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## **Family Interviews**

There are many definitions of family. The essential feature of a family consists of at least two or more persons in a relationship by birth, by marriage, by adoption, or acquired by mutual consent. Family members may physically live together or be emotionally connected to each other, share goods and services, and manifest intimacy, protection, care, and love for one another. Health care workers and professionals interview individual family members and the family as a whole in order to understand and assess the health of the family. When people experience difficulties in the family, the interview helps the professional detect the possible origin and factors contributing to the problem. At the end of the interview, the professional should have some idea as how to correct the dysfunction and how to strengthen the family so that it can work toward wellness. This entry describes the history and goals of family interviews, discusses different methods of conducting interviews, and provides the steps following an interview.

### **History**

Health care professionals have been involved in talking to individual persons since the development of psychology and counseling in the early 20th century. However, in the second half of the 20th century they began to see the importance of also talking to family members in order to understand the family dynamics and how such interactions affect both the family life and the individual life. Psychodynamic theories raise the issue that a person's personality is determined and affected by early childhood experiences with the primary caregivers, be it psychosexually or psychosocially. Later psychological theories also see the importance of how other people affect individuals, resulting in how people process their thoughts and emotions, or how one's resultant behavior can influence or reinforce subsequent behaviors. The family therapy theories subscribe to the importance of a systems way of looking at things, basically emphasizing the interrelatedness of one another. In medicine, particularly in family medicine, the biological linear understanding of disease is now replaced with a circular bio-psycho-socio-cultural-spiritual understanding. Such a paradigm shift is now well accepted and adopted in the health care field.

## **Family Interview Goals**

There are many ways of carrying out a family interview. They all try to accomplish one or more of the following goals: The first goal is to have a better understanding of the individual, by exploring that person's early life and upbringing, and how the home and social environment influenced that person's life. Both the professional and the person being interviewed may be able to obtain useful information as to how the present state of the person is affected by that upbringing, be it positive or negative. A second goal is to have an opportunity where family members have a chance to understand the other members by listening to these members' retelling of their life stories. This process will result in more mutual understanding and acceptance and less criticism and discontent. The third goal is to discern if there are processes or issues that are passed on from one generation to the next. This is particularly important if diseases like cancer, diabetes, and hypertension, or relational dynamics between different members, are passed on between generations. Having such an understanding may facilitate preventive measures. For example, if there is a first-degree relative who has contracted colon cancer, earlier colorectal cancer detection procedures can be performed; or when there is physical abuse in the previous generation, one will have a heightened alertness whether the present generation will learn from such practice. A fourth goal is to understand how the resultant relational dynamics are affecting present relationships, particularly in terms of personality, behaviors, thinking, and emotions of family members. Because a person's character is influenced by both the genetic predisposition and the environment, knowing the family's interactional dynamics may explain the alliances and disengagement of different family members. A fifth goal is to see if there are ways to improve family relationships after the assessment and possible formulation of family dynamics. At this point, the health care professional may decide whether to pursue more therapy and counseling or refer the family to other experts in dealing with the different issues raised. The sixth goal is to provide an opportunity where family members can sit together to discuss certain issues and resolve conflicts. Finally, the last goal is to form the basis of carrying out more intensive counseling or therapy for the individuals and family.

## **Different Methods of Conducting Family Interviews**

### *Understanding About Individuals*

The basic premise is that the present state of the mind and behavior patterns of the person are affected by the past. Thus elucidating the past will help that person gain insight as to how the present comes into being. There are different ways to carry out such an interview. The common ones are working with family-of-origin issues and using different personality theories to try to understand the personality of that individual. The key determinants include whether the person has an overall positive or negative upbringing and whether the person's attachment experience during childhood was secure, ambivalent, or avoidant, resulting in secure relationships, anxious relationships, or disengaged and narcissistic relationships, respectively, in adult life.

### *Understanding About Each Other*

When the interview is carried out, the remaining family members will listen and try to understand about that person. With the new information, perhaps other family members will be able to realize the underlying reasons why a person behaves, thinks, or feels in a certain way. It is hoped that, at the end of the process, there will be more acceptance of one another. In such family interviews, after finishing with one person, the professional will work with the other person(s) in the family, and the process is repeated until every member has had a chance to share his or her inner world with the others. Following this process, there is often more mutual understanding and acceptance and less animosity among family members.

### *Understanding About Intergenerational Issues*

Health care professionals in the past have used various methodologies to look at intergenerational issues. Among these, the genogram is the most widely used. The *genogram* is a graphic representation of the family tree, providing medical and psychosocial information about a person's family members and their relationships over at least three generations. With the genogram, family members and health care professionals are able to visualize illnesses and relational dynamics and how they are transmitted from one generation to the next. It may even alert the professional to look for potential problems in health and relationships, including physical or emotional abuse, cancers, hereditary illnesses, and drug and alcohol use.

### *Understanding About Interpersonal Dynamics*

Different family therapy theorists have used different ways to understand interpersonal dynamics. These interviews help the professional to explore how a particular person thinks, feels, and behaves in different situations, while at the same time to understand how that person interacts with different people. Some of the common parameters about the dynamics include how a person is connected to or enmeshed with the other person(s), how flexible or rigid that person is in dealing with others, and whether the person has a better way of interacting with others through a permeable clear boundary. Through such family therapy interviews, the professional can understand the interactional pattern among individuals; for example, whether one person is pursuing and the other is withdrawing, or if a person functions incongruently toward another person through placating, blaming, computing (logical without any affective expression), or distracting.

### *Opportunities for Family Meetings*

Family practitioners and clinicians have used family meetings or conferences as a means to make family members sit together to resolve differences and to make decisions that are acceptable to all. In such a meeting, every member participates and contributes to the issue, and ultimately they come up with joint decisions. Usually in such meetings, even children play a role. Meetings provide family members a way to communicate and listen to each other and a positive family environment to foster collaboration.

### **Steps following a Family Interview**

The family interview provides an understanding of how individuals and relationships behave and interact with each other. After the interview, the professional will have a working hypothesis to explain the family's behavioral and interactional patterns. In individuals and families that present with dysfunction or dissatisfaction with themselves and their relationships, such an assessment can provide the professional a way to move on to the next phase of therapy. The goals of this phase are to rephrase, reframe, rescript, and help the family members make better changes and adjustments in their lives.

—*Vincent H. K. Poon*

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