

CHAPTER

5

Bowenian Family Therapy

THINKING ABOUT THIS APPROACH

Murray Bowen's approach can be thought of as a first-generation approach. At its core, it is a classical psychodynamic approach that has been updated and informed by systems theory. To develop the early theories of family therapy, theorists frequently simply modified older theories to fit their newly developed systems paradigm. These modifications changed their unit of analysis from the individual to the family. Kerr and Bowen (1988) summarize this by asserting, "Family systems theory radically departed from previous theories of human emotion functioning by virtue of its conceptualization of the family as an emotional unit" (p. viii). Bowen's theory was a grand theory that sought to describe the interrelationship of biological, psychological, and sociological levels of understanding.

Bowen's theory not only has been important to the development of the field, but it serves as a primary theoretical orientation for many therapists. It also has had significant influence on the theories of therapists who have developed an integrative approach (Miller, Anderson, & Keala, 2004).

Bowen started his theoretical journey at the Menninger Foundation in Topeka, Kansas, in 1946, but as his interest shifted from psychoanalysis to more systemic theoretical approaches, he left in 1954 to become a researcher at the National Institute of Mental Health. There Bowen's ability to observe whole families on the research ward pushed his theoretical understanding of families past a Freudian perspective (Kerr & Bowen, 1988). In 1959, Bowen moved to Georgetown University's Department of Psychiatry, where he taught and further refined his theory until his death in 1990.

Bowen's theoretical approach to family therapy is in the style of a grand theorist seeking to develop a theory that explains all social phenomena. As Friedman (1991) points out, "Bowen theory is really not about family per se, but about life" (p. 134). Bowen's work can be understood as an attempt to explain natural evolutionary emotional process. That is, it seeks to establish a model of how animals in general and specifically the human animal adapt to their environments. As Friedman goes on to declare,

it is thus not really possible to comprehend the thrust of the Bowen approach without considering the nature of our entire species and its relationship to all existing life, and indeed to all previous life (and other natural systems) on this planet, if not throughout the cosmos. (p. 135)

This is in stark contrast to other more recent theories that seek to focus only on therapeutic change and offer no explanation of the human condition. Thus, Bowen's theory has greater appeal to theorists who have an intellectual attraction to understanding rather than to being facilitators of symptom reduction.

The focus of Bowen's work is developing an intergenerational model of psychopathology based on the notion of a universal continuum rather than discrete categories (Friedman, 1991). Thus the occurrence of mental illness is the result of the degree one possesses certain universal traits, not an anomaly of genetic makeup. For example, this position postulates that schizophrenic processes exist in all of us in varying degrees. People who develop schizophrenia simply express a greater degree of the universal schizophrenic trait. Unlike some of his early contemporaries, Bowen was willing to view psychopathology as occurring in both adults and children as well as in relationships between people. Regardless of the apparent locus of the difficulty, the same universal multigenerational transmission forces create the symptoms.

Unlike later models of family therapy, the goal of this approach is not symptom reduction. Rather, a Bowenian-trained therapist is interested in improving the intergenerational transmission process. Thus, the focus within this approach is consistent whether the therapist is working with an individual, a couple, or the entire family. It is assumed that improvement in overall functioning will ultimately reduce the family member's symptomatology.

Eight major theoretical constructs are essential to understanding Bowen's approach. These concepts are differentiation, emotional system, multigenerational transmission, emotional triangle, nuclear family, family projection process, sibling position, and societal regression. These constructs are interconnected. One is unable to understand each of the terms without understanding the other terms. To more fully understand the theory, let us look at each of these terms. However, before considering the key terms, we need to first consider the emphasis Bowen puts on the concept of chronic anxiety.

The concept of chronic anxiety holds these constructs together. An underlying assumption in Bowen's work is that anxiety is a natural product in the process of living. Friedman (1991)

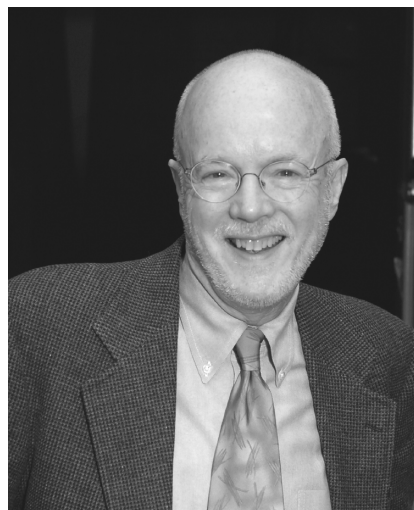
argues that chronic anxiety can be likened to Freud's notion of libido, which is the drive that powers his theoretical model. However, unlike libido, which is unique to mankind, Bowen found chronic anxiety to be universal to all life. It is an automatic or genetic response, not a cognitive response. When anxiety is low, we are able to think about our situations and our very existence. However, as anxiety increases, we become less able to think and more reactive to our situation. This pushes the balance between emotionality and thoughtfulness toward emotionality.

This can lead to a situation where the person is likely to be emotionally reactive. That is, he or she will respond to an event with an overly powerful, possibly overwhelming flood of emotion. Emotional reactivity usually results in the expression of powerful emotions, such as anger or rage. Over time the emotionally reactive person becomes conflicted, distant, and emotionally cut off.

Differentiation

Differentiation is the core concept in all of Bowen's theoretical work, and at the same time its definition is the most elusive. To a Bowenian therapist, differentiation is related to the psychodynamic concept of ego strength. However, it has been expanded to include interpersonal dimensions. Differentiation refers to how one functions in response to one's level of anxiety. Kerr and Bowen (1988) assert, "The more differentiated a self, the more a person can be an individual while in emotional contact with the group" (p. 94.). This allows the individual to think through a situation without being drawn to act by either internal or external emotional pressures.

The concept of differentiation is best understood in contrast to its opposite counterpart, emotional fusion. Emotional fusion refers to the tendency for family members to share an emotional response. This is the result of poor interpersonal boundaries between family members. In a fused family, there is little room for emotional autonomy. If a member makes a move toward autonomy, it is experienced as abandonment by the other members of the family. If one person in such a family feels anxiety, all members must feel similar anxiety. Often other negative emotions co-occur with this anxiety. Thus, when a member of an emotionally fused family experiences anxiety, an escalation of the negative emotional process occurs. A member of a differentiated family is able to contain his or her anxiety, allowing emotional issues to be addressed. He or she is able to balance the demands of being both autonomous from and connected to others.



Michael Kerr

Bowen postulated that the level of differentiation in a family tends to be stable over time. This view sets the goal for Bowen's therapy, which is to increase the level of differentiation in family members. Not only does differentiation play a part in family functioning, but Bowen saw it as playing a major role in mate selection (Kerr & Bowen, 1988). This theory postulates that we select mates who have about the same level of differentiation as we do.

Like a fused family, the thoughts and feelings of an undifferentiated person are fused. This results in a state of unbalance where the undifferentiated person is left to have only emotional or only intellectual responses to anxiety-producing situations. Since the person's emotional processes are cut off from his or her intellectual processes, it is difficult for such a person to find balance.

