Bowen Family Systems Theory: A Different Lens on Self, Social Work and Families

ference



KC Center for Family & Organizational Systems

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Margaret Otto, LSCSW received an undergraduate degree in Sociology from Bethany College, Bethany, West Virginia and a Master's in Social Work from Washington University, St. Louis, Missouri. Her postgraduate education began at the Menninger Family Therapy training program. From there she trained at the Bowen Center for the Study of the Family where participation involved postgraduate seminars, research seminar and the National network. She has been studying and applying Bowen family systems theory for over 25 years which includes studying under Murray Bowen, MD and Michael Kerr, MD.

Margaret is clinically licensed in both Kansas and Missouri. Her career began as a non-medical professional in medicine. This included hospital, nursing home and home health settings where she was the Director of Social Services. From health care she moved into the community mental health arena and established a BFST full time private practice in 1988 which has continued until today. For four years she taught family practice residents about how families work at TMC.

In 1996 she co-founded and became the Director of the KC Center. Under her leadership, a federal grant was achieved as well as other programming. BFST was utilized to design the research on low-income unwed expectant or new parents. Margaret is a national and international presenter on families with particular interest in clinical applications and remissions, Recently she presented on Theories of Emotion at the International Conference on Bowen family systems theory in Sweden. She the carries local and national responsibility for the leadership of the KC Center and oversees the programming there which includes the Postgraduate Education & Training, annual conferences and the Webcast Series, She is on the Board of the Bowen Theory Academy.

MISSION

The KC Center for Family is a 501(c)3 organization dedicated to accurately representing, applying and expanding Bowen family systems theory in the regional area. The intent of the variation in programs offered is to be open to all interested individuals in learning to apply the theory to their personal and professional lives and assist in effectively managing the challenges they face individually, in their families, organizations and communities.

Questions for the audience....

- 1. Who has been taught BFST?
- 2. How many family psychiatrist do you know?
- 3. How do you know which which theoretical model a co-worker is coming from?
- 4. How many of you have been stressed by the relationships with your family or not?



Objectives

- 1. Describe the history of social work and families.
- 2. Describe two of the basic concepts of Bowen Family Systems Theory.
- 3. Describe Social Worker self-management with the clinical process.

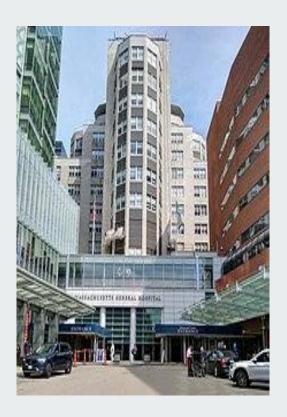
Social Work & Families



Hull House, a settlement house, in 1889

Jane Adams and Ellen Starr co-founded this settlement to serve the social, artistic and educational needs of immigrant families. By 1920, there were 500 houses.

Medical Social Work & Families



Massachusetts General Hospital was the first to have professional social workers on site, in the early 1900s. A physician, Dr. Richard Cabot requested services for primarily failure to thrive patients. He had a treatment plan but no way for implementation. Ms. Ida B Canon was the first medical social worker and she began training others in 1912. Medical social workers did case management, data collection, follow ups, care coordination, health education, financial assessment and discounting patient medical fees.



Social Work & Families Family Research: NIMH 1954-1959

- The camelot of research at NIMH, Bethesda, MD with Dr Bowen in the lead. Bethesda, M.D. that lead to the discovery of the family as an emotional unit.
- Families with an adult schizophrenic child living on a research ward for long periods of time. (for ex 18 months)
- A wealth of new facts and methods by watching the intense process in schizophrenic families.... these families had the "right" emotional process to be admitted to the unit. The dx was secondary.
- As the project went on, staff and families attended the staff meeting and started to address their own part of the problems.
 This produced marked improvement of the family symptoms.
- Focus and training medical staff on function not dx. For example, all dx terms eliminate and described instead. The term "maximum disfunction" was used instead.

Social Work & Family Research



- Mrs. Betty Basamania was the social worker on Dr. Bowen's project along with two other psychiatrist. (10/1955-12/1958)
- "Since Mrs. Basamania was a social worker, she has studied and worked with the family.... Due to this background, she suggested the concept of the "family unit." The psychiatrists were immediately interested because it was appropriate to our ongoing observations. "Researchers coming to the same understanding without telling the other.
- "it was clear that all families were pretty much alike. I decided that my own family would provide as much detail and would be more accessible. That was the beginning of the multigenerational study of my own family. Murray Bowen, MD.

Social Work & Families

So.... since the beginning of social work, social workers have been at the interface with families, their individual members and their communities. Just 3 examples of many.

Social work did not start with individual psychology.



Individual or Cause & Effect Thinking/Linear thinking



- This is a default mode in the brain that becomes the primary way of thinking, particularly under stress.
- Basis of medical model.
- It is also the basis of blame. Blame the other or blame self. Two bad outcomes.
- This is not a theory but a default position.

Individual or Cause & Effect Thinking/Linear thinking



OR ... A Systems View:

- Seeing the co-created process is the beginning shift to systems thinking. A move, counter move, an action and then a reaction.
- This is the basic premise of starting to think systems which lead to family systems theory.

Basic Premise of Family Evaluation:

- How you think about a problem determines how you approach it. For ex. cause and effect thinking or systems thinking are two different ways of thinking. Attachment theory or systems thinking are different, etc.
- Systems thinking: The family impacts the individual, the individual impacts the family. Can not separate the context from the individual.
- Different thinking creates different solutions.
- This is the most important slide of the presentation!



What is a theory? How is it different than a technique?

