



*Coming to grips with family systems theory in a collaborative, learning environment.*

**Head Office**  
30 Grosvenor Street,  
Neutral Bay, NSW 2089

Ph: 02 9904 5600  
Fax: 02 9904 5611

info@thefsi.com.au  
<http://www.thefsi.com.au>

## Is Bowen Theory still relevant in the Family Therapy field?



### **A discussion of common challenges and confusion about the usefulness of Murray Bowen's Family Systems Approach.**

Jenny Brown Sept 2008. Journal of the Counsellors and Psychotherapists Association of NSW Inc (CAPA) Quarterly Issue 3 pp. 11-17.

When recently presenting a seminar to a group of couple and family therapy masters students, I was asked the question "Is Murray Bowen's model of systems theory still relevant or is it just useful to know about as a piece of family therapy history?" Certainly the family therapy models of the 1960s and 70s, elucidated by the likes of Satir, Minuchin and Haley, are often seen as influential yet superseded by approaches that were informed by postmodernism such as Narrative, Solution Focused and Post-Milan. Family Therapy itself as a mode of treating symptoms in children or relationships has faded in popularity since the 1980s with individual work seen as logistically more manageable. (Crago, 2008)

This paper will consider the common questions asked about the relevance and effectiveness of Bowen's model and allow readers the opportunity to think for themselves about whether or not it has something to offer.

Bowen's Family Systems Theory was formally presented to the professional community in the late 1960s when Murray Bowen spoke of his own efforts to define himself in his family of origin. Since 1957 he had been writing about his emerging system's theory in the treatment of families with a schizophrenic member. (Bowen, 1978) I came across this model in the early 1990s while being supervised by Betty Carter at the Family Institute of Westchester in New York. Phillip Guerin who was trained by Murray Bowen as a young psychiatrist in the 1970s had trained Carter. While I had studied and practiced in a number of other family therapy models I was drawn to the way Bowen Theory spoke to my own experience of family and helped me to see the clear connection between what I did in therapy and what I did in my family roles. Sixteen years later I am still captured by the usefulness of Bowen's eight interlocking theoretical concepts in understanding my own functioning in the relationships in my personal and professional life. My view is that such a personal awareness of self in the relationship systems of which I am a part provides a useful basis for lending a hand to clients, with all ranges of life difficulties, as they work out how to be a little more authentically themselves while also being authentically connected to significant others.

### **Is a family systems framework mostly applicable to seeing whole families? Don't other frameworks apply better to individuals?**

Bowen Family Systems Theory sees the individual as inseparable from his/her relationship networks. The generations of the family are considered as always being part of each person's life experience, hence in this approach there is no such thing as doing individual therapy. In Family Systems an individual's particular sensitivities to closeness, distance and conflict are said to develop in their experience of their first caretaking triangle (and the interlocking triangles extending from it) which in turn impacts what they bring to all their

relationships. The family system is seen as residing in the self as much as the self resides in the system. With such a perspective Bowen called all his clinical work "Family Therapy" whether it was a couple, individual or family in the room.

The key distinction between a Family Systems approach and a more traditional individual therapy is that the focus for change is in the natural system of the client's own family rather than in the therapeutic relationship. Instead of the therapist seeking to facilitate a corrective relationship within the transference of the therapist-client system, they encourage the client to take action in their family system. Reflections are not on the individual's intra-psychic processes but on their own family's current and intergenerational patterns of relationships. The family systems therapist emphasizes each person's participation in the system, not what motivates individual behaviour. (Brown, 2007)

There are a host of approaches to working with individuals which may all be helpful in different ways. A family systems approach, as developed by Bowen, is applicable whatever the presentation or however many people from a family are sitting in the therapy room.

### **Bowen emphasized that his theory was about a way of thinking about relationships rather than a way of doing therapy. Does this mean that the model is devoid of techniques?**

The therapist's ability to see the broader system as opposed to linear "cause and effect" thinking is foundational to the Family Systems Model. Bowen was known to regularly say that there is nothing more practical than good theory; however he also proposed a number of techniques that are derived from theory.

