Working Systemically

THE TALKING THERAPIES UK PRACTITIONER SERIES



Working Systemically

Genograms, circular questioning and systemic technique in couple, family and individual work.

Practitioner level · 10 hours of continuing professional development

TALKING THERAPIES UK

First edition · 2026

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First edition, 2026.

This manual accompanies the Working Systemically course in the Talking Therapies UK Digital Classroom, from which its content is drawn and against which it is kept current.

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A note on the clinical material. Every case in this book is a fictional composite written for teaching. No real person appears in it, however disguised. Nothing here constitutes clinical supervision, and nothing in it replaces the judgement of a qualified practitioner working within their competence, their professional body's code and their local governance. Where guidance is cited it was current at the date of this edition; readers must check the standing of any guidance before relying on it.

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How to use this manual

Systemic technique looks effortless done well: a genogram that quietly reorganises how a family understands itself, a circular question that moves what direct advice could not. This course teaches that technique properly, for practitioners bringing systemic method into couple, family and individual work.

The first module teaches the instruments of pattern. You will learn the genogram as intervention rather than paperwork: three generations mapped live in session, with relational lines and repeating patterns that let a family see its own inheritance. You will then study circular and reflexive questioning as a craft, questions that reveal difference, sequence and relationship, and Tomm's reflexive forms that invite the system to observe itself. The second module places the therapist in the system: enactment and restructuring moves, managing a multi-person alliance without being recruited, and the skills of working systemically with one person in the room, holding the absent system in mind.

Substantial written lessons with key points and applied practice tasks, supported by a study tutor. Ten hours of CPD with around nine months of access, a final assessment, and a personalised certificate on passing.

This manual is the written form of a course taught in the Talking Therapies UK Digital Classroom. It is set at practitioner level and carries 10 hours of continuing professional development for practitioners who complete the accompanying course and its assessment.

It is written to be read in order. Each part opens with what it is for; each chapter teaches one idea to a working depth and closes with the points worth keeping and a practice task that converts reading into something you do. The tasks are the part most often skipped and the part that most reliably changes practice, and several of them are designed to be taken to supervision rather than completed alone.

The figures are teaching diagrams rather than decoration. Each is the conventional form of a model you will meet in the literature and in

supervision, drawn in one visual language across the whole series so that the shape of an idea is recognisable wherever it reappears.

Where a chapter draws on published work, the reference is named in the text and gathered in the further reading at the back. Terms of art are defined in the glossary, which is worth reading straight through once before you begin.

What this manual will leave you able to do

- Conduct systemic sessions with couples and families, balancing alliance across members
- Use circular, reflexive and scaling questions to interview for pattern and possibility
- Formulate systemically, including the problem's function and the system's punctuations
- Work with enactments in session rather than reports about home
- Apply structural and strategic techniques, including reframing and boundary-making
- Attend to your own position in the system, including triangulation pulls

PART 1

Instruments of pattern

The genogram in action and questions that move systems.

CHAPTER 1

The genogram as intervention

A genogram, when employed as an intervention rather than a mere record, becomes a living map that externalises the invisible architecture of family life and invites the system to confront its own patterns. In the intermediate systemic practitioner's repertoire, the genogram is not simply a diagnostic chart; it is a therapeutic instrument that, through its visual grammar, makes relational histories tangible, thereby creating a space in which the family can jointly observe, question and, ultimately, transform the repetitive sequences that sustain distress. The core of this intervention rests on three interlocking principles: the inclusion of at least three generations, the use of relationship lines that convey the quality of connections, and the deliberate attention to named repetitions that echo across time. These elements, together with the therapist's skilful questioning while the diagram is being drawn – asking about names, timings and the unspoken – render the pattern visible and, in doing so, generate the shift from implicit entanglement to explicit awareness.

