



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

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Nothing is as Practical as a Good Theory: Bowen Theory and the Workplace - A Personal Application



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Bowen Family Systems Theory is most commonly used to understand and predict family process. It is also applied to other potentially intense relationship systems, especially the workplace. It has been used by workplace consultants and by individuals to understand, and to manage, their own workplace functioning. This paper will draw from several key Bowen concepts to analyse common workplace dilemmas and to suggest responses that may assist the functioning of the individual and the system. The author's own experience as a manager in a child and adolescent mental health programme will be used as the case study to illustrate the theory's application.

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Anxiety at work is ever-present, perhaps especially in child-focused health organisations. There are real challenges: the imbalance between felt need and resources, the anxiety of parents, the fear of bad outcomes in acute situations, the external pressures from funding bodies. Tensions show in different ways: in conflicts and alliances, in felt stress, in sick leave and in programs that fail to adapt to new treatment frameworks, or take decreasing numbers of clients. Whole services can become embattled, or can implode from a failure to resolve chronic tensions. This article describes my efforts to think about these processes at work, to use Bowen Family Systems thinking beyond the therapy room, to apply key concepts to the common relationship patterns that occur in the workplace, and to my own behaviour and decision-making in that setting. To do this, I will outline three relevant contexts (my workplace setting, my experience of Bowen systems theory, and my personal dilemmas), and give a brief introduction to the key concepts used in this application.

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Setting

I work in a child and adolescent mental health service that consists of five separate teams, with in-patient, day-patient and out-patient services across a range of age groups. There is a co-located school, and each team has complex sets of partnerships with other health agencies and welfare agencies. Each team is multidisciplinary and there is a nursing management structure that parallels the medical and education management structures. The whole agency is embedded in an area-based public health framework.

Traditionally, a psychiatrist is the director of the service and psychiatrists head the clinical teams. All clinicians in management roles also have caseloads on their teams.

Historically the service has functioned for over 30 years. A structural and strategic family systems model for both diagnosis and treatment was one of the foundational therapeutic frameworks in the early years (Churven & Cinto, 1983). Systems thinking has remained a strong influence as other models and programs have been added over time. A high intensity adolescent unit was added 12 years ago, and 2 years ago an out-patient service for children in State care commenced.

It should be clear from this description that this is a complex system, with a long history allowing for the development of entrenched conflicts, rivalries, and chronic tension. It is frequently under considerable stress from external pressures relating to concerns about high-risk young people, lack of resources for children and families, and funding issues. Nevertheless, it is a system that has remained relatively stable for some time, with low staff turnover, and exhibiting adaptability to new service demands.

I became the director of this agency 18 months ago. I work as a child and adolescent psychiatrist, and had been working in the agency as a team leader for the previous 8 years.

Experience of Bowen Theory

I first became interested in Bowen family systems theory 15 years ago when in my first consultant job. A family therapy supervisor was hired by the organisation for supervision of all staff. It became clear that she used Bowen's concepts not only to think about families, but also to understand the system in which she was working and her own responses to that system. This was a highly anxious period for me, and to find a theory that assisted analysis of the dilemmas facing me and my own reactions to them was very attractive.

Several years later, when working in the current agency, I engaged the same supervisor for my team. At that stage I found that building Bowen theory into our collective clinical thinking had several benefits:

1. The systemic focus assisted in normalising the client and the family in a context of a tertiary referral mental health unit; the theory helped to counter the pressures to pathologise inherent in the process of referral to us.
2. The emphasis on the therapist managing their own anxiety and becoming aware of the invitations by the family to function in particular ways was particularly helpful (i.e., monitoring themselves in the family system).
3. The encouragement to think about the workplace system itself and the effects of increased anxiety was very helpful in such a complex system, where each case is managed by several people from different disciplines and roles have been rigidified over time. The initial use of Bowen theory in clinical work led to thinking about myself in my family of origin (a core issue for the use of this theory). Considering the dilemmas for me within the workplace and observing repeated patterns of behaviour in that setting was a natural extension of family of origin awareness.

