THE FAMILY AS A SYSTEM

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. . . Each individual family member is a subsystem and a system. An individual system is both a part and a whole as in a family.

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OBJECTIVES

On completion of this chapter, the reader will be able to:

1. Discuss the types of systems frameworks and the major concepts defined by systems theorists
2. Relate systems theories to families
3. Discuss the application of family systems theory to nursing practice
4. Analyze the use of a nursing conceptual model with a systems perspective

The systems view of families provides a method for understanding the interaction and interdependence of individuals within a family, as well as the family's interaction with other systems. The assessment of the family from a systems perspective can allow nurses to conceptualize the interrelatedness of components in the family system and determine areas for change, particularly in the area of health promotion.

As Barkauskas (1986) has noted, systems are defined in terms of their structure, the relationship of the parts of the system, the processes in which the system engages, and the interaction between the system and its environment. These major concepts will be discussed from the point of view of several leading family system theorists. In addition, the use of a holistic, systems-oriented nursing perspective will be discussed as it relates to family health nursing.

As Wright and Leahey (1994) have pointed out, the most significant variable that promotes or impedes family-centered care is how a nurse conceptualizes problems. If nurses use conceptual frameworks that go beyond the "individual perspective" and include the family as a "system," data can be organized and intervention planned that promotes family-centered care.

Theories of family functioning are usually divided into three types: (1) psychoanalytic, (2) behavioral, and (3) systems-interactional.

EVOLUTION OF FAMILY SYSTEMS THEORY

Friedman (1992) has noted the growth in the use of systems theory in the health care field. The family movement, which began in the late 1940s and early 1950s, has contributed significantly to the body of knowledge of systems theory and to the shift from an individualistic orientation to a family orientation. Many of the pioneers in family therapy were conducting research with schizophrenic families and with behavior difficulties and delinquency in children. These investigators were confronted with conceptualizing a family relationship system.

Nathan Ackerman is most frequently considered the founding father of family-centered therapy (Guerin, 1976). In his individual work with children, he recognized that healthy family relationships were needed for improvement with the child. This was an innovative, tradition-breaking concept at the time, but soon other therapists

began to recognize the complexities of the family and the need for intervention geared toward this social system.

In the middle 1950s, Gregory Bateson, Jay Haley, John Weakland, and Don Jackson initiated a 10-year research project to learn the etiology and nature of schizophrenia. With the idea that the family contributed to the etiology of the patient's pathology, their work was central to the development of systems thinking in relation to human behavior (Guerin, 1976).

Bowen's (1976) shift to the family also originated with his individual therapy with schizophrenic patients and their mothers. Observation of family relationships at the National Institute of Mental Health in Bethesda, Maryland, where he hospitalized whole families, led him to believe that the family was the unit of illness. This work led to prolific writing, including what is referred to today as Bowen's family systems theory.

In the late 1960s and early 1970s, Salvador Minuchin was working with families of the urban poor. Influenced by Haley's contributions, he developed a systems-based view known as structural family therapy (Gurman & Kniskern, 1991).

The family therapy movement has progressed through several stages, influenced by research and theory building, psychosocial changes in the family and society, and expansion of training programs across the country. It has not been the scope of this historical review to note all the important contributors of the past several decades, but rather to highlight the work of several important pioneers and how their ground-breaking systems view of families evolved.

Within systems orientations there are five generally accepted frameworks: (1) general systems theory, (2) Bowen's family systems theory, (3) Minuchin's structural paradigm, (4) interactional or communication theory, and (5) the Circumplex model. In addition, family developmental theory and selected nursing models view families as possessing characteristics of systems. Each of these will be considered separately, illuminating the central concepts of each framework.

General Systems Theory

General systems theory has been adopted as the most commonly used framework in the family movement. Von Bertalanffy (1968), a biologist, sought to find those principles that would be valid for all systems. Subsequently, he described several properties that apply to systems: wholeness, openness, feedback, homeostasis, equifinality, boundaries, and environment. He believed it was useful to understand phenomena in their wholeness and complexity, rather than dividing them into smaller and smaller elements to find a cause-and-effect relationship. The latter view, a mechanistic perspective, is consistent with the medical model. Von Bertalanffy was concerned with wholeness and organization rather than with reduction. In the general systems view, the pieces of the picture are the same, but the way in which they are seen is different. One of the central propositions of general systems theory is the view that the system is not the total sum of its parts but is characterized by *wholeness* and unity: "The whole is greater than the sum of its parts."

