

Comparison between bowen family system therapy and solution focused therapy



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This essay aims to compare and contrast the classical Bowen Family System Therapy to the more modern Solution Focused Therapy. Comparison will be made in the following areas (1) broad theoretical formulations, (2) normal family development, (3) development of behavioural disorder, (4) goals of therapy, (5) conditions for behavioural change, (6) assessment methods and (7) techniques.

Note that in the last decade, parts of Bowen's theories have been criticized due to the paucity of empirical evidence. For example, his theories on sibling position and triangulation are not supported (Miller, Anderson, & Keals, 2004). For the purpose of comparison, we will include these concepts in this essay and not dispute its validity. The purpose of this essay is to place both the theories side-by-side in order to gain a perspective on the theoretical, conceptual and practical underpinning of both the theories.

Solution Focused Family Therapy

An interesting result of the comparison is a broad illustration of the evolution of family therapy since the 1960s to present day. Theoretically Bowen Family System therapy and Solution Focused therapy are as different as night and day. Bowen family system opposes linear cause-and-effect thinking. On the other side of the coin, Solution Focused therapy is theoretically driven by cause-and-effect thinking (Piercy, Sprenkle, & Wetchler, 1996). Pioneers of both therapies are ambitious and revolutionary in their own way.

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Murray Bowen claims that his theory is universal and he approached his work with this goal in mind, to produce a universal theory for family system therapy (Bowen, 1978). The result of this goal is the Bowen Family System that provides by far, the most comprehensive view of human behaviour and problems (Nichols, 2010, pp 137). Steve de Shazer and Insoo Kim Berg co-pioneers of Solution Focused therapy were not interested in developing a universal family system theory. They were however, no less ambitious. They aimed to develop a therapeutic model that is more tuned to today's fast paced lifestyle.

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The therapy that resulted from this mindset is not only brief but also highly effective (de Shazer & Berg, 1992a). Both theories are radical departures from the traditional theoretical thinking of their time. During a time when family therapy pioneers were focused on interventions, Bowen focused instead on system theory as a way of thinking (Bowen, 1978, pp 192).

Underpinning his theory are firstly, the implication that multigenerational family network shapes the individual. He believed that clinical patterns that are often hidden come into focus when the family is viewed as a unit.

Secondly, that the individual has less autonomy over their emotions than assumed and undifferentiated individuals have limited autonomous identity (Bowen, 1960; Nichols, 2010, pp 115). Following Murray Bowen's radical thinking, Philip de Shazer and Insoo Kim Berg similarly rejected traditional psychotherapy view that the presenting problem is a result of basic pathology. They turned the traditional view upside down by shifting the

therapeutic view away from pathological problems to possible solutions (de Shazer & Berg, 1992b).

Instead of assessing problem-maintaining system, solution focused therapy seeks to help clients identify exceptions to the time the problems exists. Their controversial approach reverses the order of the initial interview process. Instead of asking the client to describe the history of their problem, they help the client formulate a detailed resolution to their presenting problem (de Shazer, 1982a; de Jong & Berg, 2007). Interestingly, both modalities appear to have quite similar opinions about what constitutes normal family development.

Bowenian's idea of normal family development is where there is differentiation among the family members, anxiety is low and there is positive emotional contact between family members. In conceptualising the development of the family system, Bowenian therapists are past-focused. They believe that emotional fusion that is passed down from one generation to the next is the cause of psychological problems (Nichols, 2010, pp 119-122). Normal family development according to Solution Focused therapist produces families with flexible structures, clear boundaries and well-organised hierarchies.

Bowen Family System Therapy

This is quite similar to Bowenian's concept of normal family development. Differentiated individuals after all need to have clear boundaries. Similarly, flexible structures and well-organised hierarchies do promote low anxiety and therefore generate positive emotional contact between family members.

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The difference is that instead of being past-focused, Solution Focused therapy assiduously avoids the past and focuses their clients as much as possible on the present and future. (Nichols, 2010, pp 321).

Bowenian therapists believe that the development of behaviour disorder symptoms are the result of the individual's inability to handle stress effectively. According to the Bowenians therapists, the ability to handle stress is correlated to an individual's level of differentiation. The more differentiated a person, the more resilient the person (Nichols, 2010, pp 120). The result of a study to determined the link between differentiation of self, social anxiety and physiological symptoms suggests that less differentiated individuals are more prone to social anxiety and symptomatology (Peleg-Popko, 2004).

