



Assisting the Two-person System: An Approach Based on the Bowen Theory

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The Bowen theory, developed by Murray Bowen, views the family as a natural system of relationships. This paper reviews basic concepts of the Bowen theory and describes their role in guiding the clinical approach to the disturbed two-person relationship.

Keywords: Bowen theory, differentiation of self, anxiety, emotional reactivity, triangles, nuclear family emotional process, cutoff, systems thinking, I-position

Key Points

- 1 Two-person relationships are part of a larger system of family relationships.
- 2 Two factors appear to be involved in relationship disturbance, the relative balance of maturity to immaturity (differentiation of self) of participants and the intensity of anxiety active in the relationship system.
- 3 The clinician utilises systems thinking rather than the more conventional individual or cause-and-effect thinking.
- 4 The clinician functions as a coach or consultant to the family system and not in the traditional position of therapist.
- 5 A knowledge of the process of triangling plays a significant role in the clinical process.

Based upon his research at the *National Institute of Mental Health* (NIMH) and his exploration of the family relationship system, Murray Bowen developed a family systems theory, later called the Bowen theory, to distinguish it from other systems theories developing at the same time. The theory proposes that emotional, physical, relational, and social symptoms in a person or set of relationships reflect disturbances in the family relationship system itself (Bowen, 1978, p. 156). Guided by theory, Bowen developed specific clinical approaches to address such disturbances.

The Bowen theory comprises eight concepts and a major variable.¹ Seven concepts address the family system and the eighth addresses the function of social and societal systems. The major variable, anxiety, exerts its waxing and waning effects both on individuals and on relationships. Although all play a role in family system functioning, four concepts, along with anxiety, play important roles in the discussion of two-person systems – the scale of differentiation of self, triangles, nuclear family emotional process, and cutoff.

The term *couples therapy* refers generally to the clinical effort to assist disturbed two-person relationships. The term *couples* generally refers to marital partners, non-married partners, and non-traditional partners, for example gay or lesbian relationships. From a rigorous theoretical viewpoint, however, each of these relationships participates in a larger family system. Consequently, clinicians applying the clinical

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approaches based in Bowen theory consider all therapy *family therapy* and do not view their effort primarily as *couples therapy*.²

Bowen and Systems Thinking

Bowen developed a way of thinking about human behaviour, *systems thinking*, that differs significantly from more conventional individual thinking (behaviour can best be explained as the internal processes of the individual) or cause-effect thinking (a single cause leads to a specific outcome). A review of the fundamentals of systems thinking may help the reader understand better the theoretical basis for the clinical approaches.

Bowen (1978) described the family system as follows:

The relationships between family members constitute a system in the sense that a reaction in one family member is followed by a predictable reaction in another, and that reaction is followed by a predictable reaction in another and then another in a chain-reaction pattern. (pp. 206–207).

Emotion provides the energy or force that drives the system and relationship interaction expresses that motivation behaviorally (p. 158).

The emotionally reactive person operates more or less automatically, thinking little about his or her own behaviour and its effect on others. Generally the person focuses on the other(s), blaming, defending, and so forth. The mental processes accompanying emotional reactivity reflect the emotion, not the more objective thinking or intellectual ability of the individual required to regulate oneself. Interpersonal emotional reactivity drives the chain reaction process in family relationships. The chain reactions produce the patterns of interpersonal behaviour expressed by the family relationship system. Each repetition reinforces the reciprocal process, increasing the likelihood that the chain reaction will repeat in the future. In this manner the patterns of chain reactions become increasingly predictable and embedded in the relationship system.

Anxiety as the Major Variable

The major variable in Bowen theory, *anxiety*, shifts the emotional climate of the family system up and down a calm–tense continuum. Bowen defined anxiety as the response of the individual to real or imagined threat. Anxious people become more sensitive to others and more focused on relationships. As anxiety and its more general partner, tension, increase, people become more emotionally reactive to one another. Relationships that can be open and productive when calm become tense and non-productive when anxiety rises. Anxious partners display a range of reactive behaviours. They become more argumentative, less thoughtful, more critical and judgmental, more distant from one another and less able to maintain the complex behaviours of self-regulation that mark effective functioning in relationships. As anxiety and tension decrease, people regain their competency to interact more efficiently and effectively.

