

**DUBLIN BUSINESS SCHOOL**

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**AN EXPLORATION OF THE USE OF CREATIVE GENOGRAMMING AS AN  
INTERVENTION AIMED AT ENHANCING MENTALIZING CAPABILITIES.**

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## **ABSTRACT**

The objective of this research is to investigate the effectiveness of an intervention in terms of reflective function, the ability to mentalize, and integration of emotions. Mentalization is about understanding behaviour in terms of underlying thoughts, feelings and intentions and is intrinsic to human well being and at the heart of attachment theory. Mentalization is also crucial to affect regulation and productive social relationships. Art in psychotherapy has many features associated with reflective functioning. From family therapy, genogramming illuminates family patterns and processes that operate implicitly, outside conscious awareness. Using a qualitative approach this study examined therapists' experiences during genogramming to explore aspects of mentalization.. Using a thematic analysis of transcripts from a semi-structured interview, four super-ordinate themes emerged: 1) I thought I knew; 2) Unconscious processes; 3) The power game; 4) Integration. Results showed that perspectives changed for the participant therapists and their clients, a key feature of reflective functioning. Access to affect was also reported in relation to some clients however the appearance of defence mechanisms suggested the need for caution and the resilience of the client to be considered. Participants all reported that the task triggered curiosity and perspective taking, both features of mentalizing, although the genogram was not introduced with this as an objective. Combining art and genograms as a therapeutic intervention offered the therapist a tool that could possibly assist in the development of a mentalizing stance for both themselves and the client. While these findings were not conclusive they do indicate potential benefits for the therapist working from a mentalization stance.

## CHAPTER ONE - INTRODUCTION

### 1.1 Introduction

Psychotherapy is now about rekindling mentalization and regulation of affect. Many features of mentalization were identified in art therapy and prompted an attempt to find an intervention that was easy to use and did not require any specific skill set from the therapist. What resulted was a Gestalt technique of sculpting in the form of creative genogramming.

Acknowledging the limitations of words alone, the purpose of this research was to explore how the use of creative genogramming might impact on the level of mentalization for clients. Based on research into Gestalt and art many features associated with mentalization were found. Sculpting, a form of genogramming, facilitates understanding at a ‚felt‘ level and can stimulate affective responses that may have been disowned or dissociated during early development. The creative genogram will be investigated as a means to introduce a stance of wondering and curiosity and to encourage reflective functioning and integration of affect.

Developmental theorists took up Freud’s concept of the unconscious and explored how early human development was impacted by implicit processes. Of particular significance was ‚attachment theory‘ which Bowlby (1969) brought to the fore. Based originally on evolutionary behaviours, associated with early survival instincts, attachment theory evolved over the following decades with Ainsworth (1978) and colleagues identifying attachment styles through behavioural research.

Attachment theory was developed with the discovery of how metacognitions and mental representations were also involved with early attachment processes. Derived from Main & Goldwyn’s (1984) work on adult narratives, this representational mode was found to endure into adulthood and across intergenerational transmission.

Recent developments in attachment theory have focused on the nonverbal psychologically attuned right brain-to-right brain communications between infant and caregiver. Within this dyad a process of interactive affect regulation occurs that informs future affect regulation „between’ and „within’ organisms. (Bradshaw & Schore, 2007). The individual’s way of experiencing the world is directly linked to early emotional attachment experiences.

The relationally orientated context of the therapeutic alliance can facilitate inter-subjective communication and corrective interactive affect regulation necessary to repair early deficits. The focus of such treatment is upon the affective dynamics of the right brain. The right hemisphere responds emotionally, intuitively and nonverbally. In the words of Wallin (2007) the right brain responds to the „gestalt’ the whole experience. The left hemisphere is the home of conscious thought and language. Access to and integration of both hemispheres allows the client to achieve the „embodied mind’ rather than living as if in a disembodied mind or a mindless body. The challenge for the therapist is to facilitate an integration of cognitive and emotional processes and to connect with the clients unthought known. (Bollas 1987).



## **CHAPTER TWO – LITERATURE REVIEW**

### **2.1 Introduction**

The work of Bowlby in his three volumes of attachment and loss (Bowlby, 1969, 1973, 1980) was based on his study of the affective bond between the infant and the primary caregiver.

He developed attachment theory which was originally based on innate and evolutionary behaviours to ensure survival. Attachment theory has developed significantly since Bowlby's early work, encompassing mental representations or models of the mind, affect regulation and more recently, the neurobiology of attachment.

Mentalization (Fonagy, 1991) was introduced into psychoanalytical discourse and explained as the capacity to conceive of conscious and unconscious mental states in oneself and others.

Reflective function, the ability to mentalize, is to understand minds, one's own and others. It is a developmental construct of the early attachment relationship and this interpretation of others to oneself is vital for productive social relationships. (Slade, 2005).

For psychotherapy that adopts an attachment perspective, these developments have been embraced and incorporated within the therapeutic relationship. Attachment theory has now evolved into affect regulation theory with a focus on nonverbal, unconscious affective communications between client and therapist, right brain to right brain. (Schoore 2012).

Essential in the treatment of relational trauma associated with early experiences of insecure attachment (Ainsworth, Blehar, Waters & Wall, 1978), affect regulation in therapy uses the emotionally laden moments of therapeutic enactments. A paradox of this concept lies in that affect regulation is believed to be a prelude to mentalization and through the act of mentalizing, the nature of affect regulation is transformed. (Fonagy, Gergely, Jurist & Target, 2004).

Attachment occurs within the family of origin. Many feelings, thoughts and desires will have been excluded from the developing infant in order to maintain a level of attunement to the primary caregiver in early life and this will be reinforced by family patterns within the wider family environment. While essential for early survival, many of these adaptive strategies cause difficulties in adult life and in new interpersonal relationships. These maladaptive strategies are also the challenge presented to the therapist within the therapeutic relationship.

Accessing undeveloped emotions or cognitions can be a slow and difficult process compounded by early defence mechanisms that remain active, manifesting as resistance in the client. Understanding and conceptualising the developmental aspect of the „self“ in respect of attachment is vital for both therapist and client.

From the world of „Gestalt“ the concept of physically enacting emotional issues embraces a process of discovery rather than interpretation. As proposed by Fritz Perls, focusing on the immediate experience enables clients to express buried feelings. (McLeod, 2009).

Experimental and experiential aspects of gestalt interventions access primary routes for right brain communication that include sight, sound and touch. Encouraging right brain processes is essential for avoidant clients whose left brain linguistic prominence, at home in the talking therapies, will use intellectualisation as a form of defence, blocking the need to „feel“.

While much has been written and researched on the concept, application and outcome of mentalizing in terms of understanding both mental states and affective states, there is a significant absence of therapeutic interventions, particularly with regard to avoidant personalities. Borderline personality disorders have been the focus of many theorists who promote mentalization as a theoretical approach with interventions based on the therapists' own stance and technique.

Within family therapy, the genogram is recognised as an assessment tool. (Appendix 1). It is also employed in training programmes for psychotherapists, particularly those working in family therapy. Existing research has explored the use of genogramming as a tool for trainees to enhance reintegration of disowned or repressed aspects of the self. (Costa, 1991). Similar research for individuals in therapy could not be sourced. This study will explore the use of the genogram as a form of Gestalt intervention for individuals in therapy in order to illuminate process and bring unknown or repressed patterns to consciousness. (Kaslow, 1995). The study will explore the potential of the genogram as an intervention to stimulate reflective function and facilitate integration of disowned aspects of the self resulting from early insecure attachment strategies.

The literature represents a sample chosen from a vast amount available on attachment theory, gestalt research and art therapy, along with recent mentalization studies. Research on the use of genograms and creative variations were linked to psychotherapy trainee programmes and career counselling. Research into art and mentalization was primarily on parent-child interactions. Some recent quantitative research into reflective function focused on BPD patients. There was no available research found pertaining to the use of art and/or genogramming, in mainstream psychotherapy, as a means to promote mentalization.