The central intervention in Bowen's model is the therapist staying free from entering the pattern of anxious reactions within the family. This means that the therapist stays out of family triangles whether they are seeing an individual, couple or family (**de-triangling**). (Brown, 2008) This is informed by the view that tension which surrounds a symptom can be resolved if family members can be in contact with a third party who remains engaged with the client while remaining emotionally objective about any conflict or assertion of blame. Bowen terms this therapist stance "**Emotional nonparticipation**" which he makes clear "does not mean the therapist is cold or distant, or aloof. Instead it requires the therapist to recognize his own emotional involvement when it does occur, to gain sufficient control over his emotional system, to avoid emotional side taking with any family member, to observe the family as a phenomenon, and to be able to relate freely to any family member at any time." (Bowen, 1978: p192)

A well known tool to emerge from Bowen therapy is the **intergenerational family diagram or genogram**. Bowen constructed a map of at least three generations of a client's family during the course of asking questions about the problem and who is involved. The link to previous generations is made by asking who in the extended family is aware of the problem and how were similar issues handled in previous generations. This enlists the client's curiosity about the much broader context of their difficulties and helps them move beyond blaming individuals to seeing the patterns that have repeated across generations.

Given that most clients of psychotherapy are motivated to address a problem in the here and now, a family systems therapist will begin with an emphasis on the problem bearer and gaining symptom relief (working in the foreground). However as family members start to understand their part in the interactions that maintain the symptom as well as how patterns of managing relationship anxiety are passed down the generations, they may choose to continue working with the therapist to look at the broader generational context. (Brown, 2007)

Asking **process questions** as opposed to content questions is an important systems theory technique. It assists the therapist in refraining from expressing their opinion about the content of client's disagreements. The therapist asks how each person expresses their view point as opposed to asking about their viewpoint. "When, who and what next" questions draw out each person's role in the relationship patterns. This is designed to reveal to both therapist and client what each person is inadvertently doing to maintain the problem. For example a father may say that his wife is too lenient with their child. The therapist does not ask him to outline his opinion about parenting style (which invites the therapist to agree or disagree with him) but asks whether he expresses this view? When does he express it and how? What is his wife's response? What goes on for him when his wife responds that way? How does the child respond to any conflict about parenting style? If other family members

are present they are each encouraged to describe what they see of family member's emotional reactions and behaviours.

If family members start to directly express their disagreements to each other the therapist brings back the responses to her/himself. This is done by either directly asking the clients to return to addressing the therapist so that they can have a different experience of hearing each other, or more subtly by asking each questions such as: "What was it that got you so hot under the collar with your spouse? Is that what usually happens when your differences emerge?" Bowen called this **externalizing the thinking of each in the presence of the other**. The goal is to describe family members' behavioural and emotional chain reactions as opposed to them expressing these reactions. Talking about each person's reactions rather than venting anxious responses is designed to reduce the degree of tension in the therapy room. With a calmer research type of conversation, family members are better able to differentiate their feelings and thinking.

Another technique designed to increase client's ability to gain objectivity about relationship patterns is the use of **displacement stories**. The therapist tells stories or parables about families with similar problems as a way to both normalize the family's struggle and to draw out some clues that may help family members to think about what they might do differently the next time tension mounts.

As the client talks about how they react to the person they have been trying to change, blame or avoid, the therapist encourages them to speak for themselves as opposed to anxiously responding to the trigger from the other. This is called drawing out **the "I" position** where the client begins to say what they think and believe and what they will do and will not do.

As each session proceeds the therapist seeks to create collaboration with the client by exploring together the patterns that occur around the problem and by thinking through what clues this gives to what each person might do differently. The focus is on what has happened in between therapy sessions rather than what goes on in the therapeutic relationship. Sessions are spaced to enable sufficient relational experience to take place that can be jointly researched in the therapy hour. (Papero, 1990, 2000)

These examples of the techniques of Bowen therapy are helpful in shedding light on what it means to think systems. It should be noted however that techniques that are used without the therapist living out the principles behind them are unlikely to make much sense for the client. In this model the self of the therapist, who takes on the challenge of differentiating in their relationship systems, is far more important to the process of therapy than specific interventions. The therapist's efforts to define themselves in connection with significant people in their life is expressed in the therapy room by being able to be engaged with the conversation about a difficult, emotionally charged problem and not feel compelled to rush in and fix things. Family Systems techniques are all geared to lifting the client's assumptions about the problem into the open so that they can be thoughtfully examined. Techniques geared to fixing the problem can lead to the therapist falling into the trap of being viewed as the expert who is "forever prescribing techniques for change." (Kerr & Bowen, 1988: p291)

## **Doesn't Bowen theory, with its goal of differentiating the self, favour thinking over feeling?**

Bowen's concept of Differentiation of Self is often charged with honouring the intellect over the emotions. "Differentiation' is described as the capacity of the individual to function autonomously by making self directed choices, while remaining emotionally connected to the intensity of a significant relationship system." (Brown, 1999: p95)

