

## Development of Bowen theory and its applications from 1990 to the present:

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Five important developments in Bowen theory and its applications have occurred since Dr. Bowen died in October 1990. Another important “non-development” has also occurred. I will begin with the non-development, which is that applying systems thinking to human emotional functioning and behavior has not penetrated the public consciousness. Cause-and-effect, individual thinking remains dominant. Part of the reason for this is that psychiatry supported the development of family research and therapy as early as the late 1950s, but whatever support was there evaporated with the meteoric rise of the biological paradigm in psychiatry beginning in the 1960s. Psychiatry never embraced a family systems theory because it was tied to a new systems paradigm that threatened psychiatry’s historical underpinnings.

With psychiatry’s shift into the biological paradigm of mainstream medicine, it largely gave up pursuing a biopsychosocial model. This is unfortunate because natural systems thinking can guide the development of such a model. A second reason for this non-development is societal emotional process, which has been in an anxiety-driven emotional regression, the first signs of which surfaced during the 1960s. It has accelerated since that time making the anxiety and associated chaos that develops in a regression incredibly obvious. Regression is generally seen as causing the anxiety rather than being a manifestation of anxiety—granted, living in a regressed society does generate anxiety as well as being driven by it. The public knows these are troubled and anxious times, but its explanations rarely include emotional process. In a regression, leaders abandon principle and focus on the feelings of the moment and thinking gets more and more imbedded in cause-and-effect. This has occurred despite systems thinking beginning to surface more and more in the sciences. The observational blindness of human beings blocks a broader perspective on what is unfolding in the social or relationship context.

Moving onto developments, one that has occurred was developing long-before 1990, but much research on it has come into focus in recent decades that *proves* the mind-body connection. Stress researchers and others have now pinpointed precise pathways between perceived psychological threat and downstream signals that penetrate the nuclei of individual cells in the body. It is now clear that what transpires in human interactions can regulate the type of activity our cells engage in, such as chronic inflammation, now recognized as a key component of a wide range of disease processes, physical and mental. The primary mediating physiological systems in this stress response system are the hypothalamic-pituitary-adrenal cortical axis and the autonomic nervous system. When the stress response is chronic, along with the presence of other variables, it can damage organs and tissues resulting in the symptoms of a wide range of clinical problems.

The development I have just described concerns what is unfolding within the individual. Most stress researchers are aware that understanding what is happening in an individual is strongly affected by the individual’s social context, but these researchers lack a theory that can guide the research on the interplay between context and the workings of the individual. *Bowen theory is waiting in the wings to guide such research.* Proving that symptom-promoting chronic anxiety within an individual can be a manifestation of chronic anxiety playing out in the family system and other systems that affect the family is not likely to be easy.

All of this is important for supporting Bowen theory because chronic anxiety is one of the two central variables in the theory that can account for fluctuations in family emotional functioning and associated symptoms emerging in one family member. The other variable is differentiation of self, the level of which powerfully influences vulnerability to escalations of chronic anxiety in the family emotional field and its members. I say this recognizing that family and individual family member interactions remains very difficult to quantify. The study of this process still revolves around observational research. No test or tool exists to quantify accurately the intensity of emotional process in a family. Delineation of the mind-body connection makes it plausible that family process has an important impact symptom development. Systems medicine is exploring how a disturbance in overall bodily homeostasis can manifest in particular organs and tissues. That a chronic anxiety-driven disturbance in family homeostasis can disturb disproportionately the bodily homeostasis of one of its members is something that Bowen theorists must prove to themselves by applying the theory in their personal and professional lives. However, Bowen theorists cannot prove the theory to someone else. As Murray Bowen sometimes opined, “Bowen theory will be accepted one person at a time.”

A second development since Dr. Bowen’s death is more knowledge about the process of differentiation of self. Collectively, the large and slowly growing network of people applying Bowen theory in the United States and globally, including clinicians and non-clinicians, has greatly expanded the volume of experience about the obstacles to differentiation of self in a way that is useful to all that are interested. The evidence for this largely comes out of case presentations. The process of differentiation can be described in detail. It boils down to a new way of thinking translating into a new way of being. The way of being is constructive for the person making the effort and for those connected to that person.

A key ingredient to successful efforts to improve one’s basic level of differentiation is confidence that emotional objectivity is possible. Many dismiss this possibility out of hand. Systems thinking about human emotional functioning and behavior is the “lens” that has rendered increased emotional objectivity attainable. By letting go of cause-and-effect thinking, the precise patterns of family interaction become visible. The same patterns exist in every family and every culture. No observations have refuted that claim. A science of human behavior, one based on facts of human emotional functioning is within reach.