## **2.2 Background Theory**

### **2.2.1 Freud and the Mind**

Freud introduced the concept of mental functioning in relation to psychical binding (*Bindung*) and „working out’. (Freud, 1911) He proposed that transforming physical sensation into psychical quality and setting up the associated cognitive pathways required to do so resulted in the mastery of drive energy and the creation of stable forms of interconnected mental

representations. Somatic experiences of the new born infant required a psychic elaboration, a transformation of raw somatic, motoric and intersubjective excitations into some form of mental content. Based on this concept of integration and psychical elaboration, Freud identified the integration of body and mind in terms of a developmental construct.

### 2.2.2 Attachment Theory & Behaviour:

Bowlby (1969) began his study of human attachment behaviour by looking at innate and evolutionary behaviours. He soon realised that attachment was not a one way process.

According to the quality of response from the primary caregiver, the attachment behaviour of the infant adapts. This adaptation attempts to obtain and maintain the best response from the caregiver and for the infant, adaptation is of life and death significance.

The optimal or secure attachment relationship will involve an attuned response from the attachment figure that relieves the infants' distress and amplifies his positive emotions. Baby will experience the relationship, internally at a visceral level, in terms of how connection to others is a source of relief and comfort. (Wallin, 2007).

Modification to attachment behaviour occurs when the attachment figure returns misattuned responses to the infants' behaviour. The attachment figure discourages either proximity seeking or autonomy. When experienced regularly and to a significant level, the infant adapts his behaviour accordingly, adopting a secondary attachment strategy. (Main 1990).

This reflects either a hyper-activation or deactivation of the attachment behavioural system, moving towards the attachment figure or away from them. These adaptations are the basis of early defence mechanisms and are related to the „fight-flight or freeze' stress responses.

These strategies constitute “the initial organisation of the child’s domain of implicit relational knowing.” (Fonagy, Gergely & Target, 2008, p.790).

Ainsworth, working alongside Bowlby, developed a standard method for assessing attachment in infants aged around 1, the Strange Situation. (Ainsworth et al., 1978). This research led to the classification of attachment styles or strange situation types (SST’s). The original three classifications were ‘secure’, ‘insecure-avoidant’ and ‘insecure-ambivalent’. A fourth category was later added by Main & Solomon (1986), ‘disorganised’. This description was based on children from abusive homes where the caregiver was experienced as someone that was feared and fearful.

### 2.2.3 Attachment Theory & Mental Representations

Bowlby believed that the infants’ repeated experiences registered as schemata and operated as an internal working model (IWM), a mental representation of the attachment relationship. This working model allowed the child to ‘know’ what the attachment figure would do next. The IWM influenced both expectations and behaviours. Attachment patterns have a direct impact on the mentalisation and reflective functioning. (Bateman & Fonagy, 2012).

Working with adults, Main & Goldwyn developed an assessment method for attachment, the Adult Attachment Interview (AAI) protocol. (Main & Goldwyn, 1984). This showed how attachment styles remain relatively stable over the lifespan. They also have a strong propensity to persist across generations and research has shown attachment styles of grandmothers corresponded not only with daughters but also to grandchildren. (Hesse, 2008).

Metacognitive monitoring in the AAI looks for the participants active monitoring of thinking and recall at specific places within the interview, as evidence of recognition of the

appearance-reality distinction. (Hesse, 2008). This ability, reflective function, was found in the secure attachment classification only. A false belief task “depends on the deployment of a special domain-specific mechanism for reasoning about other minds” (Saxe & Baron-Cohen, 2006).

A more recent method of adult assessment was developed by Fonagy & Target (1997). Using the AAI questions, transcripts are analysed from a reflective function perspective. This involves an ability to reflect on ones’ own inner experience while at the same time, reflecting on the mind of others. This ability to make sense of behaviours, on the basis of underlying mental states including emotions, beliefs and desires, is another aspect of the attachment process and related to „Theory of Mind’ research. Fonagy moved the focus from self-monitoring of thought and recall to a wider understanding of mental states in general. He referred to this ability as mentalizing. Mentalizing activity is what Fonagy refers to as reflective function.

Slade (2005) introduced the construct of parental reflective functioning. This work applies the level of reflective functioning to the parent’s representation of the child, and the parent-child relationship. The parents’ capacity to hold the child’s mental states in mind and their ability to accurately reflect affect displays can determine the child’s representations of his self-state.

#### 2.2.4 Attachment Theory & Affect Regulation

A secure attachment is understood to involve the accurate interpretation of the child’s signals by the caregiver. This contingent and marked mirroring of the infant’s affect leads to a single „representation of affect’. The contingent displays must be seen as reflections of the child’s emotions. In this way they come to know their own affects rather than the parents. As

Winnicott explained it, giving back to the baby the baby's own self. (Winnicott, 1965). This mirroring, along with the caregivers ability to cope and assist with regulation, forms a critical part of the child's capacity to auto-regulate emotion. (Fonagy & Target, 1998).

Avoiding feelings, along with thoughts and behaviour that receive a negative response, these affects will remain undeveloped or distorted or become defensively excluded. In this social biofeedback process, only expressions from the child that is well received and attuned to become integrated into the developing self. (Wallin, 2007).

According to Schore (2012) there has been a recent paradigm shift from cognition to the primacy of affect, a shift from cognitive theories to emotional theories of development. This focuses on how bodily based attachment processes are communicated and regulated within the mother-infant dyad by means of a psychobiological attunement. In 2000 Schore published an article identifying Bowlby's control system of attachment as located in the right brain.

Schore highlights the essential role of attachment, not only for emotional development but for regulation of affect. He links right brain systems with the bodily based affective core of the implicit self. Schore (2012) proposes that attachment experiences shape the development of the right brain which he refers to as the neurobiological core of the human unconscious.

Schore refers to transference dynamics as a means of communication. This requires a well attuned therapist to identify affects, often outside the clients' awareness in order to facilitate regulation and recognition of bodily activations and to allow the client to verbalise. The three elements of identification, modulation and expression are vital to mentalization of affect.

(Fonagy, Gergely, Jurist & Target, 2004).

### 2.2.5 Attachment Theory & the Therapeutic Relationship

Psychotherapy is about the rekindling of mentalization, allowing reflective functioning in the client. (Wallin, 2007). Within the therapeutic relationship a new attachment relationship is formed. Within the context of this new interpersonal relationship, understanding mental states becomes the focus whereby the client can recognise themselves as intentional and real by the therapist and this recognition is clearly perceived by the patient. (Fonagy et al., 2004).

Applying a neuro-psychoanalytical model of attachment to clinical practice Schore includes right-brain to right-brain communications in the transference and counter-transference in the therapeutic relationship. (Schore, 2001). Schore highlights the serious limitations of working with left brain conscious, cognitive mechanisms only. Implicit deficits of early attachment trauma impact on limbic functioning and right hemisphere organisation. Modern attachment theory is now understood in terms of a regulation theory. Re-integrating awareness of affect still presents as an obstacle for insecure-avoidant clients as defence mechanisms get triggered often manifesting as intellectualisation. It is unclear if there is any proposed strategy to counterbalance this issue which will inhibit the therapeutic process.

The therapeutic relationship provides the non-judgemental and somewhat anesthetized conditions that allow the client to look at himself through the rose-tinted glasses of the attachment experience. This provides a brain state or transitional space (Winnicott 1953) that allows the possibility of looking at the present in new ways and not by way of the past.

Sugarman (2006) refers to client-therapist enactments as necessary to promoting insight, redefined as a process, termed insightfulness. Sugarman states this is synonymous with theory of mind and Fonagy's concept of mentalization. Facilitating an awareness of the client's inner world, played out in the enactments, allows curiosity, self-reflection and the



development of mentalization. As the mind originates in bodily experiences, Sugarman highlights how mental functioning fluctuates between physical modes of experiencing and expressing (enactments) and the verbal, symbolic mode. Using Vygotsky's concept of the zone of proximal development (ZPD), Sugarman compares the therapist to the tutor teaching the client a new skill.

