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A Method for Organising the Clinical Description of Family Interaction: The "Family Interaction Summary Format"

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Family Therapy emphasises the family as the basic unit of study and treatment for psychological problems. Family Therapists view the symptoms of an individual as predominantly meaningful within the context of his family relational system, and place emphasis on interactional processes occurring between family members. As part of any psychiatric assessment, a systematic written description of family functioning, brief or lengthy depending on the circumstances, is required. Clinicians' descriptions suffer excessively from idiosyncrasy and incompleteness. Review of the literature revealed the lack of an accepted systematic method for describing family interaction. The Family Interaction Summary Format was devised to fill this gap. This paper describes the logic of the Format and is a guide to its use.

INTRODUCTION

Investigation of family therapy at the Hospital for Sick Children in London commenced in 1973 when we became convinced of the effectiveness and efficiency of the approach. We discovered that basic clinical research was impeded by the lack of an agreed terminology. In addition, there were no widely used methods of assessment, no order in the variety of treatment methods, and the development of clinical theory was limited and without substantial validation.

This led us to commence a research program rooted in our clinical determination to help families with problems (Kinston, 1981). The clinical description of family interaction was an immediate task. Studies conducted within the Department revealed that different clinicians focussed on different aspects of interaction and their descriptions were rarely comprehensive or comparable; the briefer the description, the more idiosyncratic. We therefore decided to devise a standard framework for description.

CRITERIA FOR A METHOD OF DESCRIPTION

A clinically suitable method for describing family interaction needs to be:

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1) Systematic and clear: it requires a logical format, with terminology defined and agreed upon, and with each conceptual area of interaction broken down into mentally-manageable and observable component parts.
2) Comprehensive: all major areas of interaction should be covered rather than an emphasis on one or two particular aspects.
3) Brief: with familiarity it should be able to be completed quickly.
4) Widely-applicable: it should be useful to clinicians of different theoretical orientations and of varying degrees of experience, including newcomers to the field.

The "Family Interaction Summary Format" has been developed with these criteria. (Copies are available on request).

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STRUCTURE OF THE FAMILY INTERACTION SUMMARY FORMAT

The Summary Format described here is the version currently in use. It has been reformulated and modified several times, and is expected to require continuing revision as our understanding of families develops.

The Summary Format considers the total family system, including its relationship to the environment, and its component sub-systems, as well as relevant aspects of individual functioning which contribute to the assessment of family functioning. It is concerned only with family interaction and functioning as observed here-and-now. It is therefore only one aspect of a full assessment of a family which would also consider the presenting problem, the developmental history of the family, crises and stresses, etc.

The Summary Format delineates eight conceptual groupings (dimensions) of family interaction and function, each on a separate page. These are: Atmosphere, Communication, Affective Status, Boundaries, Family Operations, Alliances, Parental Function, and Relation to the Environment. Each of these is divided into sub-sections which offer guidelines to aid the description, with space for clinicians to write notes.

A front page allows notation of family members present and absent, and offers general instructions for the use of the Format. These are that clinicians consider the family-as-a-whole, describe only what they see, minimize inferences, be brief and specific, and avoid repetition.

CONTENTS OF THE SUMMARY FORMAT

In this section, the eight dimensions and their sub-sections are outlined. Our aim is to convey for clinical, **not** research, purposes the nature of the Format. We are not intending to be comprehensive or definitive and references have been kept to a minimum.

Atmosphere

The concept of "family atmosphere" receives relatively little attention in the family therapy literature, and generally its definition is left vague. Ackerman (1958) has described it as "the changing manifold of emotional currents and cross-currents within the family."

Table I: Page 2 of Summary Format (condensed)

ATMOSPHERE

Describe the mood and tone of the family, including the degree of comfort and tension.

Is humour available and used? What sort of laughter occurs?

Comment on the supportive-appreciative interactions; and the attacking-oppositional patterns.

