leave behind some of our beliefs and customs behind in White South Africa.
- 21. She does not really care for me.
- 23. She wants me to be a particular type of person.
- 24. I think that she tells me how she is thinking and feeling.

---- 25. She knows that psychology and a "talking cure" are strange and new to use rather than a ritual.

Thank you for answering these questions.

Adapted Split-half form from Barrett-Lennard, 1962

APPENDIX C

IDENTIFYING INFORMATION

RATER NUMBER :

NAME OF FAMILY:

RATERS RELATIONSHIP INVENTORY

Please read each sentence below. Mark each sentence in the way you feel it is true or not true in this relationship.

Please mark everyone. Write in +3, +2, +1, or -1, -2, -3 to stand for the following answers:

- +3 Yes, I strongly feel that it is true.
- +2 Yes, I feel it is true.
- +1 Yes, I feel that it is probably true, or more true than untrue.
- 1 No, I feel that it is probably untrue, or more untrue than true.
- 2 No, I feel it is not true.
- 3 No, I feel that it is not true.

Appendix C Cont.

- 1. The therapist shows the family respect.
- 2. The therapist wants to understand how the family sees things.
- 3. The therapist is interested in the family only if they say things she wants to hear.
- 4. The therapist is comfortable and at ease with the family.
- 5. The therapist understands that some problems are better solved when the whole family, grandmother, grandfather, aunt and uncle, come together as a group rather than the person trying to solve it on his/her own.
- 6. The therapist really likes the family.
- 7. The therapist hears their words but she does not know how the family feels.
- 8. If the family is feeling happy or unhappy about itself, the therapist will still feel the same way about them.
- 9. I feel that she changes the kind of person she is when she is with the family.

Appendix C Cont.

- 10. The therapist is aware that she does not understand everything about the ways of the Black/African people and they might need to consult with the traditional healers as well.
- 11. The therapist is impatient with the family.
- 12. The therapist understands what the family mean.
- 13. If the family behave well the therapist likes them, if they behave badly she does not.
- 14. The therapist is herself with the family.
- 15. The therapist knows that sometimes people feel that they cannot overcome their difficulties on their own - they need the help of their ancestors.
- 16. The family feel appreciated by the therapist.
- 17. The therapist sees things only from the side of the White person.
- 18. The way the family feels towards the therapist does not make a difference to the way she feels towards the family.
- 19. The therapist is not happy when the family talk about certain things.



Appendix C Cont.

- 20. The therapist knows that some of the families difficulties are because they have been forced to leave behind some of their beliefs and customs in White South Africa.
- 21. The therapist does not really care for the family.
- 23. The therapist wants the family to be a particular type of person.
- 24. The family think that the therapist tells them how she is thinking and feeling.
- 25. The therapist knows that psychology and a "talking cure" are strange and new to use rather than a ritual.

Thank you for answering these questions.

Adapted Split-half form from G.T. Barrett-Lennard, 1962

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APPENDIX D

INSTRUCTIONS FOR RATERS

You have received a video tape and copies of the Raters Relationship Inventory. You are required to view each family therapy session and then complete the inventory according to the instructions therein. If you have any difficulties you are asked to contact the researcher.

Please insure that you complete the viewing and the inventory within three days of receiving these to ensure that deadlines may be met. In order to avoid fatigue however, you are required to spend no more than two hours at a time at the given tasks.