In addition Bowen proposed that people can develop chronic anxiety. If one envisioned a continuum ranging from calm to intense anxiety, the chronically anxious person would reflect a baseline degree of anxiety somewhere above calm. In other words, he or she would reflect that chronic degree of anxiety in physical, emotional,

and behavioural functioning. He or she would reflect heightened sensitivities, greater difficulty maintaining the cognitive components of complex behaviour, and more difficulty self-regulating in comparison to a less chronically anxious person. Chronic anxiety expressed in reciprocal relationship leads to chronic tension in the relationship network. Chronically tense relationship systems would display greater lability, more intense reactivity, and more chronically disturbed functioning than a less tense relationship system.

The Scale of Differentiation of Self

Bowen's scale of *differentiation of self* describes variation in the balance of maturity to immaturity among people and how they respond to the world, particularly when anxious and tense. Some have greater difficulty bringing their cognitive skills to bear on life challenges than others. People anywhere along this continuum can lead happy lives. Those with greater ability to differentiate between thinking and feeling have more tools to meet challenge effectively and efficiently. They are less dependent on the relationship environment for their sense of balance and well-being. They can be responsible for themselves without having to retreat from the family during tense periods. Those with less differentiation are more dependent on the relationship environment for their sense of satisfaction and well-being. When that environment changes, they appear to have greater difficulty finding their footing on their own without having to retreat from the family or having immediately to seek a more comfortable set of relationships in order to restore their sense of balance and well-being.

In describing the concept of differentiation of self, Bowen sometimes links the term *differentiation* with *emotional maturity* or simply *maturity*. In his 1957 annual research report to the NIMH he describes generally maturity and immaturity (Bowen, 1957, in Butler, 2013, p. 32). In the immature column he lists general characteristics that reflect early stages of development: wanting to be taken care of, wanting freedom from responsibility, and having an all-giving, all-loving, non-demanding figure always at one's side (pp. 48–49). In contrast, the mature side of the person seeks generally to be responsible for oneself and to others in life and to assume responsibility for managing one's own immature side. Maturity, and its ability to manage the immature side of oneself, emerges gradually across developmental time. When the mature side of the person fails to develop fully, the immature or infantile side exerts greater influence on the day-to-day and general life course of the person. That immaturity is reflected in deferring responsibility for oneself to others, in difficulties setting and following through on goals for oneself, in orienting primarily to others to assist oneself, and in expecting others to provide resources and even happiness.

It can also be reflected in the inability to set limits with others and in the emotional urge to take care of others who are capable of taking care of themselves. The less mature person depends heavily upon relationships to others to provide direction, resources, and well-being. That dependence becomes evident in: sets of expectations for other people to be available to oneself in just the way one expects, emotional reactivity directed at the other when those expectations are not met, and various manifestations of disturbance when that relationship matrix is not available in just the right way. Bowen's observations led him to postulate that people who married or formed long-term intimate relationship selected as partners those who had about the same balance of maturity to immaturity as themselves. The immature sides of the partners

blend or fuse into a twosome that begins to govern behaviour. In that fusion each depends on the other for support, direction, and her or his own sense of well-being. Pairs with greater maturity can use the mature side of self more easily to regulate themselves when the one or the other pursues his or her own life goals. Neither relies on the other solely to provide comfort or direction. In less mature pairs, each partner has less freedom to pursue independent aspirations and more pressure to be available to the other for stability, comfort, resources, and well-being.

The level of differentiation of self establishes the threshold for the tolerance for anxiety. Below the threshold the person can maintain awareness of thinking and feeling and can utilise the cognitive skills to regulate self and guide behaviour. Once the threshold is crossed, the person loses that ability and becomes increasingly reactive and automatic behaviourally. In addition, Bowen observed that as the person becomes more anxious, he or she seeks contact with important others and will retreat from the effort to be responsible for oneself in the attempt to fit with others. The delicate balance between independence and dependence shifts toward the latter as the person reflects intensifying anxiety in psychological uncertainty, discomfort, and a sense of being overwhelmed. The person slides toward a position of functional helplessness, seeing self as incapable of managing and looking to others to provide comfort, guidance, and even decision making. Reciprocally, the partner can begin to over-function, retreat, or attack in a blaming and critical fashion.