- A theory is a well-substantiated explanation of an aspect of the natural world that can incorporate laws, hypotheses and facts.
- A theory is a description.
- A technique is a skillful execution of a procedure, a particular way of achieving a task
- They are not the same. Sometimes a theory leads to a technique, other times a technique is valued on its own.

WHAT IS A FAMILY?

- Attachment to an emotional nucleus, behaving and being for the other.
- Composed of multiple individual people
 & relationships
- Fusion makes it a unit; emotional atmosphere of it can regulate the individual. Of course, the individuals contribute to the atmosphere oneness

Assessment and evaluation

- How does an individual get assessed
- By thinking about the individual alone?
- By thinking about the individual in context?
- Are the family, social and work relationships important in assessment?
- Is there a way to think about symptoms being part of the relationship dynamics?

First Basic Concept

FAMILY ONENESS

Theoretical section on family emotional oneness, followed by variation in functioning and finally applications to social work.

FAMILY AS ONE EMOTIONAL SYSTEM, WHICH MAKES IT A UNIT

- Feed forward process with mutual participation: simple & very complex
- Fusion of individual self's, into one complicated unit
- Predictable patterns of interaction in co-created processes
- Moves beyond blame & cause and effect thinking
- Possible to be objective about the emotional system? Describe the systems functions with objective and observable fact.

FAMILY AS ONE EMOTIONAL UNIT

- Families "feel for the other", the other can also give them a "headache."
- Mutually affecting each other, shift in one creates a movement in the other
- Hypersensitivities to the other, reaction to the action; attack defend; move counter attack... sometimes in a productive way, other times not so much.
- Reciprocity is within a group and between groups
- Levels of responsiveness varies among family
 units

- The human family is an unit because it operates as a system.... The whole is greater than the sum of its part. It's "the fit of the pieces, not the presence of the pieces." MB
- Humans care deeply for each other and are sensitive to each other's expectations, attention, approval and distress. This creates a natural emotional interdependency the strength of which varies with each family.
- The first person responds to another, who responds to a third person, who responds to the first person, etc. There is a pinging/ricocheting off of each other that can develop a life of its own. This process can go further than anyone intended.

WHAT IS BOWEN FAMILY SYSTEM THEORY?

- " a theory of human behavior that views the family as an EMOTIONAL UNIT and uses systems thinking to describe the complex interactions in the unit." Michael Kerr, MD
- This is a natural systems theory. It is not based on the conceptualizations of the brain, like math for example. It is based on observations that lead to a scientific theory about human behavior.
- Fusion makes it a unit; emotional atmosphere of it can regulate the individual. Of course, the individuals
 contribute to the atmosphere. oneness

Science of Human Behavior

- Concepts that can be tested and developed through the observations of nature and the progress of concepts
- Ideas testable, contrasted to other concepts and information from relevant fields gathered and incorporated

WHAT IS BOWEN FAMILY SYSTEM THEORY?

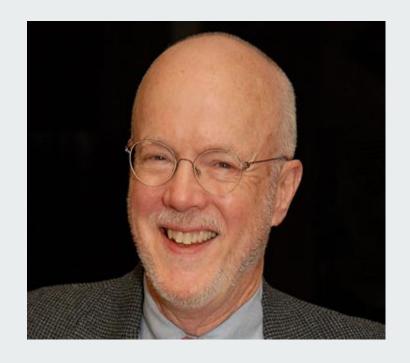
The theory has been expanded and developed since its inception.

- Examples of areas of application: clergy, business, family business, all levels of social work, medicine, psychology. National and international sites and conferences.
- Utilized also in the ED, EAP, nursing home, home heath,international relations,business, private practice and teaching family residents etc. etc.
- Relationship *disruption* a variable in symptom development. This is often a major factor that goes unseen.

FAMILY AS ONE EMOTIONAL UNIT Bowen Family Systems Theory



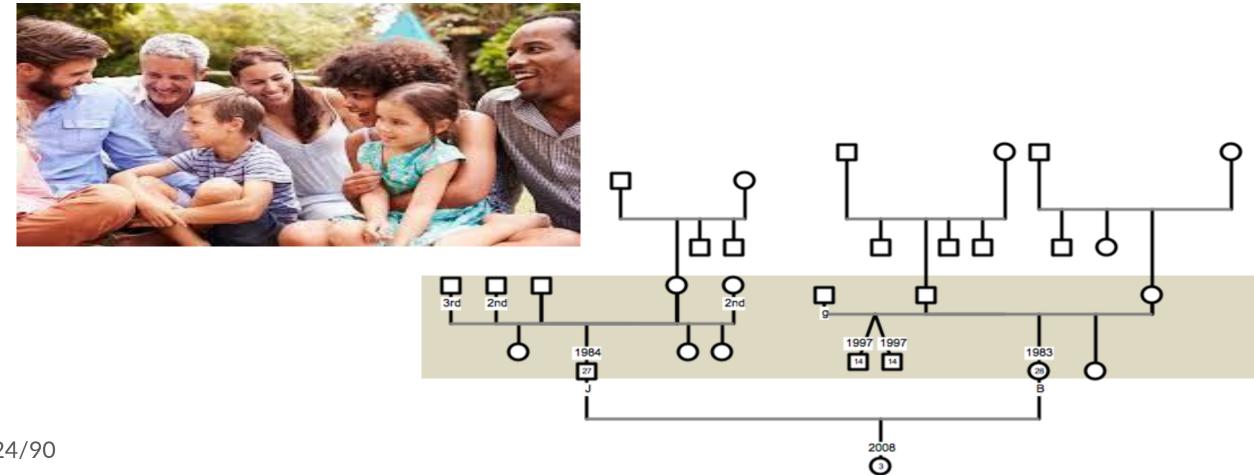
Discovered that the human family is an emotional unit or system. Murray Bowen, M.D. (1913-1990)



