Understanding Symptoms in Bowen Theory

The Effects of Family Dynamics on the Health and Welfare of the Individual

Bowen’s 8 Concepts

- Triangles
- Differentiation of Self
- Nuclear Family Emotional System
- Family Projection Process
- Multigenerational Transmission Process
- Emotional Cutoff
- Sibling Position
- Societal Emotional Process

Symptoms barometers/gauges

- Symptom alert system
- Stop, study, think, take different action
- Symptoms, like triangles, are inevitable
  - To anxiously attempt to eradicate is reactivity
  - Need to be embraced and familiarized
- Repetitive or worsening symptoms serve to alert us to the presence of an expanding reservoir of chronic anxiety.

mismanagement via triangles, projections, displacements, avoidance

- Bowen’s tri-focus of symptom development
  - Marital conflict
  - Projection onto a child
  - Development of a physical or emotional symptom in an individual
- Individual’s response to symptoms in the context of relationships that matter
  - Self awareness, self regulation, sharing & consultation in one’s supportive systems, in touch with values
Level of Differentiation

- In families of origin
- In self
  - Self-regulated encounters - ability to be present with significant others without fusion
  - Panic, hostages, spillages
- An ongoing study of patterns & postures regarding anxiety & systems throughout one’s extended family is a pre-requisite to effective symptom management in one’s self & nuclear family

Questions

- How can one learn to function in one’s extended family to obtain and provide support and consultation regarding symptoms?
- How does societal regression promote a worsening or expansion of symptoms in its anxious attempt to ignore or to alleviate them?

Edward Beal, MD - Acute & Chronic Physical Dysfunction
Bowen feature articles

- Low back pain - 75 million in USA
- Linked to human evolution from walking on all fours to an upright position.
- Increase of mobility vs maintaining balance
- Evolutionary adaptation is incomplete
  - To keep alignment need to tilt forward at 40 degrees
  - Parental commands to walk & sit upright
  - Chronic = disc destruction & constant pressure
  - Acute = pinched nerve with back & leg pain

The process of back symptoms

- Nerve stimulation incites muscle contraction
  - Tense & shorten - temporary relief, then lengths & returns to relaxed state
  - Repeated, frequent stimuli produces an ongoing contracted state - tetany
    - Muscle maintains a plateau of contraction until it is fatigued, then it relaxes and goes into dysfunction
  - Though an automatic response, the mind can make 3 choices about the body:
    - (1)continue functioning, (2)reduce functioning, (3)modify reactivity to stress
Reducing reactivity to stimuli

• Reducing any reactivity of the body is hard work
  • It is exacerbated and perhaps driven by one’s philosophy of living which, undifferentiated, is embedded in postures & patterns of responsibility & drivenness in the FOO
• Balanced physical functioning over time
  • Mind/body work to influence the reactivity of individual muscle groups significantly.

Beal: “The intellectual & emotional systems can be thought of as a complex unit of protoplasm.”

• Task = to maintain balanced, integrated functioning between the intellectual & emotional systems
• Stimulus for development of functioning:
  • Emotional contact with one’s own family
  • Emotional contact with others
• Exposure Risk:
  • Level of differentiation determines the degree of safe exposure before loss of functioning occurs

exposure

• Constant, uninterrupted exposure of the intellectual/emotional system to contact with extended family will eventually result in a loss of functioning of emotional self for most people.
  • Normal stimuli = provoke functional responses resulting in performance
  • Supra-normal stimuli = provoke compensatory patterns of over/under functioning with stress

Kerr - the emotional functioning of individuals is interlinked

• Nuclear family functioning continuum:
  • One end = interactions governed by needs, fears, anxieties, and subjectivity
    • All think, feel, & act as if inside the same ‘emotional skin’ - stuck together
  • Other end = members calm & interactions more influenced by thoughts & principles
    • Individuals think, feel, & act for themselves
    • Needs & fears do not override abilities to respect one another & act responsibly
Clinical Symptoms

• Occur much more frequently in nuclear families at the stuck together end of the continuum
  • Physical illness
  • Emotional illness
  • Social acting-out problems

Hinkle - incidence of illness (1970)

• Degree of exposure to pathogens (genetic predispositions, bacteria, environmental toxins)
• Organisms ability to adapt such that it does not develop clinical symptoms
  • (adaptiveness was a greater factor than exposure)

The Seduction of the Weak Side

‘entanglement steps’

• ‘A’ gets anxious & pressure ‘B’ to think, feel, or act in ways that will reduce A’s anxiety
• ‘A’ presents the ‘weak side’ pressuring the other to assume more responsibility
• ‘B’ reacts to make ‘A’ less anxious (& ‘B’ less anxious) thus responding with a ‘weak side’
• ‘B’ opts for short-term relief at the risk of perpetuating a long-term problem
• ‘B’ continues to hope that someday ‘A’ will change and will ‘need’ or ‘demand’ less