The confusion about the difference between thought and feelings is in part cultural. Our culture and media often confuse thinking and feeling with each other and use these terms interchangeably. Part of the approach involves helping the client understand the difference between and value of both emotions and thoughts. The therapist serves as an objective observer who provides clients with feedback as they learn to differentiate.

Since emotional fusion leads to people's having a difficult time managing their emotional connection with the people they are fused with, it sets up a need to see relationships in terms of "all or nothing." When the "all" becomes unbearable, an emotionally fused person will cut off the relationship. This often involves a geographic change as well as a cessation of contact. However, this does not resolve the conflict and anxiety. In fact, in some ways it makes it worse. Paradoxically, cutting off relationships fixes the anxiety in fused individuals' minds, and they continue to carry pain, anger, and often resentment. Since they have cut off contact and often placed real geographic distance between themselves and the person they are fused with, there is little chance for resolution of the conflict. One of the key tasks of therapy involves reestablishing contact and resolving issues with people whom clients have cut off.

Differentiation must be considered in its developmental context. Infants are born helpless and fused with their primary caretaker, often their mother. They are dependent on her for meeting all of their needs. At the same time the mother, especially if she is inexperienced, has much to learn about meeting the needs of this particular baby. This relational interaction can produce anxiety in both mother and infant. Over time the child and then the adolescent must develop his or her own separate personality composed of thoughts and feelings and ways of managing both. Ideally, the child develops to be successful and independent and moves out to start his or her own family. According to Kerr and Bowen (1988), "parents function in ways that result in their children achieving about the same degree of emotional separation from them that they achieved from their parents" (p. 95).

Kerr and Bowen (1988) developed a scale of differentiation of individuals ranging from a low of 0 to a high of 100. They saw it as a theoretical scale, but argued that the more differentiated you are according to the scale, the less likely you are to become ill or irrational as a result

of stress. Items to be administered as a test of personality profile have never been developed for the scale. Rather, descriptions are provided for broad ranges of scores. Points on the scale are determined by “the degree to which [people] are able to distinguish between the feeling process and the thinking process” (p. 97).

Since differentiation is an issue of self, Kerr and Bowen (1988) have identified additional styles of self. These are referred to as “pseudoself” and “borrowed functioning.” Pseudoself is an intellect style based on knowledge and beliefs taken from another. People with a pseudoself often seek validation from others by “talking themselves up.” They try to act more mature, strong, smart, or wise. This is done to hide their true self and their fears about their true self.

Borrowed functioning refers to the need to have an appearance of functioning at a higher level than one’s partner. It is the result of an unconscious attempt to manage anxiety by focusing on one’s partner. The person who is borrowing functioning has a vested interest in maintaining a focus on his or her partner’s problem. A person who borrows functioning is operating from a pseudoself position.

For example, a client may need his partner to stay depressed so he can maintain the appearance of superior functioning. This occurs despite his appearance of being willing to participate in therapy with his partner. However, as his partner improves, he will increasingly provoke her to regress to her original level of functioning. Thus, he is willing to participate in therapy as long as it is about someone else. During couple therapy, a spouse who is borrowing functioning might say something like, “Tell the doctor about your self-doubt with asking for a raise.”

Like most of Bowen’s theoretical constructs, borrowed functioning is seen as an unconscious attempt to deal with anxiety regarding potential exposure of one’s true self. If the partner of someone who is borrowing functioning improves, the borrower’s difficulty will be exposed or become the focus of therapy and the relationship.

Emotional System

In Bowen’s theory, the emotional system is the context in which an organism must exist. It connects members of a system to each other through predictable principles of organization. According to Friedman (1991), “a family emotional system includes the members’ thoughts, feelings, emotions, fantasies, associations and past connections, individually and together” (p. 144).

The emotional system includes both sides of the classic “nature versus nurture” debate. Aspects of nature captured by this concept include genetics, physical limits and abilities, and physical health. Issues of nurture include sibling position (defined below) and issues resulting from emotional cutoff and fusion transmitted from previous generations. The emotional system is a broad concept and synonymous with what other theorists would simply call a family system. It is viewed as an intergenerational phenomenon and takes into account the multigenerational transmission process (discussed below).

Multigenerational Transmission

The multigenerational transmission process gives Bowen's theory its multigenerational emphasis and perspective. To Bowen, the connection of current generations to past generations is a natural process. As Friedman (1991) states, from this perspective, "not only can the future be predicted on the basis of the past, but the past can be reconstructed on the basis of the ever-evolving present" (p. 148).

Acknowledging the multigenerational transmission process involves more than recognizing patterns in a family's history. Multigenerational transmission gives the present a context in history. This context can focus the therapist on the differentiation in the system and on the transmission process.

Bowen places little emphasis on the immediate source of a symptom. Rather, symptoms are seen as a natural expression of anxiety that has been carried forward by the family's emotional system. Here emotional and physical forces come together to allow for the expression of a symptom. Given this idea, a Bowenian therapist has little interest in just symptom relief. The multigenerational transmission process predicts that symptom relief will be short lived. Unless the level of differentiation is increased, a symptom will reappear or a new symptom will appear in another family member.

Emotional Triangle

A triangle is the network of relationship among three people. Bowen's theory "postulates the triangle as the molecule of any emotional system and the total system as a network of interlocking triangles" (Bowen, 1988, p. 216). Anxiety, the compelling factor in much of Bowen's theory, is seen as what motivates people to participate in a triangle. It is postulated that a two-person relationship can remain stable until anxiety is introduced. However, when anxiety is introduced into the dyad, a third party is recruited into a triangle to reduce the overall anxiety (Kerr & Bowen, 1988). It is almost impossible for two people to interact without triangling a third. For example, it is common for couples on dates to talk about their children.

Few persons in dyadic relationships have a high enough level of differentiation to avoid participating in triangles. This accounts for the stability of triangles over time. Focusing on triangles supplies a therapeutic strategy in itself. As Friedman (1991) explains,

if you, as a therapist, allow a couple to create a triangle with you, but take care not to get caught up in the emotional process of that triangle either by overfunctioning or being emotionally reactive, then by trying to remain a nonanxious presence in that triangle, you can induce a change in the relationship of the other two that would not occur if they said the same thing in your absence. (p. 151)

In families, children become triangulated in the parents' relationship and remain there for their entire lives. The patterns of interaction become stable in their structure but are dynamic in terms of their ongoing interaction. Bowen's attention to triangles is common in the first generation of family therapy theorists and has guided the marriage and family therapy movement away from psychoanalytic thinking. The focus has shifted from the interpretation of unconscious processes to observable interpersonal phenomena such as triangles.