The structural foundations of the genogram derive from the work of Murray Bowen, whose family systems theory emphasised the multigenerational transmission process (Bowen, 1978). Bowen argued that the emotional system of a family is organised around recurring relational patterns that are transmitted across generations, and that these patterns can be mapped and examined. Building on Bowen's insights, Monica McGoldrick and Randy Gerson refined the visual language of the genogram, introducing a set of symbols and line types that encode relational quality – close, fused, conflictual, fused-and-conflictual, distant, cut-off – and that allow the practitioner to capture the subtleties of emotional distance and alliance (McGoldrick & Gerson, 1985). The genogram therefore becomes a visual analogue of the family's emotional system, a representation that can be interrogated in the same way a therapist might interrogate a verbal narrative.

The first technical requirement – the inclusion of at least three generations – is not an arbitrary convention but a methodological safeguard. By extending the diagram beyond the immediate presenting generation, the therapist ensures that the pattern under investigation is situated within a broader

lineage, allowing the practitioner to identify whether a particular problem is a novel occurrence or part of a recurring family script. For instance, a pattern of early parental divorce may be traced back to a grandparent's separation, revealing a generational repetition that may otherwise remain hidden. The presence of three generations also aligns with the concept of the family life cycle, a cornerstone of systemic theory, which recognises that families move through predictable stages – formation, expansion, contraction – each accompanied by normative stressors and opportunities for growth (McGoldrick, Carter & Garcia-Preto, 2011). By mapping these stages, the genogram situates current difficulties within the developmental context of the family system.

The second principle – the use of relationship lines – supplies the emotional colour that distinguishes a mere pedigree from a therapeutic map. A solid line denotes a close, supportive bond; a double line signals a fused relationship in which boundaries are blurred; a jagged line indicates conflict; a combination of double and jagged lines conveys a fused-and-conflictual tie; a dotted line marks distance; and a broken line marks cut-off, either physical or emotional. These symbols are not decorative; they are analytic tools that allow the therapist and the family to see at a glance where alliances are strong, where enmeshment threatens autonomy, and where alienation may be fostering pathology. The visual impact of these lines often produces an affective response that verbal description alone cannot elicit. A parent who has never articulated the sense of being "cut off" from a sibling may, upon seeing a broken line on the page, experience a sudden recognition that validates their lived experience.

The third principle – attention to named repetitions – draws on the systemic notions of "family myths" (Ferreira, 1963) and family "scripts" (Byng-Hall, 1988). When a name recurs across generations – for example, the repeated use of the name "John" – it often carries with it an implicit set of expectations, roles and emotional legacies. The therapist's task is to ask, in a conversational manner, what the name meant to each bearer, what hopes or burdens were attached to it, and how the naming may have shaped relational dynamics. By surfacing these nominal repetitions, the practitioner helps the family see how a seemingly innocuous naming practice can function as a conduit for the transmission of values, traumas or coping strategies. The act of naming, therefore, becomes a therapeutic lever.

The process of drawing the genogram is itself a dialogic intervention. The therapist invites the family to sit around a large sheet of paper – preferably A2 size – so that all members can view the emerging picture. As the pen moves, the therapist asks a series of open-ended, yet focused, questions. “What is the full name of your mother, and why was she given that name?” “What significant events surrounded the birth of this child – a move, a loss, a new job?” “Who in the family is rarely spoken about, and what do you think that silence protects?” “When did your father leave the family home, and what circumstances preceded that departure?” These questions are not merely data-gathering; they are invitations to narrate the story while simultaneously constructing its visual representation. The family watches as their words become ink, and this co-construction often triggers a moment of collective insight – the “aha” moment that systemic therapy seeks.

Seeing the pattern externalised is itself the shift. The family’s internal narrative, which may have been experienced as a chaotic, emotionally charged flood, is now arranged on a two-dimensional surface. The repetition of a particular relational line – for example, a series of cut-off lines linking fathers to their sons – becomes a visual motif that can be pointed to, discussed, and, crucially, re-authorised. The therapist can ask, “What do you notice about the way the fathers are connected to their sons across these three generations?” The family may respond, “They are all distant, and none of them seem to talk about their feelings.” This observation, now shared and visual, is no longer a private suspicion but a collective fact that can be addressed in therapy.