While the path to increasing differentiation requires a person to draw on their intellectual system in order to hold awareness of their guiding principles, this is done in integration with all the feelings attached to staying connected to important others. Bowen's concept of fusion occurs when the emotions generated in relationships overwhelm an individual's ability to think for themselves. On the other hand, Bowen's concept of cut-off is at the other end of the spectrum whereby the emotional arousal is dealt with by distancing from authentic contact with others. The concept of differentiation is often critiqued as being biased to Patriarchal assumptions about male / female roles leaving women vulnerable to having their socially prescribed relational roles pathologised as 'over concerned', 'fused' and 'undifferentiated'. However, in this model the male, who may isolate, is viewed as equally "feeling driven" as his partner who may emotionally pursue for closeness. Bowen's view is that "the person who runs

away from his/her family of origin is as emotionally dependent as the one who never leaves home. They both need emotional closeness, but they are allergic to it." (Bowen, 1978: p383)

It can be useful to think of the distinction between low levels of differentiation of self wherein people become "prisoners of their feelings" compared to higher levels of differentiation wherein people have the "freedom to feel". The goal for each person in this framework (therapist and client alike) is to achieve a connection between thinking and feeling and to achieve the balance between having meaningful connection to the broader family system whilst simultaneously maintaining the uniqueness of self.

Those who work in Bowen's model would hold the view that there is no emancipation through unrestrained expression of emotion. Rather it is feelings expressed under the restraint of thoughtful goals and principles that give any member of a family an increased sense of being solid in their relationships. (McGoldrick & Carter, 2001)

In the therapy room the awareness of emotions is given prominence over direct expression of feelings. This is based on Bowen's assertion that when people are encouraged to vent their emotions, their anxious or angry focus on others is likely to intensify. In this scenario the therapist easily gets drawn into reliving client distress through validating their pain. The client then believes that their therapist sees the problem as they do and is on their side against the people with whom they are having difficulty relating. This triangling of the supportive therapist against the difficult members of the client's natural system can result in the kinds of dependencies in therapy that lead to burnout for the worker and stalemates in resolving problems for the client.

Family Systems therapy seeks to go in the opposite direction of emotional venting and seeking therapist validation. It aims to assist clients to consider how they are unintentional participants in the patterns in which the problem is stuck. The therapist's stance helps to lessen the clients focus from blaming or changing others and increase their focus on self in relation to others. The client is asked to talk about their feelings rather than express them. Feelings are used as clues to understanding their relationships. For example, the therapist asks the clients what they *think* their tears tell them about the important issues to be addressed in the relationship as opposed to focusing on the pain they *feel* about the relationship. My own experience of this model, with its invitation to explore the 'tapestry' of one's family across the generations, is that the emotions need little encouragement to come to the fore. Clients are often caught off guard by the charge of feeling that surfaces when talking about what they know of their families of origin.

### **Isn't such a complex model that requires clients to develop systems awareness only useful for motivated and well educated families and individuals?**

Bowen's model engages a client at whatever capacity they have to think for themselves in the flood of feelings generated by important relationships. While the goal of all Bowen therapy is to increase differentiation of self and reduce over sensitivity to threats in relationships (**chronic anxiety**), it recognizes that such goals will be worked at the varying level of emotional maturity which each person brings from the generational transmission in their family. The practice of therapy is to invite each family member to describe their problem and how they see their concerns. The therapist does not instruct the client with an alternate interpretation of the problem but rather asks questions to allow the client to reflect on the way they feel and behave in their relationships with a bit more awareness than they have previously been able to achieve. Clients are asked questions that are jargon free and simply invite the client to describe what they see happen at home in their relationships. Bowen left "the impression that if these questions are to be answered someone in the family will have to become a better observer." (Bowen, 1979: p225) The complexity of the interlocking theoretical concepts is for the therapist awareness so that he/she is able stay objective in seeing the predictable patterns of fusion, distancing and triangling that happens at times of relationship stress. This awareness guides the therapist's questions and keeps her from taking sides with anyone in the system or taking on a role within the family which may prevent the family finding their own coping resources. Clients are encouraged to do their own problem solving and this ensures that they progress at their own pace. The therapist works hard at formulating systems oriented questions but does not tell the client what they should do. This is to avoid the common problem in therapy when the therapist allows him/herself to become a " healer or repairman" and the family sits back to wait for the therapist to fix things. (Bowen, 1978: p157)

Recently I was working with a client who had been in and out of psychiatric hospitals from her teenage years. She said in session: "I am learning to use my head. I don't need anyone else's lines to repeat to myself when I

am struggling." There is no intellectualizing in this statement just an expression of someone working on being more of a self rather than borrowing self from anyone who is too quick to want to rescue them.