Hall and Fagen (1956) defined a system as "a set of objects together with relationships between the objects and between their attributes" (p. 18). Relationships tie the parts of a system together and make them interdependent. Systems have both structural properties and functional properties.

Von Bertalanffy (1968) stated that there are two kinds of systems: *open systems* and *closed systems*. Open systems, such as living or organismic systems, are characterized by wholeness, feedback, and equifinality. In closed systems, there is no exchange of information or energy with the environment.

Wholeness refers to the organization and complexity of a system by stressing the relationship of the parts to the whole. Watzlawick et al. (1967) contend that "every part of a system is so related to its fellow parts that a change in one part will cause a change in all of them and in the total system" (p. 123).

Feedback is the process through which the system's parts (or subsystems) relate to each other and maintain the system's functioning (self-regulation). Systems can embody many complex feedback loops that impinge on one another. Feedback is also described as positive or negative. *Positive feedback* is part of a system's output that is returned to the system as information about the output and moves the system away from homeostasis. It changes the pattern of how the system operates. *Negative feedback,* on the other hand, maintains the system within its homeostatic limits. Negative feedback is returned to the system to correct alterations or deviations from the steady state. The concept of *homeostasis,* particularly as it applies to human relationships, will be explored in more detail later. Systems with feedback loops, output leaving the system and reentering the system, are also characterized by the notion of *circular causality.* Circular causality does not have a beginning or end in the circle. The response of B is also a stimulus for the next event in this interdependent chain, A>B>A. *Linear causality,* on the other hand, suggests that A occurs and B is caused by A's occurrence—a cause-and-effect relationship (Watzlawick et al., 1967).

The principle of *equifinality* of systems suggests that the same results may come from different origins (Watzlawick et al., 1967, p. 127). Results are determined by the nature of the process or the system parameters. Von Bertalanffy (1968) also describes equifinality by suggesting that the final

state or goal can be achieved from different initial conditions. Galvin and Brommel (1986) conclude that adaptive family systems demonstrate equifinality; that is, they have the capacity to accomplish goals from many different starting points. Equifinality is not present in closed systems.

It is also important to consider the concept of environment when examining systems. Every system is part of a larger system referred to as environment and continually interacts with its environment. Hall and Fagen (1956) define environment as "the set of all objects a change in whose attributes affect the system and also those objects whose attributes are changed by the behavior of the system" (p. 20).

Any given system can be further subdivided into subsystems. The separation of a system from its subsystem or from its environment can be an arbitrary one. Boundaries of a system, separating a system from its environment, are also referred to as open or closed, depending on the degree of permeability. The permeability of the system's boundaries controls the exchange of energy and information.

The concept of *hierarchies* also applies to living systems, with lower-level systems and higher-level systems. Each system has a subsystem(s) and a suprasystem. A system's capacity to monitor its own progress toward a goal and to correct and elaborate its response depends on the complexity of its feedback structure (Burr et al., 1979). At the highest order of complexity are the psychologic, family, social, or cultural systems. These systems must be capable of changing their basic structure, organization, and values in order to remain viable (Hill, 1971; Speer, 1970).

A systems view applied to families suggests that families are goal-directed, self-maintaining, and constantly evolving. Families have multiple subsystems such as dyads, triads, sibling subsystems, marital subsystems, and parental subsystems that are constantly interacting with other systems (i.e., school, work, extended family, church).

These parts or subsystems are interrelated, and one part cannot be understood in isolation from the rest of the system. The family system is part of a larger suprasystem. To fully understand family functioning and family health patterns, each part must be viewed as it relates and interacts with other parts of the system. The interactional patterns of the family system shape the behavior of family members.

Understanding the boundaries of the family's systems is also essential to making a thorough assessment of family health care needs. Determining the degree of permeability of the boundaries in the family system and how much information and energy are exchanged can determine areas for intervention. For example, are the boundaries of the parental system intact or so weak that parental functions with children are ineffective? Does the family allow adequate information regarding health practices? Are the sibling subsystems so isolated from parental dyads that socialization is impaired?

Assessing what suprasystems the family is a part of can also enable the nurse to influence environmental variables that affect family health functioning. Are appropriate community resources used? Does the family have adequate interaction with other social systems such as neighborhoods, schools, social groups, or churches?

