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Genograms: Assessment and Intervention
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Genograms: Mapping Family Systems

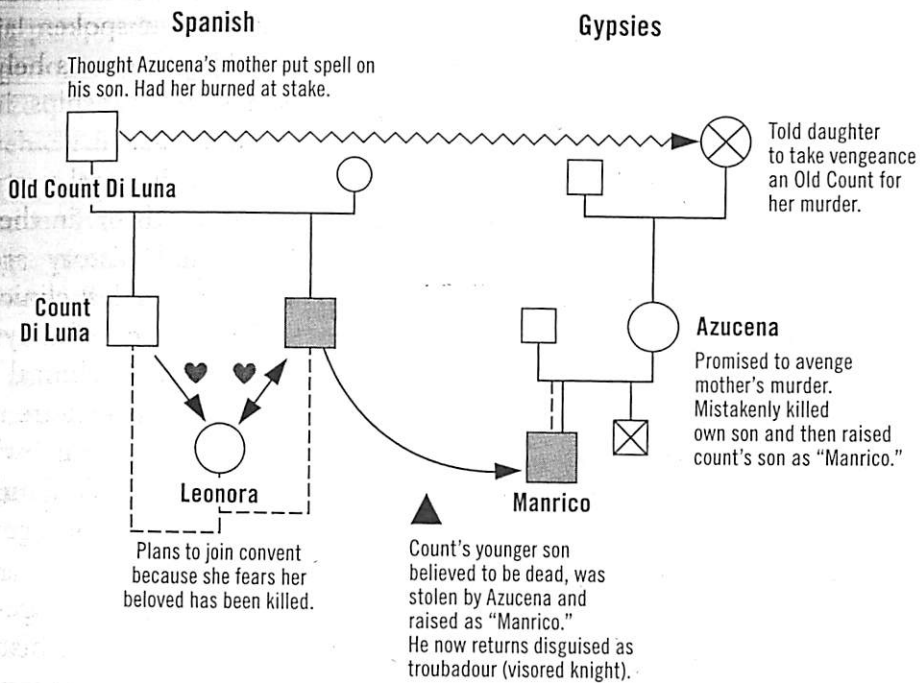
THE GENOGRAM HAS BEEN ESTABLISHED as a practical framework for understanding family patterns. The purpose of this book is to explicate the practical, theoretical, graphic, and clinical uses of the genogram and its potential for research. The standardized genogram format is becoming a common language for tracking family history and relationships (see the key printed on the inside front cover of this book). Despite the widespread use of genograms by family therapists, family physicians, and other healthcare providers, there was no generally agreed-upon format for genograms prior to the first edition of this book in 1985. Even among clinicians with similar theoretical orientations, there was only a loose consensus about what specific information to seek, how to record it, and what it all meant. The standardized genogram format used in this book was worked out in the early 1980s by a committee of leading proponents of genograms from family therapy and family medicine, including such key people as Murray Bowen, Jack Froom, and Jack Medalie. They became part of a committee organized by the North American Primary Care Research Group to define the most practical genogram symbols and agree on a standardized format. Since the format was originally published in 1985, there have been a number of modifications recommended by different groups around the world. We see the format included in this edition as a work in progress, as expanded use of genograms will undoubtedly extend the format further. For example, computers have led us to begin development of standard color coding for names, location, occupation, illnesses, and so on. The symbols will surely be further modified in the future just as they have been modified over the past four decades.

Genograms record information about family members and their relationships over at least three generations. They display family information graphically in a way that provides a quick gestalt of complex family patterns; as such they are a rich source of hypotheses about how clinical problems evolve in the context of the family over time.

In addition to presenting this standardized format, *Genograms: Assessment and Intervention* describes the interpretive principles upon which genograms are based, as well as possibilities for software, which can record genogram information and store it for retrieval for research purposes. In addition, the book outlines the application of genograms in many clinical areas. The genogram guidelines presented here have been developed over the past several decades in collaboration with many colleagues. These guidelines are still evolving, as our thinking about families in context progresses. This third edition defines even more of the symbols and conventions that make genograms the best shorthand language for summarizing family information and describing family patterns.

Genograms appeal to clinicians because they are tangible, graphic representations of complex family patterns. The need for such maps has reached such a point that the Salzburg Music Festival recently offered a kind of genogram to follow the family relationships of a Mozart opera (Oestreich, 2006). Had they known about genograms, of course, they could have done an even better graphic, such as the one we did for one of the most complicated opera plots ever, *Il Trovatore* (Figure 1.1)!

In this case, the Old Count Di Luna, thinking a gypsy had bewitched his younger son, had her burned at the stake. The gypsy made her daughter promise vengeance. The daughter, Azucena, meant to kill the Count's son but accidentally killed her own son and then raised the count's son as her own. The son grew up to become a troubadour and knight who fell in love with a young woman, Leonora, who was being pursued by his older brother, Count Di Luna the younger. In this genogram we have shown the son of the old Count Di Luna in all his incarnations (the apparently dead son of the count, adopted son of Azucena, and troubadour lover of Leonora). By the end of the opera, of course, all is revealed and the three personages are recognized as one.

