The Bowen Family Theory and Its Uses

HEALING
PROCESSES

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e-Book 2016 International Psychotherapy Institute

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HEALING PROCESSES

It is difficult to assess when and where healing processes begin and end. The following examination of healing is based on the period that is conventionally known as recuperation, or the time after a physical disability has occurred in someone's life. Specific patterns of family interaction are hypothesized to encourage or inhibit recovery and to delay or prevent disability.

A crisis such as sickness can be a turning point in the emotional processes that produce the crisis. It is more likely that individual behavior can be modified and successfully changed in a crisis than in ordinary circumstances. Some families cannot begin to modify their own impairing behavior patterns unless a sickness occurs.

Healing

The concept of healing has been interpreted on many different levels. Historically, the term included mystical or spiritual elements.

An individual is generally not considered healed unless both body and mind are "well." Becoming whole or sound or being cured are other ways of describing healing.

One way to organize traditional and conventional meanings of healing is to compare the extent to which healing is thought to occur within a person with the extent to which healing is assumed to occur between the person who is sick and the expert treating the sickness. The intent of this examination of the part family interaction plays in healing processes is to broaden this range of understanding of conventional concepts of healing.

The observations described focus on a variety of emotionally charged intimate exchanges with and about the symptomatic person. Some generalizations about outcomes of particular patterns of interaction with a symptomatic individual are made, using the family as the unit of investigation. One key assumption is that the family is ultimately the most intimate and most emotionally charged group human beings participate in and respond to, whether or not the individuals concerned recognize this participation and responsiveness and whether or not the participation is visible or invisible

(Boszormenyi-Nagy and Spark 1973).

A wide range of patterns of behavior in families accompanies the symptomatic behavior of one family member. Different responses to the symptoms may be represented by points along a continuum that has unsuccessful adaptation or extinction at one end and successful adaptation or survival at the other end. Depending on the extent to which family interaction can be identified as being either relatively constructive or relatively destructive, particular patterns can be documented as precipitating or inhibiting the healing of the incapacitated person and the entire family.

Maladaptive Behavior

Certain conditions inhibit effective healing. Maladaptive behavior patterns that retard healing emerge from a family emotional system that is tightly bonded and rigidly interdependent. In this setting, behavior patterns are continually repeated, and each reactive response in the system has a high level of emotional intensity. Secrets between family members and cutoffs in the relationship system raise the level of anxiety of the incapacitated person and of the other family

members. Such families that interact in this way tend to manifest ineffective recoveries or prolonged chronic illness, with the possible impairment of other family members.

Case History 1. Ms. S had not been healthy for two years. She suffered from a wide range of physical ailments. Mr. S was told by Ms. S's doctor that his wife had terminal cancer. Ms. S's life expectancy was estimated at about six months. Mr. S decided to "protect" his wife from this information, as she was elderly and tended to get depressed easily. Mr. S believed that open communication and discussion would cause Ms. S unnecessary harm. Mr. S disclosed the doctor's diagnosis to his two adult daughters, who reacted by intensifying their characteristic activities of care-taking and distancing, respectively. Mr. S and his daughters discouraged visits from other family members and informed only a few family members about Ms. S's condition. Ms. S became increasingly depressed and listless and died within four months of the date of her doctor's diagnosis.

Adaptive Behavior

Adaptive behavior enhances effective healing. A family with

adaptive behavior patterns is fairly loosely bonded and is flexibly interdependent. Behavior patterns in this kind of family are varied and are not repeated frequently. Interaction is more reflective than "reflexive" and is generally not very emotionally charged. The relationship system is fairly open, and many family members are in touch with each other in meaningful ways. The level of anxiety of a person who becomes sick in this kind of family and of other family members is consistently low. Families with adaptive behavior patterns assume postures that encourage gradual or rapid recovery. There is usually little or no impairment of the health of family members beyond temporary incapacitation.

In adaptive families, there may be some, little, or no awareness of the constructive rehabilitating qualities of these kinds of family interaction. Psychotherapy or coaching may heighten at least one family member's awareness of the impact of particular patterns of interaction on healing. However, a strong motivation to make changes in one's behavior is essential if recovery is to be permanent. A second family crisis, such as the death of a family member, may move anxiety away from the sick person, so that healing can be accelerated.

Case History 2. Mr. G had a first heart attack, and was advised to have bed-rest for eight weeks. Ms. G was anxious about the possibility of losing her husband but was able to control her feelings fairly well. Ms. G was not predictably reactive in her dealings with her husband or with other family members, including her three teenage children. She busied herself with some of the responsibilities for the care of her husband, as well as with her day-to-day activities. She was able to maintain a full-time job and still had frequent contacts with her own elderly parents. Ms. G engaged her children and some members of her husband's family in the daily care of her husband, and she encouraged Mr. G to care for his own needs early in his recovery. As a result of Ms. G's moves, Mr. G was able to return to work shortly after the bed-rest period. He made successful changes in his life-style, and his symptoms did not recur after this first attack.

Family as "Fundamental Health Unit"

These case history materials illustrate different qualities of family response to symptomatic behavior. Although case history data is insufficient to substantiate or refute specific hypotheses about healing, the question of whether the family or the individual is the

"fundamental health unit" in society can be explored. If healing processes can meaningfully and accurately be perceived as depending on specific patterns of family interaction, some implications for policy and research can be considered:

1. Intervention measures that facilitate the opening and differentiation of family interaction may be more effective in producing healing or recovery from symptoms than measures based on individual diagnosis, pathology, and institutional care.

2. Health-care costs may be substantially reduced through the creation of home-care services as an alternative to institutionalization. In the United States, the per capita spending over the 1962-1976 period for human services dominated by health programs rose to an estimated $820 from $166, compared with $272-$436 for defense and $ 13— $46 for natural resources, environment, and energy (Congressional Research Service 1975). The search for alternatives to established health-care systems is indeed pressing (Hall and Sussman 1975).

3. It may be possible to prevent some disability or to delay the onset of its symptoms through educational therapeutic programs that heighten family members' awareness of the outcome of particular patterns of family

interaction.

4. The documentation of different kinds of healing processes in families could contribute toward the development of a general theory of human behavior, as well as toward the development of a theory of family interaction. Some behavioral outcomes could be predicted from a knowledge of given relationship conditions and an application of systems thinking, rather than arbitrarily simplistic cause-effect thinking.

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