When I moved into a new role, which entailed considerable changes in my work relationships and responsibilities, I found that I could actively use theory to assist me in both managing my anxiety and avoiding some pitfalls. Needless to say, the theory also assisted in analysing disasters, and learning from mistakes.

Personal Context

The application of this theory to 'managing self in the system' (Sobel, 1982) opened up the importance of an awareness of the contributions of increased anxiety in my personal life, the habitual system roles to which I am most attracted, and the way I naturally handle increased interpersonal conflict. For example, I am at the life stage of parenting young adult children in the process of leaving home, and have elderly parents who need more involvement. My family of origin role has oriented me towards being an anxiety-absorber, to make others feel better, and hence feel valued, and I tend to 'cut-off' from issues and people when I feel ignorant and if I am disappointing them.

Thus, I was aware that I was at a stage in which I could use work issues to distract from personal anxieties, and that some aspects of my changed role would trigger situations I would find particularly stressful because of my own family-of-origin functioning.

Outline of Theoretical Concepts

During the 1960s and 1970s, Dr Murray Bowen developed a theoretical framework to describe and predict the functioning of people in emotional systems (Bowen, 1978; Titelman, 2008). He developed key concepts that he applied principally to the way people relate in the emotionally intense setting of the family. Bowen therapists use these concepts to assist their clients to observe and reflect on their own functioning, and create options for change within the family system.

Bowen explicitly expanded the application of his theory to the workplace, arguing that 'the basic patterns in social and work relationships are identical to relationship patterns in the family, except in intensity' (Gilbert, 2006). Over the past 30 years this application has continued to be developed in several ways. Therapists familiar with Bowen theory have applied their knowledge as consultants

to workplace relationship issues (Campbell, Chaldicott, & Kinsella, 1994) and to their own functioning in the workplace (McGaughan & Palmer, 1994). Workplace consultants have developed frameworks for using Bowen theory in their work with a range of organisations (Sagar & Wiseman, 1982).

In his introduction to 'Understanding Organisations' Murray Bowen stated that

Family systems theory and therapy, as developed at Georgetown, was responsible for several innovations in conceptualising human problems. The understanding of work and administrative systems is only one of the spin-offs. (Sagar & Wiseman, 1982)

He went on to say that the concepts that are perhaps the most useful are differentiation of self, the 'I' position (especially in relation to leadership in an organisation), and triangles and interlocking triangles. In the same book, Kerr adds the concepts of functional positions, the role of emotional process and reciprocal functioning, and the pull towards togetherness (the 'we' position) (Sagar & Wiseman, 1982).

It is not the role of this article to define all these concepts (Brown, 1999; Kerr, 2003; Papero, 1990). However, the following outline draws on the ideas I have found most useful, and is relevant to the discussion of specific applications.

Bowen theorised that within families, anxiety about separation and loss, or too much togetherness and intensity, was handled in predictable ways: by conflict, by adaptation and reciprocal functioning, by triangling, and by cut-off. Families and individuals varied, however, in the extent of their use of these strategies, and in the levels of anxious reactivity with which they chronically functioned. Individuals with a relatively high level of differentiation of self are able to function comparatively autonomously by making choices based on their own beliefs and values, and remain thoughtful under pressure. They are able to function from an 'I' position, even in the face of high anxiety and reactivity from others.

Those functioning at a lower level of differentiation are more likely to be emotionally reactive, to feel a pressure to function either as fused with or cut off from others, and to feel a need to control or be controlled by others:

Energy is invested in taking things personally (ensuring the comfort of another), or in distancing oneself (ensuring one's own). The greater a family's tendency to fuse, the less flexibility it will have under stress. (Brown, 1999)

When the tension between two people increases, they may adapt their functioning in a way that decreases stress. They may evolve reciprocal patterns of relating — one may become more dominant and one more compliant. This may evolve over time so that one gives up more of themselves (under functions for self) and the other takes over roles and responsibilities for their partner (over functions for others). Either partner can become symptomatic if this pattern is fixed.