Figure 1.1 Verdi's *Il Trovatore*

Genograms allow you to map the family structure clearly and to note and update the map of family patterns of relationships and functioning as they emerge. For a clinical record, the genogram provides an efficient summary, allowing a person unfamiliar with a case to grasp quickly a huge amount of information about a family and to scan for potential problems and resources. Whereas notes written in a chart or questionnaire may become lost in a record, genogram information is immediately recognizable and can be added to and corrected at each clinical visit as one learns more about a family. Genograms can be created for any moment in the family's history, showing the ages and relationships of that moment to better understand family patterns as they evolve through time. Soon software will allow clinicians to track the family's timeline or chronology—to follow the details of key developments in relationships, health, and so on over the entire life cycle of the family.

Genograms make it easier for us to keep in mind the complexity of a family's context, including family history, patterns, and events that may have ongoing significance for patient care. Just as our spoken language potentiates and organizes our thought processes, genograms help clinicians think systemically about how events and relationships in their clients' lives are related to patterns of health and illness.

Gathering genogram information should be an integral part of any comprehensive clinical assessment, if only to know who is in the family and what the facts of their current situation and history are. The genogram is primarily an interpretive tool that enables clinicians to generate tentative hypotheses for further evaluation in a family assessment. It cannot be used in a cookbook fashion to make clinical predictions. But it can sensitize clinicians to systemic issues, which are relevant to current dysfunction and to sources of resilience. Software will soon make it possible to study the genogram patterns of multiple families and to compare and contrast the profiles of all the cases in one's genogram database.

Thanks to the mind-boggling new field of genetic genealogy (Harmon, 2006), we all suddenly have access to our genetic histories in ways no one ever imagined possible, and we are just at the beginning of a whole new set of possibilities for learning about our family and cultural heritage—from our connection to Genghis Kahn or Marie Antoinette to the realities of our cultural and racial heritage, which may be deeply hidden by family lore. Being able to map out our family tree with the aid of computers is the only way we will be able to incorporate the complexities we are coming to know about our heritage, and this is absolutely the route for studying family patterns of relationship, functioning, and illness. Computers are the future of genograms!

Typically, the genogram is constructed from information gathered during the first meeting with a client/patient and revised as new information becomes available. The initial assessment forms the basis for treatment. It is important to emphasize, however, that clinicians typically do not compartmentalize assessment and treatment. Each interaction of the clinician with a family member informs the assessment and thus influences the next intervention.

Genograms help a clinician get to know a family. They thus become an important way of "joining" with families in therapy. By creating a systemic perspective that helps to track family issues through space and time, genograms enable an interviewer to reframe, detoxify, and normalize emotion-laden issues. Also, the genogram interview provides a ready vehicle for systemic questioning, which, in addition to providing information for the clinician, begins to orient clients to a systemic perspective. The genogram helps both the clinician and the family to see the "larger picture"—that is, to view problems in their current and historical context. Structural, relational, and functional information about a family can be viewed on a genogram both horizontally across the family context and vertically through the generations.

Scanning the breadth of the current family context allows the clinician to assess the connectedness of the immediate members of the family to one another, as well as to the broader system—the extended family, friends, community, society, and culture—and to evaluate the family's strengths and vulnerabilities in relation to the overall situation. Consequently, we include on the genogram the immediate and extended family members, as well as significant nonblood "kin" who have lived with or played a major role in the family's life. We also note relevant events (moves, life cycle changes) and problems (illness, dysfunction). Current behavior and problems of family members can be traced on the genogram from multiple perspectives. The index person (the "IP" or person with the problem or symptom) may be viewed in the context of various subsystems, such as siblings, triangles, and reciprocal relationships, or in relation to the broader community, social institutions (schools, courts, etc.), and socio-cultural context. And soon, we will be able to explore an entire database of genograms for particular patterns: genetic patterns, illnesses, gender and sibling patterns of functioning, the likelihood of triangles in which one parent is close and the other is distant, loss or trauma in previous generations, correlations between various symptom constellations, and so forth.

By scanning the family system historically and assessing previous life cycle transitions, clinicians can place present issues in the context of the family's evolutionary patterns. The genogram usually includes at least

three generations of family members, as well as nodal and critical events in the family's history, particularly in relation to the life cycle. When family members are questioned about the present situation with regard to the themes, myths, rules, and emotionally charged issues of previous generations, repetitive patterns often become clear. Genograms "let the calendar speak" by suggesting possible connections between family events over time. Patterns of previous illness and earlier shifts in family relationships brought about through loss and other critical life changes, which alter family structure and other patterns, can easily be noted on the genogram. Computerized genograms will enable us to explore specific family patterns and symptom constellations. All this provides a framework for hypothesizing about what may be currently influencing a crisis in a particular family. In conjunction with genograms, we usually include a family chronology, which depicts the family history in chronological order. A computerized program for gathering and mapping genogram information with a database will make it a lot easier for the clinician to track family history, because a chronology will be able to show events for any particular moment in the family's history.