Other Comments:

The phenomenon of family atmosphere is well-recognised by clinicians, even though they might find it hard to define or describe what they mean by the term. We think it refers to the overall "feel" of the family, a pervasive quality as distinct yet as intangible as a smell or a taste. It is a global subjective response of the therapist to all the family do and say, and it best appreciated by being in close physical proximity to the family. Colleagues watching through a one-way screen may be too distant to fully sense it. Families can be so "poisonous" that a therapist just longs to get out of the room.

We have attempted to tease out the observable family characteristics of particular relevance to atmosphere. We started from the idea that "atmosphere" is the emotional effect of family members being together. Then, we distinguished two aspects that we labelled family "mood" and "tone". We remain unsatisfied with these labels. "Family mood" refers to the prevailing sense of safety/warmth or danger/coldness. "Family tone" refers to the quality of social ease: whether the family is comfortable and relaxed being together, or whether there is some degree of discomfort, stiffness or embarrassment. Families who are close and warm may yet present at a clinical interview as embarrassed or uncomfortable.

The presence of a sense of humour in the family seemed to belong here. It is a strength which receives too little mention. The capacity of a family to use gentle irony and see the humorous side of things is important in dealing with the trials and tribulations of daily living. Humour needs to be distinguished from sarcasm, ridicule, contempt or mockery which promote a very different family atmosphere. The ability of family members to laugh together should be noted, as well as the kind of

laughter that occurs. Is it the consequence of genuine good humour, or is it bizarre, embarrassed, or a screen to conceal misery or aggression?

Finally, the overall quality of interactions between family members must be considered. Relationships may be characterised by support and appreciation, disinterest and apathy, or attack and opposition. In some families the members never let themselves come together at all.

The nature of family interactions must be viewed in the light of their contextual appropriateness, e.g. critical behaviour on the part of a parent to a child may be supportive when benevolently performed in certain circumstances. The overall context must also be considered, e.g. the atmosphere of a family in mourning will inevitably be pain-filled.

Communication

Table II: Page 3 of Summary Format (condensed)
COMMUNICATION
Comment on Clarity: i.e. communication of meaning, articulation, explicitness of content, verbal/non-verbal congruence.
How were themes and topics taken up, focused upon, developed and changed?
Describe the overall patterns of communication: the pathways, the noise level, the equality of participation, the conversational style.
Comment on the giving and receiving of messages: the frequency and nature of control (orders, demands, requests, questions, etc.), information exchange, listening and acknowledgement.
Other Comments:

Both clinical experience and review of the literature demand the inclusion of communication as a major heading.

By contrast to atmosphere, it seems to be clearly located in the family itself and capable of objective assessment.

Unfortunately, the term "communication" means different things to different people. Following the pioneering work of Bateson et al (1956), it has become an approach to families and therapy. The communication theorists take an extreme view by regarding all behaviour as communication, so that one ends up asking what is **not** communication? Family researchers have attempted to deal with the complexity of the communicational process by focussing on specific aspects. For example, linguistic analysis has been applied to family therapy transcripts, and the order in which family members speak and the frequency with which one person follows another has been investigated. This theoretical approach typically fails to provide definitions of communication which are meaningful and operational in the clinical setting. However, Riskin and Faunce (1970) have contributed by delineating low-inference, relevant, and manageable components within the broad concept.

Our use of the term "communication" refers to directly-observable verbal interchange, paraverbal indicators (e.g. tone of voice), and related non-verbal cues (e.g. body movements). The Format provides guidelines for the description of family communication in terms of the overall patterns, the expression and reception of messages, and the predominant nature of those messages.