## **From a post modern perspective of constructed realities, can any model that seeks to describe "facts" of relationships be applicable?**

Murray Bowen did assert that his concepts could be verified by any observer of relationships. This flies in the face of the post modern view that each of us constructs our own realities with no objective truths.

Murray Bowen was first and foremost a researcher. His passion was to turn Psychiatry into an acceptable science in which the understanding of human behaviour was informed by observable facts rather than subjective conjecture. His research of patterns within families began in the late 1950s with inpatient families with a schizophrenic member. This progressed to him researching patterns in his own family of origin for a period of 12 years before he felt ready to present his theoretical framework. From research came a view that all of us have the same patterned responses when dealing with perceived threats in relationships (**Chronic Anxiety**), the variations being in the degree of reactive response rather than the nature of the response. Bowen proposed that instinctive knee jerk type responses to either the anxiety of being rejected (**separation anxiety**) or smothered (**incorporation anxiety**), are seen in either a detour to a third party focus (**triangles**), merging with the others way of thinking (**fusion**) or distancing from the intensity of the relationship (**emotional cut-off**). Within each of these patterns are many variations of circular process such as pursuing and distancing patterns and over and under-functioning positions. (Bowen 1978, Kerr & Bowen 1988, Papero 1990, Titleman 1998)

While Bowen sought to describe in modernist terms objective truths about human behaviour, in many other ways his theory complies with many of the premises of post modernism. Bowen was not proposing a normative model of family and he discarded the language of diagnosis and pathology. This model fits post modern psychotherapies that have critiqued the medical model's descriptors of what is functional and dysfunctional, normal and abnormal. With post modern alternatives have come an emphasis on collaborative therapy language that seeks to elevate or clients' own stories above dominant treatment and societal discourses. (White & Epston, 1990) Many fail to recognize that Bowen was already challenging diagnostic frameworks in the 1960s through his belief that "there is a little bit of schizophrenia in all of us" and that every therapist has the very same challenges in their own families as those of their clients. This view challenged the paradigm of the healthy expert who treats and instructs the damaged client. Bowen saw that the goal of all therapy was to invite each person to be clearer about themselves in the turmoil of their relationships (**differentiation of self**). In doing this he developed therapy processes such as curiosity, circularity and client reflexivity, which have since been reinvented by other models. Using multi family group theory in the 1970s Bowen invited his clients to reflect on tapes of their session well before the idea of reflecting teams was introduced by Andersen and Goolishian. (1992).

Hence, Bowen theory can be said to occupy unique territory combining modernism and post modernism. His model describes "facts" of human behaviour but does so in a way that does not divide people into categories of sick and well. While he believed his systems ideas could lend a hand to people struggling with life challenges, he also believed that all humans had the capacity to find the answers to their own problems.

## **Aren't Bowen, Freud and Bowlby talking about the same things but using different jargon?**

While Bowen first trained in psychoanalysis and was in analysis for many years, he (and Bowlby) became disillusioned with what they saw as too much subjective interpretation in this approach. His vision was for the study and treatment processes in mental health to become more objective and scientific. Some insight into Bowen's shift away from Freud's approach can be gained from his statement that "During my psychoanalysis there was enough emotional pressure to engage my parents in an angry confrontation about childhood grievances that had come to light in the snug harbour of transference. At the time I considered these confrontations to be emotional emancipation.....The net result was my conviction that my parents had their problems and I had mine, that they would never change, and nothing more could be done." (Bowen, 1978, p484) Bowen was not satisfied with this outcome as he began to see from his research that each family member participated in a reciprocal (circular) process of making compensations for others. This meant that with careful research of family patterns it was possible for an individual to begin to relate more from self and less in reaction to others. Hence, over time the efforts of one person may shift the functioning of the whole system.

While Freud, Bowlby and Bowen (Freud, 1940; Bowlby, 1988; Bowen, 1978, Kerr & Bowne, 1988) were all interested in changing the individual's quality of life and each saw relationships with others as significant, Bowen had a different and broader perspective on relationship influences. In psychoanalysis and attachment theory the primary focus of change is the inner world of the individual as it evolves in the transference relationship or transitional restorative attachment with the therapist. The individual experience is addressed in order to impact the client's relationships. Attachment theory may start from the relationship context of the caregiver and child but its focus for change is on the internal working models that an individual carries into adulthood. Bowen theory comes at this from the opposite direction where the system comes first. The individual's psychological structures are not seen as residing in the individual but reflect the positions one occupies in the interlocking relationship triangles of the broader family. In brief, Freud's focus was on drive reduction through relationships, Bowlby's was on security seeking in relationships and Bowen focused on relationship behaviour that fills system gaps.