Genogram applications range from simply depicting the basic demographic information about a family, which can be done in a 15-minute medical or nursing interview (Wright & Leahey, 1999), to multigenerational mapping of the family emotional system using a Bowen framework (see bibliographic section on Assessment, Genograms, and Systems Theory), to systemic hypothesizing for strategic interventions, to developing "projective" hypotheses about the workings of the unconscious from genogram interviews. Some have suggested modifications of the genogram format (see bibliography section on Genogram Variations and Sociograms), such as Friedman, Rohrbaugh, and Krakauer's (1988) "time-line" genogram, Watts Jones's (1998) genogram to depict the "functional" family, Friesen and Manitt's (1991) attachment diagrams, Burke and Faber's (1997) genogrid to depict the networks of lesbian families, or spiritual/religious genograms (see bibliography section on Spiritual Genograms). Some clinicians have stressed the usefulness of genograms for working with families at various life cycle stages (see Chapter 8 and bibliography on Family Life Cycle), for keeping track of complex rela-

tional configurations seen in remarried families (see bibliography on Divorce and Remarriage), for engaging and keeping track of complex, culturally diverse families (see Culture and Race section of bibliography), for exploring specific issues such as sexuality and the sexual history of the family with sexual genograms (Hof & Berman, 1986; McGoldrick, Loonan, & Wolsifer, 2006), and for making family interventions, as with family play genograms (see Chapter 10). Some have even used genograms as the basis for teaching illiterate adults to read, interviewing them about their genograms, transcribing their stories, and then teaching them to read their own narratives (Darkenwald & Silvestri, 1992). Others have used work and career genograms to facilitate career decisions (Gibson, 2005; Moon, Coleman, McCollum, Nelson, & Jensen-Scott, 1993) or to illustrate organizations such as a medical practice (McIlvain, Crabtree, Medder, Strange, & Miller, 1998). Some have creatively expanded the genogram concept with what they call a gendergram, which maps gender relationships over the life cycle (White & Tyson-Rawson, 1995).

The genogram has been used to elicit family narratives and expand cultural stories (Congress, 1994; Hardy & Laszloffy, 1995; McGill, 1992; Sherman, 1990; Thomas, 1998), to identify therapeutic strategies such as reframing and detoxifying family legacies (Gewirtzman, 1988), in solution-focused therapy (Zide & Gray, 2000), as validation for children growing up in child welfare and multiple homes and family constellations (Altshuler, 1999; McGoldrick & Colon, 2000; McMillen & Groze, 1994), to discover families' strengths and unique responses to problems (Kuehl, 1995), and to work with particular populations, such as children (Fink, Kramer, Weaver, & Anderson, 1993), the elderly, and couples in premarital counseling (Shellenberger, Watkins-Couch, & Drake, 1989). Many of these authors have called for more research using genograms. For example, Ingersoll-Dayton and Arndt (1990) have written persuasively about the research potential of genograms for gerontological social workers assessing and intervening with older adults or for professionals supporting caregivers of the elderly who are feeling burdened with their role. Makungu Akinyela uses genograms to teach an African-American Family course in the department of African-American Studies at Georgia State University in Atlanta. In this course students track their own family

histories and place them in conversation with research literature on policy, history, migration, and cultural development of African-American families. In taking this approach, students are able to see the connection between scholarly research and their own families' lived experience.

In recent years much of the literature on genograms has focused on expanding their meaning to include the larger context, although the graphics of these expanded genograms have generally not been well developed. There has been much attention given to the "cultural genogram," referring to specific focus on the cultural aspects of a family's history, and to the religious or spiritual genogram, which focuses on a family's religious history and specific ways that religion and spirituality play out in family patterns. A whole book has been written on "community genograms," although the graphics do not resemble genograms and do not depict the three-generational family map as a basic context (Rigazio-DiGilio, Ivey, Kunkler-Peck, & Grady, 2005). Difficulty depicting expanded genograms flows from the problems in showing multiple dimensions on one genogram graphic, reflecting the age-old problem that diagram graphics always involve a tradeoff between the amount of information included and the clarity of the graphic. We will discuss some of these issues with the hope that in the future we will find creative ways to show and track expanded genogram information. We will try to at least stimulate discussion about how these issues can become visually depicted on genogram graphics. Of course, computer genograms attached to a database will have many more possibilities for depicting specific issues one or two at a time, or for making different graphics for different moments in family history.

