

## THE FAMILY CONSTELLATION IN PERSONALITY DIAGNOSIS

BERNARD H. SHULMAN, M. D.

*Chicago, Illinois*

While the family constellation is generally recognized as important in personality development, in personality diagnosis it has been stressed mostly by Adlerians. Dreikurs has described it as

a sociogram of the group at home during (the individual's) formative years. (It reveals his field of early experiences, the circumstances under which he developed his personal perspectives and biases, his concepts and convictions about himself and others, his fundamental attitudes, and his own approaches to life, which are the basis for his personality (4, p. 109).

The writer has been using in practice and teaching a list of questions by Dreikurs (4, pp. 110-112), an interview guide which provides a bird's-eye view of the personality in its nascent state, permitting still to see "the child in the man." Since students have frequently asked for elaboration regarding what one looks for in taking a family constellation and why, such elaboration is attempted in this present paper.

### UNDERLYING ASSUMPTIONS

Several important assumptions regarding the dynamics of the formative years are made in Adlerian therapy.

1. Personality is the result of *purposiveness*, of an active training on the part of the child—self-training—in traits he considers will be most useful to him. Without being aware of this, he will train "those qualities by which he hopes to achieve significance or even a degree of power and superiority in the family constellation" (3). Not that he necessarily considers these traits ideal, but he must come to terms with his limitations. For example, a girl may most desire to be strong and masculine, but may recognize the impossibility of achieving such a goal. She may then decide to train herself in certain traits of submission because these would serve her best, although they may still be contemptible in her private value system.

2. Personality is formed in *social relatedness*, the family being the first social group of the child. "In his efforts to play a part in group life (within his first group, his family), the child is guided by

the example of and his experiences with other members of the family . . . The influence is dynamic and not mechanistic" (5, p 5).

3. Personality is *phenomenologically determined*, that is, by the child's own perception of what he needs. In deciding what is needed, the child influences his future pattern of living, and may make the crucial mistakes that may later cripple his endeavors.

In summary, the purposive, socially related personality development depends on the child's perception of himself and others. His subsequent training takes place in line with the basic dynamic principle, namely, that man strives to move upward from a minus to a plus position.

#### ORDINAL POSITION

Adler seems to have been the first psychologist to point to the ordinal position in the family as a personality determinant (1). Here it must be emphasized: (a) Like all determinants in Adler's view, it provides only probabilities since the individual's response is always a creative act of self-determination. (b) Ordinal position is not to be taken literally, but in its context. "It is not the child's number in the order of successive births which influences his character, but the *situation* into which he is born and the way in which he interprets it" (2, p. 377). If the eldest is feeble-minded, the second may acquire the life style of an eldest child. If two children are born much later than the rest, the elder of these may develop like an eldest child.

Briefly, the various family positions have been described as follows. The *only child* is unique, he is weaker and smaller than his family, and need not share his prerogatives. The *eldest child* has been dethroned by a competitor but retains his position of being first. He thus will make an effort to remain first, unless he is surpassed and becomes discouraged, then giving up the struggle and accepting a role secondary to his rival. The *second child* (and each succeeding child) finds himself in the position of starting a race with a handicap. Characteristically he will feel the necessity to catch up to the rival who is ahead of him—again, unless he becomes discouraged. The *middle child* has neither the superior position of the eldest nor of the youngest. Characteristically, he feels squeezed, and either elbows his way to a more favorable spot, or is in danger of being squeezed out of competition. The *youngest child*, being last, may feel "not least" and try to overtake all the others. Or, if he is pampered, he may decide to remain a baby.

These are the five basic positions, and all others are variations, combinations, or permutations of these five. For example, a family of nine children may be divided into three groups of three. In a case where this actually occurred each child showed traits of his group and his position in the group; the patient was the 5th, or the middle child of the middle group and showed exaggerated middle-child characteristics.

The *favorite* has an undisputed place of prestige; he need struggle less to make his mark. He therefore conforms more easily and expects to be more acceptable than the other siblings. On the other hand, he may never learn to fight for his position, and he may become unable to face a situation in which he is not the favorite. The *non-favored* sibling may learn early to accept "second-best," or to depend on himself, without feeling discouraged by lack of deference of others.

#### PARENTAL INFLUENCES

It is a truism that parents exert a great influence on the child. They are his earliest and often his only models, from whom he chooses values, attitudes, and techniques. Parents are forces to be obeyed or defied, and models to be imitated or from which to turn away. Much of this takes place before the development of speech, without the child's awareness.