Nuclear Family Emotional System

Bowen saw the nuclear family as the most basic unit in society. His concern was the total degree to which emotional fusion can occur in a family system. Chronic anxiety over time was seen as inevitably generating a symptom in the relationship system. This perspective is significant in the development of the field, for this theory clearly places a symptom inside the system rather than in an individual. Bowen (Kerr & Bowen, 1988) identified three categories of clinical dysfunction resulting from chronic anxiety in a nuclear family emotional system: dysfunction in a spouse, marital conflict, and dysfunction in a child.

As relationships form, people tend to select a partner who has a similar level of differentiation. If chronic anxiety is present in the family, there is a tendency for one of these patterns of symptoms to emerge. Once this emerges, there can be a shift in the locus of the symptoms as the family develops. For example, early in a marriage a husband may express the symptoms, but over time the anxiety gives rise to a pattern of marital distress. Over more time, the marital distress may give rise to a teenager's acting out to resolve his parents' ongoing conflict.

Bowen's interest in the nuclear family as the most basic unit in society is clearly a function of the historical period in which Bowen was writing and developing his theory. More contemporary authors have criticized family therapy for its focus on the traditional nuclear family (see Chapter 3). Bowen's theory is flexible enough to be applicable to a wide variety of family types.

Sibling Position

Bowen emphasized sibling position as a factor in determining personality. He based his conceptualization of the importance of sibling position on the work of Toman (1961). Toman's work described 10 different personality types for each sibling position. This was based on the idea that where a person is in birth order has an influence on how he or she relates to parents and siblings. Remember that Bowen considered the triangle the basic unit of families, so by and large, birth order determines the triangles you grow up in. For example, parents often have higher expectations of oldest children, who as a result often function as mini adults. They often assist with the raising and sometimes the discipline of younger siblings.

Bowen saw sibling position as a way to assess the degree of differentiation and the nature of the multigenerational projection process. He asserts that “the degree to which a personality profile fits with normal provides a way to understand the level of differentiation and the direction of the projection process from generation to generation” (Bowen, 1988, p. 385). For example, a family that has an oldest who acts like a youngest can expect a good deal of triangulation with that child.

Societal Regression

Since Bowen’s theory is general and universal, it is logical that it would be used to describe process on a societal level. As Friedman (1991) points out, Bowen “viewed society as a family, that is, as an emotional system complete with its own multigenerational transmission, chronic anxiety, emotional triangles, cutoffs, projection processes, and fusion/differentiation struggles” (p. 165). This unique perspective views society as being influenced by emotional processes. Historically there are ebbs and flows in the amount of anxiety in given societies, and we see the co-occurrence of social problems during times of high anxiety.

If one considers the level of anxiety in our society since the attacks of September 11, 2001, one sees the influence of societal regression. If Bowen were alive, he would likely argue that the appropriate response would be to remain differentiated as a society. He would support our shared grieving but warn us against being emotionally reactive in our response.

Bowen also became concerned with societal regression in the profession and was concerned that family therapy’s rapid expansion and popularity could result in its becoming a mere fad. Friedman (1991) argues that the field is regressing in two serious ways. First, it has become overly focused on administration, managerial techniques, and pursuing data indiscriminately. Second, family therapy is increasingly focusing on symptoms and new hot button issues. In summary, Friedman is concerned for the field because

there is little focus on the emotional well-being of the therapist. Indeed, Bowen theory might say that the pursuit of data and techniques through books and conferences resembles a form of substance abuse, binding the anxiety that will never really be reduced until the field focuses more on its own differentiation. (p. 166)

INNOVATIONS IN PRACTICE

By far the greatest innovation of this approach is its provision of a theoretical description of family therapy. The theoretical work of Bowen served as some of the earliest conceptualization

of how families could be worked with. This approach, which operated from a psychodynamic origin, made a smooth shift in the psychiatric community. Unlike the challenge to the mental health establishment from behavioral therapy and experiential therapy, this challenge was internal rather than external. Bowen was a trained psychoanalyst at the start of his career. However, he became less interested in psychoanalysis after reading a report that this approach was not as scientific as previously reported (Kerr & Bowen, 1988). Systems theory provided the bridge to make the study of psychotherapy more scientific.

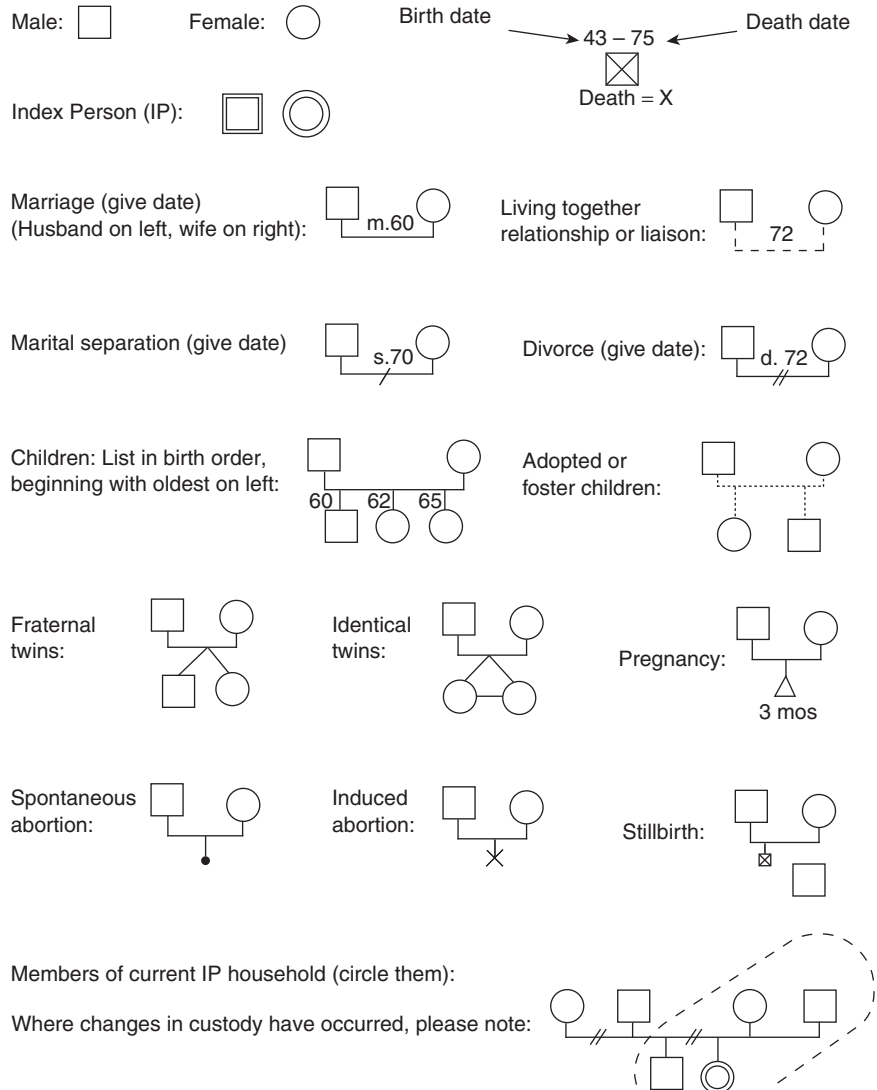
Part of the difficulty in making family therapy scientific is dealing with the volume of data. Adding a family member to an interview exponentially increases the amount of data the therapist is presented with. To process the data and keep track of the intergenerational patterns, Guerin and Pendagast (1976) developed the genogram. McGoldrick and Gerson (1985) expanded on this technique and made it nearly universal in marriage and family therapy. A genogram is a pictorial representation of family structure along with specific information such as dates of births, deaths, and marriages as well as descriptions of relationships. Generations of family therapists started their careers by either developing their own genogram or taking genograms of clients.