It is worth noting that some family therapists (such as Haley, Minuchin, and White) have actually eschewed the use of genograms. Haley, for example, often said he did not believe in ghosts. However, although structural and strategic family therapists such as Minuchin, Watzlawick, Weakland, and Sluzki have not used genograms in their approaches, preferring to focus on the relationships in the immediate family, even they share a concern about hierarchical structures, particularly coalitions where generational boundaries are crossed. Michael White (2006) suggested that gathering genogram information is problematic

because it “privileges” certain family of origin experiences over other relationships, which may disqualify or fail to honor these other people. On the other hand, he and the others in the narrative therapy movement have conveyed strong interest in the histories of members of society who have been marginalized. We believe that it is precisely this aspect—articulating historical patterns—that is one of the magical aspects of genograms. They can reveal aspects of the family that have been hidden from family members—secrets of their history. Such revelations help families understand their current dilemmas and provide future solutions. Indeed, one of the most exciting aspects of genograms is the way they lead families beyond the one-dimensional linear perspectives that have so often characterized psychological explanations. They actually teach people to think systemically, because, as soon as family members and clinicians notice one pattern, their vision is expanded by seeing other patterns as well. The very richness of the genogram graphic itself facilitates noticing more than one pattern at a time.

Family Medicine

It was family physicians who first developed the use of genograms to record and track family medical history efficiently and reliably (see bibliography section on Healthcare, Medicine, Nursing, Stress, and Illness; Campbell, McDaniel, Cole-Kelly, Hepworth & Lorenz, 2002; Jolly, Froom, & Rosen, 1980; Medalie, 1978; Mullins & Christie-Seely, 1984; Olsen, Dudley-Brown, & McMullen, 2004; Rakel, 1977; Rogers, Durkin, & Kelly, 1985; Rogers & Holloway, 1990; Sloan, Slatt, Curtis, & Ebell, 1998; Taylor, David, Johnson, Phillips, & Scherger, 1998; Tomson, 1985; Wimbush & Peters, 2000; Wright & Leahey, 1999, 2000; Zide & Gray, 2000). It was also family physicians who first proposed the standardization of genogram symbols (Jolly et al., 1980). Crouch (1986), one of the most influential family physicians in the promotion of genograms, was also one of the first in medicine to write about the value of working with one's own family for the sake of professional development, an approach that has been widely promoted by Bowen and his followers for many years (see bibliography on Coaching).

Within the field of medicine there has been much effort to incorporate genograms as a basic assessment tool. Scherger (2005) has written a call to arms about the current crisis in family medicine and the need to redesign the field to allow family physicians to offer truly family-oriented care, for which attention to genogram information could be a major part. He argues powerfully for using new information technologies to help track and deal with families in a contextual way as the only serious possibility for providing appropriate care to families in our society. First, however, we will have to develop the technology to address families systemically and train physicians to use it, if they are not to be overwhelmed by the morass of paperwork and insurance industry-driven services. In a classic article in the *Journal of the American Medical Association*, Rainsford and Schuman (1981) wrote about the importance of genograms and family chronologies especially for tracking complex, stress-ridden cases, which often require the most attention from the healthcare system. They offered an example of a multiproblem family, such as many that show up at every entry point of the healthcare system, in social service agencies, schools, and in the criminal justice system. It makes eminent sense to have clear and comprehensive ways of tracking the patterns of such families, as they can be a tremendous drain on any system. The authors showed the family members' stressful events and clinic visits over a 7-year period, illustrating the importance of the physician's having a longitudinal picture of all family members together in order to understand a single member's visit at a particular point in time. Genograms could allow clinics to track doctor visits in relation to other family stresses, not just for one patient, but for all other family members as well. With such mapping included in every assessment, it would be a great deal easier to see when extra resources are needed to prevent the ongoing ripples of serious dysfunction.

It is also important to show the context around the biological and legal family in order to understand a family in context. Figure 1.2 illustrates the informal kinship network of friends that has surrounded my own (MM) immediate family.

These are people, some long dead and some in my daily life, who live in my heart. They are people who could offer a loan, help out my husband

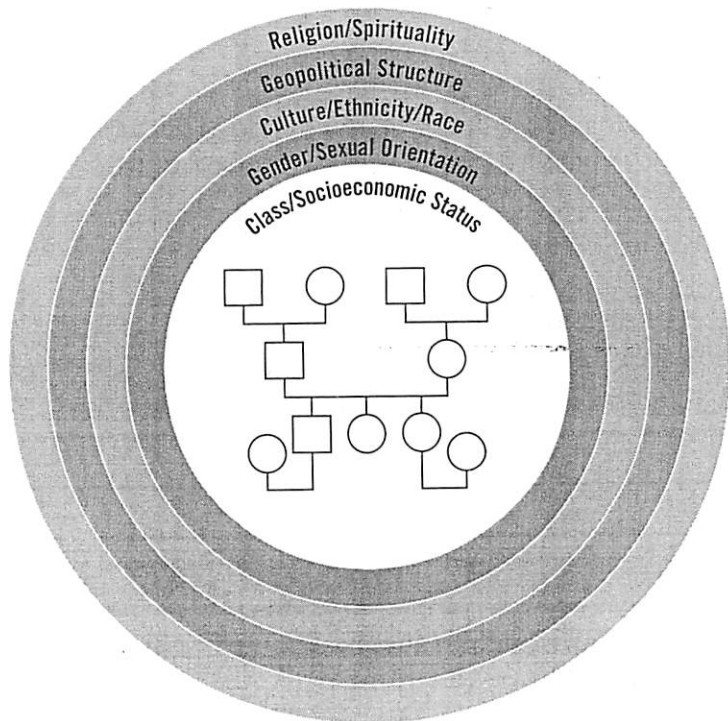
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or son, or give me strength and courage if I were in a crisis. Genograms need to show not just the biological and legal members of a family, but also the network of friends and community essential for understanding the family. This includes current relationships as well as the relationships that came before and live in the person's heart, giving hope and inspiration in times of distress. It is this kinship network, not just the biological relatives and not just those who are alive now, that is relevant in developing an understanding of clients and their possible resources. Such genograms are an important part of illustrating in greater depth the context around the immediate family.