The parents' behavior generally sets the atmosphere of the home, i.e., whether it is peaceful or warlike; cheerful or depressing; marked by warmth, closeness and mutual involvement; or cold, distant and detached. Parents also encourage certain directions of behavior by allowing some of the children's techniques to be successful and others not. Some family values are common to the culture and can be found throughout the community, others vary from family to family.

Like ordinal position, parental influences by no means inevitably determine the child's behavior. "Nevertheless, children of the same family . . . show an inclination to similar behavior, developing characteristic values and moral concepts, especially when these are clearly defined and accepted by both parents" (5, p. 9). When the parents provide separate, or confused and contradictory examples, it is not easy for the child to decide what he is supposed to be. When there is marked conflict between the parents, the child may view this as a natural state of existence. He may take sides against one of the parents, or may decide to remove himself as much as possible from the conflict and withdraw or disown the family.

The behavior of the child always reflects some facet of the parents' attitudes and values, just as it reflects the child's own. One can assume that a power-drunk child has at least one parent to whom force and forcefulness have a high positive, or negative value. The child who fights his mother, has a mother who fights him. The child can be said to have "caught" from his mother the interest in opposing and in power.

If the grandparents were important, the child may choose to imitate one of them rather than a parent. If other persons live with the family "some of them may play a more important role for the patient's development than the parents" (4, p. 114). An extremely discouraged child may feel that he belongs only to his pet and companion, usually a dog.

#### FAMILY DYNAMICS

Infinite patterning between siblings and parents is possible. A first-born may pattern himself after the parent perceived as having the more desirable position (when there is a sharp enough division between the positions of the parents); he may become convinced that he cannot match the attainments of the desirable parent, and yet fruitlessly continue his attempts to do so; or he may give up and switch to another form of behavior. The second child may choose to imitate the other parent or those aspects of the dominant parent that the first-born has overlooked. Divergence in behavior between siblings is partly due to competition between them for a place in the sun; the second avoids the territory of the first and goes elsewhere to seek his fortune.

According to Dreikurs, personality traits are the children's responses to the power politics within the family group. "Similarities and differences . . . indicate alliance and competition" (5, p. 11). "The siblings who are most alike are the allies" (4, p. 113). Conversely, the siblings most different from each other are the main competitors, even though there may have been no open rivalry.

Dreikurs distinguishes between rivalry and competition, describing the first as an open contest, the second as having "a much deeper impact on each child leading to the development of opposite character traits . . . as each child seeks success where the other one fails" (5, p. 10). Competition develops mainly with the proximal sibling, the one who always had to be taken into account during the formative years.

Siblings who died very young may have had considerable influence on the patient's life; they may be responsible for parental anxiety about patient's health and survival, or they may represent an unbeatable rival, since nobody can compete successfully with a dead brother or sister. Sometimes a patient may have felt accused or responsible for a sibling's death, so that his whole childhood life was affected (4, p. 112).

Sometimes a child will carry his opposition to another family member so far that he cannot freely choose what he wants, but must wait until he knows what the other wants, so that he can oppose him. Opposition may be in the form of overt defiance, negativism, passivity, or overt attempts to please the opponent while secretly arranging to disappoint him.

However, differences need not indicate competition. It may be that the parents encouraged different traits in the different children. Or, in a family with one boy and one girl, differences may reflect how each accepts his sex role.

#### FAMILY CONSTELLATION INTERVIEW

To elicit information pertinent to the family constellation, Dreikurs, as mentioned initially, has devised an interview guide, following Adler's pattern. This is shown in essence in Table 1.

Not all items of this guide are pertinent in any one case. They need not be followed in any special order, nor should they be asked mechanically. Indeed, the patient's answers will often suggest other, further questions. Although all the information can be gathered in one interview, if needed, it is usually advisable to go more slowly so that the patient may think about the family constellation. The total time required is at the most two hours.

An important advantage of this technique is that it is conducive to objectivity on the part of the patient, and a good way to get him to talk about significant people in his life. If he tends to guard himself, he may do so less with these specific questions which require specific answers, especially since he seldom knows what they might signify in the total personality picture. Furthermore, defensive covering up is brought to light if the answers are inconsistent. Even if the patient cannot answer all questions, he can, if he tries, answer enough of them to permit the formulation of his family constellation. Some patients become more cooperative when told that the questions, concerned with childhood behavior as they are, have no current "moral" value.

The ratings (see Table 2) are not all to be taken at face value. The sibling who tries to please, for example, may alienate, because

TABLE I. FAMILY CONSTELLATION INTERVIEW GUIDE

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*Sibling sequence:* List all siblings in descending order, including the patient in his position. Give patient's age, and note for each sibling the plus or minus difference in years between him and patient. Include siblings now dead.