In other words, for each partner the immature side of self prevails over the more mature side. Within the two-person relationship, the level of differentiation determines the intensity of dependent attachment between partners. The more fused the pair, the more increasing anxiety leads to relationship disturbance reflected in the reciprocal patterns of conflict, distance, or over- and under-function described below.

Nuclear Family Emotional System

Bowen introduced the term *nuclear family emotional system* in part to distinguish it from the extended family emotional system and the social system (Bowen, 1978, p. 203). The intense fusion of the immature or undifferentiated side of family members presents challenges to participants, reflected in the indicators of fusion. Those include exquisite sensitivity and reactivity to one another, an inability to think and act for oneself, a loss of focus on a life plan, a level of anxiety or fearfulness about the loss of relationship and the sense of being incapable of managing oneself in life. Depending upon the amount of undifferentiation, the family's functioning is more or less chaotic. Emotional and instinctual forces tend to govern people and relationships. Thoughtful communication and problem-solving appear only fleetingly when the anxiety in the system is low and disappear into reactivity-driven confusion as anxiety increases.

In the concept of the nuclear family emotional system, Bowen describes four patterns that partners use to manage the intensity of the psychological and emotional system oneness in the nuclear family. As tension increases, the two partners may engage in *conflict*, a process that ranges from simple bickering to full assault with expressed violence. They may also *distance* from one another, a pattern that can range from silence, preoccupation with an activity (e.g. watching television, computing online.) and non-responsiveness to actual avoidance of one another. Often conflict and distance occur alternately in the same relationship. In the conflict phase partners are

intensely involved with one another. Sometimes a quiet and fairly pleasant interlude follows the conflict.

A third pattern Bowen referred to as an *overadequate–inadequate recipriocity* (circular reinforcing patterns of interdependence). In this pattern one of the partners appears to give up responsibility for oneself to the other. Either partner can take the lead in the process as anxiety and tension mount. The overadequate one can act more authoritatively and dogmatically and the other yields to that pressure rather than oppose. Or the inadequate can appear increasingly helpless, pressing the other to take charge. As is the case with the patterns of conflict and distance, the overadequate–inadequate reciprocity appears to become more and less pronounced with rising and falling intensities of anxiety.

The fourth pattern involves the focus of both partners on a third, a child, who is perceived by the partners to be needy, helpless, or weak. Both partners cooperate around the focus on the child, who responds reciprocally with an intensified presentation of self as immature and needy. The focus intensifies with rising anxiety and relaxes its hold on all participants as anxiety falls. With the focus on the child the parents appear to interact cooperatively. Usually, however, one parent takes the lead in the focus and the other passively supports the focus (Bowen, 1978, p. 381).

The mechanisms can be found in all families, varying with the intensity of the fusion and the degrees of tension and anxiety at play and Bowen noted that most families use a combination of them. As a result, patterns can shift, reducing the likelihood that any one becomes crippling (Bowen, 1978, p. 380). The intensity of the process in any nuclear family appears to be governed by the degree of undifferentiation or immaturity, the degree of emotional contact or cut off with the extended families of the partners, and the degree of stress and anxiety in the system (Bowen, 1978, p. 425).

Triangling

Any two person relationship lies embedded in a network of emotional triangles (three-person systems). These become more evident as tension increases and the triangling moves occur:

When tension in a two-person system exceeds a certain level, it ‘triangles’ a third person, permitting the tension to shift about within the triangle (Bowen, 1978, p. 174).

Within the triangle, emotional tension can shift among the three-two-person relationships, providing relief and greater ability to tolerate tension for the three participants. The triangle establishes various patterns of closeness and distance that shift with the tension in the system. Predictable movements by each participant in the triangle reflect efforts to establish closeness or retreat from discomfort. The relationship patterns of the triangle repeat predictably, shifting the pattern with the shifts in tension. When the system is calm, one set of patterns prevails, but another set emerges as tension and stress mount. The triangle forms a dynamic emotionally fuelled three-way relationship system that continuously influences the functioning of each participant. The predictable moves often operate on a microscopic level, with subtle and nuanced maneuvers to draw another into a close position with oneself, to push another away, or to shift tension to two others.