The overall patterns of family communication refer to such general characteristics as noise-level, conversational style (e.g. flowing, fragmented), and equality of participation. Do all family members join in appropriately, or is conversation dominated by one or more members with others excluded or opting-out? Who talks to whom in the family? It may be that all family members talk to each other openly and freely as the need dictates or that communication is routinely restricted between some, or all, members. There may be a preferred or mandatory pathway for the whole family, e.g. all communication may go through mother, "the family switchboard". Another feature is the family's ability to share a focus of attention and to develop topics and themes. This may occur easily and naturally, or family members may be unable to maintain a shared focus and/or to develop a topic coherently. Equally important is the capacity to move on from one topic of conversation to another. Does this occur, or do the family rigidly adhere, or repeatedly return, to one particular subject? Are such changes in topic smooth and appropriate, or illogical, even bizarre?

Clarity of expression is crucial for communication of meaning and disturbed families often have difficulty in this area. Messages

may be unclear when they are whispered or poorly-articulated, or if the content is muddled or vague or masked. This may result in misunderstanding. Even more difficult to deal with may be the misunderstanding inherent in verbal/non-verbal incongruence. Non-verbal cues may confuse, negate or disqualify explicit verbal content. What is a child to make of a father who tells him to "stop fighting this instant", whilst sitting passively in his chair, and speaking in a flat tone of voice? Clear communication also demands that the message goes to the person for whom it is intended, and again non-verbal cues such as eye-contact are important.

Effective family communication is as dependent upon the way messages are received and responded to as upon the clarity with which they are expressed. Family members may fail to receive messages because they do not pay attention or listen to one another. They may receive messages but fail to acknowledge them (either verbally or non-verbally), so that the sender cannot be sure whether or not his message got through. In addition, messages that are received can be misinterpreted or responded to in an inappropriate way.

Finally, the predominant type of message is important. Are family members able to exchange information freely and spontaneously? Is communication characterised by too many or too few control messages such as orders, demands, requests, questions?

Affective Status

Table III: Page 4 of Summary Format (condensed)

AFFECTIVE STATUS

Comment on the range and intensity of feelings. Are they differentiated, and how are they expressed?

Describe the family's sensitivity to and valuation of its members' inner experiences, i.e. feelings, wishes, etc.

Comment on the communication, of and about, emotion.

Other Comments:

We experienced considerable difficulty devising this section of the Format and giving it a label. The central problem is the complex relationship that exists between individual and family functioning.

Is it meaningful to speak of the experiential aspects of family life, when it is individual members who have feelings and fantasies, not families? On further reflection it became clear that we were not concerned with individual psychodynamics, but with a particular family phenomenon. The family does have an "emotional life" and is bound together by shared common meanings and intersubjective experiences which constitute a "family reality" (Kinston and Bentovim, 1980).

Emotional experience may be located within the individual, but it is regulated by, and regulates, the interaction between family members, particularly with regard to how they express, respond to, and talk about feelings. The affective dimension of family life involves more than the communication of, and about, feelings which could have been subsumed under **Communication. Communication** does not take into account factors like range, differentiation and intensity of emotions. Nor does it encompass family methods of responding to members' wishes, needs, fears, fantasies and expectations. The emotional world of the family lies somewhere between the social world of public expression and the personal world of private experience. This aspect of family life demands far more investigation. We believe careful observation, without undue dependence on inference, yields a wealth of detail about emotional experience within a family.

The family may show access to a broad or narrow range of feelings, or restrict experience to a single valence, positive (e.g. love, tenderness, happiness, joy), or negative (e.g. fear, anger, sadness, hate). Sometimes inner experience appears to be absent with consequent deadness or blandness. Differentiation of experience is probably related to the capacity to use words, but the family may promote this or accept global responses such as "good", "okay", and "bad". Feeling states must be considered in relation to the provoking situation. They may be congruent, inappropriate or bizarre; the intensity can be heightened, appropriate, or diminished; and their duration can be viewed along a continuum from prolonged through appropriate to transient or poorly-sustained.

