

Congruence Between Existing Theories of Family Functioning and Nursing Theories

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FAMILY THEORIES have largely been accepted "as is" by nursing practitioners and researchers. The implications regarding the use of these existing theories need to be evaluated both in terms of the syntax of the discipline and the future courses that wholesale adoption may dictate. This discussion examines the relationship between specific family theories and the nursing theories of King, Peplau, and Rogers.¹⁻³

RELATIONSHIPS AMONG THEORIES

According to Schwab, the knowledge base of a discipline may be divided into substantive and syntactical structures.⁴ The substantive knowledge of a discipline is mostly concerned with the proper subject of inquiry, and the syntactical knowledge is concerned with determining the acceptability of that subject base and the way in which the substantive knowledge is used.

0161-9268/80/0031-0059\$2.00
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Schwab further describes the long-term syntax of a discipline as the way in which the discipline synthesizes and examines the substantive knowledge. Thus, syntactically a discipline examines the subject area for adequacy of concepts, for identification of weaknesses, and for devising reformulations. Existing theories of family functioning have been developed primarily within the disciplines of sociology and psychology. These family theories are mostly midrange in level (more specific than grand theory but not to the level of specificity of microlevel theory, which is situation-prescribing and -producing). This is especially the case in sociology; the psychological theories of family function tend, in contrast, to be midrange to micro-level in nature.

Within these disciplines, family theories form a substantive knowledge base that is viewed from the context of each discipline. The discipline of nursing has largely adopted the existing theories of family functioning from sociology and psychology. The use of this theoretical base takes place across clinical areas of nursing.⁵⁻⁷ In general, these theories have not been viewed from the syntax of nursing theory.

This discussion is premised on the assumption that the discipline of nursing considers family functioning a proper subject of inquiry or a substantive knowledge base for nursing. Nursing conceptual frameworks, or theories, with their broad level of applicability, can be used as the theoretical umbrella or syntax by which existing theories of family functioning may be examined for adequacy as well as weakness, for the purposes of reformulation and revision. The consideration of

existing theories from a discipline other than nursing in light of nursing knowledge is supported by nursing theorists.

According to Fawcett, for an existing theoretical structure to be viewed as a nursing theory, that theory must first be evaluated and reformulated in terms of congruence and consistency with the central concepts of nursing theory (person, environment, health, and nursing).⁸ This is consistent with Hardy's position that because nursing draws upon biopsychosocial knowledge, it is free to draw upon knowledge developed by these disciplines; but nursing has an obligation to alter theories it draws upon to fit the problems associated with nursing.⁹ Ellis also addressed this issue when she discussed theories of, in, and for nursing.¹⁰ Existing theories used in nursing are to be examined in light of current nursing knowledge.

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Fawcett also makes the point that once reformulation of the major concepts of an existing theory has occurred, along with evaluation of the relational statements, the resultant formulations can be designated as nursing theory.⁸

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ing or -prescriptive. According to Fawcett, it is crucial that prescriptive theories borrowed from other fields be carefully scrutinized in terms of the basic concepts of nursing theory. The discussion here attempts to address this issue and move forward the scrutiny of borrowed family theory.

FAMILY FUNCTIONING THEORY

Theories of family functioning from the discipline of psychology appear to have the most applicability to nursing practice. Most sociological theories are deductive and midrange; in contrast, some psychological theories of family functioning are inductive and situation-prescribing. Psychological theories of family functioning thus tend to be more useful to nursing practice. Rather than discussing what is, psychological theories tend to prescribe what will be of assistance to a particular family. Because nursing as a discipline is concerned with caring, helping, and nurturing, lack of specificity in many a priori midrange sociological formulations leads to delay or impasse in utilization. Duffey and Muhlenkamp point out that the usefulness of theoretical structures is of prime importance in the evaluation of theories.¹¹ The psychologically based theories referred to here are those of the family theorists considered somewhat psychoanalytic in approach, such as Framo¹² and Boszormenyi-Nagy;¹³ those considered communicationist in approach, such as Haley,¹⁴ Satir,¹⁵ and Jackson;¹⁶ and those using a systems approach, such as Napier and Whitaker,¹⁷ and Minuchin et al.¹⁸ These theorists discuss specific ap-

proaches, interventions, and goals in dealing with family functioning.