While on the surface there appear to be many similarities in Bowen's and Bowlby's approaches there are certainly important distinctions. Both speak of symptoms as functional or adaptive, with Bowen theory speaking about adaptations for managing perceived threats in the entire family system, and Bowlby concerned with adaptations, made in response to attachment threat, within the individual. Attachment theory's emphasis is on developing and expanding the *typologies* of these internalized adjustments; while Bowen theory speaks of a *continuum*, in which every human being responds to varying degrees to intergenerational relationship sensitivities. In Attachment theory, there are *some* who have secure or balanced attachment representations, and *some* who have internalized relationship distortions that lead to pathology. In Bowen Theory every person sits somewhere on the continuum of differentiation of self, with no one having fully integrated their feelings and intellect while in the thicket of family relationship pressures. This means that the therapist, as well as the client, is seen to have ongoing work to do in their relationships.

Each of us will decide which model fits the evidence that is presented by our clients and in our own lives. I think it is wise not to blur distinctions between models which can result in a mish mash of divergent understandings about the process of change which may be confusing for clients.

(\* The author notes that all three models have had significant developments, and research input, since their beginnings. However, the foundational premises are still the primary influences)

## **In the current climate of positive psychology and short term approaches, is Bowen's belief about the slow pace of progress in differentiating a self too pessimistic?**

Perhaps the greatest hurdle to Murray Bowen's theory securing a place in the psychotherapy mainstream is the appeal of quick fix approaches and a return to medicalized individual treatment modes.

Bowen believed that progress in lifting one's differentiation of self beyond the level of the previous generation of parents is both slow and unsubstantial. At the same time he believed that small shifts in a person's ability to manage themselves in their relationships without giving in to relationship pressure or running away from it would bring much greater adaptive resources to an entire family system.

The paradox of Bowen Family Systems Theory is that at one level it is humbling and possibly discouraging to be confronted with our deficits in relationship maturity, while at the same time it instills much hope with the notion that it only requires one motivated member of a family to change how they have been relating and the triangles and functioning in the entire family will predictably change over time. It is the ongoing experience of seeing this in my own system of relationships that leaves me with the conviction that Bowen's Family Systems model continues to be relevant and has yet to tap the full extent of its potential to assist humans in managing all levels of relationships.

## **Bibliography**

Andersen, H., Goolishian, H.A. (1992), "The client is the expert: a not-knowing approach to therapy", in McNamee, S., Gergen, K. (Eds), *Therapy as Social Construction*, Sage, London, pp.25-39.

Bowen M. (1978) *Family Therapy in Clinical Practice*. New York: Aronson.

- Bowlby J. (1988) *A Secure Base: Parent-child attachment and healthy human development*. NY, Basic Books.
- Brown J. 2008. We Don't Need Your Help But Will You Please Fix Our Children. *Australian and New Zealand Journal of Family Therapy*. 29, 2. 61-69.
- Brown J. 2007. Going Home Again: A family of origin approach to individual therapy. *Psychotherapy in Australia Vol 14*, 1. Nov.
- Brown J. (1999) "Bowen Family Systems Theory and Practice. Illustration and Critique." *Australian and New Zealand Journal of Family Therapy*., 20, 2, 94-103.
- Crago, H. (2008) "Preserving Family Therapy's Legacy" *Australian and New Zealand Journal of Family Therapy*. 29, 2, 70-76.
- Freud S. (1940 original publication) in Strachey J. Ed.1964, An outline of psychoanalysis. In *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 23: pp141-207) London, Hogarth Press.
- Kerr, M., & Bowen, M., (1988.) *Family Evaluation An Approach Based on Bowen Theory*. Norton NY.
- McGoldrick, M., Carter, B., 2001. Advances in Coaching: Family Therapy with One Person, *Journal of Marital and Family Therapy*, 27, 3: 281-300.
- Papero, D. (2000). Bowen Systems Theory. In Dattilio, F. & Bevilacqua, L., (Eds.) *Comparative Treatments for Relationship Dysfunction*. New York, Springer.
- Papero, D. (1990). *Bowen Family Systems Theory*. Needham Heights, Massachusetts. Allyn & Bacon.
- Titelman, P., 1998. Overview of the Bowen Theoretical-Therapeutic System. Ch 1. Titelman, P. (Ed) *Clinical Applications of Bowen Family Systems Theory*, New York, London, Haworth Press.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.

*Coming to grips with family systems theory in a collaborative,  
learning environment.*

[info@thefsi.com.au](mailto:info@thefsi.com.au)  
<http://www.thefsi.com.au>