A. *Description of siblings:*

- |   |                                 |
|---|---------------------------------|
| 1. Who is most different from you<br>In what respect? | 3. What kind of child were you? |
| 2. Who is most like you?<br>In what respect?          | 4. Describe the other siblings. |

B. *Ratings of personality attributes:* Obtain a rating for each sibling, including the patient, for each of 21 attributes. Ask first for the extremes of each attribute and then where the other sibs fit in. The 21 attributes are given, in essence, in the left-hand column of Table 2, where they are shown with answers from an illustrative case.

C. *Sibling interrelationships:*

- |                                  |   |
|----------------------------------|---|
| 1. Who took care of whom?        | 4. Which two fought and argued<br>the most? |
| 2. Who played with whom?         | 5. Who was Father's favorite?               |
| 3. Who got along best with whom? | 6. Who was Mother's favorite?               |

D. *Description of parents:*

- 1-2. How old is your Father? Mother?
  - 3-4. What kind of person is your Father? Mother?
  - 5-6. Which of the children is most like Father, and in what way? Mother?
  7. What kind of relationship existed between your Father and Mother?
    - (a) Who was dominant, made decisions, etc.?
    - (b) Did they agree or disagree on methods of raising children?
    - (c) Did they quarrel openly? About what? How did these quarrels end?
    - (d) How did you feel about these quarrels? Whose side did you take?
  8. Which of the parents was more ambitious for the children, and in what way?
  9. Did any other persons (grandparent, uncle, aunt, roomer, etc.) live with the family? Describe them and your relationship to them.
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he tries to please in order to exploit. The rebellious child may use overt or covert techniques; if the patient cannot say who was most rebellious, ask, who got into most mischief. The most intelligent may not have gotten the best grades in school since good grades also imply willingness to work and cooperate. The hardest worker may not be the most helpful; he may work hard only on his own personal interests. The person whose behavior seems contradictory—conforming and rebellious, considerate and selfish—is a person of extremes, capable of using positive and negative, pro-social and antisocial ways of behaving according to whatever his perceptual system requires. He may conform if life pleases him, and rebel if it does not. It is not

generally known that certain traits which are not in themselves inferior can still function as organ inferiorities. Extreme good looks and superior intelligence, for example, may cause disturbances in the child's social adjustment and call forth compensatory tendencies. A similar problem may be found in a wealthy child among poor children.

The ratings are intended to show how the siblings found their areas of success and failure. The ratings also give a profile of the patient's position on each of these continua. This helps to give an idea of his status evaluation of himself in relation to the other siblings, and to show how consciously he feels inferior.

The present author has found the following additional questions useful: What is the father's occupation, the extent of his friendships and social participation, the time spent at home, his worldly success? A woman should always be asked if she ever wanted to be a boy, and about her reactions to the menarche and puberty. A man should be asked about doubts of his masculinity. One might ask about significant childhood illnesses, whether one sibling was excessively frail or sickly. Were there other stress situations such as death of a parent or sibling, birth of a sibling, any drastic change in familial environment? It is pertinent to know the family's economic situation and whether the family was a member of a minority group in the neighborhood.

#### A CASE

This case description follows the order of the Family Constellation Interview Guide (Table 1). The patient, Pearl, is a woman of 35 years. Her sibling sequence was: Mary (+5 years), Jack (+3 years), the patient, Richard (-1 year).

*A. Description of siblings.* Most different from Pearl was Richard, her chief competitor. He was active, aggressive, charming, wanted his own way. Pearl was more bashful and quiet. She was a good child and a good student, getting into little mischief. Mary, the eldest, was the bossiest, a forceful person who was also a good student. Jack was rebellious, fought with his father, and was not good in school. Note that Pearl's description, in answer to these open-ended questions, stresses the values of goodness, being good in school, and aggressiveness.

*B. Ratings of personality attributes.* Shown in Table 2.