Complicating the process, when the client is embedded in their own subjectivity with low reflective functioning, they can have difficulty distinguishing the internal world from being equated with external reality. This inability to comprehend appearance-reality distinctions or psychic equivalence, can also result in the projection of what is felt internally, onto the external world.

Flagella's (1979) work on metacognition includes the appearance-reality distinction, not unlike Freud's primary and secondary process thinking. (Freud, 1911). At the heart of these concepts is the human psychological experience and understanding of the relationship between the internal world and external reality. Clients with insecure attachment histories will struggle to understand that what they think and feel is not what actually occurs in reality. In a mode of "psychic equivalence" (Wallin, 2007) their internal and external reality are simply equated.

Reflective functioning as a meta-theoretical framework, may explain why outcome does not appear to depend on theoretical model. (Knox, 2004). Knox promotes the constant nurture of the therapist's own reflective function as a fundamental analytic tool. Wampold & Mondin (1997) also acknowledge how all talking cures have the potential for healing and puts the therapeutic alliance central to this pan-orientation concept.

While individual therapy is the preferred route for many, the problem of having exclusive focus on the client can become too stressful and undermine their ability for reflective

function. Switching from more prefrontal, controlled and executive modes of mental functioning to more automatic, reflexive modes can result from increased stress. Recent psychosocial and neurobiological research links temporary loss of mentalization with stress, affect regulation, and attachment. (Bateman & Fonagy, 2012). Techniques to address this issue are considered as contrary moves by the therapist and there is a noted absence of interventions or attempts to objectify the subjective experience as a means to reduce stress.

### **2.3 Art, Gestalt & Mentalization**

Preverbal experiences are at the heart of the developing self. (Wallin, 2007). Elaboration and reverberation of these experiences is vital in psychotherapy. Art, as a form of communication, may provide a solution as it allows expression of implicit and unconscious processes.

Art psychotherapy has been introduced into mental health nursing and a recent case study by Lamont, Brunero & Sutton (2009) highlighted some salient points. The therapist's role was to act as a silent witness, a therapeutic ally and facilitator while the client gave expression to their mental images. While the study only included eleven sessions several predominant themes emerged. Of particular interest to this research was the emerging theme of the externalisation of thoughts and feelings. Art facilitated an exploration of relationship problems and emotions without the risk of the patient being consumed by them. The study also showed how staff and patient could work alongside each other as equals while the staff gained greater understanding of the experiences of the patient.

The psychiatrist Kozlowska and art therapist Hanney joined forces to bring art into mental health in Australia. They propose that the „work of art' can act as a transitional space.

Making intolerable feelings concrete by externalising them allows them to be manipulated and reworked in the therapeutic process. (Hanney & Kozłowska, 2002).

Using seventeen participants over a four week period, Keeling & Bermudez (2006) explored non-clinical participant experiences of interventions that included the creation of artwork.

Using physical externalizations in the form of sculptures resulted in a deliberate and reflective response to their problems. All participants reported that the project fostered greater understanding and helped them in dealing with and working through their problems, rather than avoiding them. While positive outcomes were evidenced, the researchers recognise that no-one size fits all. Keeling herself commented on her own experience in this project and the profound insights she gained, viewing her sculpture as a worthy opponent.

Sculpting, from Gestalt therapy, can reveal a person's perceptual map of their family as a visual, spatial metaphorical representation. It produces a focus on process, "ownership and responsibility for feelings, and new choices and options for change and personal growth." (Costa, 1991). Sculpting allows clients to experience themselves and increase awareness facilitating a new integration and reintegration of experience within the safety of the therapeutic space.

The task orientated style of art and sculpting is part of the experimental dimension of Gestalt therapy. According to Roubal (2009) an experiment is born out of the *process* of the therapeutic relationship and is not controlled by either therapist or client.

Family sculpting, introduced by Satir (1972), creates a symbolic representation. Using family members, the sculptor places them spaced out, describing colour and atmosphere, with a particular family scene in mind. Adapting this technique by using props and symbols, Bischof (1993) integrates sculpting with individuals, couples and in group settings. This

opens up new possibilities for the use this technique outside family therapy which has only appeared in trainee programmes.

The clinical implications of potential space and reflective functioning were explored by Bram & Gabbard (2001) who acknowledged them as distinct constructs, yet clearly related.

Potential space with a conscious, introspective element can cultivate reflective functioning by fostering an atmosphere in which thoughts, feelings and attributes can be played with. Once the patient engages, even in limited reflective functioning, potential space becomes more evident and allows clinical treatment to encompass curiosity and openness to previously unconsidered possibilities and ideas.

A recent study to explore processes of mentalization during a sculpting exercise was the work of Or (2010). Twenty-four mothers sculpted themselves with their child and were then interviewed while observing their sculpture. Data analysed included both sculpting process and interview transcripts. Twenty mothers experienced parental mentalization during the sculpting with some gaining insight regarding themselves as mothers. The reflective function scale was not used in this study with only the presence of mentalizing being noted. It did however identify the sculpting process as a visual reflective object that enabled mentalization. It was also found to elicit wondering and implicit memories of the mothers' childhood.

It was the non-verbal nature of the sculpting that was connected to mentalization in this study. The sculpture provided a formation of a symbol allowing the representation or the experience of self and other. According to Beres (1957) symbol formation is a form of self-discovery by which one objectifies thoughts and emotions.

Overcoming resistance through non-verbal expression is the subject of a book on art therapy reviewed by Steiner (1994). Although art therapy is considered effective in the family

context and effectively used to facilitate change, it is not focused on the individual within the family unit. It is suggested however as a technique to overcome defence mechanisms such as intellectualisation.

Sculpting works as an almost wordless process thereby avoiding defences of denial and distortion, allowing awareness as a „felt sense’. (Satir, Banmen, Gerber & Gomori, 1991).

As a means of externalising what is known and felt at an unconscious level it a simple and relatively safe mechanism. As an intervention, sculpting can inform others and oneself about internal processes in relational terms.

#### **2.4 Role of the Genogram**

The genogram provides a tangible and functional graphic for clinicians and can also act as a therapeutic intervention when an impasse occurs (Papadopoulos, Bor, & Stanion, 1997). A mutually collaborative and process-orientated approach to genogram construction is in keeping with Bowen’s (1978) concept of process and mutual discovery in therapy. Balaguer, Dunn & Levitt (2000) propose that this approach illuminates underlying issues, reactions and affect that otherwise might not come to light. These issues often become important and necessary factors in creating meaningful change.

A study by Rogers & Durkin, (1984) compared the use of a semi-structured genogram interview with the normal interview conducted by physicians, during patient’s first visits. The results showed an impressive increase in both medical and non-medical data obtained, in relatively shorter time, from the semi-structured genogram interview. As many family and social problems were highlighted by the semi-structured interview, some patients did request referral for psychological counselling that otherwise may not have done so following the standard physician’s interview.

McGoldrick, Gerson & Petry (2008) promote the concept of constructing a genogram collaboratively with the client or family. This is believed to act in a similar way as language, to potentiate and organise thought processes. Used as a therapeutic intervention collaboratively creating a genogram can assist in conceptualising the problem for the therapist and allow the client alternative perspectives. They also suggest that collaboration is conducive to enhancing the therapeutic alliance and can facilitate the client's expression of thoughts and feelings that may not otherwise emerge.

In the classic book „Genograms, Assessment & Interventions’ (McGoldrick, Gerson & Petry 1991), a chapter is co-authored by Gil (2008) and dedicated to family play genograms. Similar to family sculpting, this technique involves using a variety of miniature objects, including people, animals, buttons and stones, to portray family members in a genogram. (Appendix 2). Expression of inner experiences is facilitated as in other forms of play therapy.

Symbolic portrayal with miniatures can access implicit family characteristics and patterns in a relaxed and often humorous way. The family play genogram can lower the client's resistance and implicit structures are often revealed. Gil proposes that play allows an easy transition into emotional territory and processes of projection and working through are facilitated by the symbolic nature of the exercise.