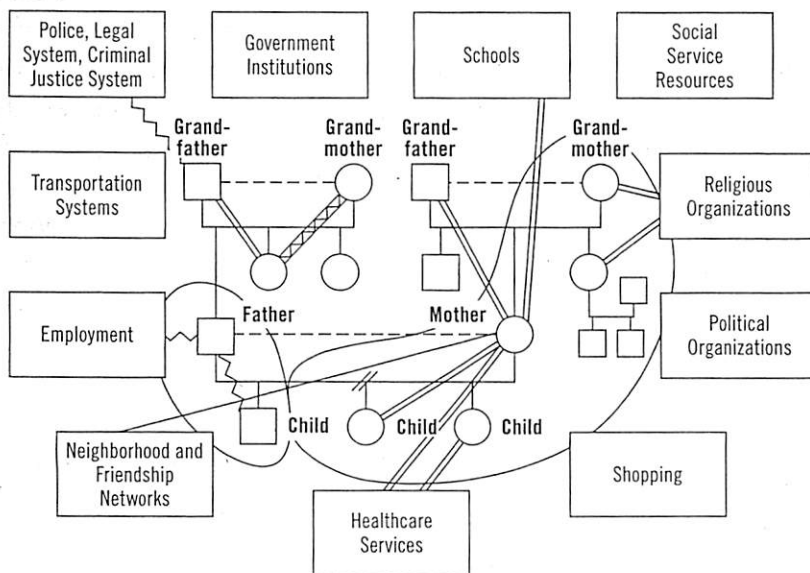
Figure 1.3 illustrates the fact that family genogram history always evolves in the context of larger societal structures—cultural, political, religious, spiritual, socioeconomic, gender, racial, and ethnic—which organize each member of a society into a particular social location.

Figure 1.3 The Genogram in Multiple Contexts



It is important always to think of the genogram in its broader context. At times we actually define the resources and institutions of the community to highlight families' access or lack of access to community resources (Figure 1.4). Many have been attempting to expand genograms to take these larger social structures into account in understanding genogram patterns. Some have tried to map the community or historical connections of national and cultural patterns, for example, using a genogram to illustrate the multigenerational, step-sibling and half-sibling relationships involved in the reunification of Germany, including "Uncle Sam" and "Mother Russia" to illustrate the multigenerational international connections that may impinge on the "sibling" relationships of East and West Germans today (Scharwiess, 1994). Rigazio-DiGilio and colleagues (2005) have suggested ways to depict the larger temporal and contextual community. These maps resemble ecomaps, illustrating around each person in a spherical grid various events and situations that have come to shape clients' experiences over time. Although they are not really genograms in that they are not family maps, they do attempt to depict aspects of the context within which people live. We look forward to the continued evolution of genograms to enable us to better illustrate the larger cultural levels along with the specific individual and kinship dimensions of family patterns.

Figure 1.4 Genogram Within Community Context



A Family Systems Perspective

A systemic perspective guides clinicians in using genograms for clinical assessment and intervention. This perspective views family members as inextricably intertwined in their lives and in death, and views all members of society as ultimately interconnected. Neither people, nor their problems, nor the solutions to their problems, exist in a vacuum. As Paolo Freire (1994, p. 31) has said, "No one goes anywhere alone, even those who arrive physically alone. . . . We carry with us the memory of many fabrics, a self soaked in our history and our culture."

All are inextricably interwoven into broader interactional systems, the most fundamental of which is the family. The family is the primary and, except in rare instances, most powerful system to which we humans ever belong. In this framework, "family" consists of the entire kinship network of at least three generations, both as it currently exists and as it has evolved through time (Carter & McGoldrick, 2005). Family is, by our definition, those who are tied together through their common biological, legal, cultural, and emotional history and by their implied future together. The physical, social, and emotional functioning of family members is profoundly interdependent, with changes in one part of the system reverberating in other parts. In addition, family interactions and relationships tend to be highly reciprocal, patterned, and repetitive. It is these patterns that allow us to make tentative predictions from the genogram.

A basic assumption here is that symptoms reflect a system's adaptation to its total context at a given moment in time. The adaptive efforts of members of the system reverberate throughout its many levels, from the biological to the intrapsychic to the interpersonal (i.e., immediate and extended family, community, culture, and beyond). Also, family behaviors, including problems and symptoms, derive further emotional and normative meaning in relation to both the sociocultural and historical context of the family. Thus, a systemic perspective involves assessing the problem on the basis of these multiple levels.