The triangle is important clinically. When at tense two-person relationship can be in contact with a third person who responds from a position of neutrality and

objectivity, the tension between the two can resolve. This requires that the third person remain emotionally detached from the twosome yet in good contact with them. Bowen refers to this process as the magic of family psychotherapy (Bowen, 1978, p. 175).

Cutoff

Bowen added the concept of *cutoff* to describe the relationship between generations in a family. In the face of emotional intensity in the family, people distance from one another. The distance can range from very slight to severe. In extreme forms, a person can distance or cutoff all contact with the family of origin. Cutoff both solves a problem and creates a problem. On the one hand, the use of distance provides immediate relief from difficult relationship intensity. On the other, the loss of contact appears to rigidify emotionally reactive processes between people. The loss of contact with the family of origin tends to lead to higher anxiety for the cutoff person and for subsequent relationships in which he or she becomes involved. The cutoff person carries that rigidity into future relationships and resorts to cutoff when the new relationship becomes difficult. Both sides participate in the processes that result in cutoff.

The two person system

All relationships bring both benefits and constraints for the involved partners. Intimate partners struggle with the balance of autonomy and freedom on the one hand and the pressure to support the autonomy and freedom of the partner. In Bowen theory terms, each attempts to be a self and a partner at the same time. The difficulties develop when the effort to be autonomous conflicts either with one's own or one's partner's desires for connection. Under these conditions anxiety increases.

From a theoretical perspective the disturbance in the two-person system arises out of the quantity of undifferentiation to be managed in the relationship. Undifferentiation manifests itself in numerous ways. An important manifestation surfaces in the web of expectations each has for the other to 'be there' for oneself. It is as if the undifferentiated side of the person demands of the other: *Be the way I want you to be, not the way you are, so that I can be stable, comfortable and happy*. Often these expectations lie dormant until somehow the other violates the expectation, leading to intense emotional reactivity expressed in conflict or distance or both.

The theory postulates the operation of two forces in people, a force toward individuation and autonomy, and a force toward connection and togetherness. On the one hand, people yearn to be free, to be the captains of their own ships, and to follow their own compasses through life. On the other, they seek a deep connection with others, inclusion, and a position from which they can benefit from the broader resources of the group. The more the undifferentiation of the pair, the more the pressure for connection and togetherness and the less autonomy each expresses. Each fears the discomfort of being alone and will sacrifice individuality and autonomy to preserve the connection. They depend on the relationship to a greater degree for their stability and sense of well-being in life in comparison to partners who have a greater ratio of differentiation to undifferentiation.

Depending upon the degree of undifferentiation in the pair, each partner apportions life energy either toward the other or toward his or her own life course. The greater the degree of undifferentiation, the more each partner has to allot life energy

to the relationship to keep it in balance, that is within the comfort zone of anxiety, tolerance, and the framework of expectations that each has for the other. Slight shifts in energy from the relationship to meet external challenge can upset the balance, increasing anxiety and tension within the pair resulting in the various patterns of conflict and distance that characterise the two-person system in its emotionally reactive cycle. Where partners have less undifferentiation to manage, the relationship has increased capacity to maintain balance with less demand for a partner to shift energy from life tasks to relationship stabilisation.

The Two Person System in Clinical Practice

Of the four mechanisms that form the nuclear family emotional process, two generally present as relationship disturbance at a clinician's office, marital conflict and distance. The overadequate–inadequate reciprocity may turn up, often with a focus on the symptoms that generally emerge for the partner in the inadequate position. Occasionally the over and under functioning becomes part of a scenario of relationship disagreement and dissension. Each presentation reflects the combination of anxiety and tension linked to reciprocity between the pair. Once established, the patterns repeat over and over, reinforcing themselves and embedding themselves in the life of the relationship and the broader family system.

The focus of the clinical effort aims:

To help one or more family members to become aware of the part self plays in the automatic emotional responsiveness, to control the part that self plays, and to avoid participation in the triangle moves (Bowen, 1978, p. 307).

That requires a person to learn the difference between emotional and intellectual functioning and slowly increase thoughtful regulation of automatic emotional functioning. In short, the person works to develop a more autonomous and better defined self – clearer about responsibility for self in life, more able to manage one's reactivity in the important relationships, and better able to think carefully and express one's thinking verbally and behaviourally.