Thank you for your cooperation

Wendy Wentzel

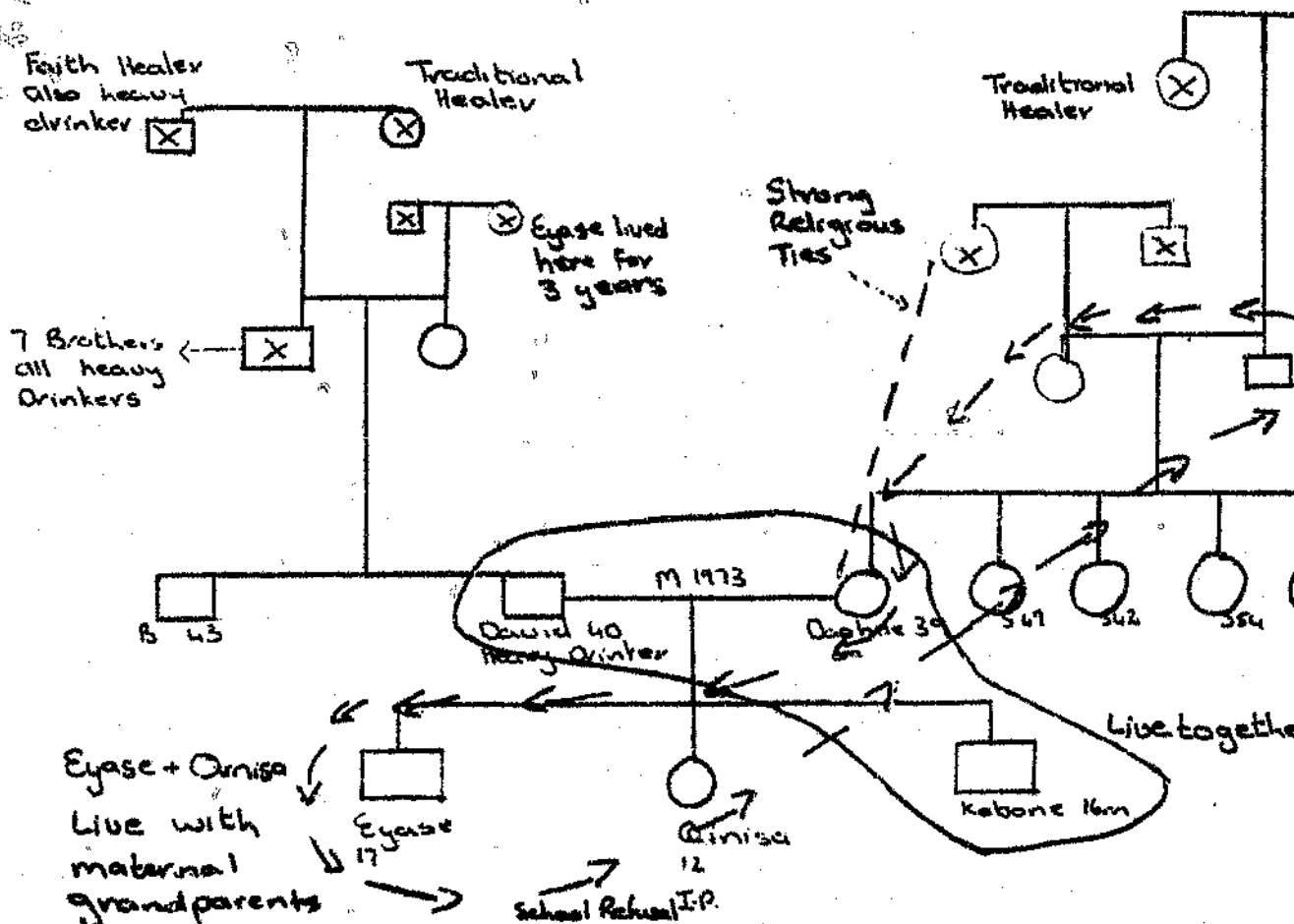
Tel.: 794-1401 / 708-184

APPENDIX E

GENOGRAM OF FAMILY FROM SAMPLE A

Brief Summary

Family is made up of father, mother, and Kebone who live together. Other children, Eyase and Guinisa, live with maternal grandparents. This is culturally unacceptable to the father. Traditional healers identified on both sides of the family. Mothers strong Christian beliefs from her maternal grandmother but also prays to her spirit to intervene in any difficulties. Pattern of heavy drinking identified on father's side.