The intervention layer is deliberately timed. In the early phases of treatment, constructing the genogram serves to build alliance, to demonstrate the therapist’s respect for the family’s history, and to enrich the assessment with a multigenerational perspective. Returning to the genogram later, when a conflict erupts in session, allows the therapist to map the present dispute onto the historical pattern. For example, a heated argument between a mother and her teenage daughter may be placed on the diagram, with the therapist highlighting that the mother’s own mother experienced a similar conflict at the same developmental stage. By locating the present clash within a lineage of similar episodes, the therapist helps the family see the conflict as a reenactment of a systemic script rather than a personal failure, thereby reducing shame and opening a pathway to change.

Emotionally, the genogram's apparent administrative veneer provides a safe container for otherwise unbearable material. The act of drawing a cut-off line, for instance, can be less threatening than directly asking a client to describe the pain of abandonment. The visual representation permits the family to mourn, to express grief, and to contemplate alternative narratives without the immediacy of direct verbal confrontation. The therapist can sit with the family as they trace a jagged line, allowing the affect to surface in a contained manner, and then guide the family towards exploring how that conflict might be transformed.

Pattern questions become collaborative hypotheses once the map is complete. The therapist may ask, "What do you notice about the marriages on the left side of the diagram?" or "Who else in this picture experienced a similar loss at the age of twenty-five?" These inquiries invite the family to generate their own explanatory models, fostering a sense of ownership over the therapeutic narrative. The collaborative generation of hypotheses aligns with the systemic principle of "joint construction of meaning," which holds that meaning is created in conversation and that change is more likely when the family participates actively in the formulation of the problem and its potential solutions (Anderson & Goolishian, 1988).

The future edge of the genogram is its quiet masterstroke. By extending the diagram forward, the therapist can ask, "If this pattern continues, what might the next generation look like?" or "Who in the current generation is being prepared for a particular role, perhaps as the caretaker or the peacemaker?" This prospective orientation invites the family to consider intentional disruption of the pattern, to rehearse new relational scripts, and to imagine a different legacy for their children. The visual cue of a pencilled-in future role can be a powerful motivator for change, as it makes the abstract notion of "future generations" concrete and immediate.

To illustrate the therapeutic potency of the genogram, consider the following worked example. The Patel family, consisting of three generations, presents for therapy because their 17-year-old son, Arjun, has been repeatedly truant from school and has begun experimenting with cannabis. The therapist begins by inviting the family – Arjun, his mother Meera, his father Raj, his maternal grandmother (Sita), and his paternal grandfather (Vijay) – to sit around a large sheet of paper. As the therapist draws the first generation, the grandparents' squares are labelled with their dates of birth and death; a solid

line connects Sita and Vijay, indicating a close marriage, while a dotted line connects Vijay to his brother, who died in infancy, signalling an emotional distance that the family has never discussed.

Moving to the second generation, the therapist asks Meera to describe her childhood. Meera reveals that she was the youngest of three sisters, and that her mother, Sita, had named her after Meera's own aunt, who had died in a car accident when Meera was five. The therapist records the name "Meera" in a double-circle, and draws a jagged line between Meera and her mother, reflecting the conflict that arose when Meera's mother forbade her from pursuing a university education. The therapist then asks Raj to recount his upbringing. Raj discloses that his father, Vijay, was a strict disciplinarian who never expressed affection, leading Raj to develop a distant relationship with his father, which is represented by a dotted line. Raj also mentions that he was named after his paternal grandfather, a man who had served in the army and died of tuberculosis at age thirty-two. The therapist notes the repetition of the name "Raj" and the early death, marking a potential familial script of premature loss.