The Satir model suggests that change needed to occur across all levels, during a person's entire lifetime. (Satir et al., 1991). Interestingly, Satir was extremely innovative with interventions focused at right brain capabilities, the home of affect regulation and emotions. These included meditation, humour, touch, music and vocal tones. Of particular interest was sculpting and metaphors. These allowed clients to work both verbally and affectively.

The Self-Created Genogram (SCG) was used by Connolly (2005) for use in an introductory marriage and family counselling course but later adapted for her clinical use based on her findings. Considering the ever changing definition of ‚family‘ Connolly embraced the concept of creativity to allow a mutual exploration of areas that were of interest to her multi-cultural clients.

By inviting creativity into the process, establishment or stimulation of personal discovery and curiosity is facilitated thereby enhancing reflective function. Connolly’s research is based primarily on student training programmes with limited reference to use within the clinical setting which may explain why she encourages the introduction of the SCG early in the programme.

Kaslow (1995) integrated the SCG when teaching family therapy courses. What emerges is a family map that often reveals unconscious processes, relationship patterns and postures, emotional relationships and narratives. Process and feelings emerge where cognitions and content may have previously been to the fore.

Dunn and Levitt (2000) highlighted some interesting goals for trainee counsellors when working with family of origin genograms. These included developing an internalised understanding of systems structure and process and an awareness of personal values and emotional reactivity.

For trainee counsellors, experiential learning as part of the training is key. Timm and Blow (1999) recommend including such training so trainees can be touched at both the intellectual and emotional level. While verbal expression is key to the therapeutic process, this experiential element gets people in touch with their feelings in a way that verbal expression cannot. Promoted as a therapeutic tool for trainees in counselling, it has failed to reach mainstream psychotherapy practice.

Taking the genogram to a more directed focused use, DeMaria, Weeks & Hof (1999) developed the basic genogram into a multi-focused family genogram (MFG). The purpose was to assist the clinician to visually and conceptually organise information that incorporated more than the original genogram. The authors developed multi-focused uses across various time lines. The genograms developed related to culture, gender, emotions, and anger. Of particular interest was their development of the attachment genogram which included the internal models map, a graphical representation of the clients relationships based on their IWM. While these developments were encouraging the focus remained on assessment and conceptualization for the clinician. Application of a bespoke genogram for a client in psychotherapy is a concept that is not addressed.

## **2.5 The Way Forward**

Bringing creativity and the genogram together creates immense potential for use of play genograms, the SCG and/or collaboratively-created genograms as an intervention to engage right brain processing and promote mentalisation of affect and reflective functioning for individuals in therapy. Requiring no skills training the intervention is accessible to anyone with imagination and materials can be as simple as a collection of stones. (Appendix 3).

There has been a noticeable absence of research in the use of genogramming for individuals in the therapeutic setting despite the innovative and experiential nature of interventions in family therapy. This study will explore the use of play genograms, self-created genogramming and/or collaboratively-created genogramming as an intervention for use in individual therapy. Based on the research and application of genogramming for trainee counsellors and other professional formats, findings are related to many of the features of mentalization. These outcomes could potentially assist the development of reflective



functioning and mentalization of affectivity. Through interviewing, this research will explore therapists' experiences of introducing genogramming as a form of sculpting in terms of client reflective functioning. It is proposed that as a visual creative task, it will enhance mentalizing capabilities in individuals.

## **CHAPTER THREE – METHODOLOGY**

### **3.1 Rationale for a Qualitative Approach**

Mentalization, the phenomena under investigation in this research, has evolved into a form of therapy known as „Mentalization Based Therapy’ (Bateman & Fonagy, 2012). Fonagy is also a key figure in psychoanalytical research and has authored „An Open Door Review of Outcome Studies in Psychoanalysis.’ Keen to produce empirically validated research, Fonagy has devised a quantitative method for measuring reflective functioning, an outcome of mentalization, called the Reflective Function Scale (RFS). This scale is based on the use of AAI narratives.

While a quantitative approach was initially considered for this research, several factors required consideration. In order to apply the RFS to transcripts, specialised training was required for the researcher similar to Adult Attachment Interview (AAI) training. This training is only available in the U.K. Ethical considerations also precluded the use of client „session transcripts’ necessary for coding.

The research, based on the exploration of a therapist’s subjective view of their clients’ level of reflective functioning, required a more flexible approach. A qualitative method was deemed appropriate as this method facilitated a rich description of the phenomenon under review and allowed for multiple meanings from individual perspectives.

The study was an exploration of the use of genogramming as an intervention and qualitative research is recommended when the “research question is orientated towards the exploration and understanding of meaning...” (Dallos & Vetere, 2005, p.49).

### **3.2 Recruitment & Sample**

A purposive sample of therapists who use genogramming with individual clients was chosen for the research as genogramming was the independent variable under investigation. There were no other criteria applied to participants in terms of their theoretical approach, training or experience.

An information pack consisting of a consent form with an overview of the study (Appendix 4) and a list of the interview questions (Appendix 5) was prepared. The consent form also contained personal details and contact information pertaining to the researcher. This pack was included in an email which was sent to therapists inviting them to partake in the study.

The email request was sent to approximately 150 members of the Irish Association of Counsellors and Psychotherapists (IACP) living within the greater Dublin area, who included email addresses on the IACP website. This process produced only one response in the form of a refusal. Therapists based in a local volunteer centre were also contacted along with several other therapists that had been identified as regular users of genogramming. One volunteer therapist, a past student with Dublin Business School (DBS), responded by email and agreed to participate.

From contacts in DBS and using a snowball method as a form of sampling, three other therapists responded and agreed to participate. Two therapists were qualified and working in private practices, one of which was a child play-therapist. The two other participants were both 4<sup>th</sup> year student therapists in DBS and were working in student placements. All four therapists were humanistic practitioners and female.

### **3.3 Constructing the Interview**

The interview questions were determined in line with the purpose of the research, an investigation of mental and affective change, as a possible outcome from the use of genogramming. Based on the literature review this produced seven main questions and one general question for any additional comments. Some questions included supplementary questions for use where the first response may have been inadequate or omitted particular areas of interest. A review by the college academic supervisor ensured the suitability of the proposed questions.

The interview questions were open ended in the form of opinion and value questions to encourage respondents to reflect deeply on the topic. While each question focused on a particular aspect of the research they also encouraged individual perspectives to emerge, facilitating participants' experiences, opinions, feelings and knowledge to be expressed.

The first introductory questions were noncontroversial and related to materials used for genogramming and the age range of the therapists' clients. This was followed by a general question in relation to the therapeutic alliance before moving on to the opinion and feeling questions.

The interviews were arranged individually at mutually convenient times and places. All interviews took place in a private location. Two interviews were conducted in the therapist's workplace, one in a DBS room and one in the home of the researcher.

All participants had received and read an overview of the research as outlined on the consent form and a list of the questions to be asked. The consent form was read and signed by each participant on the day, before the interview commenced. Another copy of the questions was offered to each participant all respondents accepted this for their reference during the interview.

### **3.4 Data Collection**

The researcher conducted three interviews which were recorded on a digital recorder. This was pre-checked for volume and quality of sound. One interview was recorded on a Dictaphone recording machine as a digital recorder was not available on time. The interviews varied between 40 - 60 minutes. Some case work was discussed as part of the data collection providing information rich vignettes, a highly desirable part of the design. (Silverman, 2005).

All recordings were transcribed verbatim pending coding and analysis. The transcripts were checked against the recordings to ensure accuracy. Transcribing the recordings is considered part of the process and “facilitates an immersion in the data, so crucial for qualitative methods of analysis.” (Dallos & Vetere, 2005, p.179). The digital recordings were also copied onto a computer with password protection and the Dictaphone tape was retained in a secure location under lock and key.

