

FUNDAMENTALS OF FAMILY THEORY

2. THE BOWEN THEORY

2.1. Introduction

Dr. Murray Bowen, a psychiatrist, originated this theory and its eight interlocking concepts. He formulated the theory by using systems thinking to integrate knowledge of the human species as a product of evolution and knowledge from family research. A core assumption is that an emotional system that evolved over several billion years governs human relationship systems. People have a "thinking brain," language, a complex psychology and culture, but people still do all the ordinary things other forms of life do. The emotional system affects most human activity and is the principal driving force in the development of clinical problems. Knowledge of how the emotional system operates in one's family, work, and social systems reveals new and more effective options for solving problems in each of these areas.

- **Triangles**
- **Differentiation of Self**
- **Nuclear Family Emotional System**
- **Family Projection Process**
- **Multigenerational Transmission Process**
- **Emotional Cutoff**
- **Sibling Position**
- **Societal Emotional Process**

Murray Bowen's family systems theory (shortened to 'Bowen theory' from 1974) was one of the first comprehensive theories of family systems functioning. While it has received sporadic attention in Australia and New Zealand, it continues to be a central influence in the practice of family therapy in North America. It is possible that some local family therapists have been influenced by many of Bowen's ideas without the connection being articulated. There is a pervasive view amongst many proponents of Bowen's work that his theory needs to be experienced rather than taught. While this may be applicable if one can be immersed in the milieu of a Bowenian training institute, such an option, to my knowledge, is not available in this country. Bowen's own writings have also been charged with being tedious and difficult to read. Hence it seems pertinent to present this influential theory in an accessible format.

Bowen family systems theory is a theory of human behavior that views the family as an emotional unit and uses systems thinking to describe the complex interactions in the unit. It is the nature of a family that its members are intensely connected emotionally. Often people feel distant or disconnected from their families, but this is more feeling than fact. Family members so profoundly affect each other's thoughts, feelings, and actions that it often seems as if people are living under the same "emotional skin." People solicit each other's attention, approval, and support and react to each other's needs, expectations, and distress. The connectedness and reactivity make the functioning of family members interdependent. A change in one person's functioning is predictably followed by reciprocal changes in the functioning of others. Families differ somewhat in the degree of interdependence, but it is always present to some degree.

The emotional interdependence presumably evolved to promote the cohesiveness and cooperation families require to protect, shelter, and feed their members. Heightened tension, however, can intensify these processes that promote unity and teamwork, and this can lead to problems. When family members get anxious, the anxiety can escalate by spreading infectiously among them. As anxiety goes up, the emotional connectedness of family members becomes more stressful than comforting. Eventually, one or more members feel overwhelmed, isolated, or out of control. These are the people who accommodate the most to reduce tension in others. It is a reciprocal interaction. For example, a person takes too much responsibility for the distress of others in relationship to their unrealistic expectations of him. The one accommodating the most literally absorbs anxiety and thus is the family member most vulnerable to problems such as depression, alcoholism, affairs, or physical illness.

2.2. Development of the Model

Dr. Bowen trained as a psychiatrist and originally practised within the psychoanalytic model. At the Menninger Clinic in the late 1940s, he had started to involve mothers in the investigation and treatment of schizophrenic patients. His devotion to his own psychoanalytic training was set aside after his move to the National Institute of Mental Health (NIMH) in 1954, as he began to shift from an individual focus to an appreciation of the dimensions of families as systems. At the NIMH, Bowen began to include more family members in his research and psychotherapy with schizophrenic patients. In 1959, he moved to Georgetown University and established the Georgetown Family Centre (where he was director until his death). It was here that his developing theory was extended to less severe

emotional problems. Between 1959 and 1962 he undertook detailed research into families across several generations. Rather than developing a theory about pathology, Bowen focused on what he saw as the common patterns of all human emotional systems. With such a focus on the qualitative similarities of all families, Bowen was known to say frequently that there was a little schizophrenia in all of us.

