

INTRODUCTION

THE BOWEN FAMILY THEORY AND ITS USES



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INTRODUCTION

The field of family research is too new to have a body of clearly defined knowledge about which there is general agreement. Any author who attempts to survey family studies as they now exist will produce a theoretically biased evaluation, as each investigator is so immersed in a selective way of thinking that it is difficult to really know, or even hear, the work of others.

A variety of principles, methods, and techniques have been used to understand behavioral processes in families. These approaches to family research are frequently based on a conglomerate of vague and contradictory theoretical notions. A lack of awareness of the assumptions which have been accepted and incorporated into the different working hypotheses has tended to result in treatment of these assumptions as facts.

At present, the family field is a theoretical maze. The Bowen theory is described here in the belief that the dilemma of incompatible orientations will be resolved more quickly and more fruitfully if investigators present their thinking as clearly as possible.

The Bowen theory consists of a series of eight working concepts and hypotheses, which together provide a description of processes in emotional

systems. The basic concepts of this theory include the following: differentiation of self, triangles, nuclear family emotional system, family projection process, emotional cut-off, multigenerational transmission process, sibling position, and emotional process in society. The Bowen theory describes some of the more predictable aspects of human emotional behavior. Individuals are viewed as biological beings who behave in ways inextricably related to the behavior of other animals.

Bowen suggests that people can become more maturely dependent in different kinds of intimate and social relationships. However, independence from emotional needs is considered a theoretical and empirical impossibility. The Bowen theory can be summarized as a general theory of emotional processes in human relationship systems, with an emphasis on biological rather than cultural variables.

One important difference between the Bowen theory and other family theories which are applied clinically to emotional problems is the express attempt of Bowen family therapists to operate as much as possible outside the emotional field of a person or a family. Conventional family theory and psychotherapy train therapists to work inside this emotional field. The Bowen theory communicates what it means to be in or out of an emotional system, and one of Bowen's hypotheses is that family therapists will achieve effective clinical results to the extent that they remain outside the emotional

field of the family in the clinical setting.

History of the Family Movement

Family movement refers to the emphasis on family theory and family therapy that began in the United States in the mid-1950s, although it could be argued that a family movement began in the United States during the early decades of this century. For example, some family studies and clinical work were attempted in the 1920s, in response to the problem social conditions of rapidly growing cities. However, the thesis that the family movement developed as an evolutionary process may be more accurate, as some examples of early antecedents of family work were discovered in retrospect, following the beginnings of the later and more influential *family movement*.

The family movement is a more direct development of psychoanalysis, which introduced concepts describing the actual and potential influences of one human life on another. In most respects, the family as a unit of study was outside the immediate field of interest of psychoanalysis. The focus in psychoanalysis was on a single patient and on personal retroactive memories about the patient's family life.

Sociologists and anthropologists studied families and contributed to the professional literature on family research before the family movement began in the 1950s. These sociological and anthropological contributions were

largely descriptions of cultural differences observed in families, rather than accounts of predictable patterns of interaction in families. Such research generally did not provide a solid theoretical base for the conceptualization of different kinds of family emotional processes, nor did it recognize emotional processes common to families in different cultures. Although sociologists and anthropologists have made several attempts to focus on specific kinds of family behavior, such as the allocation of roles and the division of labor, they have not conceptualized the family as an emotional system.

Another influence in the evolution of the family movement was the development of general systems theory following the pioneering work of Ludwig von Bertalanffy in the 1930s. This general systems orientation questioned the logic and assumptions underlying the cause-effect paradigm utilized in most scientific disciplines at that time. The systems focus, which aims to replace the cause-effect schema, is a model of a whole unit composed of the complex interaction of many variables. Each set of variables is conceptualized as inextricably related to the other sets. A change in any part of the complex unit is accompanied by predictable changes in other parts of the system. The general systems frame of reference produced a new way of describing fairly predictable sequences of events. This model pinpoints the ineffectiveness of conceptualizations which arbitrarily label one set of phenomena as “cause” and another as “effect.” The fact that B follows A no longer suggests that B is caused by a.

Before the burgeoning of the family movement in the mid- 1950s, several family researchers and therapists had worked independently on similar themes. The formation of the Committee on the Family by the Group for the advancement of Psychiatry in 1950 was another step in the evolution of the family movement. The committee, formed at the suggestion of William C. Menninger, worked for several years without much knowledge of parallel developments in the field until family movement therapists more openly articulated their views at national professional meetings.