When the therapist reaches the third generation, Arjun's square is drawn, and the therapist asks, "What significant events surrounded your birth?" Arjun's mother, Meera, pauses and then says, "I was pregnant with you when my mother (Sita) died of a heart attack. I remember the hospital, the cold, and how my father (Raj) left the room and never came back that night." The therapist draws a broken line between Meera and Sita, indicating a cut-off that was not previously acknowledged, and a jagged line between Raj and Meura, signifying the conflict that erupted in the wake of the loss. The therapist also asks, "Who else in this family has struggled with substance use?" Raj reveals that his older brother, who emigrated to Canada, had a long history of alcohol dependence, and that his own father, Vijay, had been a heavy drinker who died in a motor-vehicle accident at fifty. The therapist adds a solid line of "substance use" across three generations of males, using a colour-coded symbol to denote the pattern.

At this point, the family collectively observes that the pattern of male substance use, early parental loss, and the naming of sons after deceased fathers recurs across three generations. The therapist asks, "What does this pattern suggest to you?" The family responds, "It feels like we are stuck in a story where the men always die early and the women are left to carry the

burden." The therapist then invites the family to consider how this story might be rewritten. By pointing to the visual map, the therapist helps the family see that the present crisis – Arjun's truancy and cannabis use – is not an isolated rebellion but a manifestation of a multigenerational script that can be interrupted.

The therapist proceeds to use the genogram as a springboard for intervention. Together with the family, they identify potential points of change: Meera decides to break the cut-off line with her mother by writing a letter that acknowledges her grief; Raj commits to attending a support group for men who have lost fathers early, thereby challenging the script of emotional distance; and Arjun is invited to draw his own version of the genogram, placing a bright colour in his square to represent a new, healthier future. Over subsequent sessions, the therapist revisits the genogram, updating it as the family makes concrete changes – for example, noting that Raj has begun to express affection, which is represented by a solid line replacing the previous dotted line. The visual evolution of the diagram provides the family with tangible evidence of progress, reinforcing the belief that the inherited pattern can be altered.

This example demonstrates how the genogram, when used as an intervention, accomplishes several therapeutic functions. It externalises the relational system, making implicit patterns explicit; it creates a shared language that the family can use to discuss difficult topics; it facilitates the generation of collaborative hypotheses; and it offers a concrete arena for rehearsing new relational scripts. The therapist's skilful questioning – about names, timings, and the unspoken – transforms the act of drawing from a passive recording into an active, co-creative process that catalyses insight and change.

In sum, the genogram is a potent systemic instrument that, when wielded with intentionality, moves beyond the realm of assessment into the domain of intervention. By insisting on three generations, employing relationship lines that encode emotional quality, and foregrounding named repetitions, the therapist invites the family to view its own story as a map that can be redrawn. The therapist's role is to ask the right questions while the pen moves, to hold the space where the pattern becomes visible, and to guide the family in interpreting what they see. The shift that occurs when the pattern is externalised – from a hidden, often shame-laden narrative to a

shared, observable fact – opens the door to collaborative meaning-making and, ultimately, to the possibility of breaking the cycle. The genogram, therefore, is not merely a picture of the past; it is a canvas on which the family can co-author a different future.