Solution Focused therapists have no concept or theory about the development of behavior disorder. If they had a theory, the theory would be that people should not be labelled or categorized by their behaviour or actions because there is always exceptions to the way they behave. An child who is overly active because he is excited should not be labelled an ADHD child because there are times when he is not overly active. Furthermore a Solution Focused therapist may argue that by categorizing a person, attention is being drawn towards the problem and away from the solution (de Shazer, et al. , 1986; Nichols, 2010, pp 322).

Solution focused therapists are of the view that patient diagnosis (de Shazer & Berg, 1992b) and client resistance (de Shazer, 1988a) do not exist except in the mind of the therapists. Bowenian therapists and Solution Focused

therapists are again on the opposite end of the scale when it comes to their sentiments towards therapeutic goals. Bowenian therapeutic goals are to help people understand themselves and their relationships better with the assumption that they can then assume the responsibility for resolving their own problems. Bowenian therapists see themselves as educators and facilitators, they are not interested in actively helping their clients to solve their problems (Nichols, 2010, pp 123). Solution focused therapists on the other hand, have only one focus and that is to help people solve their presenting problems in the shortest timeframe possible. They are not interested in digging up the past nor are they interested in conducting in-depth multigenerational analysis of their client's family ancestry. They think that it is unnecessary for them to reconstruct and restructure their client's family in order to help their client resolve their presenting problem. Their therapeutic goals are simple.

First, ask their clients for their therapeutic goals and if the goals are vague, help the client to establish clearer goals and then, help the client to achieve those goals in the shortest time possible (de Shazer, 1991). Bowenian and Solution Focused therapists have different ideas about the most ideal conditions for behaviour change. The states that they adopt in creating their ideal conditions are also different. During therapy, Bowenian therapists often adopt an avoidance state. They are always wary about becoming emotionally entangled and avoid being pulled into triangles (Bowen, 1992a).

Solution Focused therapists on the other hand adopt an aggressive state during therapy. They aggressively lead and push their clients towards seeking solutions and resolutions (de Shazer, 1982b). The ideal conditions

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for behaviour change, according to Bowenians, rely on the atmosphere during the session and second, the ability of the therapist to minimise emotional reactivity. In order for an individual to change their behaviour, Bowenians believe that they need to be able to distinguish between thinking and feeling. Once they are able to make that distinction, they can then resolve their relationship problems in a low anxiety manner.

Another way for an individual to change their behaviour is for the individual to increase his self-focus. By increasing their self-focus they can then understand their own roles in the interpersonal processes. This too will help them resolve their issues. Although Bowenian therapy does not involve helping the clients to solve their problems, the therapists' stance is central to the success of therapy. A therapist needs to be able to (1) tolerate anxiety, (2) practice differentiation and avoid triangulation, (3) ask questions to foster self-reflection and direct them to individuals one at a time, (4) encourage individuals to look for their own role in processes, (5) have an awareness about the entire family even though their presence is not necessary and (6) cultivate a personal relationship with everyone in the extended family (Bowen, 1971; Nichols & Schwartz, 2009). Solution focused therapy requires less conditions for behavioural changes. The therapeutic atmosphere during a solution focused therapy session is aimed towards highlighting an individual's strength. Solution focused therapists believe that these strengths or resources are already inherent within the individual.

Their job is to help the individuals become more aware of their own strengths and to use it to resolve their own problems. Towards this end they would focus on (1) helping individuals to amplify the exceptions to their

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problems, (2) helping individuals talk, think and act positively while they are resolving their own problems and (3) helping individuals make one small change at a time and achieve one small success at a time in the belief that small changes can lead to positive spirals (de Jong & Berg, 2008; Nichols, 2010, pp 323).

The importance placed on assessment is another area where Bowenian and Solution Focused therapy markedly differ. Bowenian therapy places greater importance on detailed assessment than any other form of therapy. In order for the Bowenian therapist to help individuals understand their own role in their family's problems and how those problems that they facing are embedded in the history of their extended family, a thorough and detailed assessment is necessary. It is not uncommon for the Bowenian genogram to extend down three generations or more (Kerr & Bowen, 1988; Nichols, 2010, pp 124-126).

