



inviting each partner out of the fusion:

bowen family systems theory and couple therapy

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Justin and Deborah came to counselling complaining of communication problems. As the therapist asked them questions about how they each viewed their problem, they spoke over the top of one another, each accusing the other of being misguided. It was hard to get a word in as they escalated their accusations and defending challenges. The therapist managed to divert their focus away from fighting in the room to describing a recent example of what they saw as a communication problem. They each described a ‘tit for tat’ exchange similar to the pattern witnessed earlier. The therapist asked what generally happened after the fighting and they described a period of avoiding each other which lasted for a few days. They would then re-connect, with another conflict waiting in the wings at the first sign of disagreement.

When Robin and Jerri came to counselling Robin did most of the talking. He described how worried he was about Jerri’s health. Robin explained that Jerri had been depressed for more than a year and was becoming increasingly irrational. He went on to tell how he had

been there to support her fragile self esteem for the past seventeen years and was starting to get exasperated that she was not getting her act together. Jerri spoke in short snappy answers about not really wanting to be in counselling. She said she had come to shut Robin up. Robin went on to describe how their eldest daughter was starting to complain about her mother’s neglect of the household and her snappy mood. It was clear that Robin was hoping that the therapist would join with him in his efforts to change Jerri, and Jerri was fixed in a position of defending herself and complaining about Robin.

These familiar scenarios present versions of the same problem. Both couples are struggling with an intense sensitivity to each other’s emotional state which is increasing the anxiety in and about their relationship. This is what Dr Murray Bowen called ‘Emotional Fusion’. Both couples have expressed their fusion in different but predictable ways. Each manifestation of emotional fusion has served to reduce some of their insecurities in relating with each other in the short term. However, over time, the

expressions of fusion have resulted in repetitive reactive interactions which have become disruptive and have tipped both marriages into a precarious state.

Bowen theory and couple symptoms

Dr Murray Bowen spent decades (1950s-1990) researching the predictable patterns in significant relationship networks in developing his eight concept theory about the instinctual forces underlying human relationships (Bowen 1978; Brown 1999). In focusing on where symptoms occur in the nuclear or single generation family, he suggested that couple difficulties come in the form of the conflict-distance cycle (which he called ‘the conflictual cocoon’) or an over and under functioning reciprocity in the spouses. His third symptom pattern is projection onto a child which, while it may be a topic of tension for the spouses, is predominantly expressed as an over intensity towards one or more children which, over time, can compromise the child’s self development.

Bowen theory understands a couple’s difficulties as arising from

the normal and predictable patterns of dealing with the challenges of being a self in the intensity of an emotionally significant relationship. The anxiety of balancing being an individual and being attached, gives rise to automatic and instinctual adaptations that make it possible for humans to participate in emotionally intense relationships. These adaptations and patterns of emotional functioning are assumed to be in the instinctual nature of humans and are not considered to be pathological.

The pattern of conflict, reflected by Justin and Deborah, and the over and under functioning pattern, reflected by Robin and Jerri, are both mechanisms through which the tension created by the need for togetherness and need for separateness can be relieved.

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Individuality and togetherness: the central tension for any couple.

Bowen theory proposes that at the heart of all couple difficulties is the universal struggle to balance the two biologically and evolutionary determined life forces, that on the one hand propel us to form close attachments, and on the other toward individuality and self-directedness. Bowen suggested that *'[humanity] needs human closeness but is allergic to too much of it'* (Bowen 1978, p.280). In periods of calm, the two forces operate as a friendly team, largely out of sight. In an anxiety field, relationships move toward more togetherness to relieve the anxiety. The forces are in such sensitive balance that a small increase in either results in deep emotional rumblings, as the two needs in each party work toward the new balance (Bowen1978).

Justin and Deborah have found a way to resolve the competing demands for connection and breathing space through their conflict and distance cycle. Conflict in reaction to the

threat of discord enables an intense connection while retaining a sense of defiant independence. When the intensity becomes overwhelming, distance provides a relief valve and enables a calm, and even a passionate reunion.

Robin and Jerri have retained connection through positioning one to be the expert caregiver and the other to be the needy care receiver. This polarising happens unconsciously and gradually as a way of reducing the threat of loss of harmony. In both relationships, the pattern is adaptive and anxiety reducing in the early stages but as each focuses so much on the other that they lose their self awareness, the pattern conceives symptoms in the relationship or in one of the spouses.