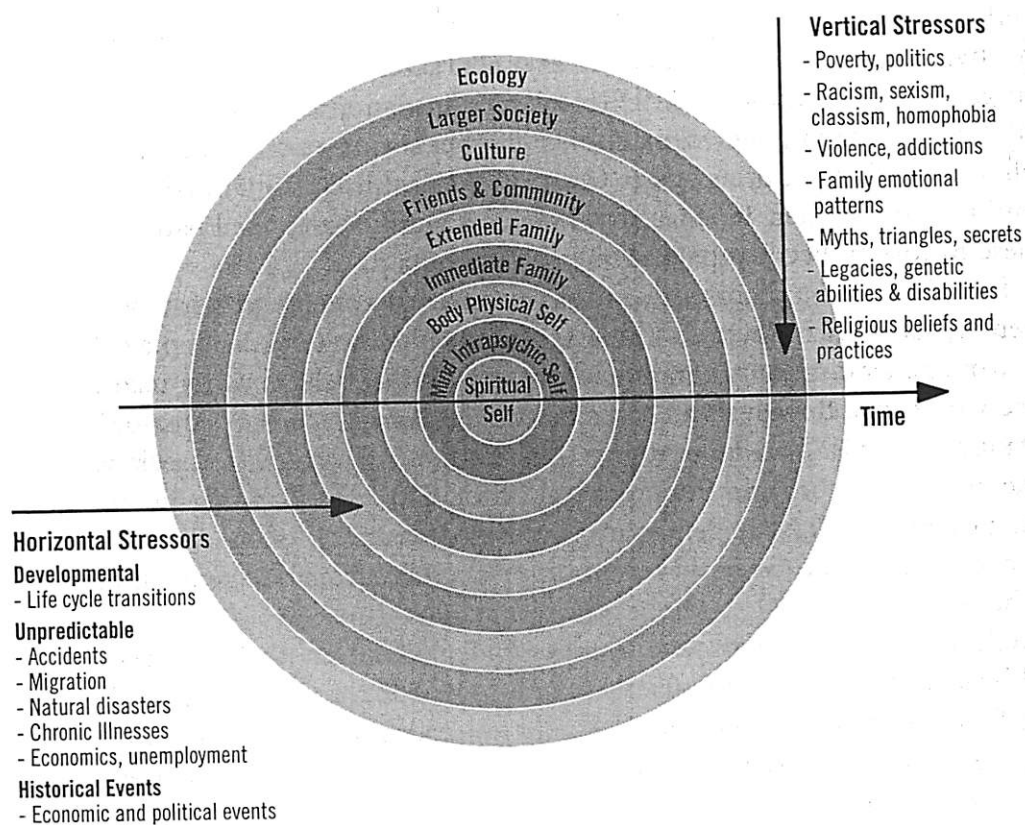
Families are organized within biological, legal, cultural, and emotional structures, as well as according to generation, age, gender, and other factors. Where you fit in the family structure, as well as in the larger context, can influence your functioning, relational patterns, and the type

of family you form in the next generation. Gender and birth order are key factors shaping sibling relationships and characteristics. Given different family structural configurations mapped on the genogram, the clinician can hypothesize possible personality characteristics and relational compatibilities. Ethnicity (McGoldrick, Giordano, & Garcia-Preto, 2005), race, religion, migration, class, and other socioeconomic factors, as well as a family's life cycle stage (Carter & McGoldrick, 2005) and location in history (Elder, 1992), also influence a family's structural patterns. These factors all become part of the genogram map.

Families repeat themselves. What happens in one generation will often repeat itself in the next—that is, the same issues tend to be played out from generation to generation, though the actual behavior may take a variety of forms. Bowen termed this the “multigenerational transmission” of family patterns. The hypothesis is that relationship patterns in previous generations may provide implicit models for family functioning in the next generation. On the genogram, we explore patterns of functioning, relationship, and structure that continue or alternate from one generation to the next.

Clearly, a systems approach involves understanding both the current and historical context of the family. The “flow of anxiety” (Carter, 1978) in a family system occurs along both vertical and horizontal dimensions (Figure 1.5). For the individual, the vertical axis includes biological heritage and programmed behaviors such as temperament, as well as other aspects of genetic makeup. The horizontal axis relates to the individual's development over the lifespan influenced by whatever experiences may change this course—relationships, migration, health and illness, success, traumatic experiences, and so on.

At the family level, the vertical axis includes the family history and the patterns of relating and functioning that are transmitted down the generations, primarily through the mechanism of emotional triangling (Bowen, 1978). It includes all the family attitudes, taboos, expectations, labels, and loaded issues with which family members grow up. These aspects of our lives are the hand we are dealt. What we do with them is the question. The horizontal flow at a family level describes the family as it moves through time, coping with the changes and transitions of the family's life

Figure 1.5 Context for Assessing Problems

cycle. This horizontal flow includes both predictable developmental stresses and unpredictable events, “the slings and arrows of outrageous fortune,” that may disrupt the life cycle process—untimely death, birth of a handicapped child, migration, chronic illness, job loss, and so on.