It is impossible to explain why the family movement began in the way it did at that particular time, although a few observations about some of the trends can be made. Several concepts used in the newly developing movement had been available for many years but until this period were neither a focus of interest nor a theoretical preoccupation. Another point of interest about the family movement is that many of the originators had backgrounds in psychiatry, although very few were child psychiatrists. Characteristics of the family movement seem directly related to the development of psychoanalysis, which during the 1930s gained increasing acceptance in psychiatry. However, although psychoanalytic theory had explanations for many family emotional problems, adequate treatment techniques had not been developed especially for more severe symptoms. Those who began family research and family therapy appear to have been largely motivated by a need to initiate more effective treatment methods.

Clinical observations of whole families provided a spectrum of behavioral and emotional patterns that had not yet been accounted for. Although at first each investigator reported and interpreted observations in isolation from other researchers, many of the concepts used in the early studies are still current; some have been developed into concepts central to the family field today. As new family sessions were held at several national professional gatherings, the family movement became increasingly recognized. Information about family therapy spread rapidly, and beginning in 1958 therapists crowded into family sessions at national meetings.

The rapid increase in the number of family therapists was the beginning of a healthy ferment in the family movement. The development of family theory was largely ignored, however, and most family therapists operated with the basic assumptions of individual theory, which were usually taken as scientific fact.

In 1970, the Committee on the Family of the Group for the Advancement of Psychiatry completed a report on the family movement. Among the committee's findings was the interesting fact that the overwhelming majority of family therapists used the same theory and practice used by individual therapists. Family therapy was most often used as a supplement to individual therapy; in very few instances was it the main technique. A few "deviant" therapists, who thought in terms of systems and emotional fields of

relationships, viewed almost all problems in the family context and consulted with several family members during the course of treatment.

As professional experience in family therapy has increased, more and more family therapists have changed from the individualistic style of family therapy to an emotional systems orientation. With this change in orientation has come increasing use of a terminology related more closely to theory than to specific techniques.

Development of the Bowen Theory

The main thrust of Bowen's work has been to make the study of human behavior as scientific as possible. His efforts have been based on the conviction that human behavior is relatively predictable. Bowen has been developing his theory over a period of more than twenty-five years of clinical work with families. In the 1950s he took as his original research focus the symbiotic relationship between a mother and her schizophrenic child.

His first research hypothesis, based on his accumulated direct observations of families, was that the origin and development of schizophrenia was a product of the two-person mother-patient relationship. This hypothesis was elaborated in detail, and many of the relationship problems that could develop in different clinical situations were anticipated. Psychotherapeutic principles and techniques were developed for every

possible clinical situation.

Bowen's first research hypothesis also predicted the kinds and rates of changes that would occur in the course of psychotherapy. When research observations were not consistent with that hypothesis, it was changed to fit the new facts, the psychotherapy was modified to fit the changed hypothesis, and new predictions were made as to the results of the psychotherapy. When an unexpected clinical crisis arose, it was handled on an interim clinical-judgment basis and the hypothesis was considered faulty for not having anticipated the situation and for not having generated effective therapeutic principles. Except in emergencies, the therapy was not changed on an ad hoc basis to fit the situation; rather, the research goals were to change the hypothesis to account for the unexpected crisis and on this basis to change the therapy and make new predictions. Failure to change self and relationships during the course of psychotherapy was considered as much a reason to reexamine and modify the hypothesis as any unpredicted crisis or situation.

Strict adherence to such organization of concepts in relation to observations resulted in the development of an integrated theoretical-therapeutic system, with psychotherapy being largely determined by theory. The discipline necessitated by the research project improved the skill of the therapists, and the research plan was designed to fit as closely as possible

with other structured research in science.

The original hypothesis about the symbiotic mother-patient relationship was accurate in predicting some of the details of behavior patterns within the twosome, but did not account for the different ways the twosome related to others. A critical omission was that the hypothesis did not conceptualize how the mother and patient interacted with other members of the same family. At this point of awareness in the course of research the theoretical basis for the project became oriented more to family systems. The basic hypothesis was modified to include fathers, and families with fathers were added to the research. At the same time, a more extended method of family psychotherapy was devised to fit that hypothesis.

Although particular relationship characteristics observed in families with schizophrenia were initially hypothesized as specific for schizophrenia, once it was possible to discern their patterns of interaction similar but less intense patterns became evident in families with less severe emotional impairment. The same kinds of patterns could also be observed in “normal” families and in the work system of researchers and therapists conducting the experiment. The latter finding brought about a major change in Bowen’s subsequent family research. Efforts began to be directed away from schizophrenia and toward less impaired human behavior, including individuals and families without clinical problems.

With this shift in research focus, different hypotheses were generated. Since people with less severe problems change more rapidly in family psychotherapy, new observations and further alterations of the original hypothesis were accelerated. Bowen gradually extended and modified the hypothesis, and each change was continually checked, both in and out of the clinical setting.