Michael Kerr, M.D. (1940-) expanded upon theory

FAMILY ONENESS

The human family is one emotional unit or system (vs. just the individual. or a collection of individuals.) Composed of fused reciprocal relationships Other human relationships were emotional systems too. (school systems, legal systems, biological systems)



Comments & Questions

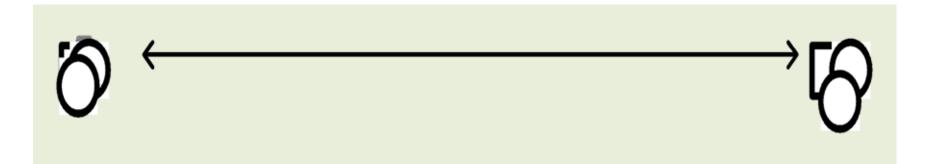


Second Basic Concept

VARIATION in Level of Differentiation

Assessment and evaluation

Variation of family functioning driven by fusion & resulting chronic anxiety

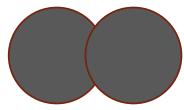




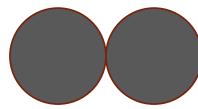
Circles and squares and triangles

More independent emotional functioning is drawn as more separate:

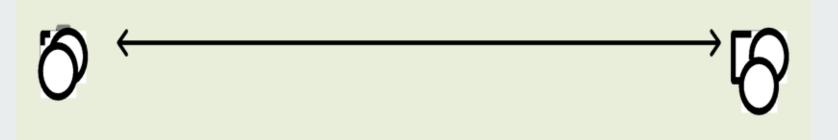
- How to read the descriptions:
- Fusion is more overlapped for example this pair



mother daughter



- Theoretical ideal
- Like drawing the wind



Immaturity

Very interdependent

Chaotic

Emotional Cut-off &/or chronic dependency

Tension

Low proximity

Higher chronic symptom load

Emotional reactivity dominates

Less likely couple co-parents

Mature

More independent

Orderly calm

Multiple family contacts that are easy & useful

and resourceful

More relaxed

Higher proximity

Lower chronic symptom load

Thoughtful & personal goal directed behavior

More likely couple co-parents

All families fall on the continuum. Different branches of the family vary as well as each family.

Differences between families

- Vary in degree of maturity
- High maturity: life events encountered & dealt with, not a "big deal", deal with & move on without creating any grief
- Mature systems are positive & relaxed, low maturity intense & negative; focus on the negative not the good (is part of regression)

- Vary in degree of individual responsibility for functioning
- Vary in degree to choose between thinking and feelings responses
- Vary in degree of sensitivity and reactivity

Life pressures & maturity

- How life events are dealt with, many families deal with similar issues with a variation in responses. This variatie is determined by the level of differentiation. It is not one size fits all as would be implied by cause and effect thinking.
- Vary in amount of goal directed behavior
- Vary in ability to be a "self" or individuality
- Vary in the systems pressure on the individual to give up self, people that love each other can unmercifully press on each other.
- QUANTITY NOT QUALITY: Families deal with similar issues (conflict external stressors, wanting closeness while being allergic to it.) The amount of fusion, reactivity and emotional interdependence varies by the level of differentiation. All of us have a little schizophrenia in us.

Examples

- "crudely put, the lowest maturity systems start with more symptoms, more stressors, a demanding emotional environment, and a multigenerational history of those same features."
- "Whether a system produces new stressors, new emotional burdens, or new opportunities." James E
 Jones PHD



Fusion and Anxiety

- "the other variable is the level of anxiety. The lower the level of self, the more reactive the person to anxiety."
- The more the emotional interdependence, the more the potential threat in the others response, the more the perception of threat
- The family emotional system (behavior, sensitivities and mental processes of its members) changes with the amount of tension or anxiety in the system. Tension can come & go or it can become fixed and chronic

Fusion and Chronic Anxiety determined the level of differentiation

"In an emotional field of sustained high anxiety, the over-all level of differentiation will move slowly toward greater undifferentiation." (Bowen, p. 537)

"The lower the level of basic differentiation, the higher the average level of chronic anxiety." (Kerr-Bowen, p. 115)

What I think the theory says is that a person's basic level of differentiation of self, governs his vulnerability to emotional fusion in emotionally significant relationships.

The degree of fusion renders the relationship system more or less vulnerable to escalations of chronic anxiety and associated emotional reactivity.

Heightened and sustained reactivity renders the system more vulnerable to disruption. M Kerr, MD

Relationship disruption as a common denominator of symptoms

Connection and cut-off

"All people have an emotional attachment to their parents that is more intense than most permit themselves to believe. At one extreme are those who continue to live within the parental emotional field. There are those who deny the attachment while living near the parents and who do more definite "cutoffs" from parents than others who live at a distance. At the other extreme are those who cut off from parents and leave home and never return nor communicate with them again." Bowen 433

Variation in Level of Differentiation

Levels of Differentiation of the family emotional unit can be seen in psychosocial evaluations.

- Large part of the family assessment process
- For ex. Number of marriages, births, length of marriage, geographic location.
- This information, if in a psychosocial evaluation, can trace the emotional and relationship system.
- Knowable patterns, processes
- Pattern in relationships
- Functional facts trace emotional process

Variation in Level of Differentiation

Where would you place the families that you work with on this continuum?

 Where would you place your own family on the continuum?