Re-directed symptom development

• ‘B’ operates based on ‘thinking’ rather than on pressure from ‘A’
• ‘B’ stays focused on relating to the ‘strong’ and ‘more mature’ side of ‘A’
• ‘A’ is not treated like a child
• ‘B’ treats ‘A’ as a person who can think for self and draw on internal resources
• If ‘B’ relates to ‘A’ out of B’s strength, ‘A’ will respond out of strength
Kerr - comprehensive view of symptoms

- Treatment subspecialities & associated expertise will always exist
- Compartmentalization should disappear
- Less symptom focused
- View the symptom within the larger context of the individual
- View the individual within the larger context of relationship systems

Tri-focus symptom development

- Escaping the extended family yields too close bonding with marriage partner
  - Character defects, behavioral idiosyncrasies, emotional or physical illness patterns are not excised or immunized by a wedding.
- Guerin’s Stages of Marital Conflict
  - The premorbid state of the family
    - Number & severity of conflicts & cutoffs & severity of individual dysfunctions
  - Degree of projection & loss of self-focus

Projection onto a Child

- Level and intensity of triangles and interlocking triangles to bind non-regulated anxiety in the self and insulate against chronic anxiety
  - Over-adaptiveness or over-distancing gives way to intensive blame and victimization
  - Excessive conflict tends to recycle every 6-8 months
  - Each phase is another opportunity to study self, FOO, & begin to differentiate
  - Every missed opportunity increases chronic anxiety symptom development
- Balances the closeness-distance extremes in the marriage
- Prolongs the lack of self-focus and work on the differentiation of self
- Covers over the marital conflict
- Parenting issues become either the locus of paired concern or the issue around which the marital conflict is organized
Targeted Child

- Child’s specialness to the parent
- Child possesses qualities that resemble those of one of the parents poses an attraction or reaction tendency
- Child possesses qualities of one of the spouses’ family or origin
- The over/under functioning dynamics in the nuclear family may promote a child functioning from a weak self

Over-focus on Child’s functioning

- Degree of the ability of the parent to be differentiated enough to promote rather than undermine emotional separation
- Anxiety develops in the mother related to some aspect of the child’s functioning
- Mother assigns meaning/significance
  - Reflects her anxiety & emotional needs
- Treats child as if image is correct
- Child learns to adapt to the image to sustain a calmer mother
- Child internalizes mother’s image of the child

Outcomes

- Child may grow up as a helpless person
- Child may grow up to be highly reactive to parents’ problems and their need for emotional support
- Symptoms are frequently exchanged among family members via pseudo-selves
- It is easier to be symptomatic than it is to tolerate one’s internal reactions to another’s distress

Symptom Development

- Related to chronic anxiety in a family system over multiple generations
  - The family is the unit of illness
  - Every family, over generations, will produce illness and health
- Symptoms can be reduced throughout the family when a member can own their part and act without absorbing his/her share of the family’s undifferentiation (no seesaw effect)
The more one can be in contact with another but emotionally autonomous, the less likely of getting into a position that impairs functioning

- Symptoms come from anxiety-driven togetherness (feel, think, & act in specific ways)
  - Symptoms generated by disrupted togetherness
  - Symptoms relieved by togetherness

George Engel (1977) Psychosomatic Medicine
- ‘Why does this patient have this disease now?’
- Not all people infected with a virus that can cause a disease develop that disease.
- Illnesses usually develop from more than one cause
- Sickness develops due to a disturbance in the balance of the relationship system between the causative factors.
- The disturbance in the balance of relationships permits whatever pathogenic processes are present to become more active.

Illness process (cont.)
- “If an individual or family fails to adapt effectively to the initial disturbance, the disturbance may become self-perpetuating and provide the impetus or energy for the full expression of whatever pathogen or defect may be present.”
  - Illnesses usually result from more than one cause.

Ineffective Treatment Processes
- Treatments focusing on only biological can be lifesaving
  - If don’t include emotional and social dysfunction, can be frequently ineffective.
- Lawrence LeShan (1977)
  - Research treatment of the medically hopeless
    - 50% cure rate with LeShan approach
    - Cancer patient seen as one who ‘lost his way,’ despairing & hopeless, needing to ‘sing his own song’ or ‘live under his own name’ - to be ‘bigger than the problem’
Multi-factor process

- A side-effect of ignoring one factor in a process is a reinforcement of the factor that is ignored.
- Asthmatic may find symptom relief, but be even more a repository of family anxiety
- Lupus patient may be helped by avoiding stress, but may have an over-functioning spouse who compulsiveness may interfere with the patient’s ability to gain control over functioning
- Can’t solve togetherness problem with more.

Cause & Blame

- Does not mean the family is cause of the problem
- Symptoms are not necessarily caused by the factors on any level that intervention occurs
- The way people interact is not the single cause of clinical problems
- But the way people behave toward one another can set the stage for a clinical problem where, then, all the other factors influence.