At a sociocultural level, the vertical axis includes cultural and societal history, stereotypes, patterns of power, social hierarchies, and beliefs, all of which have been passed down through the generations. A group’s history, particularly a legacy of trauma, will have an impact on families and individuals as they go through life (e.g., the impact of the holocaust on the Jews and the Germans; the impact of slavery and colonization on African-Americans, Latinos, and those who benefitted from these exploitations;

the impact of homophobia on both homosexuals and heterosexuals; etc.). The horizontal axis relates to community connections, current events, and social policy as they affect the individual and the family at a given time. This axis depicts the consequences on people's present lives of a society's "inherited" (vertical) norms of racism, sexism, classism, homophobia, and ethnic and religious prejudices as they are manifested in social, political, and economic structures that limit the options of some and support the power of others (Carter & McGoldrick, 2005b). With enough stress on this horizontal axis, any family will experience dysfunction. Furthermore, stressors on the vertical axis may create additional problems, so that even a small horizontal stress can have serious repercussions on the system. For example, if a young Mexican mother has many unresolved issues with her mother or father (vertical anxiety), she may have a particularly difficult time dealing with the normal vicissitudes of parenthood combined with the racism she experiences in a U.S. community (horizontal anxiety). The genogram helps the clinician to trace the flow of anxiety down through the generations and across the current family context.

Coincidences of historical events or of concurrent events in different parts of a family are viewed not as random happenings but as occurrences that may be interconnected systemically, though the connections may be hidden from view (McGoldrick, 1995). In addition, key family relationship changes seem more likely to occur at some times than at others. They are especially likely at points of life cycle transition. Symptoms tend to cluster around such transitions, as when family members face the task of reorganizing their relations with one another in order to go on to the next phase (Carter & McGoldrick, 2005). The symptomatic family may become stuck in time, unable to resolve its impasse in order to reorganize and move on. The history and relationship patterns revealed in a genogram assessment provide important clues about the nature of this impasse—how a symptom may have arisen to preserve or to prevent some relationship pattern or to protect some legacy of previous generations.

There are many relationship patterns in families. Of particular interest are patterns of relational distance. People may be very close, very distant, or somewhere in between. At one extreme are family members who are distant, in conflict, or cut off from each other. At the other extreme are

families who seem almost stuck together in "emotional fusion." Family members in fused or poorly differentiated relationships are vulnerable to dysfunction, which tends to occur when the level of stress or anxiety exceeds the system's capacity to deal with it. The more closed the boundaries of a system become, the more immune it is to input from the environment, and consequently, the more rigid family patterns become. In other words, family members in a closed, fused system tend to react automatically to one another, practically impervious to events outside the system that require adaptation to changing conditions. Fusion may involve either positive or negative relationships; in other words, family members may feel very good about each other or experience almost nothing but hostility and conflict. In either case, there is an overdependent bond that ties the family together. With genograms, clinicians can map family boundaries and indicate which family subsystems are fused and thus likely to be closed to new input about changing conditions.

As Bowen (1978) and many others have pointed out, two-person relationships tend to be unstable. Under stress, two people tend to draw in a third. They stabilize the system by forming a coalition of two in relation to the third. The basic unit of an emotional system thus tends to be the triangle. As we shall see, genograms can help the clinician identify key triangles in a family system, see how triangular patterns repeat from one generation to the next, and design strategies for changing them (Fogarty, 1975; Guerin, Fogarty, Fay, & Kautto, 1996).

The members of a family tend to fit together as a functional whole. That is, the behaviors of different family members tend to be complementary or reciprocal. This does not mean that family members have equal power to influence relationships, as is obvious from the power differentials between men and women, between parents and children, between the elderly and younger family members, and between family members who belong to different cultures, classes, or races (McGoldrick, 1998). What it does mean is that belonging to a system opens people to reciprocal influences and involves them in one another's behavior in inextricable ways. This leads us to expect a certain interdependent fit or balance in families, involving give and take, action and reaction. Thus, a lack (e.g., irresponsibility) in one part of the family may be complemented by a surplus (over-

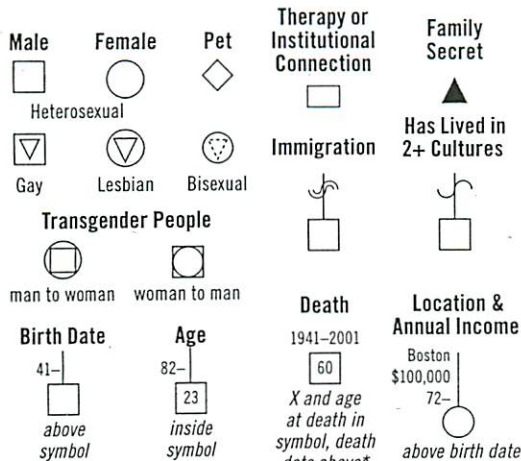
responsibility) in another part. The genogram helps clinicians pinpoint the contrasts and idiosyncrasies in families that indicate this type of complementarity or reciprocal balance.