At the other extreme are the Solution Focused therapists who consider background assessment like the ones conducted by Bowenian therapists, problem talk. Solution Focused therapists have little patience for problem talk and they seldom enquire about the causes of the problem. They are willing to listen to problem talk only to the extent that it will make the client feel understood. Once it is determined that the client feels heard, they quickly switch the language to searching for a solution (de Shazer, 1985; Nichols, 2010, pp 323-326). Both therapies have distinctive techniques but neither place much emphasis on techniques. Bowenians are of the opinion that understanding how family systems operate is more important than techniques (Bowen, 1992b). Solution Focused therapists are of the opinion

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that strategies are more important than techniques and they build their techniques around their strategies (Macdonald, 2007a). Many of the techniques credited to Bowenian were developed by his students such as Betty Carter, Monica McGoldrick and Philip Guerin. Their clinical models include specific techniques that are now part of Bowenian therapy (Guerin, Fay, Burden, & Kautto, 1987; Carter & McGoldrick, 1989).

Some of the more famous Bowenian techniques are: (1) Genogram. These are diagrams that gives a comprehensive overview of the family. It is useful as a tool for collecting and organising information collected. Once completed, it can help the client understand their own role in the process and their family projection process. (2) Coaching is a technique that uses process questioning. Process questioning is a questioning technique that is designed to explore the inner workings of persons and between persons. (3) Triangle refers to alliances within relationships.

Bowenian therapists are usually emotionally distant to avoid feeling stuck or stalemated. (4) Relationship experiment means asking clients to try new behaviours and then paying attention to the processes. This can help client resolve their problems and encourage differentiation. (5) Displacement story is another technique designed to help family members distance themselves from the problem in ways that allow them to see their own role in the family system. It is designed to minimize defensiveness and (6) the “ I-Position” encourages clients to take a personal stance and express their feelings (Minuchin, 1974; Nichols, 2010 pp 126-134).

As mentioned, Solution Focused therapy build their techniques around their strategies. There are two fundamental strategies within Solution Focused therapy. The first is to develop well-focused goals within clients' frames of reference and the second is to generate solutions based on exceptions. Most Solution Focused therapists work as a team although the technique has proven to be effective even when practiced alone. Therapist working in a team is a departure from other therapeutic techniques. During therapy, Solution Focused therapists focused on discovering previous solutions, exceptions and goals.

Key clinical techniques are: (1) The miracle question. The purpose of the miracle question is to invite clients to create a mental picture of their goal and to focus them on finding solutions to their problems and (2) Exploring exceptions means probing for exceptions to the problem and bringing into the client's awareness that they may already have the solution to the problem. To ease the exploration of exceptions, Solution Focused therapists ask four types of questions. (i) Exception questions are designed to help clients focus on the recent times when there were exceptions to the problem.

It helps to build on success. Example: When in the past seven days did you get angry but did not get violent? (ii) Coping questions are designed to ego-strengthen the client and to help them to realize that they are more resourceful than they realize. Example: How did you manage to cope when you lost your job the first time? (iii) Scaling questions are useful because they (a) provides a benchmark when dealing with subjective topics such as levels of depression, love, pain and so forth. (b) It helps client quantify their

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confidence in maintaining their resolve. c) It is a tool that can be use to disarm resistance and backsliding while encouraging commitment to change and (d) It can be used to breakdown goals into smaller, more manageable steps. Example: You said that your anxiety level was at 7 earlier, where is it at now? (iv) Compliments are delivered in question form as an ego-booster to highlight to the client their accomplishments and their innate resourcefulness. It can take the form of an invitation to the client to describe their successes, a means to highlight successful strategies or to keep the client motivated and focus on strategies that worked.

Example: Amazing! You manage to work two jobs while taking care of the boys? How did you manage to do that? (de Shazer, 1988b; Nichols, 2010k pp 326-334). In conclusion, both the theories will remain entrenched within family system therapy for some time to come. While Solution Focused therapy is better adapted to current demand for brief therapy, Bowen Family System therapy continue to distinguish itself by directing therapists to consider their own role within their family of origin and in this manner personally experience the theory. References Bowen, M. (1960).

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