The tension can also be managed by triangling in a third person, either as an ally of one party or as the focus of the anxiety of both. This defuses the discomfort but doesn't solve the issues between the couple. It also has consequences for the person who is the focus of the anxiety, who is likely to be vulnerable to this projection.

Whoever is functionally the 'outsider' in a triangle may involve another person in an 'interlocking triangle'. Under stress, the number of interlocking triangles increases and spreads throughout the system (Brown, 1999). Bowen suggested that one way of detecting increased anxiety in the system was 'to listen to the language of the triangles' (Bowen, 1978): gossip, cliques and alliances, withdrawals and emotional outbursts.

Fusion in the workplace can also be promoted by team togetherness, which creates a 'we' that decreases anxiety, but can diminish individual creative functioning (Carmella, Bader, Ball, Wiseman, & Sagar, 1996).

De-triangling is a key strategy for maintaining, or promoting, increased functional differentiation. It is achieved when:

The emotional intensity between two people will resolve itself automatically if a third person can remain in active contact with each of them while remaining outside the emotional field between them. (Papero, 1990)

This involves maintaining a neutral stance, but remaining connected with each. Disconnecting reactively to the emotional tension is a less differentiated, triangled response.

Thinking About Common Workplace Dilemmas

In the following examples I have tried to describe a common problem, my efforts to think about the issue, observe the process and define a position for myself. These are common situations in any workplace, and present to individuals in whatever role or sphere of influence they occupy.

PROBLEM 1: CONFLICT BETWEEN STAFF MEMBERS

Conflict may occur between staff members, with an invitation to me to adjudicate, ally with one and blame the other or take over responsibility for the issue. This situation can arise in different ways, such as with overt conflict at a meeting I am chairing, or in private conversation with one person who wishes to talk about another. Other factors contribute to making this situation more or less difficult: my pre-existing relationships with each person (both professional and personal), the suddenness, intensity and public nature of the conflict, how uncertain I am of my role, or how anxious I am to soothe, calm and have a harmonious team.

In this situation I am being triangulated. As the conflict between two people has increased, there has been a pull to include a third person to reduce the intensity and calm the situation. However if I am included as an ally to one or the other, it will have several unhelpful effects. It will reduce the likelihood that the two people involved will directly solve their problem. It will create a sense of one party being preferred and one party blamed for the conflict, and may reinforce concerns about the functioning of one or other person.

If I respond by taking on responsibility for the problem, I have created a situation in which I am over functioning, and I am promoting the under functioning of the other people involved. This is also likely to inhibit proper resolution of the original problem.

If, however, I take a stance that is neutral, actively in contact with each person, and I am clear about my real role in the task at hand (i.e., I am functioning from an 'I' position), there is a greater chance that the emotional intensity between the two people will resolve, and that the task will be progressed. Meetings need to be task focused, with each person's roles defined, and each responsible for their part of the task.

This approach avoids disconnecting from either party, which will increase anxiety, and avoids anyone (including myself) taking over the proper role of another person. It supports the expectation that the two people will resolve their conflict directly.

Example: In a clinical meeting, nursing and teaching staff overtly disagree about the way a young client is being managed. In discussion, it becomes clear that this is part of a wider disagreement about roles and responsibilities, and I am being invited to adjudicate on the relative positions of each group. However, the task here is to continue to evolve helpful ways to interact with each young person in the programme, and for staff to take responsibility for that process. My role is to facilitate that task, not to become involved with the content issues in that particular dispute. So, I can talk with the managers of this program, facilitate time for problem-solving and keep connected to both groups with interest and be open to looking at solutions in a wider context.