TABLE 2. PEARL'S RATINGS OF HERSELF AND HER THREE SIBLINGS REGARDING THE 21 ATTRIBUTES OF SECTION B OF THE FAMILY CONSTELLATION INTERVIEW GUIDE (TABLE 1)

Attributes	Siblings in sequence, and their ages relative to patient's age			
	Mary +5 yrs.	Jack +3 yrs.	Pearl	Richard -1 yr.
1. Intelligence	All seemed equally intelligent			
2. Work attitude	Hard worker	Preferred to take it easy	Hard worker	Can work hard when he wants to
3. School grades	Best grades	Poor grades	Good grades	Fair grades
4. Helping around house	Helped	Tried to avoid chores	Most helpful	Least helpful
5, 6. Conformity, rebellion	Generally conforming	Most rebellious toward Father, ran away from home several times	Most conforming	Did what he wanted and got away with it through his charm
7. Trying to please and its effectiveness	Pleased, because knew how to do what parents wanted	Only tried to please his friends	Tried to please the hardest but was less successful than Mary & Richard	Pleased the most because of charm
8. Criticism, judgemental attitudes	Openly critical of other siblings	Rebelled, but did not openly criticize	Often felt critical but did not voice this	Not critical
9, 10. Considerateness, selfishness		Selfish at home, not with friends	Most considerate	Most selfish
11. Having own way	Parents let her have her way, respecting her ability and judgement	Tried, but did not get his way because he antagonized Father	Tried to obey rather than have own way	Had his way the most, could get away with things



12. Sensitivity, easily hurt	Not sensitive, the most persuasive arguer, would try to prove she was right	Belligerent and defensive, would argue he was unfairly treated	Most sensitive and easily hurt, would sulk and cry when she felt unappreciated	Happy-go-lucky
13. Temper tantrums		The only one with tantrums		
14. Sense of humor	A serious person	Good sense of humor	Always unhappy and tense, but covered it up	Good sense of humor
15, 16. Idealism, materialism	Practical, yet idealistic	Materialistic	Most idealistic	Materialistic, always wanted more
17. Standards, aspirations (for achievement, behavior, morals, etc.)	Highest intellectual achievement and ambitions	Seemed unambitious and with lowest standards	Highest moral standards, most interested in "proper" behavior	Low morals, but could get things done
18. Physical and sex-linked attributes	Not athletic, not so interested in her appearance, most assertive verbally	Best athlete, good at mechanical activities, strongest, good fighter, most masculine	Not athletic, not pretty, best dresser, most feminine, most shy	Best looking, good athlete
19. Maintaining friendships	Few but close friends	Many friends, but Father did not like them	Some friends, tried to like everybody	Most friends, most popular, a leader and organizer, socially aggressive
20, 21. Being parental favorite, reject	Father's favorite	Most punished by Father	Favorite of neither, felt closer to Mother	Most spoiled by Mother, Mother's favorite

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C. *Sibling interrelationships.* No one took care of any other. They all played together. Pearl got along the best with Jack though she disapproved of his behavior. She could not feel close to Mary who was so critical. Neither did she feel close to Richard; perhaps she resented that Mother spoiled him.

D. *Description of parents.* Father had an explosive temper, but has now become more mellow. He wants his own way and has strong ideas about how children should behave. He is a hard worker who tried to provide well for his children. Mary knew how to please him; they shared some intellectual interests. Pearl tried to please Father, but was afraid of him and could not feel close to him.

Mother was warm, could not hold a grudge, got stepped on by her friends, tried to please, was never strict, and seldom punished. Pearl was most like Mother. While Jack was like Father in temper, Mary was like him in seriousness and intellectual interests. Richard wanted his own way like Father.

Father was dominant, though he shared decisions with Mother. Mother thought Father was too hard on Jack, but Father couldn't stand being talked back to. They seldom quarreled, Mother usually tried to please Father. Father seemed more ambitious for the children.

#### INTERPRETATION

*Personality development.* The answers to the above questions give us the following picture: Pearl is the third of four children with an older sister and brother and a younger brother. The eldest, Mary, achieved a dominant role in the family and retained it through her assertiveness, conformity, intellectual achievements, and ability to please and persuade the parents, especially the dominant father. Jack, the second, apparently felt unable to compete with Mary on her chosen ground, and tried to assert himself in more forceful and negative ways. These tactics did not work, and Jack became increasingly discouraged, probably feeling he had no place at home and was more accepted among his friends. Whereas Mary was either willing to please the parents or win them over with persuasion, Jack only complained about them and opposed them. He, however, could feel successful outside the house by reason of his physical and mechanical prowess.

Pearl was impressed by Mary's success and Jack's failure. Therefore she tended to imitate Mary and avoid displaying behavior

that got Jack into trouble. However, not feeling able to achieve Mary's success, she stressed conforming and submissive traits, becoming the most obedient, most helpful, and most proper. This is a direction frequently chosen by the person who hopes that his "goodness" will win him a favored position. Pearl's choice of this direction was also influenced by the apparently unpleasant consequences of "badness" as seen in Jack.