NURSING THEORY

All nursing theories deal somewhat with four central concepts: person, environment, health, and nursing. Because nursing theories are generally at the broad conceptual framework level of theory development, for the purposes of this discussion nursing theory is considered to be the syntax of nursing.^{8,9} The nursing theories referred to are those of King, Peplau, and Rogers.¹⁻³

The syntax of nursing theory indicates the way to handle the four central concepts; the existing theory or substantive knowledge area can thus be viewed in terms of congruence and consistency with person, environment, health, and nursing. Given that existing theories do not discuss nursing as such, aspects of the nursing process which are addressed, such as goal and mode of intervention, can also be evaluated. It is important to note that the nursing theories vary in the way in which the central concepts are handled.

Most nursing theories define *person* in some holistic fashion. However, the way in which the term *holistic* is interpreted by nursing theorists varies; some believe that aspects of a person may be addressed separately, while others insist upon terms that handle only the whole person. Nursing theorists also consider environment in various field-figure arrangements, either as separate, as a unified entity with person, or as a somewhat unified entity.

The term *health* is also discussed in different ways by the nursing theorists.

Some describe the health-illness continuum; others discuss health in more holistic terms, such as optimum well-being. Both linear and holistic approaches to family health are represented in the existing theories of family functioning. Likewise, the concepts of person and environment are primarily handled in either a linear or holistic manner. The congruence between nursing theory and existing theories of family functioning forms the basis of the following discussion.

HOLISM AND LINEARITY

Maslow states that if one is to perceive holistically, then it is necessary to assess holistically or in some manner that considers the total and not the parts.¹⁹ In a discussion of reductionist tendencies, he says that "good knowers," or those who know not only through cognitive operations but also through the senses, do not split mind from body, but attempt to perceive the whole person.¹⁹ Once the Cartesian position that mind and body may be considered separately is accepted, it follows that the parts may be assessed separately. Maslow explains that the latter approach leads to reductionism, or the belief that a sum of the parts equals the whole.

Linear conceptualizations place person, health, or environment on a plane. The health-illness continuum is a familiar linear conceptualization. If the person is seen as progressing through time and space in such a fashion that past problems may be returned to and addressed, then the whole of the person is not perceived. Obviously, because no one gets younger, all persons progress through time and space. For this

linear conceptualization to remain consistent, the person is perceived separately from the environment of time and space. Therefore, the separatism of many linear models does not handle the concepts of person and environment as a whole.

When the conceptualization is such that problems may be returned to, addressed, and corrected, then for a while the time and space environment is ignored. The person is thus viewed as independent from the environmental field, and it is then possible to discuss the person adapting in a time-lag sequence to the environment. Problems of the environment can be addressed as separate from the person and vice versa.

The helper, who can be viewed as separate from the field, may "fix-up" the environment or the client separately, without joining the field. From this linear field-independent perspective, active participation of client with helper becomes questionable. In the world of strict linear formulations, the helper may be separate from the client, the client separate from the environment, and all on a continuum in which progression and retrogression are possible. This approach appears antithetical to Maslow's holistic approach. Because the whole person is generally considered the proper subject matter for nursing,^{1-3, 20} it is important to consider the implications of the use of linear concepts.

CONGRUENCE OF FAMILY FUNCTIONING AND NURSING THEORIES

Existing theories of family functioning primarily use holistic or linear approaches, view environment as separate or as a whole

with person, and address health as a linear continuum or as part of the whole of time and space. Minuchin et al classify theories of family functioning as primarily holistic or linear. Theories of family functioning are divided into three general types: psychoanalytic, communicationist, and systems.¹⁸ The Minuchin et al classification system is used to organize the following discussion.

Psychoanalytic Approach

In the commonly held psychoanalytic view, each of the family architects, the parents, brings into the present family unit needs formulated via the heritage of their early life experiences.¹² The parents, as individuals, are thus the prime unit of consideration. Early events in the lives of the parents are of prime importance; these early events must be addressed for there to be a change in the present family unit.¹³ This view considers personhood as deterministically foretold by prior events.

The type and magnitude of past events can determine the type of mate selected, the career chosen, and even the selection of friends. The psychoanalytic view is thus primarily a linear approach in which energy may be stopped (fixated), progress (be worked through), or even go backward (regression). The marriage partners are mostly seen as separate, in terms of influence from the present environmental field. The present family is clearly not the prime focus of intervention because resolution of present difficulties lies in the working through of past problems.