Conflicts may also be embedded in interlocking triangles that have functioned over many years in this organisation, and may be less personal than at first appears. Vulnerable individuals may be invited to fill functional roles in the system, which can lead to scapegoating, undervaluing or idealisation. Thoughtful

supervision, which can assist the person to reflect on their own functioning and find ways to define a more differentiated self in the workplace, can assist this.

PROBLEM 2: ANXIETY ABOUT THE FUNCTIONING OF A STAFF MEMBER OR ABOUT MY OWN FUNCTIONING

Another manager may talk with me about concerns about a staff member or a team issue. I perceive an invitation to help them manage it, join in their anxious focus on the person or soothe their anxieties and be 'supportive'. Again, there will be variations on this, depending on my pre-existing relationship with the team member concerned, my anxiety about the functioning of that manager and my own need to feel as if I have an ally (someone with whom to feel I can say 'we'). The more anxious I am about my own functioning in a new role, the more I may look for reassurance and validation through the alliance and join in an anxious focus on a third person, much as parents do with a child. I may begin to over function, taking on some of the roles of the other manager or merging with them.

Another version of this pattern is initiated by me when I am anxious, neglectful or avoidant of tasks because of real or emotional factors. Others in the system (especially old allies) may step-up to function for me.

Example: Difficulties with new administrative tasks are making me anxious. A new manager comes to talk with me about a dilemma she has with a few team members. I offer to attend meetings with the team to help her with the issues, even though that decision reduces my time for other tasks.

Is there a problem with any of this? There are several that rapidly become apparent:

- The outcome of an under-functioning/over-functioning dyad tends to be bad for each. The system and the individuals involved tend to have an inflated view of the value of the over-functioner, which is likely to be unsustainable and mask areas of under functioning, such as in personal life or in administrative matters (the two most common). The under-functioner can find themselves increasingly devalued, able to contribute less and less, and may become irresponsible or feel extruded.
- An anxious focus tends to promote the very behaviours that are of concern, and increases rigidity.
- While these are strategies for the immediate relief of anxiety, they are not helpful to the original task. The problem is still there, the manager still has to manage; I may still have a need for skills or more staff, or redefined roles. These responses are reactions to anxiety, not thoughtful problem solving of real issues. A genuine solution may involve delegation, training, staff recruitment, or a change in work/life balance, but anxious reactivity and fusion will only obscure the options.

PROBLEM 3: ROLE CHANGE DILEMMAS AND ALTERED ALLEGIANCES

A change in role creates altered relationships with colleagues. My change in role altered my relationship to my 'old' teams. Inevitably there was unfinished business, my old roles were inadequately filled because of staff shortages and I felt ambivalent about my new role that had arisen unpredictably.

I found that when conflict arose that concerned a member or members of my old teams, I would become protective and react non-neutrally. For example, I might ally firmly with my old team member and join with them against the other party, who could be within the agency (for example in another team) or in an external organisation. Similarly, this alliance could be activated by conflict between myself and another, in which old team members joined.

Example 1: A complaint is made by a clinician about an inadequate handover of a case by a member of my old team. I know that this has been partly caused by a staff shortage left by my change in role. I become protective of my old team, and react anxiously to the criticism. The other clinician is silenced, but the problem is not addressed.

Example 2: An external agency with which I have had a long association has a conflict with one of the teams. The agency relies on my long alliance with them to assist in their case, assuming that in my new role I can influence the outcome in their favour. I take a neutral role, listening thoughtfully to each party, but insisting that they solve this problem together.

Teams that work together for a long time can develop strong loyalties and an interdependence that, while promoting cohesiveness and co-operation, can at times of stress and change promote a mutual reactivity and 'group think'. Teams need to be able to manage entrances and exits, to allow members to have different opinions to cope flexibly with change. Bowen theory sets the goal for the individual to

Recognise his realistic dependence on others, but stay calm and clear-headed enough in the face of conflict, criticism and rejection to distinguish thinking rooted in a careful assessment of the facts, from thinking clouded by emotionality ... The more intense the interdependence, the less a group's capacity to adapt to stressful events without a marked escalation of chronic anxiety. (Wiseman 1996).