Variation in Level of Differentiation

Families as a resource... or not

- Variables within unit
- <u>Increase</u> ability to deal with stressors
- <u>Decrease</u> ability to deal with stressors

Comments and questions



Social work & families

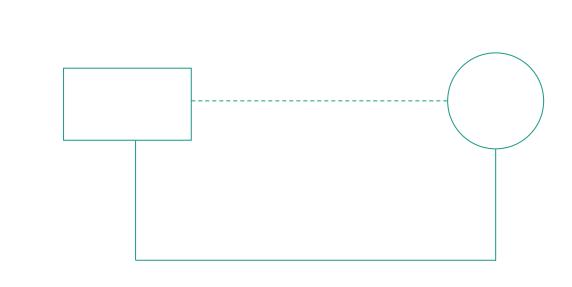
Sooo.... I have covered the history of social workers and families, two
of the basic concepts of the BFST and now on to the application of
these ideas.

Social Workers have their own families

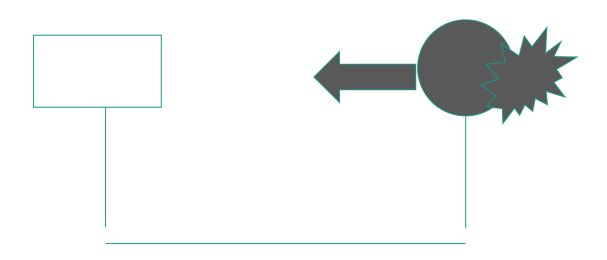
- Individual and their families, work and social relationship systems have been and continue to be a fundamental focus of the social work profession.
- Bowen family systems theory is a lens for viewing these dynamics. It applies to one's own family as well as the individual, an integrated family member, that is being assessed and treated.
- 1960 "it was clear that all families were pretty much alike. I decided that my own family would provide as much detail and would be more accessible. That was the beginning of the multigenerational study of my own family." Murray Bowen

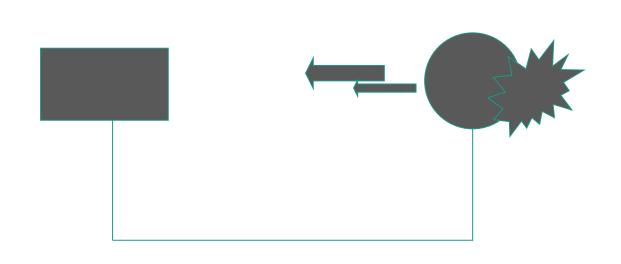
A Social Worker and Her Husband

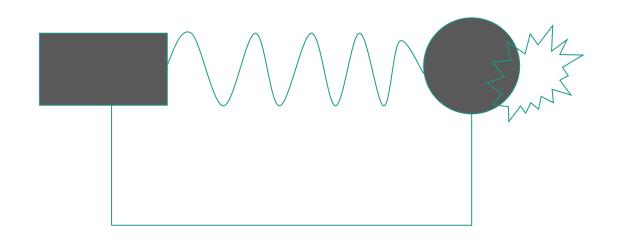
An example of emotional process between individuals; an example of a pattern of interaction

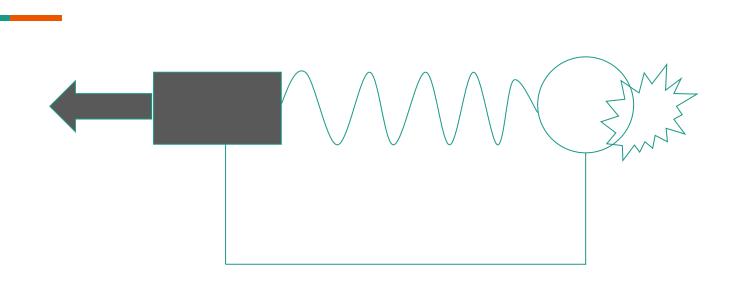




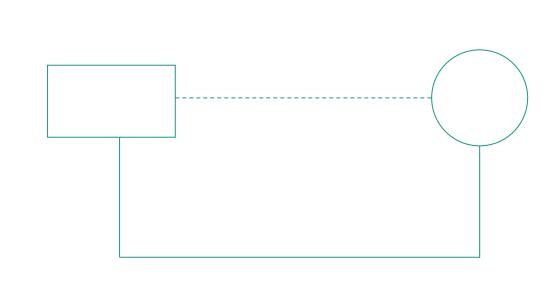


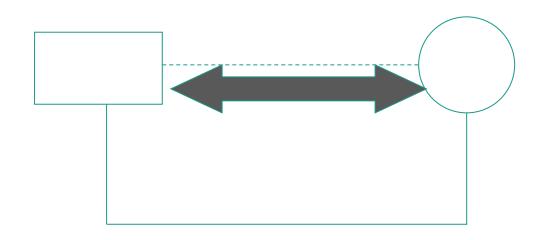






- The more the fusion in the family the poorer the development of self. The greater the anxiety, the more the fusion, the less the differentiation.
- A fight might take weeks to recover from or it might not be made into a federal case and the couple goes on. This varies with level of fusion and anxiety.

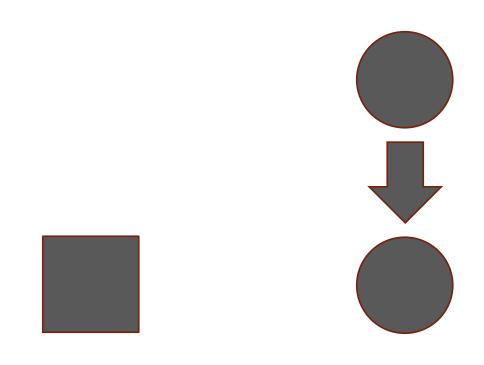




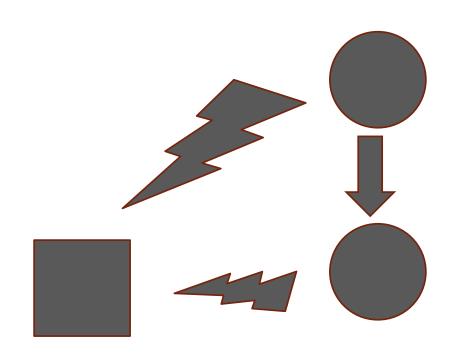
Now let's add one more complexity

Complex relationship systems is the emotional environment clients and professionals live in.

