

# Bowen family systems and the transgenerational approach



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Alfred Adler was the first psychologist of the modern era treating families using a systemic approach. A system can best be defined as a group of interrelated parts that function as a whole. An individual must be understood in their context, and the whole family is greater than the sum of its parts. Adler believed that humans are motivated primarily by social relatedness and that humans have a strong desire to belong. Adler also thought of mental health to be indicated by social interest. Humans are motivated to seek a place in family and society to fulfill the basic needs for security, acceptance, and worthiness. This idea of is also supported in attachment theory, where infants establish secure and insecure patterns of attachment based on the infant's need for protection, comfort, and nurturance. A child's behavior and relationships are influenced by attachments throughout life (Zilberstein, 2006). Four patterns of attachment have been studied, secure, anxious-avoidant, anxious-resistant, and disorganized. Attachment has also been studied in adults using corresponding terms, secure, dismissing, pre-occupied, and disorganized or unresolved, respectively.

Establishing intimacy through love and/or marriage was one of the five life tasks that were crucial to be considered mentally healthy by Adler. Adlerian therapy really resonated with me in working with individuals. I have always strongly believed that our families of origin give us the foundation for whom we will become. They are the first to supply us with our values, beliefs, rewards and consequences, our sense of pride, our sense of humor, and our standard for our expectations of accomplishments. Our families shape our subjective view of the world. I have always been mindful of how my past

experiences and my family members have been involved in my decision making.

Adler supported my idea that a person's family of origin has a central impact on their personality. A standard practice of Adlerian therapy is to conduct a structured objective interview in an attempt to collect information about the person's family constellation and early recollections. The collection of the family constellation is not much different from the genogram that is commonly used in Bowenian family therapy. However, the genogram is also a more standard method to assemble this information. According to Nichols (2010), a genogram is " a schematic diagram of the family system, using squares to represent males, circles to indicate females, horizontal lines for marriages, and vertical lines to indicate children" (p. 461). The genogram also has a number of very detailed symbols to indicate family relational patterns and other events. Adler's emphasis on the family of origin and exploring its interactional patterns and other issues has great similarity to Murray Bowen's transgenerational model. They both also share ideas on birth order and sibling position. Bowenian therapy seemed like the obvious theoretical transition from individual counseling to family counseling because both approaches deeply explore issues in the family to understand current issues an individual may be experiencing.

## **Who Are the Key Players and How Has This Approach Developed?**

Alfred Adler is considered by some in the counseling field to be a pioneer in the development of family therapy. He was the first to look at the individual in their context, and actually delve into the complex relationships of the

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family of origin. He did not discount the family as Sigmund Freud had previously done. Murray Bowen developed a professional interest in the family when he worked as a psychiatrist at the Menninger Clinic in Houston, TX from 1946 to 1954 (Nichols, 2010). He worked with schizophrenic patients and was intrigued by how the patients reacted when their family members came to the clinic for visits. There is a natural emotional reaction that happens in all relationships, and this observation of the family was merely an exaggerated version of this natural process. After his work at the Menninger Clinic he moved on to begin a project at the National Institute of mental Health (NIMH) where he hospitalized the entire family of schizophrenic individuals (Nichols, 2010).

According to Nichols (2010), he discovered that the intense emotional tie between mother and child riveted the entire family. Anxious attachment, a pathological form of closeness driven by anxiety, was the root for the intense emotional reactivity he observed in schizophrenic individuals and their families. Bowen attributed this problem to a lack of personal autonomy between the family members. They were thought to be products of fusion, which according to Nichols (2010), is the “ blurring of psychological boundaries between self and others and a contamination of emotional and intellectual functioning” (p. 461). This concept was developed by Ludwig von Bertalanffy. Bowen further investigated this idea when he started work at Georgetown University, where he worked with families with less severe problems. He realized that these families seemed to function similarly to the families with the schizophrenic member. He concluded that normal families and disturbed families operated on a spectrum ranging from emotional

fusion to differentiation. Differentiation of self is best defined by Nichols (2010), as the “ psychological separation of intellect and emotions and independence from others; opposite from fusion (p. 460). This idea was a major concept in the development of his comprehensive theory at Georgetown over the next thirty-one years. Philip Guerin and Thomas Fogarty are two of Bowen’s most prominent students. Betty Carter and Monica McGoldrick are responsible for their account of the family life cycle and the inclusion of feminism in family therapy. Michael Kerr, M. D., was a student and colleague of Murray Bowen and the truest advocate of all his students. He has been the director of training at the Georgetown Family Center since 1977 (Nichols, 2010). There are four major concepts that depict Bowen’s theory. They are: differentiation of self, triangles, multigenerational processes, and sibling position.