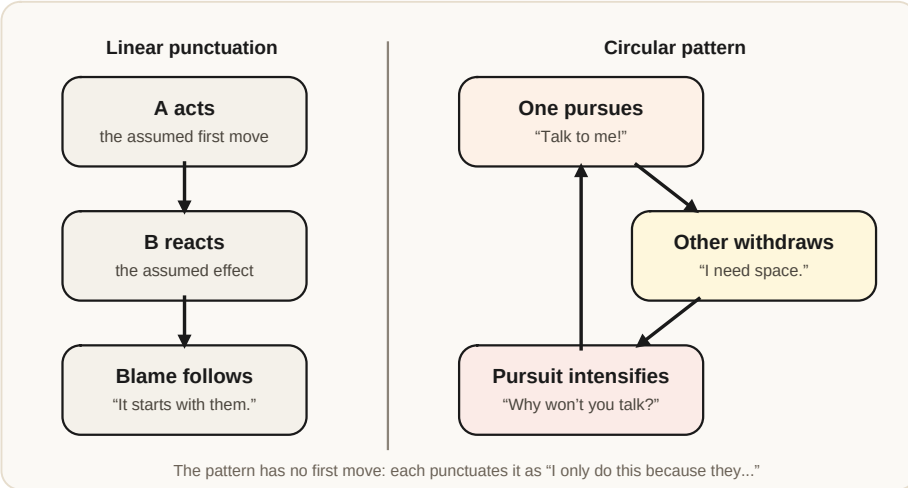


FIGURE 1.1 Linear versus circular causality

Linear thinking asks which person is the cause; systemic thinking sees a pattern with no first move: each behaviour is both response and provocation. The classic pursue–withdraw cycle shows why blaming either party misses the point, and why the pattern itself is the client.

Points worth keeping

- Three generations, relationship lines, named repetitions
- Ask while drawing: names, timings, the unspoken
- Seeing the pattern externalised is itself the shift

PRACTICE TASK

Draw your own three-generation genogram with relationship lines, and name one repetition you had not previously articulated.

CHAPTER 2

Circular and reflexive questioning as craft

Karl Tomm's typology of questioning transformed the systemic interview from an intuitive art into a teachable craft by classifying questions according to their intent and the effect they have on the relational system. The typology rests on four pillars – lineal, circular, strategic and reflexive – each serving a distinct purpose in the unfolding dialogue and each demanding a particular therapist stance. The craft lies not merely in knowing the categories but in sequencing them, in maintaining a stance that keeps every member engaged, and in listening for the subtle moments when a question creates a new possibility for the system to observe itself.

Lineal questions are the entry point. They gather factual information – who, what, when, where – and they orient the therapist to the concrete reality of the presenting problem. In the language of the evidence base, lineal questions are comparable to the "structural mapping" phase described by Minuchin (1974) and to the "problem definition" stage of the systemic interview outlined by Watzlawick, Weakland and Fisch (1974). The danger of over-reliance on lineal questioning is that the interview can become an investigative interrogation, fixing the family in a defensive posture that mirrors the legal cross-examination style. When lineal questions dominate, the system may feel as if it is being interrogated rather than invited to co-construct meaning, and the therapeutic alliance can erode before any deeper pattern is revealed.

Circular questions move beyond the surface facts to reveal the relational patterns that sustain the problem. By asking a member about the behaviour of another member, the therapist draws the attention of the system onto the ways in which each person's actions are interpreted and responded to by the others. This mirrors the circular causality model first articulated by Gregory Bateson (1972) and later refined by the Milan school. Circular questioning can take several sub-forms, each of which has become a staple in the systemic practitioner's toolkit. Ranking questions, for example, ask "who worries most about your father, who worries least?" and thereby surface the family's emotional division of labour. Sequence questions, such as "when mum goes quiet, what does dad do next, and then what does your sister do?"

trace the loop of interaction link by link, making visible the temporal ordering that sustains the problem. Mind-reading questions, like “what do you imagine your husband believes about the tantrums?” expose the tacit assumptions that members hold about each other’s inner states, assumptions that often go unchecked and become the hidden drivers of conflict. Difference-across-time questions, for instance “was it like this before the move?” locate the historical trajectory of the pattern, allowing the therapist to differentiate between a transient stressor and a more entrenched systemic arrangement. The evidence for circular questioning as such is limited: reviews support the effectiveness of systemic therapy for a range of child- and adult-focused problems (Carr, 2009), but they do not isolate circular questioning from the other components of treatment.

Strategic questions occupy a more controversial niche. They are essentially advice disguised as a question – a suggestion that nudges the system toward a particular behavioural change while preserving the therapist’s stance of curiosity. An example might be, “have you considered simply not answering him when he raises that issue?” Tomm himself warned that strategic questions carry a cost: they can provoke defensiveness, invite the therapist into the family’s argument, and risk undermining the collaborative stance that is the hallmark of systemic work. Nevertheless, when used judiciously – after the system has demonstrated sufficient safety and trust – strategic questions can catalyse a shift in the interactional pattern. The strategic element aligns with the “strategic family therapy” tradition of Haley (1976) and the later “solution-focused” emphasis on task-oriented interventions (de Shazer, 1985). In practice, strategic questioning embedded within a broader circular framework can help new solutions to emerge without sacrificing the relational focus.