Social Worker, Husband & Her Mother



Social Worker, Husband & Her Mother



More complexity: Triangles are one concepts of families

- Triangles carry the emotional process
- Not pathological
- Natural smallest molecule of relationships
- Often benign, for ex. two sisters invite a friend to eat dinner
- When anxiety and fusion are high it changes. The cornerstone drive triangles. A two against one phenomena can occur with two insiders and one outsider.

More complexity: **Nuclear Family Emotional Process**

- Nuclear family Emotional Processes is one of the 8 original concepts of BFST:

 - Marital Conflict previous example Child Focused "my kids the problem"
 - Dysfunction in a spouse "my husband is the sick one"
 - Distance in all "heading to the movies or bar"
 - All four ways are adaptive and occur in all families. Some are used repeatedly or vary. This affects quality of life in the family.

How does a social worker think about effective self management in their field?

• If this clinical example is the social workers family and there has been tension at home, how does the Social Worker think about professional and mature self management with the cases at work?

Does the social worker see SELF and the family? Each being different?

Social Worker's family

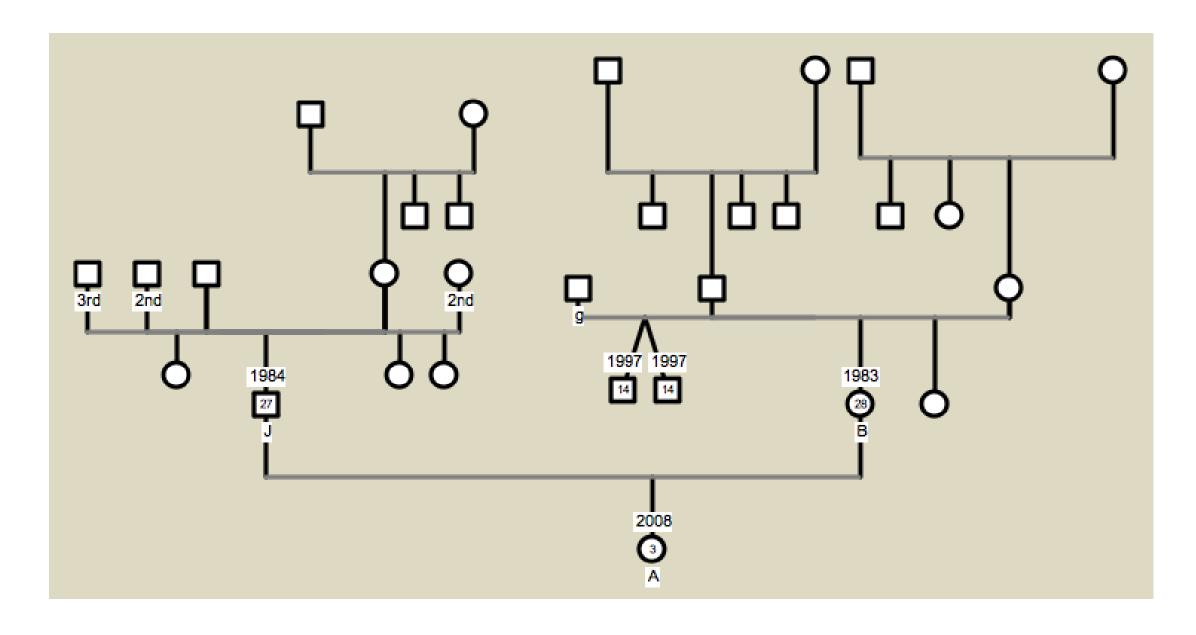




Family diagrams

- The ultimate cheat sheet
 -Useful in the ED
- Not genograms

Social Worker Family



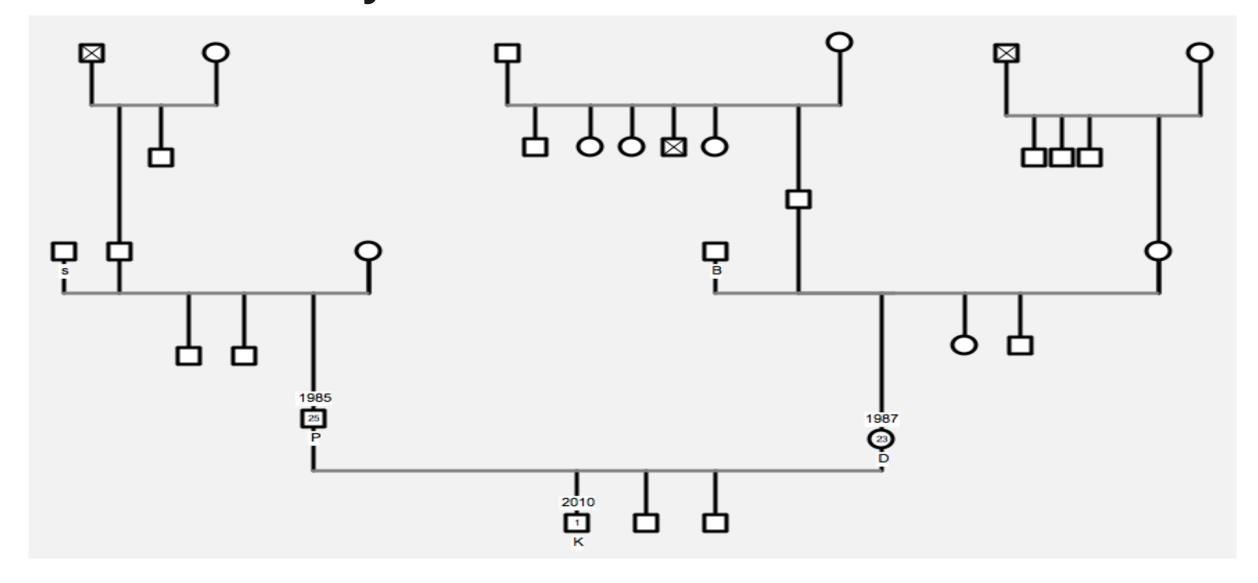
Separate/Together

Two different systems, two different histories, two different emotional processes interacting simultaneously.

