

PERPETUATION OF MULTIGENERATIONAL PHENOMENA
THROUGH THE LENS OF ALCOHOLISM

Perpetuation of Multigenerational Phenomena Through the Lens of Alcoholism

In spite of more awareness of systems thinking, the push toward labeling symptoms into “disorders” is very much an integral part of today’s clinical environment. When people present extended family diagrams, the family members are labeled with their “problems.” For example, “There is a lot of alcoholism on the father’s side of the family.” Symptoms take on a flavor of nodal events and the assumption is made that this is what is “causing” the problems in the latest generation.

Some students complete a family diagram and then ask what does it all mean? “Where do I go with this information?” There are serious questions to be asked as to when do symptoms become patterns? What is the relationship of symptoms, patterns, and emotional processes?

These questions focus on the nature of the multigenerational emotional processes. Which direction will the questions go? Will the questions avoid cause and effect assumptions? Will the focus only be on what the generation before did or did not do? For example, “She never learned how to be a mother from her mother”, “The father was never home, and when he was he was never available.” What makes siblings’ response to the previous generation so variable? What does an only child run into? What does “confronting” a parent perpetuate?

These are not easy questions. People fall back on pieces of Bowen statements, such as “It takes ten generations...” Can one focus on the emotional processes that are seen in the extended family without slipping into a search for answers to why questions?

Dr. Bowen’s letter of January 1987 to a sponsor of an upcoming conference on “Children of Alcoholics,” outlines some of his thinking about what he will be presenting at the conference, and the theoretical assumptions in the perpetuation of multigenerational phenomenon.

Dear Doctor

Your February 4, 1987 meeting is less than a month away. My major effort has gone into presenting voluminous material into the short 2 ½ hours allotted by your program. I am about as ready as I ever will be. The major strength of your program lies in its focus on the "children" of alcoholics, and the way the symptom perpetuates itself as a multi-generational phenomenon.

My morning plenary session will be devoted to a family systems way to understand the vicissitudes of the emotional process, and the way children and their spouses and descendants become involved in perpetuating the original problem. That is a big order for 1 ½ hours. I will have some transparencies to help hit the high spots of that presentation. The 1 hour afternoon session will be devoted to specific ways that therapists, and certain key family members, can begin to slowly unravel the inexorable process.

They fall on a continuum, based on their degree of emotional involvement in the family, and the way they handle the involvement. At one end of the continuum are those who blame the parents for everything, who are essentially incapable of seeing their own part in the problem. They can marry spouses who develop drinking problems, and unwittingly continue some form of symptoms into the future. In the mid-ground are those who share less blaming of the other, and less inclined to call themselves "normal", but they can still produce progeny who become involved in other symptoms such as substance abuse and anti-social behavior. At the other end of the spectrum are those with less blaming and denial, who have some budding capacity to look at, and do something about their own immaturity.

The problem of being the child of an alcoholic parent may not be as bleak as would appear on the surface. The literature on emotional systems provides clues about the degree of jeopardy in each child, and the degree to which children can help with the family problem. Any motivated child, no matter which degree of jeopardy, has some capacity to reverse the silent process which proceeds inexorably without some reasonable intervention. It is important for the therapist to understand emotional process and not be lured into perpetuation of the family problem.

My presentation will have an upbeat quality. In any family there are mature forces that move toward health and freedom from symptoms. These are opposed by immature forces that take "the easy way out", that passively follow popular opinion and societal regression, and

that move toward a number of regressed and symptomatic states. In most families there are responsible people who can help the family move in a mature direction, if the therapist can lend a hand to help establish leadership. We are living in a period of society passivity in which society condones the beginnings it permits.

System theory involves a number of variables lacking in conventional thinking. A therapist who has an awareness of the vicissitudes of emotional systems, as a multi-generational phenomenon, automatically has a good working notion of emotional strength and weakness among the various family members. In any generation, a family member most involved in the alcoholism, is the one most in jeopardy for alcoholism, or a similar psychopathology for the future. They are least likely to be of value in future therapeutic efforts. Family members who are least involved in the family feeling process, are the ones most capable of seeing ~~beyond the symptoms~~, of staying in viable emotional contact with symptomatic relatives, and working primarily on the differentiation of self. Family, group, or individual therapy, are mostly inadequate for finding self motivated family members. The various "therapies" discover the talkative, feeling oriented people who are too involved in the family problem to be therapeutically significant. Some succeed, but as a group, they are too involved in complaining about the symptoms without changing themselves. The motivated people are discovered through a multi-generational family diagram and personal contact with the therapist. A goodly percentage of motivated family members, in any generation, are capable of slowly reversing the inexorable process that is alcoholism.

The 1½ hours session Wednesday morning is too brief to go into detail about the differences between systems principles and conventional psychiatric theory. For the morning session I have developed a series of transparencies which will hit the high spots, and hopefully help some move more toward systems ideas. The afternoon session will be devoted entirely to therapy, and the dozens of things that motivated family members can do to reverse the inexorable process, no matter where it occurs, or whatever symptom it may develop. Addictions, substance abuse, violence, and anti-social symptoms are only examples of other symptoms.