

Through the Lens #8

Bowen Family Systems Theory: *The Past, The Present, and The Future*

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I. The Past

A. Bowen Theory

Bowen family systems theory—a new way of thinking about human interactions—began when Murray Bowen was at the famed Menninger Clinic in Topeka Kansas during his training and teaching years. He has described its beginnings in his writings[1]

He said that by the time he left Menninger, the theory was well formed in his head. He only needed to subject it to the rigors of more formal investigation and observation. This, he said, was primarily to convince himself of its accuracy.[2] The National Institutes of Health, in the newly-formed mental health facility offered him that opportunity. By the time he left there, he said that he had convinced himself that the theory was factual. The family could be said to be an emotional unit, as a function of its relationship fusions. And those fusions were seen to take precise, observable and definable forms. Several other concepts followed in fairly short order from this root observation. They were: The Scale of Differentiation of Self, Triangles, Cutoff, Family Projection Process and Multigenerational Transmission Process. Sibling position and Societal process would follow later.

Bowen's studies in Freudian psychoanalysis at Menninger and I think the overwhelmingly important figures of Dr. Karl Menninger and others as mentors were important catalysts at the beginning. As well, his studies in evolution were powerful influences. But what emerged over these years was a fundamentally different way of thinking—systems thinking. It included as many of the facts of the family as possible, always looking at a bigger picture, through the eyes of logic, while at the same time, understanding the powerful influence of emotions and emotional relationship patterns. Emotions were defined as the part of the human held in common with other species.

Most of Freudian thinking and therapeutic effort had to be left behind as so mired in emotional direction, fantasy and subjectivism as to be useless for any scientific effort or even "therapy." But there was one Freudian concept that Bowen kept. I once asked Dr. Bowen about the phenomenon of transference. He answered, "I don't see how you can get around it." So, that automatic responsiveness based on past experience that could

interfere with not only the therapeutic relationship, but actually with any relationship, was preserved in the new theory. So also was that automaticity in the therapist, counter transference.

Many of Bowen's colleagues in the early days of the family therapy movement thought that they were doing something new—family therapy. And they were. However, their thinking had not undergone the profound transformation that his had, when he went from “thinking individual” to “thinking systems.” They simply did what my professors advocated when, as a resident, I asked to be trained in family therapy. They wanted me, already a bit grounded in psychoanalytic tenets, to learn how to use them in a group therapy setting. I found a professor who could teach me group therapy, as I was asked to. I applied my psychoanalytic training to whatever the members of the group brought into it. Thus was born the first group therapy training at my medical school, SUNY at Buffalo.

Bowen often commented that these colleagues, whom he admired and respected, and sat with on many daises, didn't get it. They didn't any more than I did. They didn't see that there was going to be needed an entirely new way of thinking, in order to see the human emotional unit, the family, how it operated, and in order to impact it in any way.

B. The Impact of Bowen Theory Upon My Life and Work

As I gained some facility with Bowen theory, much changed for me personally. My family relationships were cut off. As I began to make more, and more meaningful contact with family members, a chronic depression rather suddenly lifted. The freedom from this symptom has endured for 25 years. My relationships have become more numerous and of a better quality. My children have done better.

At the same time, I found some interesting results in my practice. Divorce among my consultees became much less common. People in general did better. They lost symptoms, achieved more, became more sure of their parenting. They needed less and usually no medication. I began to make some contributions to my field.

A brother of mine summed it up when he commented, “I don't know what you are doing when you go to Washington, but I hope you keep it up! You are different and I like it.”

While I am not devoid of problems, and neither are my children or my husband, my life is of a totally different quality than before I encountered Bowen theory. As so many have said, “Thank you, Dr. Bowen.”