BUT...... The emotional systems can leak and be projected onto the family. The family can project onto the social worker as well.

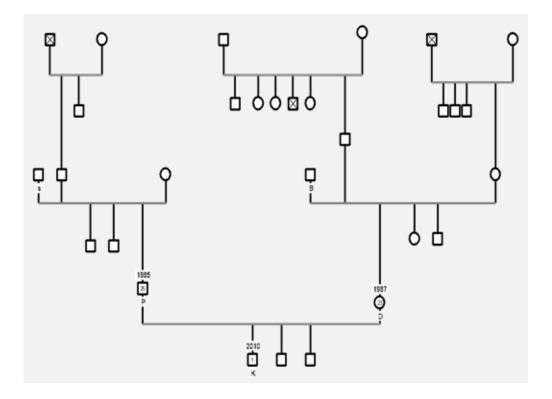
- Client's family diagram
- How many know how to make a family diagram?

Client Family

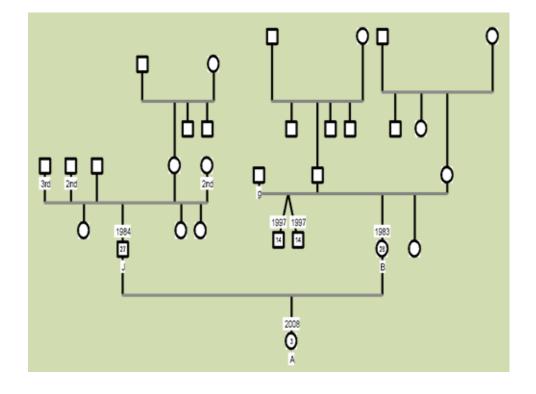


Family Systems

Client Family System

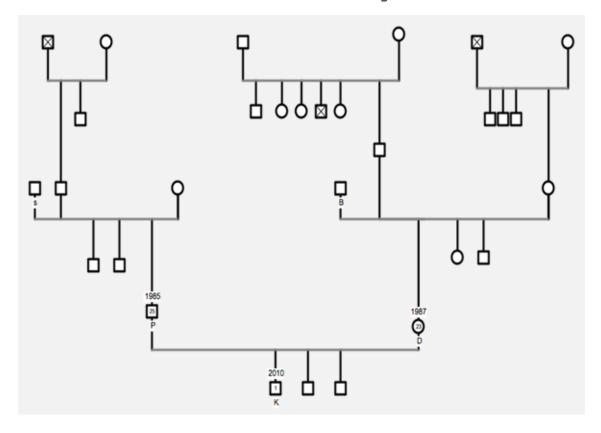


Social Worker Family System

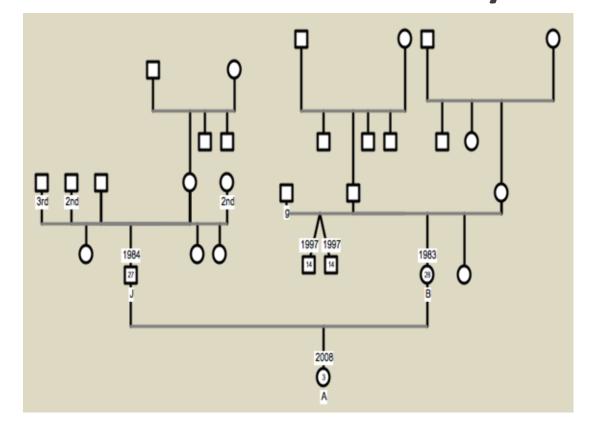


Family Systems: clinical work Two interacting systems or not??

Clinical Family



Social Worker Family

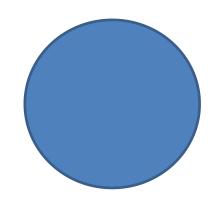


SEPARATE/TOGETHER

Separate Ç

Beside

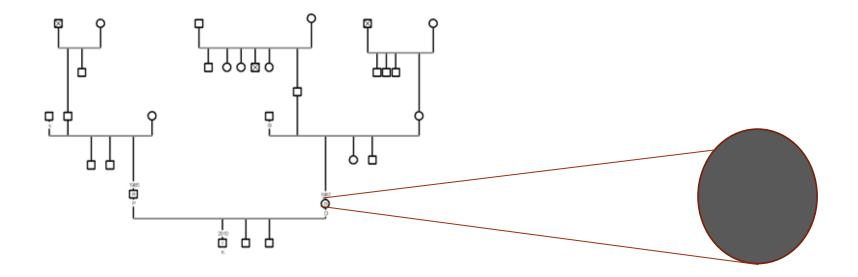
Counselor relating to the WHOLE Family UNIT and staying contained/ thoughtful and mature. Sure about what they can and can't do for the family.