Wright and Leahey (1994) contend that the family is able to create a balance between change and stability. They are suggesting that families are capable of much more than maintaining homeostasis. Several authors applying systems theory to complex units such as families or social systems have challenged the concept of homeostasis (Hill, 1971; Speer, 1970; Olson et al., 1979). They have suggested that the family is not principally an equilibrium-seeking or homeostatic system but is a complex, adaptive, and ever-changing system.

The family, as an example of a social system, is viewed at the highest order of complexity of systems. Speer (1970) maintains that, along with the positive feedback principle previously described, the "organization of social systems tends to increase in complexity and flexibility with increased viability, variability or change with the system" (p. 268). Thus, homeostasis characterizes lower-level living systems, and viability with the capacity for growth and self-directed change characterizes the family. This view suggests that families are constantly evolving toward more complexity rather than attempting to achieve a homeostatic, steady state. Friedman (1992) describes this process as differentiation. She contends that families grow and evolve so that the system becomes increasingly more discriminate, articulate, and complex

Bowen's Family Systems Theory

The family systems theory developed primarily by Bowen (1976) originally centered around concepts related to psychoanalysis and schizophrenia. He has since developed a more comprehensive systems-based theory of emotional dysfunction, with several well-defined concepts.

From his extensive work with families, Bowen observed several phenomena. One of the core concepts of Bowen's theory is the *differentiation of self*. This concept refers to the degree to which individuals are able to distinguish between the feeling process (emotional system) and the intellectual process (intellectual system). Individuals on the low end of the scale of differentiation are more controlled by emotions, particularly anxiety, directing their decisions and behavior. They are less adaptable and are usually more prone to

physical or emotional illness. Bowen further suggests that individuals with a low level of differentiation and a weak sense of self tend to form highly dependent and emotionally fused relationships. Their ability to recover from the stress that leads to dysfunction is also impaired (Bowen, 1976). Bowen uses a scale from 0 to 100 to rate the level of differentiation. At the high end of the scale are individuals who have a more differentiated sense of self. That is, they are more guided by reason and rational decision making and are less instinctive or impulsive in their behavior. The more functional the intellectual system, the greater the sense of self. The level of differentiation in an individual reflects the degree to which the intellectual system has guidance over and directs the emotional system.

Bowen proposes that partners seek out partners with similar levels of differentiation and that the level of differentiation is passed from one generation to the next. The level of differentiation of self is determined in the family of origin, and this influences the nuclear family that they will create, as well as future generations. Bowen refers to this phenomenon as the *multigeneration transmission process*. If the most impaired child in a family is followed through successive generations, one will see lower and lower levels of differentiation (Bowen, 1976, p. 87).

The level of differentiation is operationalized by *triangles* set up within families. When a dyad in a system experiences increasing levels of anxiety, a third person is triangled in to decrease the level of discomfort and anxiety. The more uncomfortable person attempts to decrease the level of anxiety by moving toward fusion with a third person. For example, in the mother-father dyad, a child is often triangled in to diffuse the anxiety between mother and father. At lower levels of differentiation, there is more anxiety in families, and triangles are commonly formed to bind the anxiety (Bowen, 1976). When available family triangles are exhausted, the family triangles in persons or systems from outside the family system, such as nurses, police, school, or social agencies. One of the keys to understanding triangles is keeping in mind the force of emotionality that drives them (Kerr, 1981).

Family projection process refers to Bowen's description of how parental lack of differentiation impairs one or more children and is used to stabilize the system. The process can focus first on one child and then select others for lesser degrees of involvement. The process usually begins with anxiety in the mother who establishes a pattern of infantilizing the child. The emotional fusion between mother and child can lead to symptoms in the child. This type of family is often referred to as the child-focused family. The mother's (or parent's) emotionality defines what the child is like, which may have little to do with what the child is really like. The mother projects attributes on to the child. Eventually what the mother projects on to the child is what he becomes (i.e., rebellious, loner, overachiever) (Kerr, 1981).

Sibling position can often determine which child is selected as the object of the family projection process. Sibling position can also determine certain personality characteristics. For example, the eldest sibling may be overly responsible, or the youngest may be more dependent. The level of differentiation in the family and the triangles operating within the family system also influence the behaviors associated with sibling positions.

Nuclear family emotional system refers to emotional functioning of a family in a single generation. Knowledge of details of family functioning in the present generation can allow one to reconstruct the family processes of past generations. Intense emotional fusion in a marriage can characterize a present generation but have its origins in the families of both spouses. Bowen (1976) maintains that this undifferentiation in a marriage results in marital conflict, dysfunction in one of the spouses, or projection of the problems onto the children.

