

Commitment to Principles:
The Letters of Murray Bowen, M.D.

Clarence Boyd, Editor

With a Special Introduction by Michael Kerr, M.D.



Dr. Murray Bowen during an interview for the article: Kicking the feud out of the family, which was published in The Raleigh Times, October 11, 1988. Photo courtesy of The News & Observer.

Commitment to Principles

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Introduction I

Letters

Letters have been important as a major way, and sometimes the only way, of connecting people. Historically, they have been both carefully crafted and carefully read. For some writers their letters become prose and certainly an art form, with a creative brain expressing itself through their letters. Dr. Bowen's letters reflect these creative processes.

There are numerous examples. I'll mention five writers with whom readers will readily connect.

Rainer Maria Rilke's *Letters to a Young Poet* contain ten letters to a 19 year-old young struggling poet [Franz Kappas], who had written Rilke for "advice." The letters speak little of poetry but focus on the importance of listening to and respecting the human struggle in us all.

Reynolds Price's *Letter to a Man in the Fire* is a 108-page letter responding to Jim Fox, a young medical student who had been recently diagnosed with cancer. Fox had read Price's book *A Whole New Life*, which told of Price's cancer experiences. Fox's question to Price was, "Is there a God and does he care?"

Elizabeth Lawrence was a garden writer who lived in Raleigh and Charlotte, North Carolina. She was a prolific letter correspondent with other gardeners all over the U.S. Another interesting fact about her life is she was the third generation daughter to devote a major part of their lives to caring for their mothers after their spouses died. Here is a letter written to a lifelong friend from childhood, Ann Bridges: "Independence is a strange illusion. We are no more independent from the members of our family than we are independent from our stomachs....we are like one strand in a rope bound tightly together and unless we pull in the same direction, we only destroy each other."*

Another example is the volume *The Freud Jung Letters*, which cover a nine-year period of their relationship from 1906-1914.

And lastly, copies of letters written by our grandparents before our parents were even born are certainly a gift. Letters were the only way to communicate when people lived apart. There were no phones and people were often separated for periods of time because of jobs, e.g., one person teaching school in one location and the other staying behind and working the farm.

Bookstores contain numerous volumes of letters, too many to mention, but all worth pursuing—such as Eudora Welty, Truman Capote, or if lucky, the ones saved in your attic.

Now to the Bowen letters.

* From *No One Gardens Alone, a Life of Elizabeth Lawrence* by Emily Herring Wilson, p. 99.

Introduction II

Commitment to Principles

Dear Dr. Bowen,

Since I have taken on a sizable project that includes your archives, I think I owe you an explanation of what I am up to.

I have a long-term interest in learning about how people think, whether in my own clinical work or in learning from people who think theory is important (e.g., you). For many years when listening to you interviewing family members, I listened to the questions (not answers) you were asking, thinking that your questions were an accurate reflection of your thinking, your assumptions, beliefs, and principles.

My original plan was to trace the evolution of your thinking from Topeka to NIMH to Georgetown. This proved almost impossible for two reasons: (1) The nature of the archives and (2) the nature of your thinking.

After your death, many of your files were placed in the care of the National Library of Medicine at the National Institutes of Health in Bethesda, MD. They are placed in 14 cartons (17.5 linear ft.) dating from 1961-1990. My hope was that the files were going to be in chronological order. However, they are, more or less, filed alphabetically (obstacle #1 to my plan). You didn't throw away much! There are bills, uncashed checks, newspaper clippings, and articles on your patient families, Xmas cards, and, of course, carbon copies* of your original letters responding to patients, colleagues, students, and people seeking your professional advice. The letters are fascinating in many aspects: Your never taking a day off from being the observer and your holding people accountable for being responsible when they mess up. There are numerous letters in which you made a number of drafts before being satisfied with your clarity.

I began the project in July 2003 and made numerous trips to NLM. I went through each folder (#1001) and read all of the letters (over a period of 2 ½ years). I had the NLM staff make copies of those I thought spoke to your principles and were a clear reflection of your thinking. I chose 77 of your letters and decided to use 61 in the final project.