As in the classical psychoanalytic approach, theories of family functioning using this theory base consider the thera-

peutic relationship to be of prime importance. Because much of the problem is unconscious and therefore unavailable to the client, the client depends upon the helper to discover and work through past problems.

In this view the family is an aggregate of individuals with complementary needs. The question is not one of whole family unit versus individual interventions, but one of preeminence and a working out of symptoms of the most needy individual through the rest of the family members. Theories of family functioning that demonstrate this view begin with a working through of the "tension states" or underlying problems of the marital partners. Once these tensions are resolved, the family unit is expected to function well. Health is thus viewed as a working through of past difficulties so that it is no longer necessary to attempt to repetitively work through the past problems in to the present.

NURSING THEORY

Nursing theories congruent with the psychoanalytic view would consider person, environment, and health in some composite fashion—person as a biopsychosocial being with the psychological portion preeminent. Health is seen as a continuum with the possibility of assisting the client back to health through the interpersonal relationship. Because of past experiences, the client is unable to clearly discern problems and thus depends upon the nurse for clarification; the client is therefore less active. The helper assists each client to work through present problems that reflect past deficits. The goal and focus of the intervention is

insight developed via the interpersonal relationship.

Although there are some inconsistencies, Peplau's approach to nursing theory is generally congruent with the psychoanalytic approach to family functioning.² Peplau defines *person* as an organism that

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strives to reduce tension generated by needs and defines *nursing* as a significant interpersonal process. The person is viewed as a biopsychosocial being with emphasis upon the psychological aspects. This composite view of person is compatible with a linear view of tension reduction. The client responds to the nursing intervention, primarily the interpersonal relationship, with a reduction in tension. The tension is generated primarily from past needs. A notable incongruence between Peplau's approach and the psychoanalytic approach is that Peplau insists upon participation of the client in such things as mutual goal setting and action. The family is not addressed as a specific unit. This is considered consistent with Peplau's discussion of person as an individual striving to work through individual needs.

Communicationist Approach

Minuchin et al identify a second group of family theorists as communicationists, including Haley,¹⁴ Bateson,²¹ and Satir.¹⁵

Due to the theorizing of Harry Stack Sullivan, a shift in thinking took place, with interest focusing upon the pattern of signals by which information is transferred within dyads and triads.¹⁸ The communicationists emphasize present communication patterns in terms of pattern, sequence, and hierarchy, rather than the past nature of people.¹³ The person is perceived as actively involved in the present, not the past and the cause-effect influence of early relationships. The communicationists stress the ways in which the person interacts, not only in terms of parts but also the whole. The field within which the person functions becomes highlighted. The helper and client influence and become influenced by one another; the split between action and reaction becomes less with the concept that actions and reactions occur together in the same field. Persons interact with the environment in terms of patterns and cues. The unit of intervention thus changes from helper and individual client to helper uniting with the field, and in particular, the dyadic and triadic relationships in which the client is involved.¹⁵

The communicationist approach is viewed as an extension of the prior psychoanalytic view, from individual to interactional patterns among people. Double bind communication patterns, scapegoating processes, pseudomutualities and silencing strategies within the dyads or triads of the family are of prime importance. The locus of difficulty lies in transmission processes. Homeostasis considerations prevail as equilibrium concepts imply that equality of relationships is health. The goal becomes clarification of relationships among all people within the dyadic and triadic patterns. The helpers' authority is

subject to challenge, for as part of the field, the helper is an active participant in the communication sequences. The communicationist approach, emphasizing mutual action and reaction among people, may imply a time lag, thus suggesting linearity. However, the linearity is much less clear than in the psychoanalytic approach. The field is emphasized and field and person are treated as one.

NURSING THEORY

King's theory, which focuses on transactions within the dyad of nurse and client, is most consistent with the approach of the communicationists. King states that person (*man* in her terminology) is a reacting being with awareness of the environment.¹ The response or reaction is a comprehensive response of mind and body; the nurse and client work together toward a mutually acceptable goal. Health implies continuous adaptation to internal and external stresses. The relationship between nurse and client is prime. Although the environment is discussed as one with the individual, families are not specifically addressed. The therapeutic relationship is central and the person and nurse are viewed as part of the same field. Although King sometimes uses linear terms such as reaction and adaptation, the linearity of person is less clear than in psychoanalytic conceptualizations. As with the communicationists, King's model implies field dependence. The interpersonal orientation implies that the client and nurse are of the same field.