A Caveat

Throughout this book, we make assertions about families based on their genograms. These observations are offered as tentative hypotheses, as is true for genogram interpretations in general. They are suggestions for further exploration. Predictions based on the genogram are not facts. The principles for interpreting genograms should be seen as a roadmap that, by highlighting certain characteristics of the terrain, guides us through the complex territory of family life.

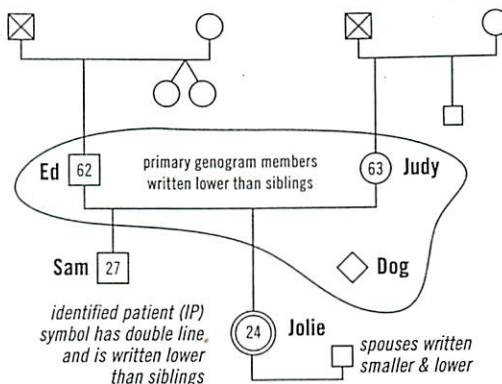
Many of the genograms shown here include more information than our discussion can cover. We encourage readers to use these illustrative genograms as a departure point for further developing their own skills in using and interpreting genograms.

Genograms are obviously limited in how much information they can display, although computers will allow us to collect a lot more information on a genogram than we can display at any one time. Clinicians always gather more information on people's lives than can ever appear on any single genogram illustration. We will soon be able to choose what aspects of a genogram we want to display for a particular purpose, while having the capacity to maintain the whole history in a computer database.



*When multiple deceased generators are included, use an X only for untimely death.

Household shown by circling members living together (couple living with their dog after launching children)



Marriage



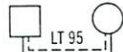
Secret Affair



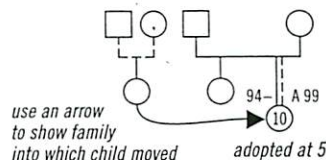
Sexual Relationship Living Together



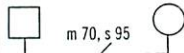
Committed Relationship



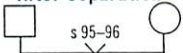
Adopted Child/Foster Child



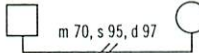
Marital Separation



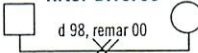
Marital Reconciliation After Separation



Divorce



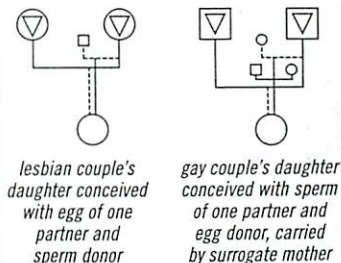
Reconciliation After Divorce



Divorce and Remarriage

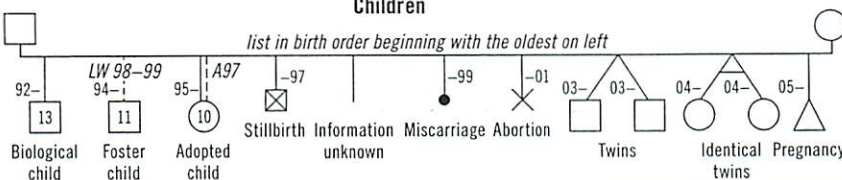


Donor Insemination

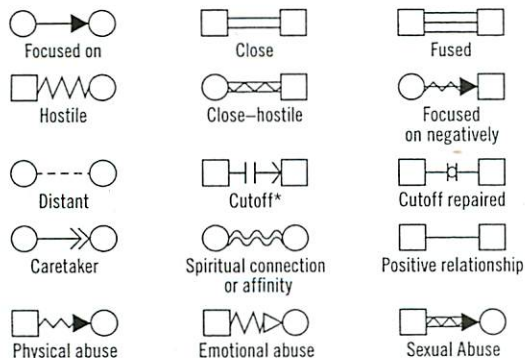


Children

list in birth order beginning with the oldest on left

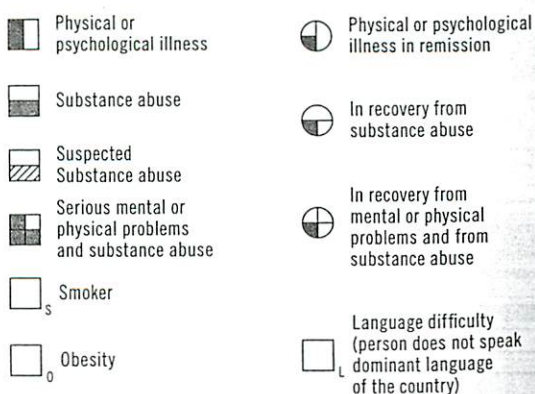


Interactional Patterns Between People



*Arrow (optional) shows directions

Addiction, Physical or Mental Illness or Other Problem



McGoldrick, M., Gerson, R., Petry, S. (2008). Genograms: Assessment and intervention (3rd ed.). New York: W.W. Norton & Co.