Emotional cutoff describes the methods an individual uses to deal with unresolved fusion in families of origin. These individuals cut themselves off from the parental family. The more differentiation of self there is, the less cutoff that exists. The degree of unresolved emotional attachment to the parents is related to the degree of differentiation that has to be handled over the course of a person's life.

Observing the family interactional style over a period of time allows the nurse to assess the relationship system in a family. Bowen's systems theory suggests that less differentiated families are more prone to illness, both physical and emotional. For this reason, nurses may come in frequent contact with families with problems of differentiation. The structure of the family should be assessed before intervention is planned. It is important not only to take into account the marital interaction but to observe the interaction between parents and children. Family members' illnesses may be perpetuated by the interaction of the family. For example, an ill child may continue with symptoms to maintain the overinvolvement of mother as a mechanism to keep the triangling process going.

Nurses have often been instrumental in helping individuals and families deal with the anxiety of illness. When nurses work with families to reduce anxiety, there may be less dysfunctional triangling. Nurses can assist families with healthier ways of relating that may influence what is passed on to the next generation.

Bowen's family systems theory is particularly useful for viewing family processes over several generations. The use of a family genogram can aid nurses in collecting and analyzing generational data. (The reader is referred to Chapter 9 for a

discussion of genograms.) The influence of grandparents and extended family on the level of a family's functioning can be put in a new perspective with possible opportunities for intervention. For example, in work with the elderly, the isolation from their children may be related to the emotional cutoff process. Using Bowen's family systems theory and the related dynamics of the family system can allow nurses to conceptualize problems from a systems view and plan care that is family centered.

Minuchin's Structural Paradigm

Minuchin and several coworkers (1967) developed a framework for family intervention known as structural family therapy. This view, consistent with systems theory, sees the individual in an interdependent relationship with his or her social system. Because the family is considered the basis of the individual's socialization, structural therapy has been conducted primarily through family intervention. However, other social systems are seen as contributing to the development of the individual and the family, and all of the social systems of the family are considered in the change process. In addition, the structure of the family system as well as its functions are assessed as parameters of family functioning (Aponte & VanDeusen, 1981).

The family is seen as a system that operates through transactional patterns, which, when repeated, define the structure of how, when, and to whom to relate. Individual family members' behavior is regulated by these transactional patterns. The structural dimensions are referred to as boundary, alignment, and power (Minuchin, 1974).

Subsystems allow the family functions to be carried out. Minuchin describes the parental subsystem functions as nurturance and socialization of children. The spouse subsystem functions include providing emotional support to one another and engaging in mutual accommodation. The sibling subsystem teaches the children how to negotiate and cooperate (Minuchin, 1974).

Boundaries direct participation in subsystems and allow contact with other members of the system. Clarity of boundaries is essential to proper functioning of the subsystem. At one extreme are boundaries that are blurred and diffused with a high degree of permeability. Minuchin describes these systems as *enmeshed,* and they are characterized by overinvolvement and lack of autonomy in the members. At the other extreme are rigid boundaries that inhibit contact and communication and lead to *disengagement* (Minuchin, 1974). He suggests that enmeshed and disengaged systems are present to some degree in most families, but operating at either extreme leads to dysfunction in families.

Alignment, a structural dimension of families, refers to patterns of members working together or in opposition to one member of the system. Functioning families have flexible alignments that allow the functions of the family to be carried out. A *coalition* is an example of alignment where mother and child may act together opposing father.

Power in family systems also influences how family functions are carried out. Power relates to the degree of influence one member has on another. Decision making is one component of power. How decisions are made in families and who makes them certainly has an effect on families' ability to carry out their functions. Power as a structural dimension has also been referred to by structural therapists as force (Aponte & VanDeusen, 1981).

Underorganization is a concept that originated from the work of Minuchin and coworkers (1967) with families from low socioeconomic backgrounds. Underorganization refers to families' inability to develop effective structural dimensions. These families are characterized by limited abilities to organize themselves to solve problems. They also may be rigid in how they employ the structures they have and inconsistent in the use of those structures (Aponte & VanDeusen, 1981).

Minuchin has also described an elaborate set of strategies and techniques for intervening in family systems. Those techniques are most appropriately applied in formal family therapy and will not be described here. However, the structural family paradigm based on systems theory concepts is useful for nurses in assessing family problems and influencing family transactions.