Reflexive questions, Tomm’s distinctive contribution, invite the system to observe itself without any prescriptive direction. They are invitations to meta-communication, asking the family to imagine the consequences of a hypothetical change or to consider the function of a persistent problem. A classic reflexive question might be, “if you two stopped protecting mum from your worry, what might she do?” or, “suppose the anger was doing a job for the family, what would go unguarded if it resigned?” These questions enable the system to step back and view its own dynamics from a higher perspective, a process that Bateson described as “the difference that makes a difference.” Reflexive questioning is the mechanism by which the family

rehearses a new way of being; the answer itself becomes a rehearsal of an alternative pattern. Tomm's (1987) account of reflexive questioning supports the notion that such questions facilitate the emergence of "self-organising" change, where the system generates its own solutions rather than adopting therapist-imposed ones.

The craft of using these four question types lies in sequencing and stance. Sequencing follows a safety-to-depth trajectory: lineal orientation first, to establish a shared factual base and to demonstrate therapist competence; circular mapping next, as trust builds, to uncover the relational loops that maintain the problem; strategic invitations thereafter, when the system has shown readiness to entertain concrete behavioural experiments; and finally reflexive invitations, once the family can tolerate the discomfort of viewing itself from an external perspective. A reflexive question fired in the first five minutes of an interview is clever but useless; the system has not yet earned the privilege of self-observation. Conversely, a lineal question posed after a series of reflexive inquiries can feel intrusive and may rupture the fragile alliance that has been built.

Stance, inherited from the Milan tradition, requires that the therapist engage every member of the system and direct questions to relationships rather than to isolated individuals. This stance explains why circular work can retain even the sullen adolescent: the therapist does not interrogate the adolescent about his own behaviour but instead consults him as the resident expert on his parents' marriage. The adolescent, when asked "what do you think your parents are trying to achieve when they argue about the bills?" is invited to contribute his perspective on the relational pattern, a role that most adolescents find meaningful and rarely refuse. This relational stance reflects the Milan practice of inviting each member of the family to comment on the relationships of the others (Selvini Palazzoli et al., 1980).

Underlying all of these techniques is a listening posture attuned to the "difference that makes a difference." The therapist must be alert to the moment when two members hear each other's perception diverge and a silence settles over the room. Those silences are not empty; they are the interview working, the space in which the system begins to reorganise. The therapist's role is to sit with that silence, to resist the urge to fill it with statements, and to allow the question to remain open. Statements, when they do appear, are typically used to close the space that a question has

opened, thereby completing the conversational loop.

A concrete worked example illustrates how the four question types can be woven together in a single interview segment. Consider a family of three – mother (M), father (F) and teenage daughter (D) – who have presented with chronic conflict around the daughter's schoolwork. The therapist begins with a lineal question to establish context: "When did the disagreements about homework start?" The daughter answers, "Since the start of the new term, about three weeks ago." Having secured a factual anchor, the therapist moves to a circular question directed at the father: "When Mum checks your brother's homework, what does Dad usually do?" The father replies, "He goes to the garage and starts tinkering with the car." The therapist then asks a mind-reading circular question to the father: "If you stayed in the living room instead of going to the garage, what do you imagine would happen with the homework check?" The father hesitates and says, "I think Mum would get frustrated and maybe take the laptop away." This answer reveals the father's assumption about the mother's reaction, a hidden piece of the pattern. The therapist now introduces a strategic question, framed as curiosity: "Have you ever tried letting the laptop stay where it is for a day, to see how Mum reacts?" The father reflects, "We haven't, because we think she would see it as a lack of concern." Finally, the therapist offers a reflexive question to the mother: "If you and Dad stopped protecting the daughter from your worry about her grades, what might she do differently?" The mother pauses, the room fills with a quiet tension, and then she says slowly, "I suppose I've never risked finding out whether she can manage the pressure on her own." In that moment the family has moved from a pattern of external control to a tentative consideration of self-regulation, and the therapist has facilitated this shift solely through the careful sequencing of lineal, circular, strategic and reflexive questions.