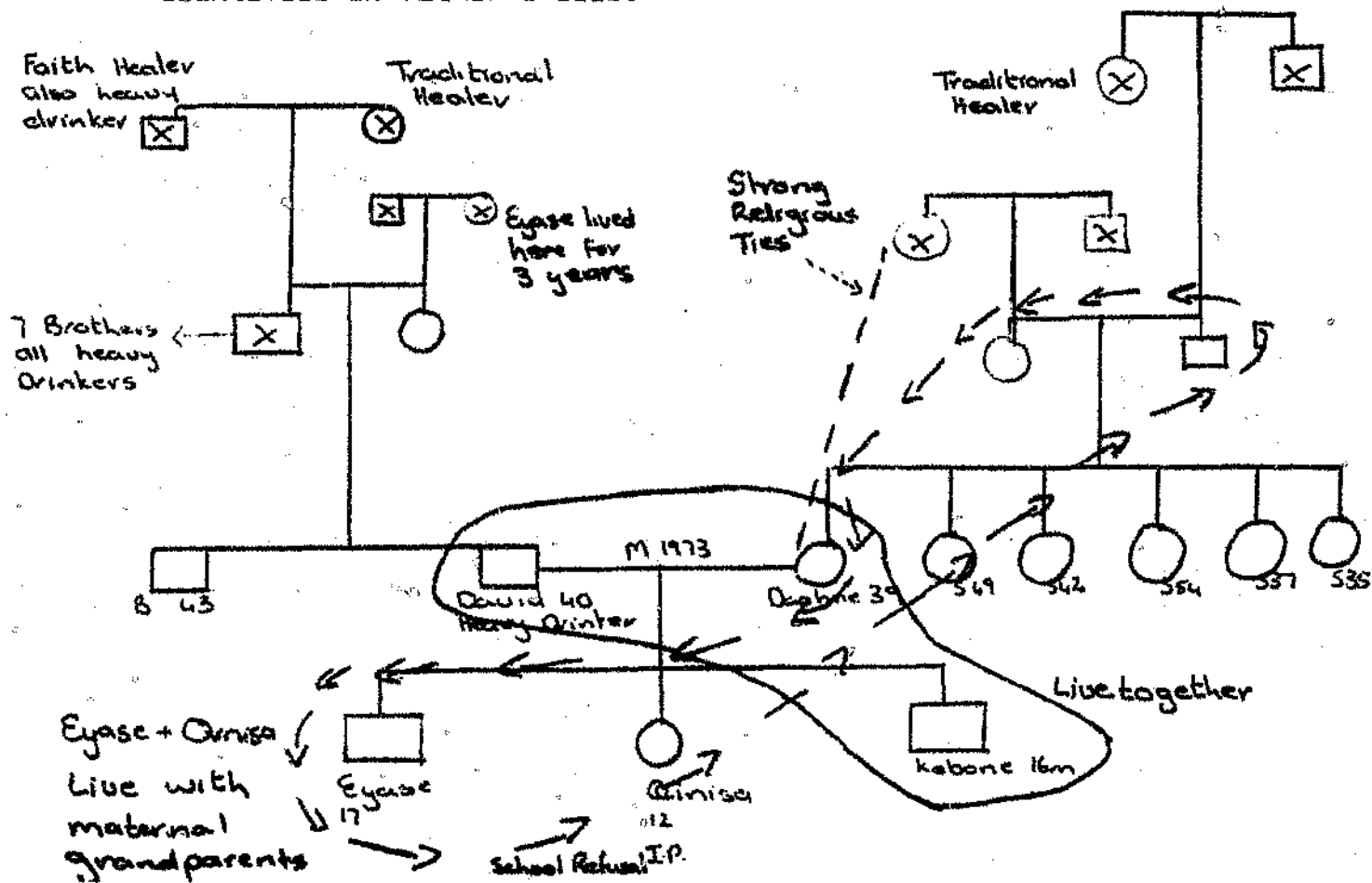


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Brief Summary

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