### **3.5 Ethical Considerations**

The importance of ethics in social research cannot be understated and all participants received a copy consent form and overview of the research questions, several days prior to the interview. The consent form was signed before the interview commenced and participants were asked to voice any concerns or questions they may have had. The option to discontinue the interview at any time was mentioned before commencement.

The research was considered low risk. There was no imbalance of power as all participants were psychotherapists. The questions involved opinions and experiences of working with a

particular intervention so no disclosure of personal information relating to clients was involved. Anonymity was assured however and any references or names that may have been identifiable were changed or omitted.

Storage of interview recordings complied with the Data Protection Amendment Act 2003 with encrypted storage for media files. The computer and Dictaphone tape were secured in a private location which was alarmed when left unoccupied.

Ethical approval was received from DBS ethics committee prior to commencement of the research and the Belmont Principles (Belmont Report, 1979) of ‚respect for persons‘, ‚beneficence‘, and ‚justice‘, were all three duly considered throughout the research.

### **3.6 Data Analysis**

In accordance with Braun & Clarke (2006), a six phase thematic analysis, based on a theoretical approach was adopted. Writing, as an integral part of the analysis, began with noting potential codes as each transcript was read and reread in an attempt to get familiar with the data, the first phase.

Two aspects of analysis occur within microscopic examination. First there is the data itself in the form of the recounting of events by the participants. Second, there is the participants' interpretation of these events. Another feature is "the interplay that takes place between data and researcher in both gathering and analysing data." (Strauss & Corbin, 1998, p.58). The relevance of this is that, despite the best of intentions, the researcher is never entirely objective. With this in mind, the research included an open coding element for a less controlled approach to the data.

The second phase of thematic analysis ‚generating codes’ was done over three stages. The first stage focused on the theoretical aspect of each question, collecting and coding data in relation to theory. Transcripts were colour coded in relation to each question, highlighting relevant dialogue.

The second stage adopted a more inductive approach and a fresh set of transcripts was produced for open coding of all interesting features of the data. Focusing more on data-driven coding, coding was performed manually with attention given to each data unit. These were then grouped to produce thirteen main categories. A category “enables the analyst to reduce the number of units with which he or she is working.” (Strauss & Corbin, 1998, p.113).

A third review to generate codes was applied for any additional data in light of emerging themes and any data that may have been omitted. At this point, the search for new codes ceased. “...when your refinements are not adding anything substantial, stop!” (Braun & Clark, 2006, p.92). At this point all the categories were reviewed and the data copied and pasted onto a separate page for each category.

Searching for and reviewing themes are the third and fourth phase of thematic analysis. A manually produced thematic map was used to help identify overarching themes and the relationship “between codes, between themes, and between different levels of themes” (Braun & Clarke, 2006, p.89). Reviewing the initial themes resulted in the identification of some convergent and divergent themes. This facilitated an accurate representation of the data set as a whole.

The fifth phase of defining and naming themes identified the essence of each theme and facilitated the introduction of subordinate themes. Sub-themes were useful as some data related to large and complex areas of information. They were also useful for identifying

differences within an overarching theme. The final themes are presented in the „Results’ table in the Results section of this report.

The sixth and final phase of Braun & Clarke’s (2006) phases of thematic analysis is identified as „producing the report’. They recommend that this provides more than the data and needs to make a case in relation to the research question. This final phase takes the form of the „Results’ and „Discussion’ sections.



## CHAPTER FOUR – RESULTS

### 4.1 Introduction

In a semi-structured interview, participants were asked questions in an attempt to identify changes in their clients' process. Based on a theoretical approach, it was expected that emerging themes would correspond to the literature review. This was the case for three of the overarching themes relating to conceptualisation, integration and focus of the work. A fourth theme emerged in relation to unconscious processes and defence mechanisms. This theme was identified in concepts and categories coded from responses to several questions. It made explicit the unconscious dimension of attachment theory and the attachment styles of individuals. This theme was not only identifiably distinct from other themes and considerably prominent in the data but also highly relevant to the use of genogramming in the therapeutic setting.

**Table 1 Results**

<b>THEME 1</b>	<b>THEME 2</b>	<b>THEME 3</b>	<b>THEME 4</b>
I THOUGHT I KNEW	UNCONSCIOUS PROCESSES	THE POWER GAME	INTEGRATION
<b>Sub Themes</b>	<b>Sub Themes</b>	<b>Sub Themes</b>	<b>Sub Themes</b>
THE REAL ME		THE CLIENTS' JOURNEY	COGNITIONS & EMOTIONS
THE REAL YOU		THE THERAPISTS' JOURNEY	THE SENSES

#### 4.2.1 Theme 1: I Thought I Knew

Consistent to all the participants was the experience of change in relation to understanding and conceptualisation. All four therapists claimed to gain a better understanding of their client both in terms of their clients' actual circumstances and their clients' subjective experiences.

CR: "...if I feel I'm getting confused...em but in terms of getting the child's view of what their life is like, it's very useful, because...em.. that's... you know.. what's in the room."

BF: "...it was almost like seeing her locus of evaluation or whatever...kind of... seeing it in front of you and being handed it, you know, it was very powerful to see that self emerge and being able to use that now in relating to her..."

For the client there was a change of perspective in relation to their understanding of themselves and in how they perceived others.

#### 4.2.2 The Real Me

All four therapists experienced how the client gained a new perspective by looking at themselves in the context of the family system.

CM: "...what it can do is help the person open their eyes to seeing the fuller picture as opposed to being myopic in the way they view things"

One therapists' experience portrays how impactful the intervention was for her client.

BF: "...her concept of herself, it gave her language, it gave her words to put on it that were very, very powerful and really shifted something for her, something that she

grabbed onto and it really gave her something powerful and you know it's curious to think how anything else would have given her that visual context and then able to put words on it and to hold onto them.”

BH: “ and so it actually very much opened up the door to how she viewed herself in the family, how she fits in, so it very much revolved around her role, very much opened up that whole aspect of her life that she hadn't really, you know, thought about.”

#### 4.2.3 The Real You

Three of the four participants found significant change in their clients' perception of others in the family and the family relationships, indicating an aspect of the appearance-reality distinction.

BH: “...it showed the whole family dynamic in a way. More so where she felt they placed her than opposed to where she places herself. And they're two different dynamics.”

The child therapist did not report any change of perception with her clients, however she did relate to her own experience during training, as shown in this extract.

CR: “...So I found it very useful to look at where I placed everybody. Say one of my brothers who I would have had a real soft spot for, em so he's kind of close to me, so while I've a soft spot for him, he's not really that close to me, he kind of went away and the other brother...is more genuine in seeking you out. He got a bit closer, so it enabled me to have a more of a reality about it.”

### 4.3 Theme 2: Unconscious Processes

Three out of four therapists referred to unconscious processes and defence mechanisms being activated. Interestingly, the child therapists' transcript did not contain any references to defence mechanisms.

BF: "...if I think about the second client, I think again he was equally surprised with the stones he picked to represent his parents."

BF "... so again, I think it provides a tool because they're not actually directly talking about the person so it makes it a bit safer, that you know, it's almost like putting in an intermediary step in there that makes it okay to describe family members in a way that might not have seemed okay in the past, splitting, or you know, the idealizing, so while there were gnarly bits around their early experiences, it opens up another way of speaking about them."

CM: "...when you approach the genogram, that can actually be, it can open windows in the mind of the client...and you'll see it. You'll immediately see it, so yea, it definitely makes a difference."

Defence mechanisms were not a specific question but do relate to attachment theory. This extract demonstrates an example of a typical avoidant attachment style.

BH: "...so there was eh, a sort of like a softening I suppose, but also a wariness I suppose. Oh, what am I after revealing and do I have to think about it. Cos she immediately tried to intellectualise that again by saying...trying to explain it. ...You know that it opened up a door and then she went....'Oh No! Close that door'... very quickly."

#### 4.4 Theme 3: The Power Game

Proposed as an intervention that allows client and therapist to work alongside each other the issue of control emerged as theme in relation to a change in the focus of work. Three therapists agreed that was a sense of empowering the client in their answers. There was also evidence of the therapist's motivations as a factor in the use of genogramming.