## **Differentiation of Self**

As defined previously, differentiation of self is similar to ego strength. It is an intrapsychic and interpersonal concept (Nichols, 2010). Gurman & Kniskern (1991) describe it as “ the lifelong process of striving to keep one’s being in balance through the reciprocal external and internal processes of self-definition and self-regulation” (p. 140). Only Bowenian therapists use the word “ differentiation”. Just as Bowenian therapists are careful to not use the word enmeshed, because it is from the school of structuralist therapy. The word that Bowenians would use to describe this particular state of being would be fusion. The word differentiation implies a minimal level of emotional reactivity to others and includes the ability to avoid becoming polarized by others. Differentiation means an individual is clear about their

personal values and goals, and they take responsibility for their own emotional being and destiny, rather than placing blame onto other sources, such as culture, gender, or the environment (Gurman & Kniskern, 1991). It is a lifelong process because no one ever fully attains differentiation. A person will never reach more than 70% differentiation, as Bowen believed. It is not to be used interchangeably with words that sound similar, such as individuation, autonomy, or independence.

## **Emotional Triangles**

Triangles involve three people attempting to address a troublesome issue. Anxiety causes people to polarize. When two people experience anxiety or difficulties in a relationship and come to a point in the process where they feel they are no longer able to communicate, one person, maybe even both, seek an outside person in an attempt to resolve this anxiety. If this third person's involvement is temporary, or they are able to assist in working through the problem, the triangle doesn't become fixed. However, if the third person remains involved with the issue, the triangle becomes fixed. The latter is usually the result of many triangles. These two people create a coalition against the third person and communication between the original two people begins to diminish, because there is someone else to talk to about the issues. There can definitely be many third persons. Also, as a result, the anxiety spreads through to three relationships. Interactions between two is affected by the behavior of the third person. Each person is driven by reactive behaviors instead of being able to maintain a level of differentiation from the situation by not becoming emotionally reactive or polarized. Fixed triangles become a distraction from dealing with the original

conflict and damage relationships (Nichols, 2010). A major goal in Bowenian therapy is to detriangulate any triangles that may have formed, and it is believed that many conflicts that become stuck have some triangulation circulating through them.

## **Multigenerational Transmission Processes**

When there is a lack of differentiation in the family of origin, emotionally reactive children are the result. These children are then thought to become over involved or emotionally cut off from their parents. Emotional cutoff illustrates how people deal with anxiety between generations (Nichols, 2010). The greater the level of emotional fusion between parents and children, there is a greater chance for an emotional cutoff. To cope with this stress, people tend to move away to create distance or avoid to lessen the possibility that they will be emotionally sucked into the fusion. This actually causes emotional fusion in their new relationship because people with limited emotional resources usually project all of their needs onto the other person in the relationship (Nichols, 2010). Nichols listed four likely consequences of this emotionally unstable pair: emotional dysfunction between partners, physical or emotional dysfunction in one partner, marital conflict, or projection of the problems onto the children. The degree of undifferentiation, extent of emotional cutoff from families of origin, and level of stress in the system are all proportional to the strength of those problems (Nichols, 2010). Later, these children of the new family grow to become over involved or emotionally cut off from their parents. The children most involved with the family's level of fusion moves toward lower levels of differentiation of self, while the least moves toward a higher level of differentiation of self

(Nichols, 2010). This describes how triangles and other patterns pass through generations into new families and relationships.

Transgenerational processes shape individual behavior through the combination of past events, losses, and belief systems to create roles for each family member (Gurman & Kniskern, 1991). Overt interactional and behavioral patterns and hidden, value-laden patterns formed progressively during periods of family turmoil are the emphasis in therapy. The family process is propelled from one generation to the next in chronological order (Dattilio, 1998). Schwartz, Hage, Bush, & Burns (2006) offer an example of how negative interpersonal behavior is learned in the family of origin and used in later relationships. Their work showed how this type of interaction can lead to family violence in the new family system. Issues that go unresolved in the family of origin get their outlet in symptoms of their children for generations (Kerr & Bowen, 1988; Roberto, 1992).