The second major component of affective

status involves the expression of experience. As with other forms of communication, clarity and directionality are important, but there are some special attributes as well. Is expression primarily verbal or non-verbal and what is the degree of congruence between these? Are physical or psychological symptoms used as a mode of emotional expression within the family? The expression of feelings may occur naturally and spontaneously, or family members may show signs of discomfort and attempt to conceal their feelings. In some families, emotional expression is sued primarily for manipulative purposes, e.g. one member may control others by being depressed or angry.

The third observable component of affective status is the recognition and valuation of inner experiences within the family. Experiences can be distorted, disqualified, devalued or rejected by family members. It may be that any emotional expression is unacceptable, or there may be selective acceptance and encouragement of some states (e.g. excitement), with a rejection of others (e.g. depression). This may be a whole family or a sub-system phenomenon. Conversely, the family environment may be one where all experiences are accepted as an essential, important part of family life and where members sensitively recognise and suitably respond to feelings and needs in themselves and in others. Families vary in the capacity of members to talk meaningfully about events that affect them. At one extreme, the family may be so inward-looking that day-to-day living is interfered with, and at the other, so impoverished that major events, such as death, cannot be assimilated.

Boundaries

Table IV: Page 5 of Summary Format (condensed)

BOUNDARIES

Describe the degrees of individuation shown by the members.

Comment on the inter-generational and sexual roles. How distinct are they?

Comment on the balance of connectedness and separateness, i.e. enmeshment and disengagement, reactiveness and responsiveness.

Responsibility of members for their own inner states and behaviour. Intrusions, interference and mind-reading between members.

Other Comments:

Minuchin's structural model of family functioning promoted the concept of boundaries as a parameter for the evaluation of family functioning and a useful focus for therapeutic work (Minuchin, 1974).

Boundaries refer to the degree of separateness and connectedness that characterises the family system. They must always be considered in the light of individual and family development. The concept is applicable at all levels of functioning: there is a boundary around the family, boundaries within the family, and boundaries around the individual family members. (The boundary around the family defines its relationship to the outside world. We thought this aspect of family functioning needed its own section: **Relationship to the Environment**).

Boundaries within the family can be described with reference to the family-as-a-whole (defining the separateness and connectedness of family members), and to the various family sub-systems. Minuchin conceives all families as falling somewhere along a continuum whose poles are the two extremes of very diffuse boundaries (the "enmeshed" family) and overly-rigid boundaries (the "disengaged" family). Diffuse boundaries are excessively permeable, so that family members are overjoined. They are over-reactive and over-responsive to one another. The mutual over-involvement is such that change in any one family member reverberates throughout the entire family. Interruption and intrusiveness with regard to the thought, talk, feelings and the relationships of others is commonplace. Boundaries may be generally so diffuse that individuals believe they always know what other family members are thinking. When the boundaries defining family relationships are overly-rigid, there is a sense of disconnectedness between family members. Communication and co-operative effort are very difficult and empathic responses virtually impossible. Family members are isolated and tend to go their own way, with little interest shown by, or to, others. Between these two extremes fall the majority of families, with effectively-functioning boundaries. Ideally, these are firm-but-flexible, well-differentiated but appropriately permeable. Family members are

able to mesh-in and co-operate with one another in accordance with circumstances. At the same time, they do not intrude upon or interfere with each other's autonomous functioning, and there is a healthy balance of separateness and connectedness.

Boundary properties are not necessarily consistent throughout the whole family, so that it is possible to have both extremes simultaneously present. For example, one parent may be over-involved with a child (diffuse boundary) while the other is isolated (rigid boundary). The parents may alternate, Mother being over-involved at one time and Father at another. In this case, not only are both extremes present, but their distribution within the family varies at different times. There are many possible sub-groupings of family members; the rules determining who participates in them, and how, constitute the boundaries of the family's sub-systems.