Let us walk through the basics of a genogram using the conventions developed by McGoldrick and Gerson (1985; see Figure 5.1). A basic genogram starts with a circle to represent a woman and a square to represent a man. Inside the figure, important information such as age, birth date, addiction, medical issues, and other relevant information can be included. Deaths are marked by an X drawn through the figure, accompanied by information such as date and cause of death. Marital relationships are symbolized by a line between a circle and square. Additional information can be added about the relationship, such as date of marriage if the couple cohabitated prior to marriage or length of courtship if this is significant. If the marriage has ended, the line is broken by two slashes. A common-law marriage is signified by a dotted line connecting the circle and square.

A couple's children are signified by circles and squares that hang down from the marriage line, from oldest on the left to youngest on the right. Again, it is important to fill in important information about each child, such as date of birth and special issues such as addiction or health concerns. Adopted or foster children are connected to their parents by a dotted line. Pregnancy is signified by a line with a triangle, and stillbirths are signified by a smaller circle or square with an X drawn through it. Since abortions are important events in a family, they are signified by a small darkened circle if spontaneous or an X if induced.

FIGURE 5.1

Key symbols in a genogram

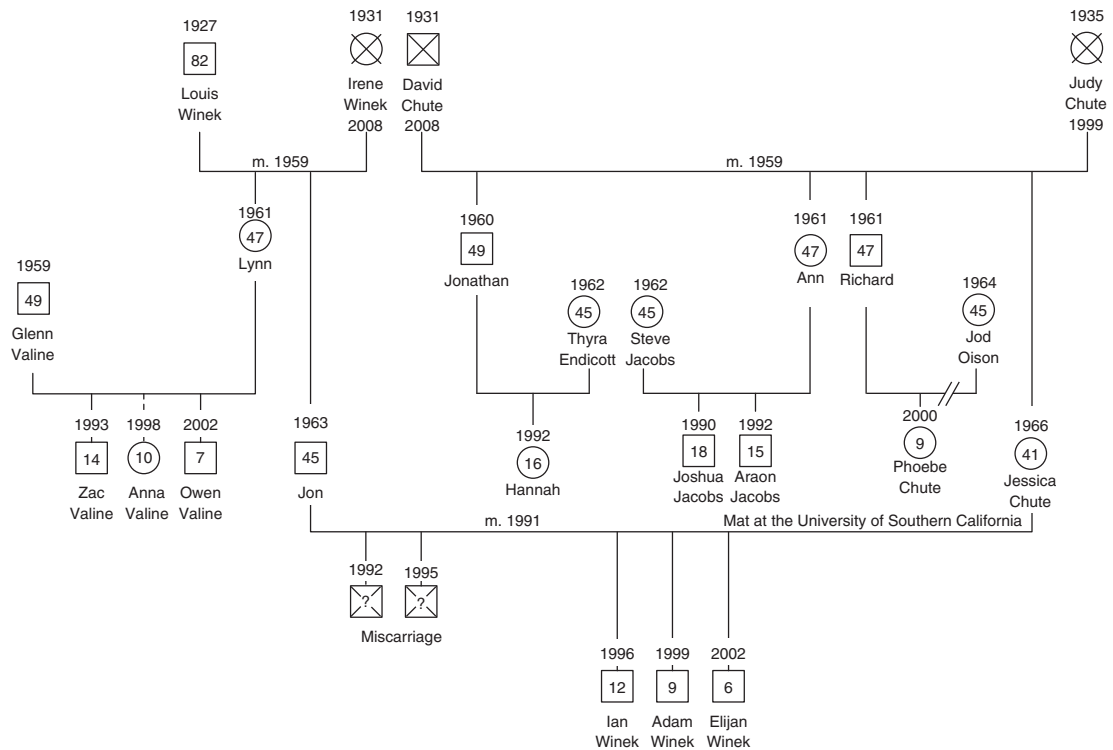


Source: McGoldrick & Gerson, 1985.

As an example, I am presenting a genogram of the Winek-Chute family showing three generations of our family (see Figure 5.2).

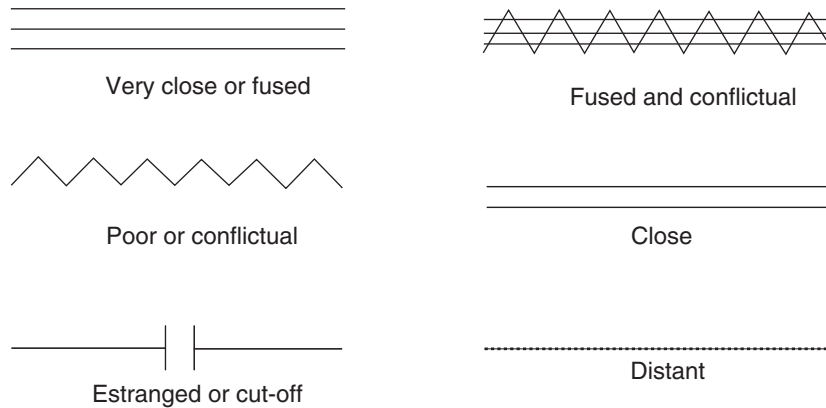
FIGURE 5.2

The Winek-Chute family genogram



A genogram can be used to focus on a variety of issues and factors, depending on the focus the therapist is interested in. McGoldrick and Gerson (1985) developed the symbols in Figure 5.3 to represent styles of relating between family members.

David Schnarch applied Bowen's theory and in particular the concept of differentiation to provide a theoretical link between the treatment of sexual dysfunction and issues of intimacy in conjoint couple therapy. In his book *Constructing the Sexual Crucible*, Schnarch (1991) develops what he calls the quantum model of sexual functioning. This model is defined as "a systemic framework integrating physiologic and psychological aspects of sexual functioning" (p. 21). This approach moves past a hydraulic view of sexuality, which constructs sexual response as the result of building sexual pressure and increased blood flow to specific organs. In Schnarch's view, sexual dysfunction is a result of emotional fusion between partners. In this approach, intimacy is a natural byproduct of sexuality. Intimacy involves a process of taking risks to grow and deepen emotional connection in the context of a committed relationship. Schnarch expands the discourse of intimacy further than other authors in the field.

FIGURE 5.3**Genogram symbols describing relationships**

Source: McGoldrick & Gerson, 1985.