In 1966, Bowen published the first orderly presentation of his developing ideas. Around the same time he used his concepts to guide his intervention in a minor emotional crisis in his own extended family, an intervention which he describes as a spectacular breakthrough for him in theory and practice. In 1967, he surprised a national family therapy conference by talking about his own family experience, rather than presenting the anticipated formal paper. Bowen proceeded to encourage students to work on triangles and intergenerational patterns in their own families of origin rather than undertaking individual psychotherapy. While the core concepts of Bowen's theory have changed little over two decades, there have been significant expansions: the focus on life cycle stages and the incorporation of a feminist lens.

2.3. The Theory

Bowen's focus was on patterns that develop in families in order to defuse anxiety. A key generator of anxiety in families is the perception of either too much closeness or too great a distance in a relationship. The degree of anxiety in any one family will be determined by the current levels of external stress and the sensitivities to particular themes that have been transmitted down the generations. If family members do not have the capacity to think through their responses to relationship dilemmas, but rather react anxiously to perceived emotional demands, a state of chronic anxiety or reactivity may be set in place. The main goal of Bowenian therapy is to reduce chronic anxiety by...

1. Facilitating awareness of how the emotional system functions; and

2. Increasing levels of differentiation, where the focus is on making changes for the self rather than on trying to change others.

Eight interlocking concepts make up Bowen's theory. The eighth attempts to link his theory to the evolution of society, and has little relevance to the practice of his

therapy. Bowen viewed himself as a scientist, with the lofty aim of developing a theory that accounted for the entire range of human behaviour and its origins.

2.4. Critique of Bowen's Model

Bowen's model of family therapy is perhaps most distinctive for its depth of evaluation beyond symptoms in the present. Its focus on emotional processes over the generations and on individuals' differentiation within their systemic context offers family therapists a multi-level view that has usually been reserved for psychodynamic therapies. Bowen's model pays attention to the emotional interaction of therapists and their clients and expects that the process of therapy must in some way be applied to the therapists' own lives, so that they are able to remain meta to the client family system.

A number of Bowenian therapists acknowledge that the wider focus of Bowen's model can be a drawback in that many clients want only to address symptom relief in the nuclear family. For the Bowenian therapist, symptom reduction is seen only as the ground work from which families can proceed less anxiously towards working on detriangling and improved levels of differentiation. Herein lies a clear danger of discrepancies in client and therapist goals.

While Bowenian therapy has been embraced by some leading feminist therapists, such as Betty Carter and Harriet Goldhor Lerner, it has also received its share of criticism from a feminist perspective. Deborah Leupnitz points out that Bowen, along with other male family therapy pioneers, has paid rather too much attention to the mother's contribution to symptom development in the child. Some support for this can be found by scanning the index to Kerr and Bowen, where fathers do not warrant a category yet mothers are referenced in relation to families of schizophrenics, levels of differentiation in the child, and their role in triangles. A perceived over-investment by a mother in her child is seen as a sign of undifferentiation.

Unlike the current feminist therapists who use the Bowenian model, Murray Bowen, along with many of his Georgetown colleagues, failed to contextualize maternal behaviour. Patriarchal assumptions about male/female roles and family organisation are not acknowledged or critiqued, which leaves women vulnerable to having their socially prescribed roles pathologized. Women are readily labelled as over concerned, and their active, relational role in families too easily labelled as fused and undifferentiated. There is no questioning of societal norms that can be

seen to school females into undifferentiation by teaching them always to put others' needs first'.

The women's project in family therapy asserts that a model such as Bowen's pressures the woman to back off while placating and courting the distant male. Carter asserts that this is not only biased against women but disrespectful of men since the model assumes men's limitations in terms of emotional engagement in therapy and family relationships. An ongoing challenge for feminist Bowenian therapists is to reconstruct a therapy language of intimacy and attachment that is not misused to imply dysfunction.

Another criticism that flows from the biases of Bowen's male defined terminology, is that his is a therapy lacking in attention to feelings. It is asserted that Bowen's therapy focuses on being rational and objective in relation to emotional processes, which relegates to a low priority the expression of emotions in therapy. With its invitation to explore the tapestry of one's family across the generations, the model presents an emotionally intense therapy. While Bowen may emphasize the goal of helping the client learn about their family's emotional processes, in practice it is the experience of the emotions, embedded in family of origin relationships that is a key motivator for the client to undertake family of origin work.