Particularly important boundaries exist between the generations (defining the parental and sibling sub-systems) and between the sexes (defining the male and female sub-systems). When the inter-generational boundary is weak, a child may be "parentified", or a parent "infantilized". At the other extreme, the inter-generational boundary may be excessively rigid with parent and child roles fixed and stereotyped. Distinction between the sexes can also be poorly-defined or undesirably exaggerated. It is worth noting that the parents may show a reversal of the usual mother/father roles, whilst still making a clear male/female distinction.

Finally, at the individual level of functioning, there are boundaries that determine the family members' indentify and degree of individuation. Interpersonal differentiation may be so poor that family members are unable to act independently or even to acknowledge their differences. They may rarely accept responsibility for their own feelings and actions and tend to see these as being caused by others. Despite excessive togetherness, the sought-after sense of belonging is more apparent than real, as any genuine relationship requires a view of oneself as a separate, unique human being. Over-involvement may also manifest as excessive self-assertion, identity struggles, or avoidance of belonging. Optimally, family members have a secure sense of belonging and exhibit an age-appropriate degree of autonomous behaviour. They are aware of, and accept, both their similarities and their differences, and are able to assert themselves in an atmosphere of mutual self-respect.

Family Operations

Table V: Page 6 of Summary Format (condensed)

FAMILY OPERATIONS

Conflict Resolution — describe the acknowledgement, acceptance and resolution of inter-member conflicts.

Decision-making — comment on the process and outcome.

Problem-solving Ability — can the family recognise problems and their complexity, can it organise itself flexibly and efficiently? Is there tolerance of ambiguity and uncertainty?

Family Life Cycle — comment on the handling of the current family tasks.

This section includes a number of family tasks: conflict resolution, decision-making, problem-solving and specific family-life cycle issues. These operations are central to family functioning and both influence and are influenced by other qualities and characteristics of the family.

Conflict resolution refers to the ability of the family to acknowledge and resolve the inevitable differences that occur between members. If the existence of conflict is not recognised or not openly acknowledged, resolution is problematic. Some families attempt to deal with conflict by never disagreeing. Other families may require continual disagreements as evidence of concern and indications of closeness. Resolution of disagreements may take a variety of forms. It may only occur intermittently, with intervening periods of withdrawal and breakdown of communication; or conflictual issues may become diffused and lost; or insincere simplistic solutions may be accepted. One family member may always act as mediator in the conflict of others, or draw attention away from the issues. This often impedes resolution and if the child has this central role, the family is almost certainly dysfunctional. In a healthy family, conflicts are not overly-disruptive and are resolved by negotiation, creative endeavour or compromise, and family

members can accept that they may be "wrong", or that everyone is "right".

Families are having to make decisions all the time. The task of decision-making has three aspects: the participants, the process, and the implementation.

Families not only have to make decisions which affect everyone, but also decisions which concern only some of their members; each individual also has to make his own decisions. Who takes part in the decision-making process needs to be noted. Members may involve themselves inappropriately or interfere in some way in the decisions of others, or may be left out when they should have a say in the decision. The process of making decisions may be more or less flexible, and more or less fair. One person may be elected as decision-maker, or decisions may be routinely autocratic. A family may ignore the need to make a decision, or be unable to make one and drift into the decision by non-action. In other families the decision reached may not correspond at all to any of the individual's wishes. Some families make a decision and then proceed to do something completely different, or not act at all; some may carry out the decision in only a limited way; others will implement it fully.

Problem-solving refers to the family's ability to deal with difficulties encountered with regard to an individual's behaviour, the relationship between family members, or environmental demands and stresses. Some approaches to family therapy focus on helping the family develop their problem-solving ability (Haley, 1977; Epstein et al 1978). The operation of problem-solving involves a number of steps. First families must be able to perceive relevant problems accurately. If problems are continually denied or mislabelled or unhelpfully redefined or over-simplified they accumulate and become overwhelming. Following identification of the problem, the family organises itself to deal with it. Are the most appropriate participants involved, and how flexible is the family in seeking and considering alternatives? The family must then make a realistic plan and proceed to put it into action. Uncertainty and ambiguity must be tolerated in the time from problem-identification through to problem solution. The final stage involves evaluating how effectively the problem has been dealt with. Without this, a family is unable to learn from its experiences and develop its problem-solving ability.