From the perspective of the Bowen theory, the clinician can work with both partners in a joint session or with either partner individually. The methodology of the two approaches differs a bit, but the goals remain essentially the same, to decrease anxiety and to increase mature functioning.

Family Diagram

A clinician utilising the Bowen theory begins with a survey of the family field, captured in a family diagram for every family he or she assists (the term genogram has come into common usage, but Bowen preferred the term family diagram as used in this essay). More than a genealogical exercise, the survey creates a working document, the diagram that identifies important players in the family drama, captures factual information about people, events and processes in the family, and makes graphic how the family has adapted and continues to adapt to challenge across time (Bowen, 1978, pp. 170–174).

For disturbed two-person relationships, the diagram reveals the position of the relationship in the larger family system and how its disturbance may reflect challenges in the larger family system and also how the two-person disturbance may be affecting

the larger family unit. It highlights important triangles that may be influencing the situation. The diagram represents an ongoing effort to capture and track the dynamic interaction of the family across time. Family members participate alongside the clinician in the development of the survey and the diagram, in essence creating a process of observation, collection of factual data, and discussion for all involved.

Coaching

From the perspective of the Bowen theory, the intensity of the attachment or fusion between the partners lies at the heart of the relationship dilemma. Each focuses on the other, expecting the other to meet one's perceived needs and reacting intensely when that expectation is not met. In a sense each is saying to the other: *Be the way I want and expect you to be, so that I am comfortable and my life works the way I want it to.* In that framework, the goals, desires and challenges of the other become secondary to one's own. Taken to this extreme, in the intensely fused pair one or both say to the other: *My life is more important than yours.*

The emotionally reactive interplay between partners can be likened to a dance, with each responding to the other performing the linked steps repeatedly. The subject or content of the interaction may vary, but the reactive process repeats. While each 'feels' the process, generally neither is paying attention to it. When a partner can begin to observe his or her own emotional reactivity and how his or her sensitivity and response triggers the automatic response of the other, it becomes possible to step outside the pattern of the emotional process by regulating and shifting one's own behaviour.

The clinician's ability to know the difference between the emotional process and the content of the interaction guides his or her activity. With that knowledge the clinician can observe the flow of reactivity between the partners in all its nuance and subtlety. The clinician challenges the partners to become better observers of the emotional process between them. The clinician directs his or her comments to the process and away from the content. For example, one partner may raise his voice and intensely complain about his partner. As voice tone changes, the other partner reacts. The clinician might turn to the partner and ask: *Did you notice the shift in your partner's voice tone as he began to talk?* The follow-up question might be: *What went on in you as you noticed the shift in his voice tone?* After an exploratory conversation the clinician then might turn to the original partner with the question: *Where have your thoughts been going as you've listened to this discussion?*

The clinician directs his or her questions to each partner individually, with the other partner listening to the exchange. The basic principle governing this approach derives from the observation that tension between two and the reactive emotional exchange can resolve if both can remain in good contact with an emotionally objective and neutral third person. The clinician works to reduce the direct exchange between the partners that results in the emotionally driven chain reaction while encouraging each partner to become a better observer of his or her own reactivity. As each becomes a better observer of the process, anxiety and tension decreases. With the reduction in anxiety, each can observe more of the reactive process in self and in the other.

The clinician continues to direct his or her attention to the process in the manner described above. Periodically he or she might ask one of the partners what his or her 'best thinking' is about a particular situation or challenge. As one or the other reports on a self-observation, the clinician might ask whether the observed behaviour is useful

or not to the person. If not, the clinician could ask what the person might do differently. As anxiety decreases and the partners grow more observant and thoughtful about themselves, it becomes possible for a partner to establish a goal for the management of self in the interactions with the other. He or she begins a series of pilot projects. The person becomes a researcher interested in the nature of the relationship problem and experimenting with oneself in the interactional context. As the person gains more knowledge of the process, his or her experiment can become more sophisticated and complex. Initially, however, simple steps are the order of the day.

Clinical Neutrality

Clinicians working from the perspective of family systems theory strive to remain emotionally objective and emotionally neutral. The former refers to the ability of the clinician to track the emotional process between family members and describe it factually without participating in it. It requires that the clinician remain detached from the content of the interaction while monitoring the flow of emotional reactivity. That detachment flows from the clinician's knowledge of his or her own emotional reactivity and his or her ability to manage that reactivity. Emotional neutrality requires that the clinician demonstrate the detachment of emotional objectivity in his or her comments and postures in the clinical session.