The two life forces and the potential for couple fusion

Fusion is defined as the emotional oneness or 'stuck togetherness' between family members. It can be measured by the degree to which one invests 'life energy' (thinking, feeling and behaviour) into a significant relationship; and by the degree to which each spouse's functioning in the relationship is a reaction to the other or the emotional state of the relationship. Evidence for fusion is seen in high sensitivity to the other. Each reacts to the other with little awareness of their own need for emotional reinforcement from each other. Both spouses believe the other needs to change and experiences the other's reaction as a 'threat'.

From a Bowen theory perspective, symptoms presented to the couple counsellor are understood to be reactive behavioural patterns that function automatically to control the intensity of fusion. There is no platform for blame in this, as *'each spouse triggers certain behaviours in the other.... because*

each operates in reaction to the other, neither spouse 'causes' the other's behaviour' (Kerr 2003, p.107). For improvement in the relationship, a spouse needs to discover a way of tolerating the pull to fusion and concurrently maintain their individuality while relating closely.

Reactivity in intimate relationships viewed as an intergenerational process

Bowen theory maintains that the patterns of and vulnerability to emotional fusion and reactive distance are shaped in the family of origin of each spouse. The degree of fusion in the couple relationship is regulated by the level of unresolved emotional attachment each partner has with their own parents. The ability to tolerate the discomfort of being a 'self' with one's parents is seen as equal to the ability to be a 'self' in relation to one's partner.

What are the goals of the Bowen couple therapist?

'The over-all goal is to help individual family members to rise up out of the togetherness that binds us all' (Bowen1978, p.371).

Bowen family systems therapy aims to invite each partner out of the fusion, or for each partner to find a little more self amidst the togetherness pressures. Conversely this means inviting an increase in differentiation of self (the capacity to remain intimate without compromising the uniqueness of the self). The clinical effort goes towards improving each partner's individual functioning, or growing their emotional maturity, just a little.

From a Bowen theory perspective, the differences and content of the issues expressed by Justin and Deborah, and Robin and Jerri, are not the main problem. The focus is on the way each individual reacts to the differences in the perpetual issues they face.

Questions and clinical reflections are not focused on resolving the issues but on understanding the way the emotional immaturity of each prevents each partner from finding a way through their differences. Progress is seen when spouses report evidence of between-session reductions in reactivity, a little more thoughtful self observation and more flexibility in tolerating differences.

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The 'how' of Bowen clinical practice

Bowen family systems theory does not prescribe a set of particular techniques. It does, however, emphasise principles to guide therapists. These principles are: to stay with process (what happens between the couple), to de-focus content (their complaints) and to remain outside of triangles or side-taking. Bowen believed that the therapist's efforts to stay out of triangles with the couple are the central intervention. He states that *'conflict between two people will resolve automatically if both remain in emotional contact with a third person who can relate actively to both without taking sides with either'* (Bowen 1978, p.224).

The cornerstone of clinical activity involves the therapist (or 'coach', as Bowen preferred) drawing out and exposing the emotional process in a way that facilitates each partner thinking about their problem differently. They are assisted to see both sides of their relationship dance. This helps to reduce the likelihood of seeing villains or victims, and to develop an appreciation of what each is up against in relationship with the other.

Drawing out the emotional process involves identifying each partner's sensitivities to approval, attention, expectations and distress in the other (Kerr 2008). It looks for connection between intense feelings and behavioural reactivity. The effects of anxiety are explored in terms of its impact on self and the other's emotional functioning and behaviour. Questions aim to assist each partner to become aware of the contribution of their reactivity to the other's functioning and to problem development and maintenance.

Clarifying the emotional process between partners in an effort to expose

it to both clients and therapist is a large part of the clinical effort. It is in exploring and analysing the relational processes objectively that the stage is set for improvement in functioning to occur. As Papero summarises, *'learning about the chain reaction, becoming aware of one's own part in it and thinking about how to change self are essential if partners are to be able to let one another know about themselves, their thoughts, hopes, fears and the principles that guide their lives'* (Papero 1995, p.21).

Other essential elements of clinical activity that we, the authors, find essential include:

- Establishing the goal each partner has for *themselves* (not for a change in the other). This vital step provides a focus and anchor point for exploration of process and change efforts. As descriptions of process begin to emerge, part of the therapy is to invite a client to consider how their observations about their own behaviour and reactions contribute to or impair them achieving their goal. Once a goal for self is established, the therapist can then invite each partner to consider what they are doing toward their goal and with what effects.
- Engaging with emotionally charged issues in a way that allows each partner to think about and describe intense feelings in each other's presence, rather than expressing or enacting them. This process works toward growing an ability to self regulate and better integrate strong emotional reactions with more rational cognitive processes (for more on Bowen and self regulation see: Wright, J. 2009).
- Asking each partner, in the presence of the other, to think about and consider the possibilities for alternative ways of functioning and relating to their partner, especially when tensions rise and anxiety builds.