A large number of conflicts, decisions and problems are met with as part of the family life-cycle. Duvall (1967) has described the various stages, each of which present the family with various tasks which need to be mastered. Symptoms may be a signal that a family is having difficulty in completing a stage in their life-cycle or in moving on to the next. In the Summary Format we are concerned with the family's handling of current tasks. As an example, we consider the stage of the family life-cycle which comprises the period from when the oldest child commences school to the onset of puberty. Tasks include a) helping the child relate to the outside world by developing bonds to peers and loosening dependence on family members; b) parents reviewing their marital relationship as they face the eventual departure of their children, re-negotiating their differences about rearing as these become more manifest with their child's greater range of possibilities; c) re-organising the family to link with outside systems like schools and to deal with the development of new interests and activities.

Alliances

Table VI: Page 7 of Summary Format (condensed)

ALLIANCES

- A. Alignments, splits, scapegoating (a diagram may be helpful).
- B. Marital sub-system (affection, support, maturity, balance of assertion).
- C. Sibling sub-system (acceptance, affection, sharing parents, common play, rivalry).
- D. Child/Parent relationships (compliance with controls, demands on parents, preference for one parent).

Other Comments:

Alongside consideration of the family-as-a-whole, it is essential to look at the sub-systems which make up the family. These dyadic and triadic relationships are referred to as the alliances of the family.

There are two main ways of looking at the alliances in the family. One of these is to examine the overall pattern of the relation-

ships and to note any important groupings. The other is to look at each sub-system, particularly the component dyads. The marital sub-system is the core dyad of the family; sibling-sibling, child-parent, and parent-child relationships may contain a number of dyads. We have considered parent-child interaction in a separate section because it is of such central clinical importance in our child psychiatry setting.

In a well-functioning family, relationships are appropriately strong and close, depending on age, sex and role, and show flexibility. Strong relationships between members have been termed alignments or coalitions. These may serve to strengthen or weaken family functioning. The family may split into warring or distant groups, or may gang-up on one member. Triangulation is the inclusion of a third person to reduce tension between two family members. Scapegoating does not refer simply to an excess focus on one member, but to a situation where all that is bad is dumped on that member without respite. These patterns can often be easily represented in diagrammatic form.

Some aspects of the marital relationship would have been described elsewhere in the Format, e.g. Communication. We have selected four areas to be noted at this point: affection, support, maturity, and balance of assertion. How affectionate are the marital partners? Do they show warmth to each other, or is there frequent mutual hostility? Do husband and wife support each other? Do they respect each other's opinions and encourage each other? How mature is the relationship? Do husband and wife relate as equals, or do they behave as if in a parent-child relationship, or even as two siblings? Is there a balance of assertion? Are the partners able to give and take with a sharing or satisfactory delegation of decisions? Is one partner dominant with the other submissive? Is there continual competition between the partners for dominance? Is interaction wishy-washy because neither marital partner is able to assert him/herself, or is there no pattern of dominance because husband and wife do not relate at all?

In our experience, sibling interaction is often neglected in clinical work unless there is extreme pathology. There are several aspects to this relationship which merit our attention. At interview, siblings usually have the opportunity to play together. How affectionate and helpful to each other are they? How do they handle their rivalry, in particular how do they share their parents?

Child/parent relationships also need examination. Does a child do what his parents ask? And does he make reasonable demands on his parents or are these excessive or insufficient? Does he go to each parent equally or show marked preference, perhaps when he needs comforting? Child/parent relationships influence and are influenced by the nature of parent/child interaction, which is considered in the next section.

Parental Function

Table VII: Page 8 of Summary Format (condensed)

PARENTAL FUNCTION

(Tick appropriate column and clarify by commenting as required).