Knowledge of family subsystems and the functions of those subsystems can guide nurses in intervening where boundaries are poorly defined or too rigid. An example may be parental and sibling subsystems with diffuse boundaries that allow children to assume parental functions. Intervention may be directed at the parental subsystem, such as information/education on limit setting, or intervention may be directed at the sibling subsystem. For example, the nurse may suggest age-appropriate activities for the children to enable them to work on the tasks of cooperation and negotiation with their peers. Nurses may also intervene when a parent, frequently the father, is excluded from the parent-child subsystem.

Nurses can be instrumental in restructuring the boundaries of the subsystems. Often the assignment of tasks is beneficial. Where the boundaries lead to disengaged subsystems, nurses can be facilitators of more open communication or more support and involvement among family members.

Interactional Family Theory

Don Jackson, Gregory Bateson, Jay Haley, and John Weakland are often considered together, not only for their joint association at the Mental Research Institute in Palo Alto, California but also

because of the similarity of their theoretical conceptions about communication. For an in-depth review of communication theory and its application to work with families. the reader is referred to Chapter 8 of this text. Jackson was influenced by Von Bertalanffy's (1968) approach to systems theory and emphasized the cognitive aspects of communication. Haley placed an emphasis on the question of who is in control of a relationship. Bateson, who was trained as an anthropologist, studied communication levels and channels and how one message changed or was significant in understanding another (Gurman & Kniskern, 1991).

Jackson, together with Watzlawick and Beavin (1967), developed axioms of communication as aids to understand how family relationships are established and as an approach to examine family communication styles. These principles of communication highlight the interdependent nature of the systems' parts and the interactional nature of communication in a family.

One of the primary feedback mechanisms in family subsystems is the communication process. How this process occurs and its effectiveness is an important aspect of family functioning. Poor boundary maintenance may result in decreased communication and isolation with family subsystems or with the whole family system.

Communication serves many functions in a family system. The Circumplex Model described below stresses how communication influences the family system's ability to maintain cohesion and adaptability. Nurses working with family systems need to assess the effectiveness of communication in the family, as well as to establish communication with the family. Important areas to consider in this assessment include how clear and concise messages are and how congruent they are with nonverbal behavior. Also, are the messages free of contradictory information or do they contain many levels of meaning that are difficult to interpret? The directness of messages also facilitates the communication process.

Circumplex Model

Olson et al. (1979) note the abundance of concepts in the literature that attempt to describe the phenomena of family dynamics. They have integrated these concepts in a model that uses general systems theory as an underlying framework. The Circumplex Model of marital and family systems is a model developed to locate families in a circumplex matrix created by the two central dimensions of family cohesion and family adaptability. The third dimension, *communication*, facilitates families in cohesion and adaptability (Olson, 1986). The central area of the matrix, where a balance of cohesion and adaptability occurs, is viewed as the area of optimal family functioning. There are 16 types of marital and family systems, which are broken down into three major types: balanced, midrange, and extreme (see Fig. 4–1). Families in the center of the matrix show flexible separateness, flexible togetherness, structured separateness, and structured togetherness (Russell, 1979).

Olson et al. (1979) suggest that at least 40 concepts previously described relate conceptually to their definition of cohesion. Included in their cluster of concepts is Minuchin's (1974) description of enmeshed or disengaged boundaries and Bowen's (1976) level of differentiation. Olson et al. (1979) have defined cohesion as "the emotional bonding members have with one another and the degree of individual autonomy a person experiences in the family system" (p. 5). They further suggest that a balanced degree of family cohesion allows for optimum individual development and effective family functioning.

Variables influencing family cohesion include emotional bonding, boundaries, independence, coalitions, time, space, friends, decision making, and interests (Olson et al., 1979, p. 5). The assessment of these variables will then allow one to place a family under one of the four levels of cohesion: disengaged, separated, connected, or enmeshed.

Olson et al. (1989) agree with several other theorists that viewing the family as primarily homeostasis oriented is limiting and does not allow for the view of families changing and evolving to more complex systems. They view families as capable of adapting and changing to meet the needs of the family and the demands of developmental transitions. The second dimension of the Circumplex Model is adaptability (or change). Adaptability is defined as "the ability of a marital/family system to change its power structure, role relationships and relationship rules in response to situational and developmental stress" (Olson et al., 1979, p. 12).