Emotional objectivity fosters more emotional neutrality. Parents do not *cause* schizophrenia in their offspring, but they uncontrollably participate in a multigenerational emotional process for which no one can be blamed. It is a natural process. Emotional neutrality results from letting go of cause-and-effect thinking, of blame and self-blame. The neutrality allows a new way of thinking and associated new way of acting that is differentiation of self.

A third development was mentioned in the “non-development” section: societal emotional process. When Murray Bowen added this concept to his theory in 1976, many people reacted negatively. The reactors insisted that society was progressing, not regressing. It is now evident that Bowen was right about regression. Most Bowen theorists now accept the accuracy of thinking in terms of emotional process on a societal level. Bowen speculated that the anxiety triggering the regression was likely related to three factors: (1) overpopulation, (2) climate change and depletion of natural resources, and (3) a growing sense of nowhere to run, nowhere to hide from the events that are unfolding. Pictures from space of the Earth likely plays a role in a gut level realization many if not most people now have of how dependent we are on the state of the Earth for human survival.

Bowen theory is again waiting in the wings on this. If a family recognizes that it is in a chronic anxiety-driven regression that is underneath whatever dysfunction exists in the family, a family leader can emerge and recognize the importance of getting away from knee-jerk reactions to relieve the anxiety of the moment and to act more on principle and a long-term view. Enlightened and effective leadership on a societal level can enhance the coordination and cooperation needed globally to address the serious threats to our survival as a species.

Bowen believed that when our species emerges from the regression, its members would be better able to live in harmony with one another and with the natural world. I include the compelling evidence for societal regression as a development in Bowen theory because both in human families and in other species, a regression can begin to subside when the pain of continuing to take the easy way out exceeds the pain of making constructive changes based on a broader perspective and a long-term view.

A fourth development is what evolutionary biologists are learning about human behavior that provides support for a core concept in Bowen theory. Edward O. Wilson has probably led the charge on this idea. The idea is that natural selection has acted at two levels in evolution, including human evolution. Selection at the individual level fosters individualistic traits that enhance the survival of the individual; selection at the group level fosters traits in individuals that contribute to the survival of the group. This is sometimes referred to as a “selfish” versus “altruistic” dichotomy. The important point is that both temperaments are equally important and ideally counterbalance each other. I make the connection of this idea from sociobiology with Bowen theory’s conceptualization of the counterbalancing life forces of individuality and togetherness. Bowen theory adds a piece not conceptualized by sociobiologists: variation in levels of emotional functioning, which the continuum (initially termed “scale”) of differentiation of self describes. People at the more differentiated end of the continuum can manage well these potentially conflicting vectors such that individuality and togetherness are a working team. This enhances individual productivity, cohesiveness, and cooperation. People at the less differentiated end of the continuum manage these forces less adaptively, less flexibly, with heightened vulnerability to conflict, polarization, distance, and escalations of symptom-generating chronic anxiety.

The last development I will mention is my suggestion for adding a new concept to Bowen theory termed the *unidisease concept*. I describe this in my new book, which I will include with a list of other recent books about Bowen theory. Traditionally, medicine has focused on specific diagnostic categories to help guide treatment. This clearly has great merit. The unidisease concept calls attention to *common processes* at work across the spectrum of diagnoses, which also has merit. One such process, chronic inflammation, has gotten a lot of attention in recent years. Chronic inflammation plays an important role in mental and physical diseases. How much common processes play a role in social symptoms, such as the addictions is less clear at present. Importantly, attempts to control inflammation are now a key part of the treatment of many diseases.

Medicine uses a model of biologically based pathology as the principal driving force of symptom development. In contrast, Bowen theory views chronic anxiety as the principal force driving symptom development. Anxiety does not cause the symptoms, as many other factors are involved in particular diseases, but it is a significant part of the fuel that activates the vulnerabilities to a particular clinical condition. Many if not most symptoms are anxiety driven, not pathology driven. Bowen theory currently describes the common denominators in family systems that lead to symptoms emerging.

The unidisease concept says that common denominators between key physiological processes exist within the individual similar to what Bowen theory describes in the family. This new concept can emphasize the importance of the potential usefulness of family therapy in the treatment of many physical as well as psychiatric conditions and social dysfunctions. Acknowledging that such efforts with families have been made over the years and have often encountered family and patient resistance. The therapy is aimed at reducing chronic anxiety in the family and thereby reducing the exaggerated activity of physiological systems that trigger symptoms. Admittedly, altering symptoms through psychological changes once the symptoms are established is often difficult. Despite this difficulty, family emotional process deserves more treatment attention than it gets currently. The unidisease concept could change the current culture of medicine by promoting a solid rationale for intervening at a psychological level that could then encourage patients and their families to more readily accept a family approach to all medical symptoms.