##### 4.4.1 The Clients' Journey

The therapists' all communicated a sense of how their clients' reacted during genogramming, as though taking control of their own process.

BF: "... if I explained it like wiping a blackboard, it provides a clear open space for a client to work in whatever way comes up for them...so to me it removes any kind of a focus or constraint or limitations."

CM: "...when I started talking to her about the genogram, she grabbed the paper and off she went."

BH: "...but I've never seen any one person...spend so much time feeling and looking at a stone in order to pick it. Concentration and didn't look at me and I nearly wasn't there."

#### 4.4.2 The Therapists' Journey

All four participants disclosed that there was an element of probing or directing on their behalf in an attempt to change the focus of the client. While this was a deliberate intention for some therapists, others did not indicate any conscious motivation.

BH: "...if I think of another client who would be very cognitive and I find it very difficult to get them out of that space,...I introduced it for him to see what new information might come out of it and curious to see how he would actually work with the stones."

BH: "...I've also used it to stop the eh...to bring the focus on themselves, as a clear cut intervention to... let's get down to you."

This extract shows a very deliberate attempt by the therapist to change the focus of the work, almost without the clients' agreement.

CM: "...for the client who isn't revealing and it's very surface, and they'll talk, and you're going around in social talk and you're trying to bring back, and trying to dig a little bit, it's sometimes... sometimes when you use the tool of the genogram, what it does for me, is that it can bring more depth to the discussion and I'll see more beyond what the client is willing to show me."

#### 4.5 Theme 4: Integration

Three of the four participants identified elements of integration or a shift from cognitive to emotional responses. The child therapist did not report any experiences of integration with her clients but did introduce her own experiences with positive results.

#### 4.5.1 Cognitions & Emotions

While the concept of integration is difficult to identify the data analysis enabled an inference to be extracted, as shown in the following excerpts.

BH: “ we were sort of looking at it and I just...I remember she was busy, busy, busy and then.....it was HmMMM! So it was sort of eh.....you could see the shift from head into eh....now she didn't hugely come down...but she stopped.”

CM: “...I suppose they're not as aware of their emotional issues, and they would tell a story without an emotion really, and then, when you actually touch into the family, it can really shift things.”

The child therapist used her own experience of genogramming to give the following description of her emotional response.

CR: “...I know when I was choosing something, I was really looking for something to represent my sister....beat me. You know... Grhhhhhh and I had to find something aggressive.”

BF: “ it definitely brought up a lot of emotions for her and again I think it was something that she had split from...and when she came back the following week she said it had stayed with her quite a bit and was even, she used the word disturbed...and she felt she kind of spiralled for a day or two.”

#### 4.5.2 The Senses

Another aspect of integration relates to the senses and all four therapists reported how their clients used the tactile and visual aspects of genogramming during therapy.

Here, the clients' physical touch appears to assist in accessing her emotions.

BF: "... even in holding the stones when she talked about him, it gave her a connection with her feelings and her feelings around her father..."

This extract shows how the client attributes meaning to the pieces in the genogram.

BH: "...she picked them on the colours and size of them, but when you delve into it...'I'm picking that colour because I see that person as....or we have rows and that's why they're red or whatever..."

CR: "...she works in the sand and she uses the stones and glass beads and ...she's very tactile and she scrutinises them all, when she's going for the beads she goes for the multi-coloured ones and that the light its differently..."



## **CHAPTER FIVE – DISCUSSION**

The primary purpose of this research was to explore how the use of creative genogramming might impact on the level of mentalization for clients, during or after the intervention.

Mentalization involves understanding ones' own mental state and the mental state of others in light of underlying emotions, thoughts and desires. From research into the role of art in psychotherapy, many features of mentalization were identified. This creative aspect coupled with the genogram formed the intervention used in this study. This chapter will discuss the findings in terms of the themes identified and mentalization, and comment on other aspects of the literature review.

### **5.1 I Thought I Knew**

At the centre of mentalization is the concept of understanding mental states, one's own and others. Most problems between two people has to do with relating to one's image and assumptions of the other, the first representation of the person, rather than connecting to each other. (Satir et al, 1991). This aspect was common to all the participant therapists, reflected in their understanding of the client in terms of both actual facts (Rogers & Durkins, 1984) and a more in-depth understanding the clients' subjective reality and mental state. (Gil, 2008; Sugarman, 2006)

Balaguer, Dunn & Levitt (2000) emphasise the importance of the clients' perspective. As an intervention, genogramming changed the therapists' conceptualisation and their understanding of the subjective meaning of the client's life. As Connolly (2005) proposed, it amplified *hearing* from the insider's perspective as to who family might be. The participants reported an improved mental representation of the clients' experiences and for some, a

changed perception of what family actually was, as opposed to their stance on what family should be.

### 5.1.1 The Real Me

Gaining a better understanding of one's own intentional stance in relation to underlying feelings, desires and cognitions is associated with improved reflective function. All participants agreed that their clients understanding of themselves changed when they viewed themselves as part of a system. A meta-view of the family as a system provides objectivity. Some became aware of patterns in their current lives that related to family patterns. It allowed them to discover the patterns of belief, rules and values. (Satir et al, 1991)

By reflecting on this aspect of family, their client could consider themselves as separate and distinct. As in „theory of mind' mechanisms, the symbolic nature of understanding presented in the genogram allowed them to see and understand another's perspective as different from what they previously believed to be true. (Saxe & Baron-Cohen, 2006; Wallin, 2007). One participant referred to their client as *„seeing a different concept of herself'*, and gaining a language to describe herself. The concept of „true-self' (Winnicott, 1960) requires an accurate reflection of affective and mental states to facilitate reflective function.

Interestingly, Knox (2004) refers to the defensive avoidance of reflective function in order to avoid the suffering of knowing one's own mind. The pain of having a mind with feelings, thoughts and intentions that is rejected by others can create feelings of worthlessness and self-harm is often used as a defensive diversion. For some families the child with a mind of their own is threatening to parents.

### 5.1.2 The Real You

The use of genogramming as part of the training process for therapists illuminated cognitive, emotional, and behavioural family patterns which had become internalised. (Kaslow, 1995; Dunn & Levitt, 2000; Timm & Blow, 1999). For one therapist, genogramming facilitated an externalisation of her sibling relationships which allowed her to reflect on their intentional stance. She could acknowledge her own internal world as different from the reality of the relationships and how this had arisen out of developmental experiences and fantasies. (Sugarman, 2006). While this awareness of repudiated content is a development of mentalization, Sugarman highlights that the point of insightfulness is to regain access to inhibited or repudiated mentalization, not to specific content per se.

During the interview process, participant responses focused on their clients' reactions displayed during the construction of the genogram. There was little evidence reported of continued reflective functioning. It is a function of the therapist, from a mentalizing approach, to slow down thinking in order to move the client toward explicit mentalization. This requires attention, intention, awareness and effort. (Bateman & Fonagy, 2012).

## 5.2 Unconscious Processes

The rules of attachment (Wallin, 2007) determine what can and cannot be attended to in terms of thoughts, feelings, desires and even memories. In family therapy these are referred to as family rules (Satir et al., 1991) and are acknowledged as having life or death significance. Not surprisingly, resistance, defensive responses and unconscious behaviours were evidenced by all the interviewees during their clients' genogramming exercise.

From the descriptions given of the client experiences, inferences to bypassing of defence mechanisms were prevalent. One client surprised himself at how he chose particular

coloured stones to represent his parents. Another spoke of a parent for the first time and related to how they hadn't connected to this parent for a long time. Like Satir's wordless process, they avoided defences and experienced awareness at a „felt' level. (Satir et al., 1991).

Based on attachment styles (Ainsworth et al. 1978) anxious avoidant clients will defend against the connection to emotions. One participant described how a clients' demeanour was „softening' and how they quickly reverted to intellectualising as a defence. (Wallin, 2007). This was expressed by the therapist as a „closing of that door'. From art therapy, it has become a clinical axiom that non-verbal interventions can access processes sealed over by defences such as intellectualization. (Steiner, 1994). The genogram appeared to function as a means to bypass defences also, if only temporarily.