II. The Present

At this time, I have reason to think that thousands of families have benefited from their contact with Bowen family systems theory. Once, at the Georgetown Center, we

counted about 15 centers in the country that are practicing/teaching/researching some version of Bowen family systems theory—that is, a version that started with someone’s training experience at the Bowen Center. Of course, there are many others, less grounded in theory who are also out there teaching according to their understanding. There are many University and seminary courses that include Bowen theory in the curriculum to some degree. Many books and chapters have been written, published and circulated on the subject. None have been “best sellers” in the traditional sense of numbers. But there is no way of knowing how many lives have been impacted in this way. Every year I receive several grateful letters and comments from readers.

Still, the odds are that if you start to talk to someone on an airplane or the city bus, the person will not have heard anything about Bowen family systems theory. Even if your conversation is not on a city bus, but a shuttle bus at a psychiatry convention, the odds are still very slim. Even at a psychology convention, odds are slim that your bus seatmate will know what you are talking about. I don’t know about a social work convention. The odds might be a little better there.

So, summing up the present situation for Bowen theory:
Its value has become known by many therapists, grateful clients and leaders and thousands with some training or exposure, and though there are dozens of experts and adherents, there is still little public appreciation for this useful, powerful and life-changing way of thinking.

III. The Future

No one knows what the future holds for Bowen family systems theory. I certainly do not. I might postulate 3 possible futures for Bowen theory. It might die out as a little known niche in the history of thought. Or, it might stay about as it is now—an extremely valuable and useful way of thinking and working in therapy (and its many other applications), for the lucky few who are able to find it and put it to good use.

A third scenario would be hoped for by all of us who know its power and tremendous utility in our lives and practices. That would be that Bowen family systems theory becomes more and more accessible and available to more and more individuals, families and societies and languages. The hope would be that it become mainstream as a way of understanding the human dilemmas we all face, as a way of perceiving the human phenomenon, in writing, doing scientific research about the human and in the training of therapists and other leaders.

What is needed in order to make Bowen theory available to more people? I don’t know. It is possible that it can’t become mainstream because of a built-in human incapability of thinking broadly. Or, perhaps there are only a small number willing to do the laborious and sometimes counterintuitive work of connecting with their families in a different and better way. People don’t usually like to work on self. Also, there is a monumental

influence of the old way of thinking still at work in most accessible therapies and in the culture at large. Also, teachers and institutions invested in Freudian theory and its many spinoffs, do not want to hear something new. They do not want to un-invest in what they are in. However, it is still possible that a lot of people who do have the ability to “think systems” just have not heard about the theory because we have not done our jobs as well as we might. So what is needed to bring this gift of science to more people?

First, I think a vision of the possibility of widening the scope of the theory is necessary. It would be the kind of vision pioneers such as Paulina McCullough had when she began her work of establishing the Western Pennsylvania Family Center. This vision has encouraged and promoted some of the following:

1. Training. Ways must be found to train more therapists. The therapy world is where Bowen theory began and took root. Therapists have taken the lead in letting the world know about “a new way of thinking.” More and more university therapy programs are giving more time to Bowen family systems theory in their courses. This is an uphill battle because of all the reasons just mentioned. However, other leaders must be trained to think systems also. The leaders of the family, parents, when they learn a better way to relate to their generations, each other and to their children, can often do a great deal better. Often this takes place without much formal “therapy” at all. Training programs for parents in centers such as this one, and in schools, churches and synagogues would be a goal. Largely due to the influence of Dr. Ed. Friedman and his book, *Generation to Generation*, many clergy people have a great interest in Bowen theory. This has been a mixed blessing because of the fact that some of his writing is not Bowen theory. Lately, however, we are seeing many clergy people and other leaders seeking the purest form of Bowen theory that they can find. It has been exciting and gratifying to see how they learn the ideas fairly rapidly, putting them into practice in their families and congregations immediately. They rather quickly sense the need for learning the concepts, for working on self and the power of the ideas. One problem with this group is that there are few coaches who relate well to the perspective that they bring. Other leaders, exposed to family systems theory could conceivably, in the future, have a great effect in their areas. I am thinking of government, such as in the ground-breaking work of Pat Comella, and the authors Farren and Mulvihill in the book *Paths to a Settlement in Northern Ireland*, influenced by Dr. Ted Beal, one of the early systems thinkers. Others need to be included on a larger scale, such as educators, medical and health care people, attorneys and judges, and business leaders. Dr. Katharine Baker’s and Leslie Fox’s new book for business leaders, *Leading a Business in Anxious Times*, will help to fill that latter gap.