Richard and his success as a carefree, selfish favorite discouraged Pearl. In spite of her virtue, she was not as successful as either Mary or Richard; she was "squeezed" between them and felt like a loser. Dreading the consequences of open rebellion and committed to "proper" behavior, she maintained an outer conformity while training herself to be sensitive to unfairness. In her pessimism, her sensitivity became her chief tool of rebellion, and by her suffering and her virtue she felt elevated into the role of a martyr.

Richard, as the youngest and mother's favorite, probably never felt the obligation to be virtuous as Pearl did. He used charm, sociability, and assertiveness to find his place, and seemed confident that he had a right to do as he pleased. He was successful where Jack had failed.

Thus, each child excelled in a different area: Mary in the intellectual area and in her ability to win respect; Jack in the so-called masculine area of physical prowess; Pearl in the area of idealism and virtuous behavior; and Richard in social leadership and doing as he pleased.

The guiding lines suggested to the children by the example of the parents were that women are expected to be good and helpful, while men are expected to want their own way. Mary somewhat imitated the dominant father; Jack used the father's own weapons of force and temper and got into a contest with him; Pearl avoided Jack's problem by becoming obedient; while Richard avoided it with charm. Both middle children were "squeezed" by the oldest and youngest who found more successful techniques.

The patient imitated the good, sweet mother, and equated femininity with goodness and submissiveness. She felt, however, that all her efforts got her nowhere, and she rebelled inwardly, through unhappiness and sensitivity.

*Current situation.* The patient is married, a housewife, and the mother of an 11-year old son. The husband is a hard-working business man, moderately successful. She feels that the marital relationship

is good, but wishes that her husband would give her more sympathy and support in her endeavors to influence the son. While her husband is protective of her, he is also critical of her attitude toward the son, saying, "boys will be boys." The son is a weak student, not helpful around the house, wants his own way and, though he can be charming, is often rude to his mother. She wants him to behave better, be a better student, and "love his mother more."

What light does the analysis of the family constellation throw on the patient's present situation? She came for treatment because she was suffering from a depressive reaction precipitated by difficulty in controlling her son. In an attempt to help her son more, she had consulted several child-guidance agencies. There her own role in her son's misbehavior was pointed out to her. Her sacrificing nature and desire to be good, which had previously given her self-esteem, now became faults. Instead of a good mother, she now felt herself a bad mother. Thus she became severely depressed and sought psychiatric help for herself.

She had always felt that it was a difficult job to raise her son because he was so demanding. But partly, she expected trouble anyway, because she had acquired the belief that it was the lot of a woman to suffer and to sacrifice. Partly, she found her own sense of importance through being a sacrificer, and thus was not able to stop indulging the child. Furthermore, her son reminded her of her younger brother, Richard, who had generally done what he wanted and gotten his own way. Through being defiant, demanding, abusive and critical of her, her son reminded her also of her older brother, Jack.

The perfectionistic moral standards that she developed during childhood were still with her. She still felt she had to be "good," although she really did not expect her virtue to bring any reward other than that of martyrdom. However, she had thought of herself as a person who suffered in a good cause. Now, her role as a good person was threatened by the difficulties in her relationship with her son, and this threat was too much for her to bear. She could not face the idea that her son's difficulties might be caused by her failure. She responded by suffering from herself, becoming the chief victim of her own defect. As in her childhood, the patient saw no choice but to be virtuous and sit in judgment on the unfairness of life through her sensitivity and silent criticism. By being depressed and unhappy she was now atoning for her "badness" as a mother.

Psychotherapy with Pearl would include teaching her to see her

mistaken use of sensitivity as a device for finding fault with life, and her mistaken idea that nothing she can do will offer her a chance to find a place. She needs to see that her over-concern with goodness has probably aggravated her son's provocation and defiant behavior; he "shows her up as a bad mother" perhaps in rebellion against her excessively high standards of propriety. She also needs to see that all her outward conformity conceals an inner rebellion and antagonism and that she too (like most depressed patients) wants her own way and silently loses her temper and sulks when her idealistic standards are not met.

#### SUMMARY

Individual Psychologists see personality development as a purposive, socially related, phenomenologically determined process. They see the individual's family constellation as a most important environmental influence. A Family Constellation Interview Guide, questioning the subject about his parents and siblings, and calling for his rating of himself and his siblings in essential respects, is presented, discussed, and illustrated by a case. It reveals the subjectively perceived early environment and the individual's choice of reactions to it. It gives an historical illumination of the patient's present values and techniques, opinion of himself and others—in short, of his style of life—in less time and more easily than any other diagnostic tool with which the writer is acquainted.

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