Some participants made reference to how genogramming provided a safe tool for use in exploration by the client. Used as an intermediary step this facilitated an aspect of psychological experiencing, part of the relationship between the internal world and external reality. Or (2010) refers to art acting as a meeting place between physical and mental experiences. The work tangibly reveals hidden aspects to both the creator and the observer.

The mentalizing mode recognises the internal world as separate, but related to external reality. In symbolic play, as provided by the genogram, there is a means to experience and reflect from multiple perspectives. As proposed by Wallin (2007), clients could mentalize as long as they were pretending.

### 5.3 The Power Game

The paradox for therapists introducing the creative genogram is that an element of probing or curiosity can motivate the introduction of the intervention. From a Gestalt perspective, genogramming was used in this study as an experiment. Its' aim could not be controlled by either client or therapist. As proposed by Roubal (2009) an experiment investigates what is already present, sometimes by indirect evidence, and attempts to make the client more aware.

Both positive and negative outcomes to genogramming were described by participants. Satir (1991) writes about the therapist's congruence and one point in particular relates to the subtle but significant difference between revealing rather than exposing.

#### 5.3.1 The Clients' Journey

According to Satir (1991) family sculpting can be a very empowering experience for the client. Sculpting, as achieved in the construction of the creative genogram, externalises the construct of family dynamics. Respondents experienced their clients „taking the reigns', working as though the therapist was not there, and other indications of autonomy. Connolly (2005) states that the process may be upsetting, or satisfying and integrating and when used in individual therapy, it is the clients' truth that is of importance.

There is of course the concurrent process taking place while constructing the genogram that goes beyond the accumulation of facts. This is the Gestalt aspect that helps create an understanding of meaning, for both client and therapist, particularly in terms of problematic relationships. (Papadopoulos, Bor & Stanion, 1997). Relationships that had previously been omitted from the clients' story surfaced during the genogram construction and for some therapists' the new information was surprising and revealing.

### 5.3.2 The Therapists' Journey

The findings in this research also highlight the need to consider motivations by the therapist for introducing the creative genogram. Participant therapists reported their own curiosity about what new information would be uncovered, how it could bring the client out of their head, bring the focus onto the client, and other similar objectives.

Introducing the creative genogramming was reported as a means to try to dig a little bit and see beyond what the client was willing to show. The therapeutic alliance may hold the answer to this dilemma depending on whether a safe base (Bowlby, 1969) has been sufficiently established. The benefit of successfully probing was that it facilitating wondering which Or (2010) and Bateman & Fonagy (2012) identified as a means to promote mentalization. Introducing the genogram for the sole purpose of rekindling mentalization, similar to the multi-focused genograms of DeMaria et al. (1999) is a concept worth consideration.

## 5.4 Integration

There was a general consensus from all participants that creative genogramming provided a means of accessing both affect and cognitions. While integration as a phenomenon is difficult to identify and support, the use of descriptive language allowed some tentative inferences to be made by the researcher.

Participants referred to how the focus moved away from cognitions, taking the client out of their heads. This suggests a connecting to disowned aspects of the self, possibly a result of a secondary attachment strategy. (Main, 1990). In order to maintain proximity to the

attachment figure, children of avoidant parents need to minimise their emotions, often excluding them from conscious awareness. (Wallin, 2007). Reconnecting to these feelings appeared to evoke anxiety in some clients which manifested as sudden stops during the exercise or switching back to intellectualisation.

Connolly (2005) proposes that the experiential nature of the process of constructing the genogram appears to help individuals get closer to their feelings more quickly and genuinely than conversing. Using visual and tactile stimulation appeared to bring another dimension to the therapeutic process. Participants spoke of how the clients focused on these aspects of genogramming, some spending inordinate time choosing and reflecting on their choice of object to represent family members. This allowed them to attribute meaning and emotions to family members. Connolly (2005) refers to the invitation to become intimately involved in the life of others that creativity offers.

Some respondents referred to their clients' ability to relate a story without any emotion as if they had „cut-off" emotionally. Through the use of creative genogramming they appeared to tap into something. Accessing affect is vital for developing right brain deficits. Schore (2012) refers to the effect of trauma as a fragmentation associated with a dis-integration of the right brain, emotional-corporeal implicit self. While both hemispheres of the brain need to be synthesized, the right side alone is able to synthesize what both know into a usable whole. Psychodynamic, affectively focused therapy attempts “to facilitate the experience-dependant maturation of the emotional right hemisphere.” (Schore, 2012, p.206)

Touch, another of the senses that connects to right brain processing, provided a connection to disowned feelings for one client facilitating integration. The client spoke of her parent for the first time in therapy and reported that holding the stone provided a connection to her father and her feelings for him. As a means of connecting with affective states the construction of

the genogram offered clients the opportunity to bring their feelings to mind. Mentalized affectivity is concerned with understanding the subjective meaning of one's own affect states and is proposed as a prelude to mentalization. (Fonagy, Gergely, Jurist & Target, 2004)

## **5.5 Summation**

Mentalizing has been promoted as a foundation for psychotherapy in recent years. There is little doubt about the significance of the human capacity to understand minds. Dysfunctions in mentalizing lead to impairments in social cognitions and disorders of self experience.

There is a complex relationship between attachment and mentalization and this links to the loss of mentalizing abilities with stress, affect regulation and attachment. Early attachment deficits create a challenge for the therapist in the new attachment relationship as they attempt to avoid a repetition of mentalizing problems linked to these early attachment patterns.

Genograms have been adapted for various uses and include attachment genograms, anger genograms, and emotions genograms. (DeMaria, Weeks & Hof, 1999). The participants in this study did not introduce the creative genogram with any particular outcome in mind. The theoretical approach of the therapists was not based on mentalization theory and therefore reflective function was not actively monitored or managed in the sessions. Even so, there was considerable evidence of reflective function during the task.

Mentalization as a theoretical foundation requires contrary moves, moving clients outward when they are self-focused and inward when they are other-focused. Elements from art therapy, gestalt and genogramming reflect many of the features of successful mentalizing of both people and relationships which Bateman & Fonagy (2012) describe and that include: Curiosity, Stance of safe uncertainty, Reflective contemplation, Perspective taking, Impact awareness and Playfulness.



Directing the focus onto these aspects of mentalizing during creative genogramming, the therapist has an opportunity to actively enhance the clients' ability to mentalize. Described as a titration of the attachment relationship Bateman & Fonagy (2012) advocate a balance between self and others that is mirrored in a reciprocal flow of attention between client and therapist. Therapists need to model mentalization and the creative genogram provides an opportunity to introduce reflective functioning into the therapeutic process.

## **CHAPTER SIX – CONCLUSIONS**

### **6.1 Strengths and Limitations**

This study was an exploration of the use of creative genogramming as a means to stimulate reflective function and mentalization of affect. The study was limited to a small sample and the researcher cannot claim that the results are representative of the general population. The in-depth experiences reported do however provide relevant and insightful information supporting the choice of a qualitative method employing a semi-structured interview. The findings, while limited and subjective, do reflect aspects of mentalization in terms of understanding both mental states and affective states, and many of the features associated with successful mentalization. Reports of changed perspectives, emotional activations and a general stance of exploration and curiosity were evidenced. As proponents of mentalization, these findings, while inconclusive, indicate a potential use of the genogram for developing reflective functioning in the therapeutic setting. Due to the nature of this research, a requirement for the BA (Hons) in Counselling & Psychotherapy, research time was limited to six months, incorporated as part of a busy academic schedule and a limit of 10,000 words was applied.

## **6.2 Recommendations**

This research did identify outcomes related to mentalization during the process of creative genogramming. This was not dependant on a directed use of the genogram for mentalization purposes. A focused approach from a mentalization stance incorporating the creative genogram could be particularly beneficial in terms of the therapeutic attachment relationship and the implicit and unconscious elements that manifest. With the availability of the reflective function scale (RFS) further research in the form of a quantitative study could be considered.