2. Outreach to the world. We systems thinkers need to think of ways to interact more with the world at large. Some ways that come to mind are:

- Online, in websites and blogs—not just announcing and promoting our events and programs, but including some substantial writing about what and how we think, thinking that invites dialogue.

- On TV, perhaps describing local meetings at the least.
- Letters to the editor. This is a wonderful opportunity to get published and get the word out about a bigger picture on an issue, or a better, systems way to think about the subject.
- Movies and documentaries. I have very few ideas in this arena but I know it needs to be thought about. As things stand now, movies are pretty much guided by old theory in their way of approaching relationships, life difficulties in families and organizations.
- Meetings can be better publicized. We need to think about getting publicists on our staffs.
- Publicizing of programs and clinics in newspapers
- Planning for these and other outreaches in our centers' budgets
- Grants that will take into account the mission of letting the world know about the new way of thinking.

3. Writing. I still believe in the power of the pen. Someone writing about an idea brought about many if not most of the sea changes of history. I believe that Bowen theory represents a potential sea change for our culture if the word gets out. Books are one of the best ways to get the word out. Journals, while essential for academic credentials and to publicize research, are, according to research studies, read little. Books are actually read more by more people. As far as I am concerned, there can never be too many well-written books about Bowen theory, written by knowledgeable authors. I add those two caveats because I believe that much writing is not good writing. Also, many people rush into print without the years of knowledge and training necessary to be accurate about theoretical thinking. But many people now do have a substantial log of experience upon which to draw, were they to set out to write a book. While it used to be difficult to get published, that is no longer the case, what with publish-on-demand books and self-publishing. I often wish that some of the papers I hear at various meetings could be made into books. Dr. Peter Titelman has made a great contribution toward the end of getting papers to be available in books. Articles do need to be published in mainstream, indexed journals if the scientific and academic community is ever to take Bowen theory seriously. These would be mostly research-based.

4. Research. There needs to be more and better research. Research is a way to illustrate, verify and formalize the facts that we clinicians see every day, informally, in the consulting room. To my knowledge, no one since Bowen himself has ever done research based completely on Bowen family systems theory. What I mean by that is that research that one usually hears presented is not based on the family as the unit of study. Most studies follow one or at most, two individuals in a family. While it may use treatment based on family theory, and may look at that person's family relationships, research studies typically do not study the those of the family members other than those of the one with the symptom or symptoms. Family theory would indicate that anxiety, the underlying phenomenon of symptoms, does not stay encapsulated within the one with the symptoms. It travels within the real unit—the family. Therefore, any

research based on this theory must take into account, for assessment, all the members of at least the nuclear unit. Much in that arena waits to be accomplished in the future.

So, the future is up to us. Whether the future for Bowen family systems theory is robust and growing, diminished, or non-existent, depends in large part upon the efforts of those of us in this room and our colleagues. The three parts of any medical school—clinical work, research, and teaching are in my view, the same three areas that need more development by systems thinkers in the future.

Whether it happens or not is largely up to us.

[1] Kerr, M. and Bowen, M., Family Evaluation WW Norton and Co 1988 See pp. 339-386, "An Odyssey Toward Science." by Bowen

[2] During one of his presentations at a Bowen Center Thursday Professional Meeting in the 1980's at the Georgetown University Medical Center

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If you have a question or comment you would like addressed in this column,
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