A. Interaction between parents	Very Poor	Deficient	OK	Good	Comments
Sharing of care					
Division of care					
Agreement on rearing					
Support and co-operation					
B. Tasks of Parenting					
Spontaneity/pleasure in children					
Imposition of routines					
Consistency in relating and expectations					
Adaptation to children's needs					
Discipline and control					
Demands on the children					
Anticipation of physical needs					

General Comments:

Although the quality of the marital relationship affects the kind of parenting which occurs, the parental roles can be considered separately. This refers to how husband and wife relate to each other as parents and how the specific tasks of nurturance and socialisation of the children are carried out.

One facet of parental interaction concerns how the parents divide the care of the children between them. Families will vary in how they do this, but it is important for parents to come to a mutually satisfactory arrangement. Another essential aspect is whether the parents are able to agree on how the children should be reared. Not only do parents need to come to some agreement or compromise but they should be able to offer each other support and co-operation when dealing with the children. Do they back each other up when a child is being difficult, or do they undermine each other? Does one parent join the children against the other parent? Do they exclude each other in relation to the children? Parents may act independently because of their mutual isolation or because they are unable to negotiate and compromise with one another, or to express hostility.

How do the parents carry out the particular tasks of parenting? They must meet the child's physical requirements appropriately — neither neglecting nor over-protecting him. Parents also need to meet a child's emotional needs, which include giving him a sense of belonging and helping him gain a sense of autonomy. Other aspects of this include enjoying the child and feeling pleased and proud of him; being consistent in responding to the child and in their expectations of him; setting up routines which meet the needs of both the family and the child and give a consistency and structure to everyday life; relating to him in a way suited to his characteristics, capacities and needs; and making appropriate demands of the child to help him develop. Parents also need to be able to control their child, to be able to set limits which are appropriate to his needs and age. Difficulties with discipline may present as intrusive, insufficient, or deviant control.

The concepts in this section and the assessment of parenting are familiar to clinicians. We therefore designed the page in the form of a check-list.

Relation to the Environment

It is essential to look at the family in terms of the wider social system of which they are a part. Therapists often neglect this area and focus solely on the family, just as they previously neglected the family system and focussed on the individual. Consideration of the larger system and its interaction with the family may lead to the location of pathology in these outside relationships. This may lead to network therapy, or family therapy which includes the extended family. In a clinical setting, one always obtains some information about the way the family interacts with the environment. In other settings, this aspect may be more open to direct observation.

Table VIII: Page 9 of Summary Format (condensed)

RELATION TO THE ENVIRONMENT

Describe relations with extended family.

How does the family relate to people outside, i.e. friends, neighbours, strangers, the interviewer?

What are the family's connections with the community (school, church, clubs, and helping-agencies)?

Other Comments:

It is possible to assess three sets of relationships the family has with the outside world: those with relatives, those with individuals outside the family including the interviewer, and those with neighbouring systems.

Of prime importance is the need to establish how the family interacts with relatives. In a well-functioning family, parents have achieved independence but are able to continue to relate intimately with their families of origin. Other families continue to be a minor sub-system of a larger extended family. Depending on the nature of the family and on sociocultural factors this may or may not work. At the other extreme, a family may have cut off all connections with relatives.

The relationship the family establishes with the interviewer and the treatment setting is directly observable. Families may perceive non-family persons as basically friendly, and will relate to them openly and warmly. Other families seem to be self-sufficient and do not relate much to outsiders. Some families perceive outsiders as threatening or confusing and relate with suspicion and hostility. Others suck outsiders in to fulfil certain functions such as mediator, confidante, or as the person who provokes family conflict.

Families also relate to other neighbouring systems and institutions. Some cannot function without helping agencies. A healthy family

will use outside agencies appropriately and have a constructive two-way involvement with the community.