From Schnarch's (1991) perspective, difficulty in sexual response and function is related to a person's level of differentiation. In his popular book *Passionate Marriage*, Schnarch (1997) provides examples of couples in therapy who, through increasing their level of differentiation, had spontaneous improvement in their sexual difficulties. From this perspective, we see that sexual problems can be spontaneously resolved by addressing differentiation in the individual as well as in the couple's dynamics.

QUESTIONING

When conducting a therapeutic interview from a Bowenian perspective, the focus is on the therapist's level of differentiation. According to Friedman (1991), "maintaining a non-anxious presence, or being objective, or even promoting differentiation in others, is connected to the being of the therapist" (p. 138). The therapist's level of differentiation is the key issue in the training of a new Bowenian therapist. In keeping with the theme of being continuous rather than seeing issues as discrete, the boundaries between supervision and therapy seem to blur. In a famous early paper that Bowen published anonymously (1972; Bowen, 1978), he describes how he worked on his own differentiation. This was done during a family vacation to the area where most of his family lived. Before making the trip, he corresponded with several family

members and revealed secrets that he had been holding. This action removed him from a number of triangles.

At its core, this approach is an insight-based approach, and so many of the questions in therapy are designed to provide the client with insight. They start on the factual and structural level and move to the emotional level. Initially in therapy, the therapist obtains information on the membership of one's family. As therapy progresses, the emotions of the client are explored in depth. As this occurs, the emotional intensity of the session often increases. The therapist maintains firm boundaries as transference and countertransference issues are addressed and resolved. Thus, questions are used to discover the issues and secrets that exist in the client's unconscious mind and extended family.

It is during this assessment phase that the genogram is often used. Factual questions are used to complete the genogram. The genogram serves to provide both client and therapist with an understanding of the problems. It allows clients to understand how issues such as cutoff, fusion, chronic anxiety, and the intergenerational progression impact their current symptoms.

STRUCTURING

Bowen family therapy is structured around the weekly 60-minute session. Family members can be invited for the interview. Unlike some of his founding peers, Bowen was willing to see fragments of whole families and individuals. It is rare that this modality of therapy is delivered in settings other than the professional interview room. It is difficult to remain objective in a client's home, and therefore this theoretical approach does not lend itself well to the family preservation model, in which the therapist will go to the home of a highly dysfunctional family to work intensively with the client.

The interview revolves around a calm discussion of the client's struggles and situation. The question and response sequence provides the structure of the session. In this approach, the therapist's responses to the client become the intervention that moves the client and his or her family to a more differentiated state, so we must consider the responses of the therapist part of the questioning process.

RESPONDING

In a Bowen-style interview, the hallmark of the therapist's response to the client is thoughtful objectivity. When working with a family, the therapist forms a new triangle with the client's family. The therapist's not being emotionally involved in the triangle and remaining objective lets clients become more aware of their own responses. In this way, the anxiety in the room becomes more conscious and gives the client an opportunity to address it directly.

One Bowenian interview guideline is based on the assumption that “objectivity is inversely proportional to reactivity” (Friedman, 1991, p. 153). To remain objective, the therapist must be able to manage his or her own anxiety. As we remember from our prior discussion, a person’s ability to manage anxiety is a function of his or her level of differentiation. For this reason, Bowen places emphasis on differentiation of the self of the therapist. In therapist training, trainees are encouraged to engage in their own personal therapy to increase their level of differentiation. Therefore, the focus of supervision is not on changing the client but on increasing the level of differentiation of the therapist. This creates an isomorphic increase in the client’s level of differentiation.

A therapist’s objectivity, if understood superficially, would seem to cut him or her off emotionally from the client. This is far from the truth; the therapist feels and is able to express emotional connection with the client. However, when therapists remain objective, they do not get lost or sucked into the emotion around the client’s issues. They have empathy for the client’s level of anxiety and at the same time manage their own anxiety.

In a similar fashion, Bowen rejected the interpretation of transference as an integral part of the therapeutic process. Rather, he advised therapists to stay out of the client’s transference by remaining objective. By remaining detriangled, Bowen invented the now-popular position of coaching. By remaining invested in the client but not overly emotionally involved, the therapist can remain connected with the client but outside of the client’s conflict. Acting as a coach, the therapist provides the client with gentle guidance.

The therapist warns the client about the natural consequences of emotional conflict and encourages clients who have been cut off to reconnect. By helping clients reconnect with others in a rational as well as emotional way, therapists provide clients with an opportunity to build real and healthy relationships with their extended family.

It is common for clients to use written expression to make contact with relatives who have been cut off prior to therapy. In these situations, the therapist can help edit letters to family members. When clients are encouraged to set realistic goals that are not emotionally loaded, they are made able to establish a limited but connected relationship with their family.

When people are not able to get all they want from a relationship, they often provoke a cut-off instead of trying to maintain a limited but real relationship. Psychologically, it would seem that we often choose no contact with a relative rather than deal with the implicit anxiety produced by a real relationship. We could simply say that undifferentiated people often decide that nothing is better than something.

APPLICATIONS

One of the most exciting applications of Bowen theory is in the development of the currently popular approach of coaching. This is defined as “the process of ‘coaching’ individuals in their efforts to change themselves in the context of their nuclear and parental family system” (McGoldrick & Carter, 2001, p. 281). This approach differs from individual therapy by placing the emphasis not on change in the individual’s intrapsychic processes, but rather on changes in actions in a person’s network of relationships. Unlike the solution-focused and narrative approaches to working with the individual, the past is emphasized. From this perspective, it is assumed that an exploration of historical process as they influence the family system is essential to changes in the present.

Coaching focuses on several processes that assist individuals in making changes in their family system. In essence, it is psychotherapy in clients seeking to simply maximize their mental health. When a client becomes less anxious, therapy is refocused on the process of planning action with family members. This often involves empowering clients to remove themselves from dysfunctional triangles. From here, clients differentiate by developing an emotional connection with others. They strive to see people for who they are, not for their idea of whom they should be. This means that the differentiated person sees his or her mother as a woman with thoughts, feelings, weaknesses, and strengths in her own right, not as simply one half of the person’s dysfunctional parental system. The process of change is a circular process of three steps: “(1) the change; (2) the family’s reaction to the change; and (3) dealing with the family’s reaction to the change” (McGoldrick & Carter, 2001, p. 291).

Bowen family therapy has been applied to several settings. Hayland (1990) has applied Bowen’s theory to her work with hospitalized children and adolescents. In an interesting article, Gibson (1993) builds on Bowen’s (1974) article and applies his theory to the systemic treatment of codependence. In this approach, codependence is seen as an issue of emotional fusion. Hertlein and Killmer (2004) made interesting use of Bowen’s concept of differentiation in applying it to their treatment of homeless clients who were not mentally ill.