Managing anxiety by alliances or mergers with others is powerful, but works in the completely opposite direction to thoughtful focus on a differentiated response. Yet teams are fundamental structures in many organisations. Team identities are built up over time and team building is a recognised activity. The decision to manage situations of increased anxiety (e.g., changes) by increased capacity for individual response, reflection and family-of-origin coaching, rather than activities that promote fusion is an experiment reported on elsewhere in this journal (Donnelly & Gosbee, 2009).

Bowen himself pointed out that less well-differentiated people tend to use work relationships to fulfil emotional needs, in lieu of family relationships. This can result in decisions that are more feelings-based than reality and principle-based, and therefore less likely to be ultimately helpful for the task of the organisation. Team loyalties can be a particular vehicle for reactive, relationship-driven decisions.

PROBLEM 4: WORK AS AN ANXIETY-BINDER FOR NONWORK STRESSES

This is such a common problem that we have many different ways of describing it. People are 'workaholics', 'compulsive care-givers', are 'married to their job'. It is easy, in times of increased personal stress, to under-function in personal life and over-function in professional life. The over-representation in the helping professions of other-focused people and the child-focus of many families reinforces this pattern.

For myself, I have the pull towards elderly parents and the decreased involvement in the lives of my adult children, which are normal life-stage transitions but not necessarily smooth or anxiety free. Work offers many opportunities to feel authoritative, needed and central to a group, perhaps by involvement in another's anxieties or conflicts as described above. This decreases my need to be responsible about my changing relationships with parents, children, siblings and friends.

Example: I find that frequently I am the only person at home for the evening meal. I begin to suggest review appointments with difficult cases at the end of the day, to assist case managers, and then schedule discussions with them that make me late home.

General Applications in Everyday Functioning

The following practices have proven useful in the attempt to apply theory to everyday workplace issues:

'Attending to self' is a major component of functioning well in the workplace, in whatever role. This means considering it a priority to focus on my own behaviour at work (analogous to Bowen's statement that 50% of a therapist's attention in a session should be on managing their own anxiety).

Monitoring myself means paying attention to which people, issues and situations preoccupy me, and then asking questions about the nature of the attraction. What is the real issue? Who is really responsible for it? What is my responsibility in this situation? Do I have a role that is neutral, self-defined and role-defined? Am I acting as an ally to one person or group? Am I doing someone else's job?

Similarly, which problems, issues or people am I avoiding? What is the anxiety and what is the reality-based problem? Am I allowing someone else to function for me because of anxiety? How comfortable am I with real differences of opinion and approach and expertise?

Monitoring myself also means an honest look at the work/nonwork balance I am really living. Am I being properly present and responsible in both areas, or allowing one to distract from anxieties in the other?

Self-monitoring needs to be operationalised. Is reflective time prioritised in my diary? Is it used purposefully? Is this part of supervision and peer review?

Strategies need to be consciously developed for managing issues that heighten anxiety, for example:

- using clearly negotiated delegation instead of anxiously coopting the help of others
- choosing to assist thinking instead of soothing anxieties when asked for help
- avoiding the language of alliances ('we')
- choosing to stay connected to individuals with whom I have a conflict
- remaining task focused rather than aiming at 'feeling good together'.

Discussion

There are a number of questions to be asked in this discussion. First, can theories used to describe the emotional processes in families be applied with any validity to the workplace? There is a substantial literature concerned with the application of various psychological theories to organisational dynamics, from personality theories to various forms of systems thinking. These applications draw heavily on concepts related to feedback and communication patterns, structures and boundaries, and attributed meanings. In addition there has been a focus on the manager as part of the system, and the consultant as needing to recognise that their choice of theory and analysis is influenced by 'their own desires, and the desires immanent in the larger circuits of which we are a part' (Campbell et al., 1994; McGaughan & Palmer, 1994). The application of Bowen theory to the workplace seems to have begun with Murray Bowen himself, observing his own functioning and his own work system, but was then applied by others to family businesses (Carmella et al., 1996), other relationship-based organisations (e.g., church congregations; Gilbert, 2006), and then to a wide range of businesses, health organisations, academic institutions and government departments (Titelman, 2009).