Of particular interest were research findings from trainee programs for family counsellors who used genogramming as part of their training process. Based on the research, consideration could be given to the formal introduction of genogramming for psychotherapy training also. This would allow the opportunity for student psychotherapists to explore their own family dynamics and attachment patterns and unconscious processes while facilitating the development of both a mentalizing stance and their own reflective functioning abilities.

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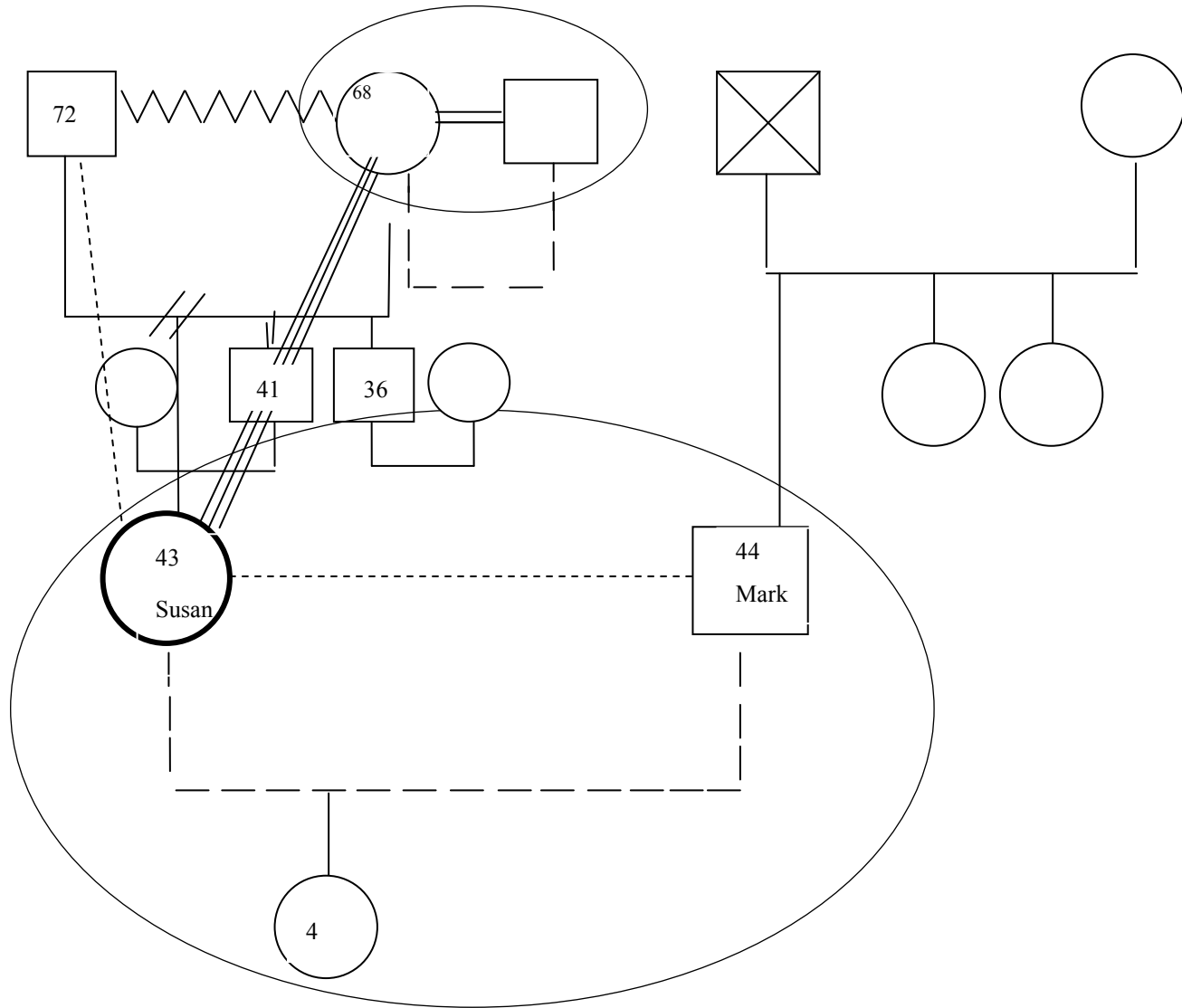
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**APPENDIX 1: FAMILY GENOGRAM:**



APPENDIX 2: FAMILY PLAY GENOGRAM

Color Figure 30 Family Play Genogram for Single-Parent Father





**APPENDIX 3: STONE GENOGRAM**



## APPENDIX 4: INTERVIEW CONSENT FORM

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### *An Exploration of the use of Creative Genogramming as an intervention aimed at Enhancing Mentalizing Capabilities.*

#### **To Whom It May Concern**

I am a fourth year student on the BA Counselling and Psychotherapy course with Dublin Business School. As a requirement of this course I am undertaking a research project and the area of interest to me is client mentalization. Mentalization includes an understanding of intentional stances, one's own and others, and an understanding of one's own affective experience.

This study intends to explore the experiences of counsellors and psychotherapists who use various forms of genograms in their therapeutic work with individual clients. Self created genograms and/or collaboratively created genograms as a Gestalt intervention is the phenomena under investigation.

The process involves an interview which should take no more than 30-40 minutes and will be recorded. The questions are about your experiences and understanding related to outcomes and effects when using genogramming in the clinical setting.

Participants will remain anonymous and any references to actual clients, places or recognisable events will be replaced or removed.

Under data protection the author is required to keep the transcripts from the interviews for a period of 5 years. These will be stored electronically and encrypted during this time.

Participation in this study is completely voluntary and you may stop the interview at anytime or withdraw your participation.

The purpose and process of this study has been explained to me.

I agree to participate.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name in print: \_\_\_\_\_

## **APPENDIX 5: INTERVIEW QUESTIONS**

AN EXPLORATION OF THE USE OF CREATIVE GENOGRAMMING AS AN INTERVENTION AIMED AT ENHANCING MENTALIZING CAPABILITIES.

The following questions relate to the therapist's experience and understanding following an intervention involving a Self-Created Genogram or a Collaboratively Created Genogram with a client in individual therapy.

Intro Q's:      What form(s) of genogramming do you use? (Materials, art, etc)

                    What age range do you use genogramming with?

Q1                In your experience, what impact, if any, does creative genogramming have on the therapeutic alliance?

Q2                In your opinion, following the introduction of the creative genogram, is there any change to the focus of the therapeutic work?

2a      *In your experience, what therapeutic conditions or client issues are likely to prompt you to introduce creative genogramming as an intervention?*

2b      *When introducing the creative genogram, do you generally have a specific outcome in mind that you wish to achieve?*

Q3.              In your experience is there a change in the level of emotional response from the client during or after the use of genogramming.

Q4      Have you used genogramming for symbolic play and in your experience, with what results?

(e.g. use of miniatures or other objects to move about/re-enact/imagine)

4a *Does genogramming help illuminate family emotional patterns and/or attachment styles? ( clients understanding and/ or the therapists)*

Q5 In your experience is there a change in the clients' level of understanding mental states (perspectives) their own and/or others, during or after the use of genogramming?

5a *Do you think genogramming helps the client to separate their internal beliefs and external reality. (Psychic equivalence/false-belief)*

5b *Do you think that the clients' conceptualisation of themselves and /or their symptoms impacted by the intervention?*

5c *Is your own conceptualisation of the client and/or their symptoms, impacted by the intervention?*

Q6. In your experience, does genogramming facilitate an integration of the client's thoughts and feelings? They can think about their feelings or they start to have feelings about their thoughts.

(Some deal but can't feel. Some feel but can't deal)

Q7 In your experience, does the clients' use of language during the construction of the genogram have any significance?

Q8 Is there anything else you would like to add to, or comment on, regarding creative genogramming?