ACTING AS A BOWENIAN FAMILY THERAPIST

The hallmarks of Bowenian therapy are anxiety reduction and insight into family dynamics. This occurs by the therapist’s maintaining an objective stance, as described above. As therapy progresses, the client is able to become more differentiated—that is, able to remain objective

regarding the conditions of his or her life circumstances while staying emotionally connected to extended-family members. Intimacy and sexuality are linked to each other in an emotionally secure manner, and the family is able to promote separation as well as connection in all members. Therapy is often a lengthy process where the family might come into and out of therapy as new issues arise.

Case Example: The Case of George's Anxiety

Session One

George, a 42-year-old Caucasian male, is referred by his psychiatrist for psychotherapy around his depression and anxiety. George is a bright and articulate doctorate-level manager in a grant-funded educational foundation. He has been depressed for two years and relates the onset of his depression to being promoted to a “high-pressure, low degree of autonomy, middle-management position.” He has worked with his employee assistance counselor for the past year. He reports that this has provided some relief of his depressive symptoms, but he remains anxious. He further reports that he has difficulty not taking on the problems of his employees.

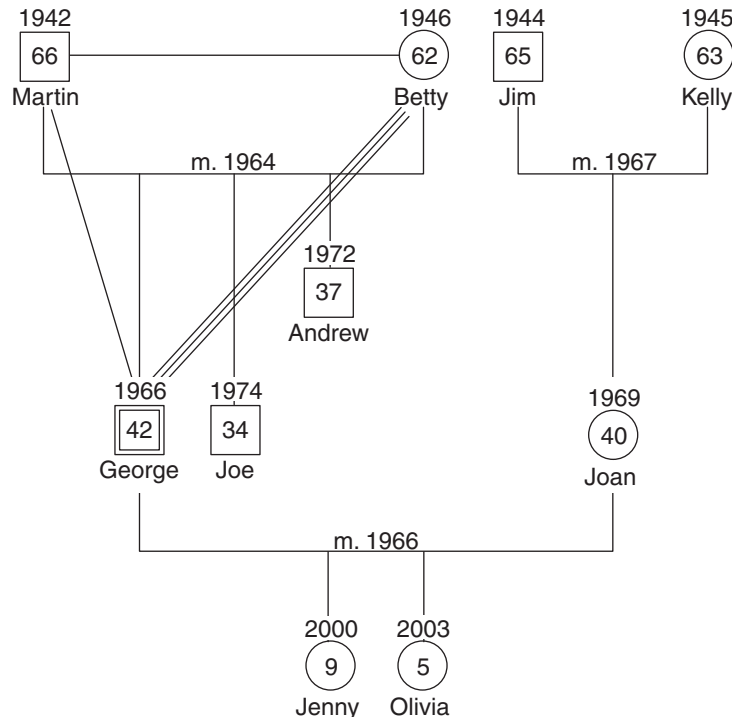
According to George, he is happy and secure in his marriage. He has been married for 12 years and has two daughters ages nine and five. He reports that the children are doing well and that he has a supportive wife. However, he reports that in recent months he has had difficulty maintaining the boundary between work and home. He brings stress to his home, which he does not like, and he often finds himself so concerned about a detail of his job that he returns to his office in the evening to work on projects and to calm his anxiety.

There is no history of anxiety disorder in his family. However, he describes his mom as an unhappy person. He further reports that during his childhood, he had an overinvolved relationship with his mother. He reports that at some point when he was a teen, his father started to withdraw to his workshop in the garage. When this happened, George became closer to his mother. He has two younger brothers, ages 34 and 32. He reports that they are all doing well, have all graduated from college, and are all in stable relationships.

Toward the end of the first session, the therapist begins to negotiate a therapeutic contract with George. George has been started on a course of antidepressant medication. He also has been prescribed a benzodiazepine to take when his anxiety gets out of control. George recognizes that he needs the meds in the short run, but he is requesting therapy to address issues in his personality so that he can get off the medication in the long run. He reports another depressive episode when he first moved out of the house during his junior year in college.

Session Two

This session is spent developing a detailed genogram. George's genogram is taken as follows.



A couple of significant patterns emerge as the genogram is developed. These patterns revolve around George's relationship with his parents. He feels that his father withdrew from the family when he became a teenager. He recalls that his father would spend more and more time away from the family. This took the form of working overtime and tinkering in his workshop. George reports that at a young age, he had the feeling that his father was avoiding his mother.

This pattern set up the next dynamic apparent in the genogram, which is George's overinvolved relationship with his mother. George reports that he felt he was elected to serve as his mother's companion when his father became less involved. This continued throughout his high school years and into college. George initially reports that he spent the first two years of his college career at a local community college because he was not ready to move out. Then he corrects himself and states that he stayed at home because his mother was not ready for him to move out. His therapist suggests that neither he nor either of his parents was ready for him to move out.

When asked about his current relationship with his mother, he reports that at times it is strained. When asked for more details, he reports that when he calls his parents, his mother

always adds “helpful advice” or encourages him to attend the church he grew up in. He reports that while he has a strong faith, he and his wife have chosen a different denomination in their religious practices. He reports that his mom sometimes tries to make him feel guilty for not raising his daughters in the “right church.” When asked, the client reports that whenever he calls his parents, he talks to both of them at the same time on the phone. This is taken to indicate that there is a strong triangle with him and his parents. At this point, the client is engaged in a discussion on the nature of emotional triangles and encouraged to write letters to each of his parents, not one letter to both of them.

Session Three

George comes to the third session reporting a significant decrease in his anxiety. He reports that he has been much less stressed at work. When asked how he has been able to do this, he reports that he has been able to stay out of employee conflict. In the past, he would be sucked into a conflict, but over the past week he has been able to stay out of it. When asked what happened when he stayed out of it, he laughs and reports that “no one died.” When asked further, he says that the employees were able to resolve the conflict themselves. He reports that when he tried staying out of the conflict, he was anxious at first, but after he calmed his anxiety he was able to stay out. This leads to a discussion on his self-soothing skills. George reports that he was able to talk to himself with a supportive voice. When asked whose critical voice he heard before, he says it was his mother’s.

The remainder of the session is spent exploring George’s relationship with his parents. He reports that while he was able to write each of his parents their own letter, he was unable to send them. He reports that he found them too superficial to mail. He was concerned that if he confronted his mother, she would slide deeper into a depression she was experiencing.

George is asked how his father handles his mom’s depression, and he talks about how his father continues to withdraw. Currently, he is very active with the local volunteer fire department and his radio club. George laughs and says, “He talks to people on the other side of the world but won’t talk to his wife.” George is then asked to discuss how this abandonment by his father makes him feel.

George is unable to express his anger despite looking angry. When the therapist tells him he looks angry, George states he probably is but is unable to own this feeling. He relates how, when he was a teen, his parents were unable to accept any negative feelings from him. He describes how they would interpret any such expression as his being ungrateful for all they had done for him. He then goes on to describe how he withdrew into music as an expression of his feelings.