Clinical Progress and the I Position

Progress occurs as one partner or the other begins to redirect his or her focus from the perceived failings of the other toward his or her own functioning in the relationship and the pursuit of life goals. He or she begins to develop enhanced functional differentiation. Said somewhat differently, the person begins to address the position of relative helplessness he or she has assumed in the relationship, reflected in the focus on the short-comings of the other and the failure to make the other change. In small steps the person begins to change behaviour based on the observation and thinking about the relationship process. He or she can see a bit more clearly how the partner responds reciprocally to one's own behaviour.

Gradually the person begins to formulate thoughtful positions based on knowledge of self and other and fundamental beliefs and principles that slowly develop to guide behaviour. Bowen referred to these positions and their implementation behaviourally as 'I-positions' or 'I-statements'. This is what I think, this is what I believe, and this, therefore, is what I am going to do. The I-statement also reflects the slowly developing internal strength of the person to be responsible for self and to act responsibly toward others. The statement has little value if it is not reflected in the behaviour of the person. In relationship situations people often lay down ultimatums for the other with threats as to what will happen if the other does not comply. Such ultimatums differ greatly from the true I-position. They are other-directed (you-statements), and the deliverer of the ultimatum rarely follows through on the threatened consequence.

Toward the Extended Family and Person to Person relationships

The effort of partners to work on themselves in the relationship can stall periodically in response to heightened anxiety. Progress can often continue if a partner can shift

focus to the effort toward differentiation in his or her family of origin and toward his or her life goals. The basis for the intensity of attachment between partners originates in what Bowen referred to as the unresolved emotional attachment of the partner to his or her own parents. The unresolved attachment plays out in the presumed need for another in order to function in one's own life and in the immature response of the adult child to the parent, reflected in an emotionally-coloured image of the parent as 'larger than life' rather than as a fellow traveller in life trying to do the best one can. The person makes this effort by oneself for oneself.

The effort requires that the person regain regular contact with the family if distance has come into play, make visits to important people in the family, and work toward the development of a person-to-person relationship with each member of the family. The person-to-person relationship implies that each can tell the other about his or her life, goals, challenges, and so forth and that each will manage emotional reactivity to the other, which can block that sort of contact and communication. The person-to-person relationship allows people to talk to one another about one another without having to talk about others or about impersonal subjects. People find this a difficult challenge and most initially have great difficulty avoiding the *triangling* move to talk about others or about the weather.

The effort toward the extended family has value in a number of ways. Active open relationships to the extended family often result in a decrease in anxiety within the broader unit and the person making contact. The decrease in anxiety can lead to reduced disturbance in relationship and greater flexibility for each partner. In the effort toward the person-to-person relationship, one encounters many of the emotional obstacles and dilemmas that have characterised relationship development and the resulting reactive patterns that comprise the family emotional system. The extended family becomes a laboratory for efforts to learn about, experiment with and find resolutions to common and persistent family dilemmas. As the person makes progress on becoming a self in the broader family, the knowledge and skills derived become more available to manage the difficulties in the original two-person partnership.

The clinician serves as a consultant, supervisor or coach to this process. Rather than providing an answer, the clinician challenges the person to manage reactivity more effectively, to take more responsibility for self in the family unit, to avoid infantilising others while remaining interested and committed to the welfare of all. Provided the clinician has worked on differentiation of self in his or her own family, he or she can outline common challenges and suggest pathways for progress around obstacles. The project, however, is the person's, not the clinician's.

The Clinical Relationship

The relationship to the clinician should never become more important than the relationship to the partner and other family members. The effort the partner makes in the real relationships of his or her life assumes primary importance, not the relationship to the clinician. The clinician must remain aware to this possibility in order to redirect the family member if she or he shows signs of investing too heavily in the clinician. Usually the clinician accomplishes this task with his or her own I-statement – this is what I think, this is what I believe, and this is how I will conduct myself.