RESPONSE TO USERS OF THE METHOD

A small group of family therapists, including the authors, have used the Summary Format routinely to describe families they are assessing and treating. The Format has also been presented at various workshops and conferences* where participants have used it to describe family interaction viewed on videotape. These events have raised a number of issues and difficulties in the use of the Format.

The immediate reaction was two somewhat contrasting criticisms of the Format's structure: it was overwhelming, confusing and too complicated; or it was limiting, oversimplified and too precise. In answer to these objections, we would argue that the Format does justice to the undeniable complexity of family life, and that disciplined thinking and observations are essential components of clinical work.

A more substantial problem was the uncertainty of users as to where to record particular observations of family interaction. There is a good deal of overlap between different sections of the Format to allow for the predilections of clinicians and to ensure comprehensive coverage. However, we found users initially had difficulty allocating observations they did make.

Instead they reported some particular aspect of interaction in every section and omitted other clinical phenomena.

Some users criticised the inclusion of terms and observations apparently centreing on individual functioning, e.g. affect, individuation. They reported being confused as to what level of description was being required. Our intention is that the family be considered as a system, as a number of sub-systems and as a collection of individuals. The aim of the Format is to facilitate recording of current directly observed and reported family functioning, and the nature and patterning of certain aspects of individual functioning must be included to provide a meaningful account.

The Format has been criticised as being too long and time-consuming for routine clinical use. This time factor became inevitably compounded with other initial difficulties as described above. Any form of systematic information-gathering is time-consuming, e.g. a full clinical neurological examination may take up to an hour. However, once familiarity is attained and the needs of the current problem established, neither a neurological examination nor our Format is unduly time-consuming to complete. The user must internalise the Format with its underlying principles, theories and implications and then he can abbreviate his report as appropriate.

In our experience, these problems of discipline, decision, detail and difficulty rapidly recede with continued careful use of the Format. Clinicians have found that it sharpens their use of terminology, clarifies their perception of interaction, and enhances their ability to formulate therapeutic plans. Tomm and Wright (1979) divided family therapy skills into three competencies: conceptual, perceptual and executive. The conceptual and perceptual work forms the basis for the overt actions on the family — the executive work. The Format encourages the development of conceptual and perceptual skills and aids executive work by facilitating evaluation of particular strategies and techniques.

CONCLUSION

The work we have described has been built on our own and others' experience in observing and treating families and is based on the belief that careful observation and description is a component of theory-construction and testing.

Our concern was to break down the complexities of family interaction for the practising clinician. He requires a method for conceptualising and describing that is close to what he uses intuitively, or that is an extension of unused intuitive and observational capacities. Our whole effort has been guided as much by pragmatism as by theory. With experience and repeated use, the Format can be mentally abbreviated and family inter-

*These include: Society for Psychotherapy Research European Conference, 1979; Tavistock Training Conference, 1979; Annual Conference of The Association for Family Therapy (UK), 1979, 1980; International Conference of Group Psychotherapy, 1980; American Association for Marriage and Family Therapy, International Conference, 1980.

action can be meaningfully and non-idiosyncratically summarised in a paragraph or two as part of a diagnostic or therapy summary.

A Summary Format will stand or fall insofar as it actually meets clinical needs. We have found that it aids communication between family workers, assists formulation of family problems and treatment goals, and also provides a written record of family functioning for future reference. It has proved a valuable teaching tool in recent years. Issues of validity and reliability are pertinent but not problematic within this clinical context.

There are two common major criticisms. The first is that we have made false distinctions in determining our dimensions. In the real world, of course, everything is interconnected and any family event is simultaneously communication, experience, alliance and so on. It is the task of the human observer **for his purposes** artificially and temporarily to make the disconnections. The second is that we mix observation and conceptualisation. In reply to this we point out that conceptualisation must precede clinical observation and that the Format does not demand subtle judgements or deep intuition, but rather clear statements of what is seen.

The Summary Format gives considerable latitude to those who use it, but does demand that effort of careful, self-disciplined description without which family therapy cannot progress.

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