Interrelated concepts emerged when the hypothesis was accurate enough to no longer require significant modification. The concepts proved useful for describing and predicting discrepancies as well as consistencies in human behavior. Only after several integrated concepts were developed could the term *theory* be used to describe this unique system of ideas. The Bowen theory thus emerged as considerably different from conventional individual theory, and distinct as well from other kinds of family thinking.

Bowen's clinical work with families emphasizes the importance of emotional nonparticipation by the therapist for a successful therapeutic outcome. One advantage of emotional nonparticipation is the therapist's increased capacity for objectivity in observing behavior and gathering information. Only when a family functions as an emotional unit can its relationship patterns be relatively definite, orderly, and predictable. If an important other person participates in the family emotional system or is removed from the system, relationship patterns become atypical and

important nuances in family processes are obscured. Family interaction is modified when a therapist becomes emotionally *fused* into a family. A pragmatic dividend of a therapist's emotional nonparticipation is the increased likelihood of orderly and consistent progress in the course of family psychotherapy. When the therapist can remain relatively outside the family emotional system, long-term results are more positive, and therapeutic impasses occur less frequently.

Another dividend of a therapist's emotional nonparticipation is the therapist's greater freedom to relate to any family member throughout the course of therapy. When a therapist can remain emotionally free but still in emotional contact with family members, the family becomes calmer and more flexible, and family members themselves are emotionally more free. This posture of emotional nonparticipation allows a therapist to use knowledge of family systems to guide efforts with a family more effectively. When family relationship patterns are distorted, progress slows down or family members become passive and wait for the therapist to solve problems. These signs indicate that the therapist has become fused into the family and needs to devote more attention to the quality of his emotional functioning.

The observation of similar relationship patterns in families at all levels of emotional maturity provided an added dimension to Bowen's research. Observations of functioning in the broadest range of different families led

Bowen to a more accurate perspective. The delineation of essential differences between feeling and thinking and their various behavioral manifestations led to the formulation of concepts that proved central to the Bowen theory and related psychotherapy. Observations suggested that emotionally impaired individuals do not distinguish between subjective feelings and thinking. The intellectual processes of emotionally impaired individuals are in fact so flooded with feeling that they are incapable of thinking that is at all separate or distinct from feelings. They generally consider it truthful and honest to speak in terms of feelings, and insincere and false to speak of thinking, beliefs, and opinions. They strive for togetherness and agreement in relationships with others and avoid statements establishing self as different from others. Observations also suggested that more integrated persons can distinguish between feeling and thinking processes and are more accurate in their use of the phrases “ I feel” and “I think.”

Much study and work with a large variety of families went into Bowen’s effort to clarify feeling/thinking issues. The quality of interplay between feeling and thinking came to be considered one of the most accurate indicators for assessing different levels of emotional integration in individuals and families.

Bowen’s overall research hypothesis about the nature of symptomatic behavior suggests that all observable symptoms are manifestations of

disorders in emotional systems. A related hypothesis is that the human emotional system is an intimate part of a phylogenetic past shared with lower forms of life and governed by laws applicable to living things. Specifically, human thought is seen as a function of the more recently developed cerebral cortex, the most essential distinguishing characteristic between human beings and less evolved forms of life. Although human emotional and intellectual systems have different functions, they are interconnected and influence each other. The connection between the two systems appears to be the feeling system, through which certain influences from upper strata of the emotional system are perceived by the cerebral cortex as feelings.

Emotion can be conceptualized as an energy or an instinct, a drive or force that governs all life processes. Emotional illness can be viewed as a deep-seated behavioral manifestation which is more than a disorder of the mind. In developing his theory, Bowen discontinued use of the term *mental illness*, which connotes a disorder of thinking, and substituted *emotional illness* to describe this kind of dysfunction more accurately.

Although the brain is an integral part of each human being's protoplasmic totality, the mind is more easily productive when it is devoted to subjects outside human experience. People have been less effective in their achievements when they have directed intellect to themselves and to their own behavior. For example, people became knowledgeable about the solar

system many years before human systems were researched. Although human beings are related to all members of the animal kingdom, they have been more successful in defining ways in which they differ from lower life forms than they have in defining instances of kinship and shared characteristics.

A major hypothesis of the Bowen theory is that human emotional systems run a course as predictable as that of any natural phenomenon. Illness is viewed as behavior which is manifested by emotional systems in different states of dysfunction and impairment. Perhaps the main problem in discovering how emotional illnesses come about rests more in the ways in which people deny, rationalize, and think about emotional illness than in the nature of emotional illness itself. It is possible to predict fairly accurately the natural course of an emotional disorder and, with this knowledge, to allow for some modification of the processes of emotional impairment.