In order to assess a family's capacity for adaptability, the specific variables to be reviewed include the family's power structure, negotiation styles, role relationships, relationship rules, and feedback. Again, a family can be placed on a continuum of adaptability ranging from chaotic to flexible to structured and then to rigid. Families who are able to be structured and show stability yet at the same time allow for change and flexibility are seen to have the most effective functioning.

The process of communication facilitates family change and cohesion. Families with a flexible level of adaptability and cohesion will likely be more successful in problem solving and negotiating. Communication will be more open and family rules more explicit. Positive communication will be more frequent, and members will feel freer to communicate their needs to the family (Olson, 1986).

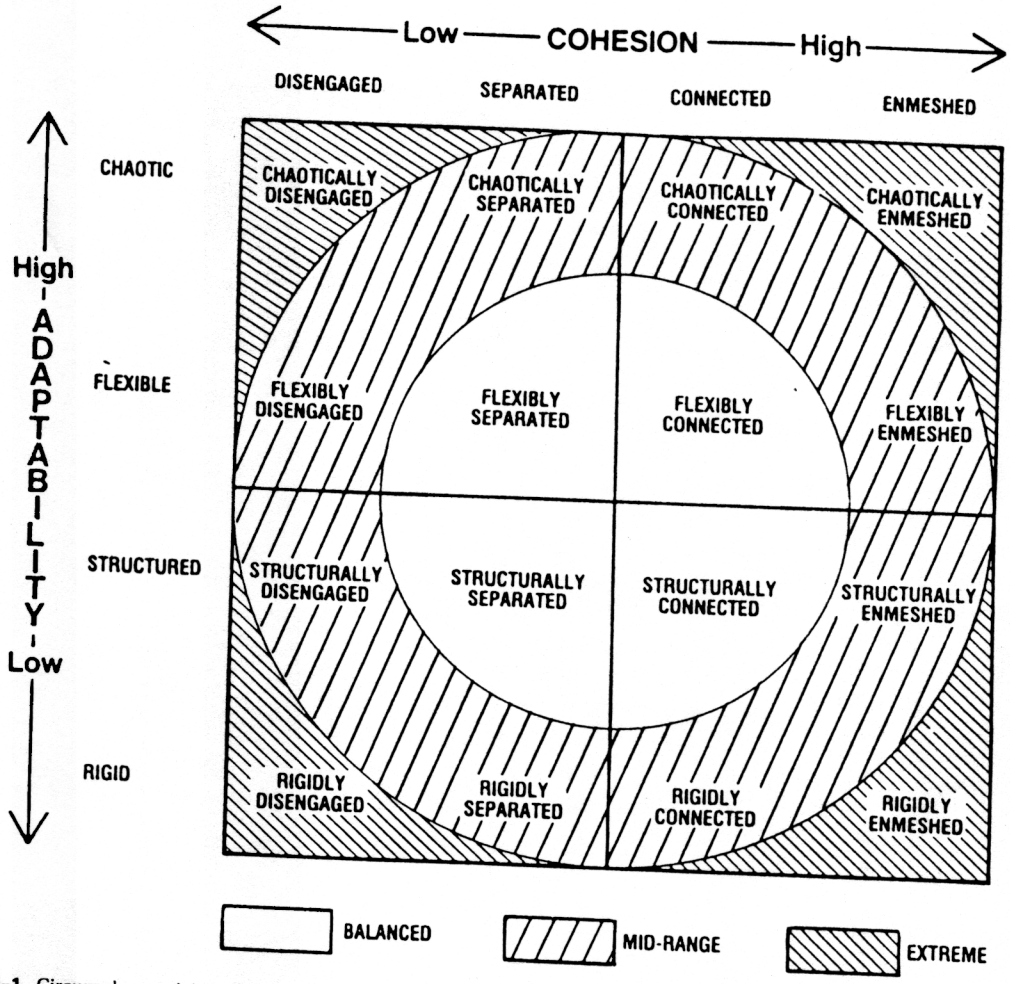

FIGURE 4–1. Circumplex model: Sixteen types of marital and family systems. (From Olson, D.H. (1986). Circumplex Model VII: Validation studies and FACES III. *Family Process*, 25, 339. Copyright 1986 by *Family Process*. Reprinted with permission.