In my opinion, letters are a clear reflection of one's thinking for two reasons. One has to be clear about *what* one is thinking and secondly, *how* to say it.

The second reason for my shifting from my original idea of tracing your thinking evolution over time has to do with your "evolution." As I read the letters, I was struck by your theoretical

* His carbon copies have not been retyped. Patient names have been edited out, as well as the minor paragraphs that have nothing to do with the importance of the letters.

clarity and principles of how emotional systems work in the beginning, the middle, and in the end. There was some minor tuning and clearer articulation, but it was like the theory was always there—it (and you) only got clearer over time.

Therefore, my project shifted. What I have done is select letters that reflect your clarity of principles. I have attempted to write an introduction to each, giving a larger context in an effort to stimulate the reader to think more clearly about her/his assumptions, beliefs, and principles and not just hear your “bottom lines.”

I chose the title for the project: *Commitment to Principles. The Letters of Murray Bowen, M.D.*

With sincerest and grateful appreciation,

Clarence Boyd

Introduction III

The Bowen Letter in Historical Context

Michael E. Kerr, M.D.

Murray Bowen died on October 9, 1990. I became Director of the Georgetown Family Center upon his death and have continued in that position for seventeen years. It is a privilege to be able to add an introduction to this collection of many of his letters. I worked closely with Murray Bowen for over twenty years at the Georgetown University Medical School. The Family Center was part of Georgetown until 1990 and then became a freestanding, not-for-profit organization. The name was changed to the Bowen Center for the Study of the Family in 2000 to recognize Murray Bowen as its founder. The Center's mission remains the same as when it was founded: the development and dissemination of Bowen theory and its applications.

This book really consists of two volumes: the Bowen letters themselves and Clarence Boyd's introduction to each letter or group of letters which constitutes an interesting explication of Bowen theory in its own right. The letters offer a glimpse of Bowen's thinking and of Bowen the man that is difficult to glean from other sources. Boyd's work to make the letters easily accessible to others is valuable contribution.

My brief introduction will focus on events relevant to Bowen and to the family movement from the late 1960s until his death in 1990. This will include some discussion of my relationships with him to help place the Bowen letters in some historical context.

I first heard Murray Bowen lecture in the spring of 1965 when I was a junior medical student at Georgetown. He made two points in his talk that made a strong impression on me. The first was that he had observed in his family research that the relationship between a mother and her adult schizophrenic offspring was extremely intense emotionally. They were so sensitive (reactive) to each other that they functioned as if they were one person. The second point was that this level of emotional intensity does not develop in just two generations (parents-offspring), but is the outcome of three or more generations.

I had had enough exposure to conventional psychiatric thinking in medical school by then that the tone of Bowen's presentation and his ideas seemed radically less pathologizing of the schizophrenic person and his family than what I had heard from other psychiatry professors. I was perhaps affected more than many other students by his talk

because one of my brothers had been diagnosed to have schizophrenia just before I started medical school. Bowen seemed to know the mother I knew.

Apart from occasionally seeing Bowen dash through the halls of the medical center like a man on a mission, I did not have contact with him again until several years later during the first two years of my psychiatric residency at Georgetown. He stood out among Department faculty in a way that I find hard to put into words. He was a presence. The Department of Psychiatry did not push the residents to get exposed to Bowen and his ideas. In fact, the curriculum for the residents was such that there was no regular contact with him until the third year of residency. During the first two training years, however, occasional conferences occurred that included Bowen. They were especially interesting to me.

My favorite conference during the second year of residency was one that included Bowen. It was scheduled originally to occur every month, but the department hierarchy canceled it after just three meetings. The way it all played out was quite revealing about Bowen's position in the department.

The structure of the conference was that the residents and faculty would meet at a faculty member's home in the evening. A resident was assigned to present a clinical case. Then one faculty member would discuss the case from a viewpoint of individual theory, a second would respond from a viewpoint of group therapy, and Bowen would discuss it from a viewpoint of family therapy. A memory of the first meeting is that the faculty members representing individual and group therapy recommended a family approach to the case. Well, you might think that Bowen would have been pleased with that, but he recommended individual therapy! My memory of the second meeting is that when it came time for Bowen to respond to the case, he asserted. "I haven't heard one damn word about grandparents!" Silence followed for a time.