Systems Approach

The systems theories of family functioning emerged in the late 1950s and are

considered extensions of the communicationist approach. The unit of intervention in systems theory is a dramatic departure from previous theory. Not only is the family unit perceived holistically, but it must be analyzed and approached holistically, not reductively. No longer are subsystem dyads considered primary and sometimes seen alternatively. In the pure systems approach, the family is always seen together. Sometimes three and four generations are included in the approach, and all problems are handled in total family sessions. According to a systems framework, the family is a type of unitary living organism.¹⁸ The family is a living system relating to the systems of community, country, and universe. Just as one organ of the body relates to and is influenced by every other organ, the family system is influenced by internal subsystems as well as the larger community system. The family grows and changes, giving birth to new and different forms, just as an organism grows, changes, and reproduces. The family is a system in that it is a series of interrelated parts. Family rules govern the system and the individual's margin of choice. An important point is that family systems theorists generally imply a closed system perspective. Dysfunction or illness is defined as the closing down of the family system in much the same way as the closing down of the body's circulatory system is dysfunctional for the whole body. In terms of mode of intervention, the helper works with the system and becomes part of the system. By changing a key element of the system, not always the most negative portion, the total system changes and hopefully dysfunctions are alleviated.

NURSING THEORY

In terms of a nursing conceptual framework, Rogers is perhaps closest to the family systems approach.³ The greatest departure perhaps is that Rogers considers the person from an open rather than a closed systems perspective. The person is always open or in mutual, simultaneous interaction with the environment. As do family systems theorists, Rogers sees boundaries as more perceptual than real, everything is connected to everything else. According to both Rogers and the family systems theorists, pattern and organization characterize the system. Change in one portion of the system affects changes in the whole, and these changes create reverberations in the system in wavelike fashion.

The unit of intervention for both Rogers and family system theorists is the total *family system*. Both consider the fields of nurse and family environments as co-extensive and infinite energy fields. There is also congruence between the approaches of Rogers and family systems theory in terms of working within the system as opposed to external manipulation in a psychoanalytic sense. Health in Rogers's

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terms is a value judgment, because disease conditions are not entities by themselves but manifestations of the total pattern of the family system. The goal of nursing is

to promote a symphonic interaction between persons (subsystems of the family), the family system, and the environment. The focus is thus redirection of patterns and organization within the family.²²

Behaviorist Approach

The behaviorist approach to family is not discussed at length here because it is not well developed. However, compatible positions might be found between the behaviorist approaches to family and nursing theorists such as Roy who discuss adaptation.¹⁹ According to Minuchin et al, the behaviorist views the family as a unit to decondition individual behavior, producing certain signals that organize the patient's behavior. The person is considered as somewhat separate, not one with the field.¹⁸ Thus the unit of intervention is the individual. The behaviorist helper appears separate from the system. The view is one of person interacting with the environment to bring about an adopted state on the health-illness continuum. The linear causality focus of the behaviorist does not appear compatible with the communications or systems theorists who view person as part of total system or field.

IMPORTANCE OF THEORY
REFORMULATION

Reformulation of the theories of family functioning so as to achieve consistency with nursing approaches is important. With some of the theories of family functioning, such as the systems approach, reformulation in terms of nursing theory

may be readily achieved. The perspective, however, would be changed from a closed to an open systems perspective. In the case of the psychoanalytic approach, reformulation in terms of the nursing theory that requires client independence may not be as readily achieved. If nursing is to follow a holistic approach to person, environment, and health—and the major nursing theories would lead one to believe this is the direction with the most support—then linear conceptualizations in both existing

theories and nursing theories need to be evaluated. Newman states the true holistic approach is not to be confused with the summing of many facts, but with factors reflective of the whole.²² Reformulation of linear aspects may be necessary.

The important point is that the existing theory is to be examined for reformulation in terms of the nursing theory. In the past, the nursing approach was often reformulated for congruence with existing theories from other disciplines.

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