To develop further the theoretical framework of family systems and to assist professionals to determine family functioning and family systems, Olson et al. (1985) developed the *Family Adaptability and Cohesion Evaluation Scales III* (FACES III).* The scale is a self-report instrument that assesses a family's perception of their family system and their ideal descriptions. It is a 20-item scale that has evolved as FACES I and FACES II have been modified. FACES IV was developed in 1991 (Olson, 1991). The instrument has been used as a framework for studies to test hypotheses about functioning of balanced, midrange, and extreme families (Olson, 1986). To determine family communication, the *Marital Communication Scale* and/or the *Parent-Adolescent Communications Scale* are suggested (Barnes & Olson, 1982).

Olson and colleagues (1989) have attempted to bridge the gap between existing systems frameworks and have provided valid and reliable tools to assess family functioning. The Circumplex Model proposes a dynamic view of family systems adapting to developmental changes over the life cycle.

*FACES III can be obtained by writing:
Family Social Science
University of Minnesota
290 McNeal Hall
St. Paul, MN 55108

Developmental Framework

In addition to understanding the family as a system, it is necessary to understand the phases of family development through the life cycle. Mattessich and Hill (1987) describe family development as "an underlying, regular process of

differentiation and transformation over the family's history" (p. 437). Consistent with the view of the family as a living system is the conception of its capacity for maintenance and for evolution. Phases of family development place demands for change on a family inasmuch as individual growth and development of members affects the family system. Families may have to deal with many different progressions at once. Carter and McGoldrick (1988) highlight the changing patterns of the family life cycle in today's world and emphasize viewing the family with at least a three-generational view.

Solomon (1973) reminds us that each stage of development in the family is a crisis, and there can be disorganization of the system at each stage. Also, the family can restructure its patterns of relating and communicating and create new structures in the adaptation process. Olson et al. (1989) emphasize this capacity in their Circumplex Model. Minuchin and Fishman (1981) also suggest that family development moves in stages that follow a progression of increasing complexity, with periods of balance and adaptation alternating with periods of disequilibrium.

Although many authors have described functions of the family system through the life cycle, Ackerman's succinct description is used here for its inclusiveness. The functions of the family system involve five areas:

1. The family as a survival and growth unit
2. Affectional needs of family members
3. The balance between autonomy and dependency
4. Social and sexual training
5. Growth and development of each member (Bloch & Simon, 1982, p. 210)

These functions constitute one of the regularities of the family as a system. The functions of a family give it direction and encourage interdependence of family members. These functions also set the family apart from other systems (Hill, 1971).

No assessment of family functions would be complete without attention to the function of health promotion in the family system. Family behaviors that enhance or diminish health status of individuals or the family unit must be considered.

Forrest (1981) suggests that the family, as the unit of socialization, promotes what health values are to be adopted by the family. How much value a family places on health and the level of information a family system accepts determines the family's health functioning.

Areas for assessment by nurses include how receptive a family system is for health knowledge and how well families are capable of using this information. Understanding the value a family places on health behavior and health promotion may lead to areas for intervention.

Nursing Models

Adopting existing theories of family functioning from disciplines other than nursing can be beneficial if the central concepts of nursing theory (person, man, environment, and nursing) are also incorporated (Whall, 1980, 1991). Fawcett (1975), Johnston (1986), and Friedemann (1989) present conceptual frameworks of the family as a living system, integrating concepts from the Rogerian model. Roger's (1970) conceptual framework has been selected for its similarities to the family systems approach.

Examining each of Rogers's basic assumptions in her science of unitary beings will enable integration of both frameworks. The first of these assumptions is that "man is a unified whole possessing his own integrity and manifesting characteristics that are more than and different from the sum of his parts" (Rogers, 1970, p. 47). As has been previously discussed, the family unit is also viewed in its wholeness; it is composed of subsystems that are interdependent and that together form a unity that is different than the sum of the family subsystems. This view of wholeness is central to family theorists who subscribe to systems theory.

The second assumption on which nursing science builds is "Man and environment are continuously exchanging matter and energy with one another" (Rogers, 1970, p. 54). To understand, family system nursing also needs to examine the environment of which the family is a part. Families are continuously influenced by information within the environment, and depending on the degree of permeability of the boundaries, they are constantly responding to this input. Fawcett (1975) also stresses this view of the family as a dynamic whole engaged in mutual simultaneous interaction with the environment.