Social Worker Emotional Fusion

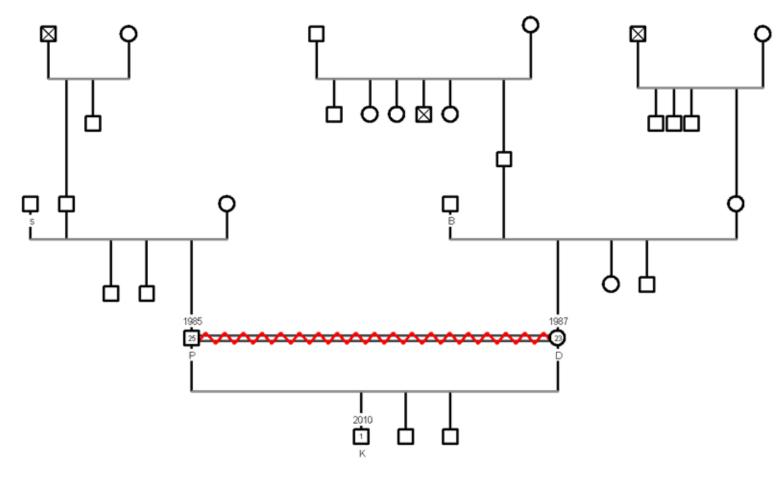
Social Worker agrees and joins the clients perspective

Social worker tired, more vulnerable to less neutrality.

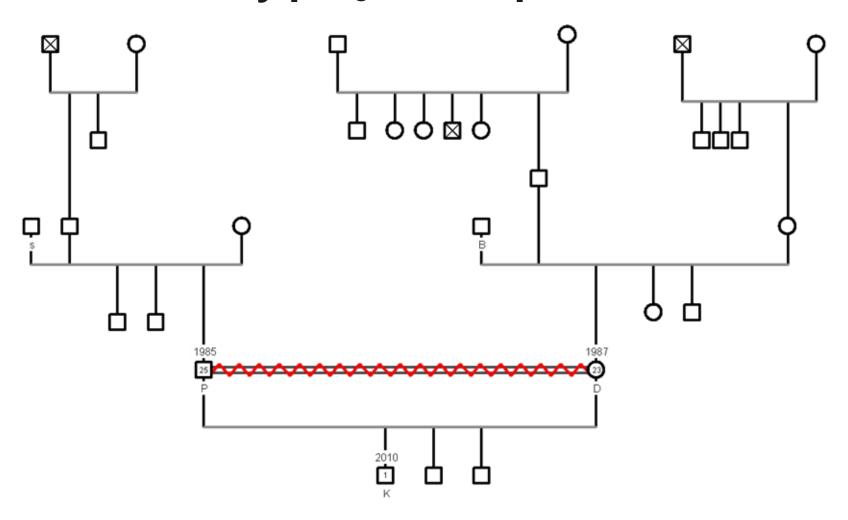


However, Social worker is not aware of the emotional system in the clinical family and unintentionally aligns and participates their family

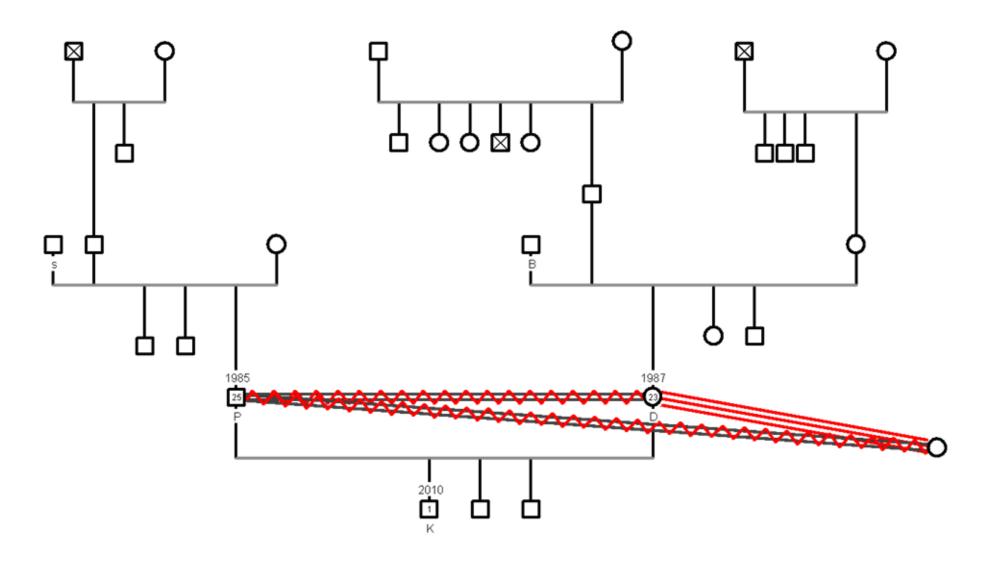
system



How does the social worker get caught in the family projection process?....



The husband doesn't want to talk to the social worker



Soo.... Accurate assessment and family evaluation of the individual means assessing the level of maturity/immaturity in the context of their relationship system as well as monitoring one's own level of maturity/immaturity in context.

Being able to see it as a system creates a different lens.

Comments and questions



Research application for Bowen Systems Thinking

• Grant example of low income, first time unwed parents

Variation Families & Parenting of single low income first time mothers



June 2006

Neighbor agency (Healthy Families) asked KC Center to participate in a Healthy Marriage Demonstration Grant. Told 3% chance. Grant is through Office of Planning, Research & Evaluation, Administration for Children and Families(ACF), US Dept of health & Human Services launched Building Strong families (BSF) project.

