

WHAT TO DO WITH “THE DR. BOWEN THING?”

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For anyone continuing to be connected to Dr. Bowen over a period of time, a number of thorny issues arise, some which have been addressed in previous letters. When therapists began to explore their interests in “family therapy” in the early sixties and seventies, they explored various theoretical schools. People seeking techniques gravitated to the brilliance of Jay Haley (and his mentor Milton Erickson), people attuned to experiential and emotional experience sought out Carl Whitaker, people wanting to combine T.A., Gestalt, and family systems turned to the California leaders like Ruth McClendon and Les Kadis. Some found what they were seeking in Sal Minuchin or Nathan Ackerman. The Mental Research Institute in Palo Alto, California promoted a “communications” model. Who gravitated to Bowen and what was the nature of that pull? Who were the people who initially were interested in Bowen, but later rejected him and his theory? People have their own individual stories, reasons, and their own emotional subjectivity—too theoretical, too intellectual, too passive, too... On the other side of the emotional coin, people found him a breath of fresh air from the highly emotional, experiential approaches. Some even gave Bowen credit for “saving” their lives, with the result taking on a religious flavor. “Bowen worship” has a large, devout following. For these people if Bowen didn’t say it, it doesn’t exist. Is it possible for one to disappear emotionally into the “emotional Bowen brain”? Of course, it is also possible to use the theory to think more clearly about one and one’s family life.

So how does one manage a sincere respect for Dr. Bowen and his theory and maintain some sense of separateness and identity?

Dr. Bowen’s letter of November 1983 to a leader of a family training center addresses some of these complexities. His response to her was triggered by her request for Dr. Bowen to co-sign attendance certificates with the institute directors.

November 3, 1983

Dear

The days in from Oct 23 to 25 were good ones. I meant to write before now but things have been busy. Slowly I am catching on with problems inherent in systems theory and with individuation which may have more to do with therapy (as practised) than with theory. As far as I am concerned it is all theory but people do not concern themselves much with societal issues think of individuation more as technique. And so it goes.

The other issue is too broad and complex for any except a private communication. I had serious reservations about signing the attendance certificates with you that Sunday evening. For you and I to sign those things together implies an awful lot of group-ey togetherness without much individuation for either you or me. There must be a way for you and your group to have its own identity, and for me to have mine, without getting into too much "we are as one" groupiness. These are the things I was mulling over even while I was in . I wanted some time to talk with you alone about it, but that time did not come.

I know your operation depends a lot on what you gained from the Georgetown program. I would like to help you however I can, but it is to your advantage and mine to be separate from me. How does one do that when the good people are eternally connecting the two? Example was a person in , who I have never knowingly seen, who reported "I am studying under Dr. Bowen". That little problem is not confined to . The same confounded thing is at the Family Center. They are legion in Cal when trainees are required to read my "Anonymous" chapter, who then attended one or two sessions I did personally. It is not unusual for a certain level of person to report, "I have studied under Dr. Bowen". This same erroneous stuff comes in spades at the Fam Cntr. The same thing follows me around at Ortho and other places where I do periodic sessions. Last year a soc worker from Africa who had attended one session I did in the U.S., was blabbing everywhere about having studied under me. I do not know where "under" and "studied" come into the picture. I assign it to a level of about 26 on my scale, the same place I put people who cannot "hear" a definition of "share" or the difference between fact and feeling. These people do not belong in the mental health professions.

When I attempt to correct these distortions personally, or in the profession, or at the Fam Cntr, I am heard as being irascible or something like that. Last week a young black male, real nice looking, appeared as a salesman at my front door. He wanted to "share" a thought for the day out of a leather bound book. I did not know the meaning of "share". He tried to spell out what he meant. I asked why he had not said that in the beginning. When he said "share", I thought of him wanting me to take a lick off of his lollypop. I kept asking "What are you trying to sell". He left too bumfuzzled to know which end was which. Neighbors reported he did not even stop to see them.

I have my own problems with these crazy distortions. Maybe I am more sensitive than most to these things. Without the sensitivity, I would never have developed the theory in the first place. My Fam Cntr faculty are less sensitive. They permit these distortions to exist as if they are my problems, and as if my objections are all my problems. A year ago I voiced my displeasure about going along with the Fam Cntr people if they were going to continue their lackadaisical, laconic ways. Another name for that is called poor differentiation. They reacted to my "threat" as if the problem was in me and not in themselves. During the year they have worked their heads off on theory and science without hearing other basic things. Like the poor trainees who learn never to say, "I feel", because Dr. Bowen does not like it. They are poorly differentiated people who act out of deference to me (relationship addicts) rather than changing themselves. It is pure technique—ty garbage to change an utterance without changing the self under the utterance.

This has become longer than intended. I had enough reservations about signing the trainee certificates that I wanted to take it up with you personally and there was no time in . I think there are things I can do, and things you can do that will help in this differentiation problem. You did a piece last Summer, to which I did not respond, which had some notions about the size of the iceberg underwater. Maybe over time we can work out some of the problems.

For now,

Murray Bowen, M.D.