The Clinical Process with One Person

Clinical effort with one partner focuses primarily on his or her effort toward the extended family as described above. When parents are living, the person can aim toward a more direct adult-to-adult relationship, stepping out of the emotionally endowed parent-child process. Each can talk to the other about self and other straightforwardly without worry about hurting the other or feeling sorry for the other or any of the other emotional responses of the fusion. There is deep respect in the person-to-person interaction and an effort to reduce critical and judgmental processes.

Deep Anxiety

Bowen observed that families engaging in family psychotherapy experience deep anxiety (Bowen, 1978, p. 85). Many elements coalesce to produce this response. One source of anxiety emerges from the degree of immaturity or undifferentiation in the family member. The unregulated immature or infant side of the person presents with demands on another and with a deep sense of anxiety when faced with the challenges of an adult world. As the family member begins to work to increase functional differentiation of self, the various versions of 'I can't. . .' and 'Be there for me and take care of me. . .' exert pressure on the emerging mature self to retreat and yield to the helplessness of the immature side.

A second thread of anxiety stems from the degree of chronic anxiety in the family of birth that transfers into the new nuclear family. Chronic anxiety results from prolonged or repeated anxiety that leads to tension in people and in relationships. Although Bowen does not specifically comment on it, one can infer that chronic anxiety passes from one generation to another and is reflected in sensitivities, frameworks of perception, anxiety levels, and degree of efficiency and competency in response to adaptive challenges. As the term implies, chronic anxiety with its tension becomes a regular condition for the person and for the relationship system. This resulting anxiety is deep in the sense that it is not connected to a specific threat and reflects the accumulated effects of years and decades of anxiety driven behaviour and response processes to life challenges.

An important task for the clinician, then, lies in the effort to help the person cope with the deep anxiety and not give up the effort. Bowen (1978) described the message from the clinician to the family member in the following passage:

Anxiety is inevitable if you solve the problem. When anxiety increases, one has to decide whether to give in and retreat or carry on in spite of it. Anxiety does not harm people. . . People can even grow and become more mature by having to face and deal with anxiety situations (p. 85).

Conclusion

Bowen often presented people with a conundrum. How do you be 100% for your partner and 100% for yourself? In slow steps following the route of differentiation of self, a resolution of the conundrum develops. It becomes possible for the person to develop the internal strength to remain in contact with the anxious, even threatening system, gradually to find the courage of one's convictions in voice and action, and to pursue a course that reflects both responsibility for self and awareness of the

interdependence with others, reflected in careful consideration of one's responsibility to important others.

End Notes

- ¹ Space does not permit a thorough review of the Bowen theory in this essay. Interested readers may find comprehensive reviews in Bowen's book *Family Therapy in Clinical Practice*, Michael Kerr's book *Family Evaluation*, or my own book *Bowen Family Systems Theory*.
- ² In a 1980 videotaped interview with the great neuroscientist Paul D. MacLean, Bowen referred to his idea as 'using the cognitive to control the twitch'.

References

- Bowen, M. (1978). *Family Therapy in Clinical Practice*. New York and London: Jason Aronson.
- Bowen, M. (1959/2013). Individual project report, in J. Butler (Ed.), *The Origins of Family Psychotherapy: The NIMH Study Project* (pp. 26–41). Lanham, MD, Boulder, CO, New York, NY, Toronto, CA, Plymouth, UK: Jason Aronson.

Recommended Readings in the Bowen Theory

- Brown, J. (2012). *Growing Yourself Up: How to Bring your Best to All of Life's Relationships*. Wollombi, Australia and Auckland, New Zealand: Exisle Publishing Pty Ltd.
- Gilbert, R.M. (1992). *Extraordinary Relationships: A New Way of Thinking about Human Interactions*. New York, NY: John Wiley & Sons.
- Kerr, M.E., & Bowen, M. (1988). *Family Evaluation: An Approach Based on Bowen Theory*. New York and London: W.W. Norton & Company.
- Papero, D. (1990). *Bowen Family Systems Theory*. Boston, MA: Allyn & Bacon.
- Papero, D. (1990). Bowen family systems theory, in A. Horne (Ed.), *Family Counseling and Therapy* (3rd edn., pp. 272–299). Itasca, IL: Peacock Publishers Inc.
- Papero, D. (2000). Bowen systems theory, in F. Dattilio & L. Bevilacqua (Eds.), *Comparative Treatments for Relationship Dysfunction* (pp. 25–45). New York, NY: Springer.