His therapist discusses setting boundaries with his parents, especially when it comes to his mother and her constant giving of advice. George becomes somewhat anxious and his eyes fill with tears as they discuss these issues. The therapist asks if he feels such a move would be

an expression of his lack of gratitude toward his parents. George affirms this, then goes on to say that while he knows intellectually that it is not an expression of his ingratitude, he feels as if it is. The therapist asks George if he could write and send a separate letter to each of his parents expressing gratitude toward them, then in the future write a second letter to each of them attempting to set some boundaries. George agrees that this would be a good idea but says it would be hard. He also thinks the expression of gratitude and the limits should come in the same letter. The therapist agrees, and George says he will bring a draft to the next session.

When it is suggested that he talk to just one of his parents the next time he calls on the phone, George becomes anxious and states that he is unable to do this. When asked if he could write a letter to each of his parents separately rather than writing them both at the same time, he is open to this idea. The therapist then asks George to write the letters for a homework assignment.

Session Four

George arrives at the next session with drafts of letters to each of his parents. He is visually brighter and reports that between sessions he has been significantly less depressed. He wonders if his medicine is starting to work. The therapist states that he is setting better boundaries in his life and taking better care of himself emotionally, so that this and the medicine are probably helping.

At this point, George shares his letters with the therapist. He describes how difficult it was to write them and reports that he was tearful at several points while writing the letters. However, he reports that rather than holding back his tears and feeling ashamed of his feelings, he let them flow. He also reports that as he wrote the letters over several days, he felt his anxiety diminish.

At George's request, his therapist reviews his letters. His letter to his father discusses his dad's abandonment and talks about his loss over not being closer to him. The letter ends with a request to be closer to him in the future, along with an open invitation to talk in person should he want to.

The letter to his mother is considerably longer. In this letter, he also discusses his feelings of abandonment. He then discusses his feelings of inadequacy that result from his mother's advice giving. He further confronts her for her pattern of offering praise and then adding a *but*. When the therapist asks for an example, George reports that she might say, "Good job," when he got an A- in a class he struggled with, "but if only you worked harder, you could have gotten an A." Another example is, "Your girls are wonderful, but don't you think you should be raising them Baptist rather than in the Presbyterian Church?"

When asked how his parents would respond to receiving these letters, George becomes fearful and states that he thought the letters were for his benefit and not actually to be sent. The therapist then asks what he is afraid of. George answers that he is afraid of losing his relationship

with his parents. The therapist states that in healthy relationships, you can say what you need to say to another person at any time. This makes George tearful and quiet.

As the session time ends, the therapist requests that George think about what it would take for him to be able to send such letters. George shakes his head and states that he's not sure. He does say that he feels he can tell his wife his feelings at any time. He also says he feels he could hear what his daughters have to say to him about their relationship. He goes on to describe how they have family meetings to discuss issues in the family as needed. The therapist points out that it's great that he doesn't need his parents to be emotionally mature in his relationship with his daughters.

Session Five

The next session is held three weeks later after George returns from work-related travel. At the start of the session, George talks about a conflict he and his wife had over expenses related to renovations to their living room. He relates the conflict to a miscommunication, and both ended up being hurt by the argument. The therapist asks him to reflect on his feelings during the argument, and he relates that he was feeling abandoned and unappreciated because of his wife's concern about how much the project was going to cost. He thought they had an agreement to start the project, but she didn't see it that way. He had started the project when she was away, as a surprise, and when she returned and raised concerns over the cost, he was hurt. As a result, he withdrew from her for a number of days and felt a slight increase in depression and anxiety.

When asked how he pulled out of his depressed mood, he reports that because of his medication and his ability to calm himself with positive self-talk, he was depressed and withdrawn for only a few days. He reports that six weeks ago he would have been in his bed crying for a week, possibly two.

George also reports that this time when he withdrew, rather than dwelling on the negative hurt feelings, he decided to take responsibility for his feelings and try to find a way out. It was with this spirit that he had the insight that he was experiencing the same kind of feelings he had had in his adolescence when his mother would criticize him. He reports that intellectually he knew his wife was not trying to be critical; she was only surprised and concerned over the family's finances. However, George recognized that he felt hurt and abandoned.

He was able to regroup and talk about the conflict with his wife. They had a productive conversation, and both were able to take responsibility for their own emotional reactivity. Both were concerned that the other had become their parent. George and his wife were able to say that neither of them wanted to be the bad parent. They decided they would be peers rather than take a parental role during an argument. The therapist gives George positive feedback for this innovation and change in their relationship.

In the last few minutes of the session, George discloses that he has decided it would be better if he discussed his relationship with his mother with her in person. The therapist offers to invite her for a session, and George replies that she would never see a secular therapist. He states that he feels he could talk to her on his own and would like to have a session to plan their conversation. A family reunion is coming up in three weeks, and George feels he will have a chance to talk to her then. Since George is feeling so much better, he requests a follow-up in two weeks.

Session Six

At the start of the session, George reports that he has not felt at all depressed or anxious between sessions. He attributes this to his newfound ability to not be drawn into conflict at work. He reports that he does not need the immediate approval of his staff to feel good about himself. He also reports that he has been able to relate to his wife on a deeper level. They have had several long talks about their wants and desires for the future of the family, and they have made some decisions based on these conversations. They have decided that his wife will cut back work to half time to have more time available to be with their children. While this would be a financial burden, they feel good about the decision and how it fits their view of how their family life should be.

As a result, George reports having a better relationship with his daughters. He has made it a point to take separate outings with each one and work on developing a better relationship with each. George becomes tearful when describing how he has sometimes felt self-conscious when with his daughters. He reports that this has shifted and he is able to feel more at ease with them. He recognizes that his uneasy feelings were the result of his fear over being unable to control them. He states that he no longer cares what others think about his daughters; he has decided that what they think of him is more important.

George spends the last half of the session preparing for his talk with his mother. He has thought about the issues a good deal between sessions, and the therapist mostly supports his approach. He has decided to approach his mother from a position of love. He states that his goal is to have a closer relationship. He decides that he does not want to approach his mother out of anger or to seek an explanation for her past behavior.

He has decided that he should approach her alone, without his father present. To lay the groundwork, he wrote her and requested that they spend some time alone. She responded with a phone call inquiring what was wrong. He responded by saying nothing was wrong, just that he would like to talk to her about their relationship. When pressed, he successfully set a boundary and told his mother they could talk more in person. At first his mother was angry; however, when he did not buy into her anger, she apologized for her anger and said that she was looking forward to talking.

Session Seven

George arrives for this session in good spirits and discusses the reunion. He states that it went better than he could have imagined. While he was anxious about the conversation, he reports that he and his mother had a long talk. After she twice denied her tendency to criticize, she was able to talk to him about her struggles with perfectionism. She also started to talk about her emotional abandonment by his father. When George set a limit by telling her that she would have to work that out with his father, she was able to take responsibility for her relationship with her husband.