The third assumption that Rogers delineates states that "the life process evolves irreversibly and unidirectionally along the space-time continuum" (Rogers, 1970, p. 59). The family system is also subject to change, which takes place along the space-time axis. The family moves through stages of development in a sequential, unidirectional manner. "Irreversibly" refers to the concept of not returning to a previous state. The movement is forward when one examines family development. A family cannot return to the same previous stage of development. Stages do not repeat themselves, even though there may be similarities in each new stage or crisis.

The fourth assumption described by Rogers is particularly important in viewing the family as a complex system, which has been stressed

throughout this chapter. Rogers (1970) states "Pattern and organization identify man and reflect his innovative wholeness" (p. 65). The family as an open system, in constant interaction with the environment through exchange of matter and energy, evolves toward a growing level of complexity. Patterning that takes place over time can be observed in families. Homeostasis implies returning to the previous state in the family system. Organization, on the other hand, implies a dynamic movement forward toward greater complexity.

The last assumption that Rogers describes is what makes humankind unique among other living systems. "Man is characterized by the capacity for abstraction and imagery, language and thought, sensation and emotion" (Rogers, 1970, p. 73). The family also has the capacity for feeling, for knowing, for comprehending, and for using these processes to determine patterns, make choices, and recognize its environment.

FAMILIES AS HEALTH-PROMOTING SYSTEMS

Several of the theorists previously discussed have acknowledged that health and illness behaviors are learned within the context of the family system (Bloch & Simon, 1982; Bowen, 1976; Guerin, 1976; Minuchin & Fishman, 1981). Family functions include health care and health promotion. Each family will define for itself what it perceives to be adequate functioning with regard to health.

How the family organizes itself to meet the basic needs of its members for health is an important area for nursing assessment. Individual health and family health greatly influence each other and contribute to the family's total level of health, as suggested by systems principles. The family as a system generates, prevents, or corrects health problems. Anderson and Tomlinson (1992) propose a holistic definition of family health that includes five realms of family experience, which comprise the family health system.

Marie Friedemann (1992) advocates working with families as a unit; this includes encouraging them to work together to foster family togetherness and time for family members to actualize themselves individually. Family health promotion can be enhanced by empowering members to work together to create harmony as they make changes and adapt to environmental and family demands. The family nurse assists the family system in taking control to protect them from harm through family maintenance (including the acceptance of family rules, roles, decision making, sharing tasks, and consensus). Readers are encouraged to consult Dr. Friedeman's *Enhancing Families: A Counseling/Education Model: Field Training Manual for Counselors* (1992).

The family's environmental system also has an influence on family health. The physical environment of the family and the social and interpersonal environments interact to influence the health of family members and the health of the family unit. How families establish and maintain linkage with community systems (and community subsystems such as health care systems) is important to determine. Are the exchanges of information adequate for the family in coping with and managing their specific developmental issues and crises? Are resources for health promotion appropriately used? Families must also prioritize the health-promoting tasks to be carried out within the family system. Forrest (1981) encourages health practitioners to allow families to be more active participants in their own health behaviors.

IMPLICATIONS AND DIRECTIONS FOR FAMILY HEALTH NURSING

The family as the client continues to receive emphasis in nursing. Family-centered nursing recognizes that the family system must be a target of service and that family health and individual health strongly influence each other. Furthermore, the health of the family system affects the health of the community.

CHAPTER HIGHLIGHTS

Theorists have developed models to understand the types of family systems and assessment measures to determine the family type.

Families are units of individuals that are interdependently interrelated and one part cannot be understood in isolation from the rest of the system.

Conceptualization of families as interrelated components assists the nurse to understand the impact of change in family members on family health, and vice versa.

Change is constant at the individual, intrafamily, and supra-system levels; therefore, assessment systems boundaries and interactions are crucial to determining a family's health and areas for growth.

Each family is a health-promoting system and develops unique health-promoting patterns as a system.

Knowledge of the type of family system is crucial to planning interventions with families. Use of tools such as FACES III to assess the family system might be useful in some situations. In addition, relating concepts from Bowen's family systems theory, from interactional communication theory, from general systems theory, and from Minuchin's structural theory to families will assist in understanding families as unique yet similar systems.

As nursing continues to expand its knowledge base through integration of nursing models with existing conceptual frameworks tested by research, nurses will become more prepared to deal with the complexities of family health care. Theorists across several disciplines have continued to describe similar phenomena in their observations of families. Nursing has been associated with family health care for a long time, and nurses are in a unique position to continue adding to the body of knowledge about family functioning through nursing research. Nursing can make significant contributions by further examining how families achieve and maintain wellness.

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