Emotional Triggers

- Calibration of an emotional system:
  - Degree of chronic anxiety, emotional reactivity, and subjectivity
  - Degree of anxiety bound by unstable relationships and activities (excessive eating, drinking, working, partying)
  - Often there is a stabilization of chronic symptoms that are thrown easily into imbalance producing new symptoms.

Imbalancing stressors

- Pregnancy
- First child leaving home
- Reactions of extended family
- Changes socially, emotionally, relationally in one’s parents
- Deaths
- Post marriage emotionally reactivity
- New move, new job, new child, hospitalization of a family member, the emergence of a new symptom, new cutoff, new re-connections
**Friedman on ‘Body & Soul in Family Process’**

- 15 yrs ago - heart problems influenced by psychological considerations (but cancer?)
- Today = cancer specialists interested in the thinking of the patient and how the family might affect the course of the malignancy or the recuperation process.
- Can physical dysfunction be healed by healing the family?

**Function of the Immune System**

- The evolution of an immune system made the existential category possible (all did not remain fused)
- If the immune system is essential to warding off a foe, it may be crucial to the expression of love (undifferentiated forms of life literally disintegrate when they touch)
- It is possible for an organism’s immune system to lose the capacity to distinguish self from non-self and when challenged attack its own being

**Biofeedback for Hypertension, Asthma, Migraine Headaches, Colitis, Gastrointestinal Diseases, Circulation Problems, Sleep Disorders, etc.**

- Endocrine system - when the ‘fight-flight harmones preempt the replenishment & repair harmones
- The most stressful situations likely to remain chronic are in the context of the family
Genetics

- Genetic predisposition can make a person more susceptible to an illness
  - No guarantee an illness will manifest
- Gene pool = reservoir of potentialities
- The fostering of responsible attitudes rather than victim attitudes important for physical disease recovery
- It is not thinking about the symptoms, but thinking about our thinking (victimization or responsibility)

Self Regulation

- Cannot regulate specific glands or genes by concentrated thought
- On some level the organs of the body are susceptible to nonphysical influences
- Major impediments to recuperation of any one part of the organism is the anxiety in the rest of the system

Can Family Emotional Process Create and Perpetuate an Identified Physical Patient?

- Physiological stress = not outside pressure, but body’s response to outside pressure
- Stress is a nonspecific response of the body
  - Could somatize via low back or heart or gut
- Idiosyncratic expression of stress in individuals & families
  - Colitis, ulcers, angina, varicose veins
    - “identified organ” concept
- Chronic rather than acute stress promotes the most serious symptoms

- Physical illness can serve to stabilize a family and impede rehabilitation of the sick member
- The identified physical patient
- Killing with Kindness
  - The oppression of kindness interferes with the need to regain strength, autonomy, independence
  - Resistance phenomenon:
    - (1) Chronic family anxiety - (2) symptom - (3) specific anxiety - (4) lowering of chronic anxiety - (5) efforts to recuperate - (6) increase in original chronic anxiety - (7) healing vs. relapse
• If the patient is motivated enough, will be able to push through the family’s resistance and have the possibility of healing
  • Chronic anxiety would have to be treated
  • The patient would have to learn to function differently within the family
• If the patient cannot push through, there will be a relapse and a recycling of the whole illness process
• Illness can be symptomatic of shifting balances within the family
  • The frailty of being human & our great need for others.
e.g.:
  • Is there a carcinogenic or cardiac position in the family?
  • How will be dysfunction when we get sick?

Malignant Family Position

1. An intense, noxious, locked-in triangle either within the nuclear or extended family
2. A deeply dependent relationship that has been disturbed
3. Self-sabotage - a symptom or illness emerges immediately after one begins in taking more self-responsibility

Friedman:

“The extent that family members pursue a style of life aimed primarily at togetherness and interdependency, they set a course that actually risks the survival of their loved ones.”

“The extent that family members pursue a course for differentiation, they maximize the possibility that every member will remain in good health despite other variables in the environment…and they foster a family emotional atmosphere in which the health & survival of each member is more under his or her own control.”
Sapolsky: identified a class of animals that show the lowest levels of stress, have the best health, and live the longest of any.

1. They excel at threat discrimination - what is a real threat & what is not
2. They typically initiate the response to a noted threat - pick battles wisely & use their network of relationships
3. They are clear about whether they have won or lost an encounter & accept the outcome
4. They displace frustration effectively
5. They maintain a broad network of relationships within the group - large network of friends

Papero: Self management

- Ability to recognize, tolerate and ultimately manage the gut wrenching discomfort of one’s own fear - to develop & employ mechanisms to regulate stress & anxiety
- Skills in managing perceptual processes:
  1. Awareness that one’s own perception is not a fully accurate rendition
  2. Ability to see things to which we have been perceptually blind
  3. Knowledge of how our relationships influence our perception of events

Einstein:

“The significant problems we face cannot be solved at the same level of thinking we were at when we created them.”

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