A parent's lack of emotional regulation can impact the child's ability to regulate their own emotions (Schwartz et al, 2006). This is seen in families that seem to repeat patterns of family violence where members so often come to participate in some kind of physically aggressive behavior in their new family. According to Potito, Day, Carson and O'Leary (2009), children may develop long-term problems including depression, trauma-related symptoms, low self-esteem, and substance abuse, while shorter-term issues may be emotional and behavior problems that manifest just from witnessing this kind of behavior. Family violence is obviously a more intense example, but when families come into therapy with any obvious presenting symptom, that will be the focus of the family. Whatever the presenting problem may

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be, the family of origin will become the focus for the therapist. The therapist will attempt to alter the patterns of relating that typically center around the client. If this is successful, the contextual pressures that lie beneath the symptom can be removed (Dattilio, 1998).

## **Sibling Position**

Alfred Adler studied the effects of sibling position. He believed that early experiences within the family and siblings' relationships contribute to the development of personality. Birth order and sibling positions contribute to a person's subjective reality and their personality (Corey, 2009). Similarly, Bowen also believed that children develop personality characteristics based on their birth order, or position in the family. This helps to hypothesize what role a child may have in the family's emotional process (Nichols, 2010). Corey (2009) describes the oldest child as dependable, hard working, and striving to keep ahead. They initially receive a great deal of attention and are typically spoiled before younger siblings are born. Likewise, Nichols (2010) portrays the firstborn to identify with power and authority. They use their size and strength to rule over their younger siblings so that they can retain their status. The second of only two and middle children always share the attention. They are often convinced of the unfairness in the world. The latter usually feels squeezed out when the new child comes into the family (Corey, 2009). Children that are born later often identify with the oppressed and question the status quo of the family. However, because of this, they are more open to experience because they are determined to do things their own way (Nichols, 2010).

## **Process of Change and Techniques**

A primary goal in therapy is for each member to strive to differentiate the self. There must be a change in each individual in the context of the system. Another goal is to decrease anxiety. The therapist acts as a guide for the family in therapy. The therapist uses questions and cognitive processes to lead to differentiation of each member and also to get a better understanding of the family of origin (Corey, 2009). The atmosphere in the session and the therapist's stance function as tools to minimize emotionality. Process questions are used to slow people down and to promote self-reflection. Each member is individually asked questions in order to discourage excessive interactions. Interactions can lead to too much anxiety during sessions which can prove to be counterproductive (Nichols, 2010). Especially since one of the goals is to decrease anxiety.

Bowenian family therapists use genograms, deal with family of origin issues, and detriangulate relationships to improve family functioning and communication (Corey, 2009). Understanding how the family system operates is more important than using techniques. Bowen often spoke poorly of therapists relying on the use of techniques and other interventions. Process questioning is the essential technique that guides Bowenian therapists through therapy. It enables clients to remove some of the anger and emotional reactivity (Nichols, 2010). It is common for families to retreat into self-defeating behaviors, worn-out doubts, and helplessness even after presenting symptoms have improved (Dattilio, 1998). Therapists will assume a consultant role if old patterns of behavior reappear.

## **What Issues Can This Approach Be Used With?**

Anxiety, depression, physical illness or other psychosomatic symptoms, marital conflict, behavioral problems, family relationship problems, and even work and school problems can be treated with this approach. Issues of domestic violence, alcoholism, substance abuse, and infidelity are other issues that can be used with this approach. Due to its general use of techniques, and the ideas that form the premise for this approach, it has wide applicability. It can be used to treat individuals, couples, and families. Individuals are treated under such conditions when others may refuse to come to therapy, are located a distance away, or simply those who seek an improvement in their own lives and want to come alone. Although, it is still encouraged for family members to come but not required. The advantage of family therapy is that it gives the therapist the opportunity to address all relevant members in the family. The goals of therapy are the same even when treating individuals because most problems are thought to be the result of the same issues, such as differentiation of self, emotional triangles, multigenerational transmission processes, and sibling position. Presenting problems in individuals are usually rooted in the family of origin.

## **Conclusion**

To conclude, this approach has always fascinates me. This actually connects with ideas that I have held to be true throughout my life and look forward to applying these ideas in family therapy practice. It has many similarities to Adlerian therapy which was my personal theoretical perspective in dealing with individuals, which can also be applied effectively to treat families. I like the idea of not relying on techniques. In focusing too heavily on techniques,

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it's easy for a therapist to get lost in the employment of techniques and forget about the therapeutic relationship. Truly understanding the family allows the therapist to connect with the family in attempt to resolve issues.