George and his mother agreed that they wanted to be closer, and his mother agreed to try not to criticize him. They both expressed some concern that she might not be able to do this. They agreed that if she fell into the old pattern, George was to confront her. She also stated that she wanted to be closer to her grandchildren. George admitted that perhaps he was avoiding her to avoid her criticism. To this, she broke down in tears and stated that she thought he was a good father and that Jane was a good mother. She discussed how her mother had criticized her when she was a young mother and was sad that she had repeated the pattern.

During this part of the session, the therapist mostly listens and at a few points gives some positive feedback to support this change in George's relationship with his mother.

George goes on to report that he is feeling no depressive or anxiety symptoms. He states that his job is still stressful, but he is able to maintain a healthy perspective. He talks about stopping his medication someday, but for now he is comfortable taking it. He is grateful for the "coaching" he has received in therapy. He states that he would like to follow up in four weeks for a wellness check and to possibly work with his wife to develop a way to talk to her about their finances. He states that while they share goals for the family's future, they have different views about how they can achieve these goals.

A few minutes are spent reviewing the course of therapy and reinforcing the positive changes George has made in his differentiation. He is also encouraged to continue to set boundaries in his relationships. The option of returning for a session sooner than four weeks is offered should he feel the need. The therapist says good-bye, and George thanks the therapist for helping him.

Case Discussion

The first two sessions are focused on developing a therapeutic relationship and assessing the client's situation. Since George is in a secure and satisfying marriage, his wife is not brought in as part of the assessment. George seems to be having a difficult time with his anxiety at work. He does, however, have difficulty with issues in his relationship with his parents. He is somewhat fused to his mother and is involved in a triangle with her and his father. The therapist ends the second session by educating George on triangles.

In the third session, the client reports that he has made progress in removing himself from triangles at his work. While he has been quick to make progress in his work relationships, he is still stuck in a triangle with his parents. Noting that George has cut off some feelings, the therapist gently makes George aware of some anger that he has related to abandonment from his father and criticism from his mother. In addition to coaching about triangles, the therapist provides coaching regarding setting boundaries with his parents, while encouraging George to develop a more healthy relationship with them.

In the fourth session, George is feeling better and enjoying the early gains of therapy. George has made significant strides in addressing the relationship with his parents and feels somewhat relieved by writing to them. Although happy about the early progress, the therapist is concerned that George was unable to send the letters to his parents. This is taken to indicate that there is still work to be done.

After a long break between sessions, George reports some regression in the fifth session. In some ways he has become his father by withdrawing from his wife. However, since George is bright and really understands what he is learning about emotional reactivity, he was able to talk with his wife about their relationship rather than simply repeating the pattern his parents established.

The sixth session is spent coaching George on ways to improve his relationship with his family of origin. He is actively working to have a different family than the one he grew up in. He is also interested in changing his relationship with his parents and is working hard preparing to approach them in a productive manner.

The seventh session is spent mostly reinforcing changes George has made. The therapist is happy with the level of success to date. Since George requests a follow-up with his wife, the therapist is willing to coach the couple to improve their relationship and further disrupt the intergeneration transmission process.

EVALUATING BOWENIAN FAMILY THERAPY

A comprehensive review of literature on outcomes, published by Miller and colleagues (2004), concluded that clinical research provides evidence that Bowen's theory is a valid and effective theory of marriage and family therapy. It is surprising that such an influential theory in the field of marriage and family therapy has lacked empirical validation for so long. However, the relevance of Bowen's theory and the power of anecdotal reports of clinical change have long been enough to provide for the long-term acceptance of the theory. If this were not a foundational theory, it is doubtful that it would be so well accepted with so little empirical verification.

Despite the lack of direct evidence, Miller and colleagues (2004) have provided some evidence of support for Bowen's theory by testing the empirical validity of several of the concepts

underlying it. They looked at the theoretical constructs of marital similarity, chronic anxiety, marital satisfaction, triangulation, multigenerational transmission of emotional processes, sibling position, and universality. After an exhaustive review of the literature, they concluded that, “in support of Bowen theory, differentiation and anxiety were found to be significantly associated with psychological adjustment and marital satisfaction” (Miller et al., 2004, p. 462). However, there was no valid evidence that people marry someone of the same level of differentiation and little support for Bowen’s specific theory of sibling position. Likewise, there was little support of Bowen’s theory of triangulation, and his concepts of multigenerational transmission and universality remain untested.

Bowen clearly spells out the relationship between anxiety and differentiation when he states that “chronic anxiety increases as level of differentiation decreases” (Kerr & Bowen, 1988, p. 117). It is further hypothesized that anxiety leads to psychological distress, and studies have indirectly tested the link between the two. Miller and colleagues (2004) have located eight studies that find the predicted relationship between differentiation and psychological distress.

Miller and colleagues (2004) have extrapolated that “Bowen’s theory hypothesizes that differentiation is positively correlated with marital satisfaction” (p. 457). Based on their extensive review of the literature, they conclude that “several studies have examined this proposition and have found a strong, positive relationship between differentiation and marital quality” (p. 457).

LEARNING EXERCISES

1. Practice creating a genogram by interviewing members of your family. Be sure to provide as many details as possible over three generations. What significant events have occurred in your family over the past 50 years? More important, what has been the family’s response to the anxiety that these events have created? Try tracing the intergeneration projection process that occurs in your family. Are there any cutoffs from members of your family that have produced any “out-cast” or “lost” members?
2. Divide into groups of three, each consisting of a therapist, a client, and an observer. Have the therapist conduct a 15-minute interview with the client about a conflict-carrying situation the client was in recently. While the interview is going on, have the observer watch the therapist to see how she processes the client’s anxiety and feelings about the conflict. At the end of the time, have the observer provide feedback to the therapist about her objectivity. When did the therapist seem least and most objective? Have the client also provide feedback about how supported he felt, especially when the therapist was objective.

3. Divide into groups of two or three and discuss the level of differentiation in your family of origin. How did that level of differentiation change over the period of your development? Were there any members who borrowed functioning?
4. Divide into groups of two or three and discuss how you process the anxiety in your lives. Discuss periods of your life where you experienced the most anxiety. How did you cope with your anxiety? Since Bowen saw sanity–insanity as a continuum and believed that chronic anxiety results in emotional difficulty, describe how you would become crazy if you became overwhelmed by anxiety. In other words, what kind of crazy would you go if you went crazy?

DISCUSSION QUESTIONS

1. A superficial understanding of objectivity sees it as a cold, uncaring, almost antiseptic position to take during an interview. Discuss ways objectivity can be presented to the client in a caring, compassionate, and empathetic way.
2. Discuss how anxiety prevents you from being differentiated during times of crisis. What techniques do you use to manage anxiety? How do these techniques allow you to remain differentiated during times of crisis?
3. In your family of origin, what themes have been repeated over several generations? Are there members of your family that you have cut off? If so, what is the family's explanation of why and how this happened? What would be different in your family if you reconnected with the members you have cut off?
4. Talk about the current level of anxiety in your class regarding being successful in your training. As you take positive steps to decrease your anxiety, what happens to your ability to be clear in your thinking and in touch with your feelings?