What the Bowen couple therapist monitors in themselves

While what the therapist does is important, it is how the therapist 'is' in relation to their clients, that gets the most priority in Bowen family systems theory. The Bowen systems therapist works on managing their own reactivity, understanding their own emotional system, anxiety triggers and reactivity. They work on carving out a little more

self in relation to their own family of origin and to improve their functioning in the midst of strong emotion and reactivity. When these aspects of the self of the therapist are attended to, their ability to sit with an emotionally charged couple improves. The therapist aims to gain greater clarity and access to their thinking during a session as opposed to responding out of an emotional reaction to clients. Examples of such therapist reactions are: feeling sorry for clients, believing you know the solution for them, needing them to be different, being worried about one party and getting annoyed with the other party. The therapist is most useful to their client when they can remain in close and compassionate contact with the emotional (reactive) system of each partner without becoming part of it. Side-taking, lending support or doing the problem solving for the clients, is a sure way of becoming part of their reactivity.

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'When I find myself inwardly cheering the hero, or hating the villain in the family drama, or pulling for the family victim to assert himself, I consider it time for me to work on my own functioning' (Bowen 1978, p.83).

This quote from Bowen's writing is helpful in understanding what Bowen theory refers to as 'emotional objectivity'. The emotional system of the therapist will be triggered when sitting with human distress and anxiety, thus there is always potential for therapist to participate emotionally in the client's system. As already mentioned, this can happen overtly or very subtly, when the therapist starts instructing one or both partners as to what to do, or finds themselves working harder than the couple in the therapy. The responsibility of the therapist is to recognise this involvement when it occurs and to gain sufficient control over their own anxious functioning to continue to relate to the couple as an *objective* third

point of the triangle that automatically forms between a couple and therapist. This requires a therapist's ongoing work to improve their own differentiation in their family of origin (Brown 2007). If the therapist can relate to each spouse as more of a self, they assist in creating the environment for a little more of each spouse's self to emerge in relationship with each other.

Summary

To pull together this very rich theory as it applies to couple therapy, it is useful to return to the cases of Justin and Deborah, and Robin and Jerri. Justin and Deborah would be assisted to describe how they react to each other rather than to describe their complaints about the other to the therapist. Whenever they begin reacting angrily to each other in the therapy room, the therapist will ask them to speak about examples of relating at home and discourage the overflow of anxious arousal in the room. The therapist will work at resisting each spouse's efforts to get them to take their side against the other. Instead they will show a respectful interest in examples of the couple's struggle and efforts to improve their marriage. The focus of work with Robin and Jerri would be to bring to their awareness the way they are each part of an over-functioning and under-functioning pattern that contributes to one spouse's collapse in coping. The therapist would work hard to not align with Robin as the higher

functioning spouse in his efforts to change Jerri. They would also monitor any pull to lend too much validation and support to Jerri or advocate for her one-down position. With the therapist staying out of the couple's emotional processes, they can remain on the sidelines and therefore freer to coach them in efforts to function more responsibly for themselves in relationship to the other.

Bowen believed that intimate couple relationships are particularly vulnerable to an intensity of fusion that can compromise the uniqueness of each self. Bowen theory aims to expose and explain the nuances of a couple's 'stuck togetherness' to assist each partner regain enough emotional autonomy from which healthy intimacy can be enjoyed. ♥



Jenny Brown

Jenny Brown, MSW, has worked as a social worker and relationship therapist for twenty-eight years, in Australia, the USA and the UK. She trained in Bowen theory with Betty Carter in New York in the early '90s and has been experimenting with the theory in practice since that time. In 2004, she established the Family Systems Institute in collaboration with Joanne Wright. Over the past six years the Institute has expanded to provide a range of professional development options and clinical services using Bowen family systems theory.



Jo Wright


Jo is a registered psychologist whose experience in individual, couple and family therapy spans more than twenty years. Alongside her role as a clinician and clinical manager at the Family Systems Institute, Jo develops and facilitates training programs in Bowen family systems theory for mental health professionals and for workplace teams. In addition, Jo regularly provides individual and group supervision and family of origin coaching sessions.

Jo Wright's 1-day workshops on 'The Essentials of Couple Therapy' will run in July and August 2010. Visit the Family Systems Institute (FSI) website www.thefsi.com.au for further information.

For more understanding of Bowen's concept of differentiating a self, both relationally and physiologically, check out the FSI June conference 'Giving Nature a Better Chance: The Interplay between Family Systems and Biology in Clinical Practice'. For details, visit www.thefsi.com.au/news/conference-2010.php or see the back cover of this journal.


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