The therapeutic impact of this sequencing is supported by research on systemic process. No study has yet compared different sequences of reflexive questions and strategic advice, but many systemic therapists find that reflexive questions land better after a period of circular mapping than when strategic advice is offered prematurely. An inclusive stance matters too: families who feel that every member's voice has been heard are likely to engage more readily with reflexive questions and to generate their own solutions.

In practice, the therapist must constantly monitor the system's readiness for each question type. Indicators of safety include calm affect, mutual eye contact, and a willingness to share personal perspectives without immediate defensiveness. Indicators of readiness for reflexive work include moments when two members appear to be listening to each other's story rather than merely waiting to respond, and when the therapist detects a "difference that makes a difference" – a subtle shift in language, a new metaphor, or a pause that signals the system's capacity for meta-communication. When these cues are present, the therapist can confidently pose a reflexive question, trusting that the system will engage in the imaginative rehearsal that is the hallmark of systemic change.

The craft of circular and reflexive questioning, therefore, is not a set of rigid scripts but a dynamic, relational process that requires the therapist to balance curiosity, humility and strategic insight. It demands an ongoing attentiveness to the system's rhythm, an ability to hold multiple perspectives simultaneously, and a willingness to let the system speak its own future into existence. By mastering the sequencing of lineal, circular, strategic and reflexive questions, and by adopting a stance that keeps every member engaged in the relational dialogue, the therapist becomes a facilitator of the system's own reflective capacity – the very essence of working systemically.

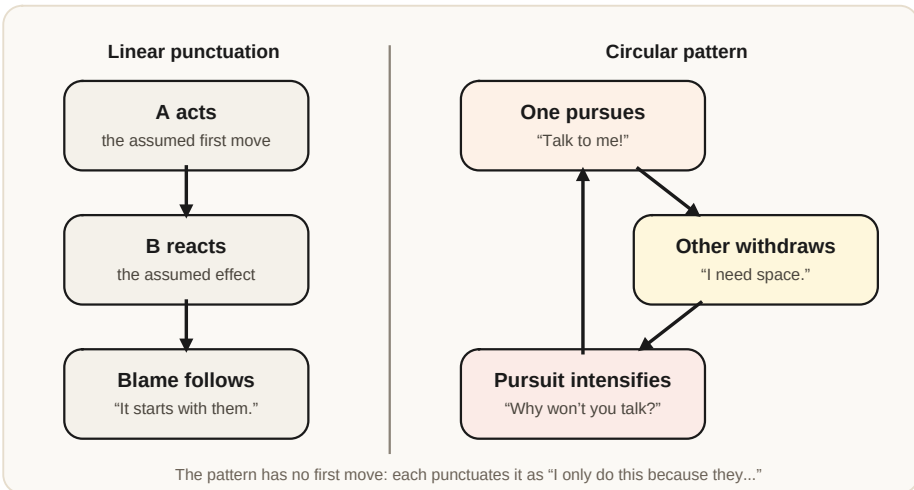


FIGURE 2.1 Linear versus circular causality

Linear thinking asks which person is the cause; systemic thinking sees a pattern with no first move: each behaviour is both response and provocation. The classic pursue–withdraw cycle shows why blaming either party misses the point, and why the pattern itself is the

client.

Points worth keeping

- Tomm: lineal, circular, strategic, reflexive
- Ask about relationships between others; keep all engaged
- Reflexive questions let the system observe itself

PRACTICE TASK

Write one question of each of Tomm's four types for a family where a daughter's eating has become the household's only topic.