Serve Low-Income Unwed Expectant or New Parents and provide them with assessment & evaluation, marriage education, & family support services. Impact of the targeted approach on measures such as relationship stability and quality, and child well-being measures. (encouraged marriage)

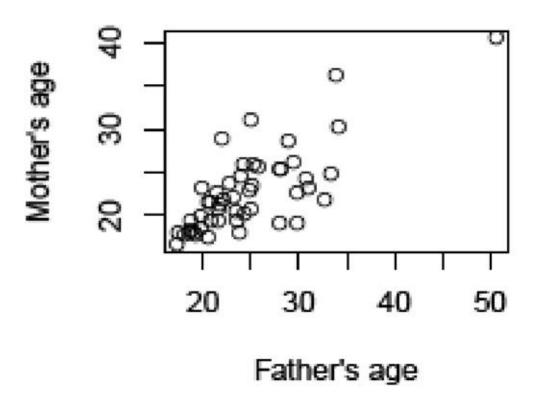
KC Center's role

- "the KC Center will provide the following services to the project....
- 1. Staff Training of Healthy Family staff
- 2. Family Evaluations that falls under assessment
- 3. Couple Evaluations
- Within a year, staff education was eliminated, the grant money cut in half, and couple evaluations never materialized. One year follow-ups were added

Family Evaluations 2007

- Results: 100 family evaluations from staff interviews, realized 1,000 or more pieces of information
- 10% annual FU
- Interview Guide evolved into an access table to accumulate the descriptive data of multiple cases.
- Access table was developed with generally low numbers representing low functioning
- Current sample (n=50)
- Interview done by staff & faculty

Scatterplot of the couples' age



Thinking about results

- Young mothers at risk: higher rate of 15-20 year olds.....where is the father guarding in their family of origin? Perhaps look at those young mothers and see how many have biological fathers in the home
- Risk of above average age spread....those that fall outside the means are at greater risk if combined with other risk factors

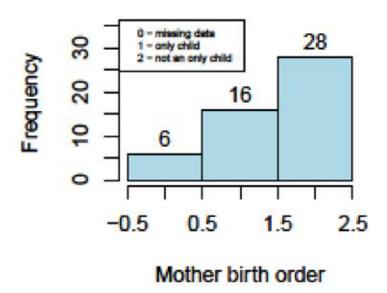
EMOTIONAL CUTOFF

- 1) (severe) no parent contact, little sibling contact, no grandparent contact
- 2) (major) contact with on parent, some siblings, and no grandparents
- 3) (below average) contact with primarily one parent, some siblings, limited contact with one set of grandparents
- 4)(average) contact with both parents, some siblings, one set of grandparents
- 5)(good) contact with both parents, all siblings, both sets of grandparents

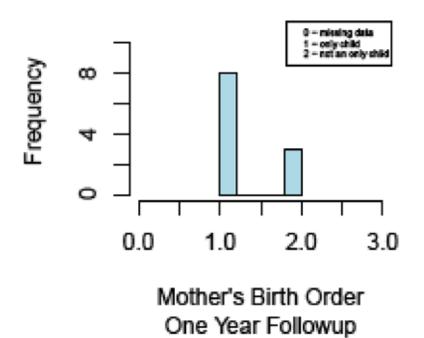
- Fathers at greater risk of cutoff (27 below average or lower out of 40 that information was available)
- About the same for the mothers (28) but most were in the below average category instead of lower categories

Mothers Birth Order

Mother's Birth Order

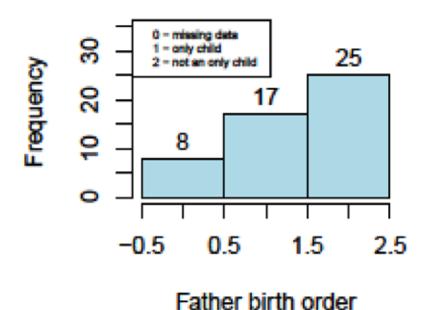


Mother's Birth Order

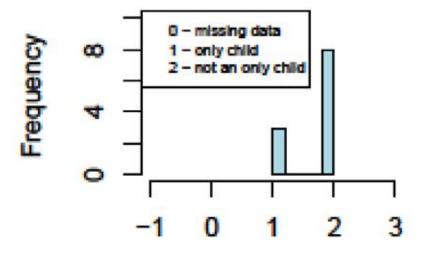


Fathers Birth Order

Father's Birth Order



Father's Birth Order



Father Birth Order

One Year Follow-Up

Only children paired with only children more than the national average.

BFST can lead to a family evaluations that can provide effective assessment in different setting.

This assessment than can contribute to effective program development and treatment.

It's a different lens to the field of social work.

Nothing better than social workers!

- My contact information again if interested in more about the post graduate program, webcasts, etc.
- References
- motto@kcfamilysystems.org
- 816-200-1638

KC Center Webcast Series

The dates for the 2024-2025 WEBCAST LECTURE SERIES are:

- Date: September 27, October 25, January 3, January 24, February 28, March 28, April 25, May 30
- **Time:** 12:30 pm-2:00 pm
- **Semester fees:** \$25 per individual session
- **CEU'S:** 1.5 NASW approved CEU's are available for each session



2024– 2025
Postgraduate
Education
and Training Series

2024-25 Program Dates: The third Friday of the month.

2024: 9/20, 10/18, 11/15, 12/20 **2025**: 1/17, 2/21, 3/21, 4/18, 5/16

Time: 9:00 am-4:00 pm CST

2023-2024 Presenters: Dr. Jim Edd Jones; Stephanie Ferrara, MSW; Dr. Cheryl Lester; Randall T. Frost, MDiv,, Carolyn Jacobs, PhD., Kathleen Kerr, MSN, MA, CNS, Margaret Otto, LSCSW, Joan Jurkowski, M.S., LCPC

Contact: info@kcfamilysystems.org

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