What is the evidence for both these theories and these applications? Have there been controlled trials of interventions based on theory? I am not aware of any such

evidence; the literature appears to be a series of case studies in which individuals attest to the usefulness for them of this way of thinking, for both personal use and for their consultative roles.

Second, are there difficulties and limitations in the application of Bowen Family Systems Theory for this purpose? While there are descriptions of the usefulness of this application of Bowen theory, there are potential difficulties in its general application. One major problem is the accessibility of Bowen theory. The Bowen practitioner is expected to learn experientially. In particular, the practitioner is expected to be involved with his own family of origin work. Bowen himself felt that those who worked most on themselves were most successful at using the theory in their work (Bowen, 1987), a position that others have supported (Herz Brown, 1991). Training programs to teach the theory have been developed, but 'Bowen did not think it possible for a therapist to know a client system and not get caught in it without having achieved a measure of ability to do this in one's own family. One can't stay out of what one can't see' (Gillis- Donovan, 1991, p. 12).

Experiential training is not readily available, especially if 'coaching' is required (by a therapist skilled in the model). It is a long process, not amenable to a brief course or workshop. It is easy to be interested in the theory and then become discouraged from using it because of these impediments. There are various attempts to make training and family of origin coaching more accessible, by coaching groups and by use of technology for isolated practitioners.

Many of the concepts sound more accessible than they are; for example, therapists attempting to take a more differentiated position may simply cut off from the family they are working with in an attempt not to do their work for them. Similarly, distancing oneself from a conflict at work may appear to be taking a neutral position. Staying in contact with the parties but having one's own, perhaps uncomfortable, position is more helpful.

These difficulties, of needing experiential understanding and coaching, are not confined to Bowen theory. Other theories that contribute to understanding human behaviour are similarly difficult to access, for example, the training required to analyse attachment strategies, or use dialectic behaviour therapy.

Third, is there a danger of role confusion for the therapist/manager in thinking about relationship functioning in the workplace? There are potential dangers when thinking about workplace issues using a therapeutic theory.

Staff members can be pathologised, and management can be confused with emotional support. My own opinion is that this theory works against that particular problem. Because of its emphasis on managing self and being responsible for one's own behaviour, clarifying one's proper responsibilities is an important focus in many dilemmas. The neutral and nonblaming systemic orientation helps avoid a pathologising view of staff members. The task focus enables clear thinking about the requirements of the job, rather than encouraging an adaptation around under functioning, or an overvaluation of over functioning.

Conclusion

This article has attempted to describe some applications of Bowen systems theory to the workplace. I have tried to do this on the basis of my experience that this can be both personally helpful, in management and non-management roles, and that it can be useful to other individuals in their thinking about their own functioning. I would also suggest that it assists in creating a shift in a helpful direction for an organisation. The use of this thinking creates an awareness of fluctuations in anxiety in the work system and the methods individuals and groups employ to manage this. Some strategies can be destructive to individuals, to relationships, and to an organisation. For every under- or over-functioner, for the 'scapegoated', extruded or overly fused individual, there is a loss of creativity and difference, which then reduces the adaptability and problem-solving capacity of the organisation. If we assume that patterns among the staff will be reflected in the interactions with clients, there will also be a reduction in the quality of help that an agency can give, and an increased capacity to do harm.

In contrast, thinking that promotes an individual's capacity to respond to anxiety thoughtfully rather than reactively, which promotes each person taking responsibility for themselves, and that discourages fused responses assists with a focus on genuine problem-solving in the face of increasing anxiety.

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