I can only guess at what Bowen was trying to do in those first two meetings. In retrospect, I thought he was probably relating to the emotional process of the meeting rather than its content. He was clearly different than everyone else in the room. A measure of his success in doing that came clear when the third meeting came along and it was my turn to present a case. The Residency Training Director called me into his office several days before the meeting and told me not to present a case that had anything to do with family! I did not know what to make of his request at the time, but I felt that I had to comply. He was my immediate boss. When I presented the case, Murray Bowen was

the first discussant. He turned to me and queried, “Why did you choose this particular case to present?” I covered up for my boss. It was the last of those meetings that the department organized.

At the end of my second year of training it became possible to get supervision from Bowen. An organized course with him began at the beginning of the third year. I could relate many experiences from the next two years of supervision with him, but one that stands out the most is a presentation I made to him three months into the supervision sessions. It was in September 1969. By then Bowen was asking residents to make presentations about their families of origin. I keyed in on this immediately and spent much of the summer talking to family members and developing a fairly detailed family diagram. When I presented to Bowen in September, he did not say a word! He just sort of smiled. Believe me, I did not expect that reaction. I thought he would say something positive about my effort. I remained confused by his response for a time. The core message of differentiation is to think for self and take responsibility for self. Don't be yearning for approval.

The 1960s and much of the 1970s were vibrant years for the family movement nationally and there was tremendous activity in Georgetown. This was the case despite constraints in the department designed to keep Bowen from becoming too influential. Bowen founded the Georgetown University Family Center in 1975. He had appointed eleven volunteer faculty members to help teach in the family programs by 1975 and many of us joined him as founding faculty of the Center. Mental health professionals locally and around the country poured into the Center's programs. Most were interested in family therapy and in learning how to differentiate a self in their families of origin. A smaller number were interested in theory. For several years Bowen had been cautioning his faculty to play down the success of our programs to the Department of Psychiatry, lest they get nervous and begin encroaching on our autonomy. This had happened several times in the past. This caution continued in the early years of the Center, but the success of its programs was hard to hide.

Perhaps the high point of the 1970s was the publication in 1978 of Bowen's collected papers, *Family Therapy in Clinical Practice*. It gave even more visibility to Bowen's ideas and it increased the requests for him to travel and conduct conferences. The increased demands definitely reduced the amount of time he had to write. This is one reason his letters are so important. He only published a few papers after 1978. In response to this

change, Bowen began the series of Bowen-Kerr videotaped interviews in late 1979. He wanted to cover details of the theory and therapy that he had not been able to write about. We did sixteen interviews that are an important part of his legacy. I believe the pressure he put on himself — always, but more so after 1978 — contributed to the health problems that surfaced several years later. Bowen knew that he had developed something that was extremely important and he worked incredibly hard to communicate it effectively to others.

At some points during this early period of the Family Center Bowen would emphasize how long it was going to take for the professions and society to accept the new systems paradigm, often estimating a hundred years; at other points he speculated that a few of us would be chairing departments of psychiatry by the end of the century! The latter prediction has not occurred. The conflicting predictions indicate that things were developing so rapidly in the 1970s that some of us believed the family idea might be accepted more rapidly than originally anticipated.

A long description of the factors that may have slowed the acceptance of the family idea is not relevant to this introduction, but I will mention one factor that profoundly affected psychiatry. That factor was the growing dominance of the biological paradigm. The emphasis on “the broken brain” and psychotropic medications marginalized family psychiatry. The change in psychiatry pressured the family movement nationally and it triggered what I call a “failure of nerve.” Bold claims for a biological explanation of severe mental illness put most people in the family movement on the defensive, particularly in reference to schizophrenia. Family people were cast as blaming families for a biologically caused disturbance. The critique did not affect Bowen’s views, nor did it affect my own, but it did affect the forward movement of the field. An increasing focus on symptoms and on the quick fix, both in health care and in the society as a whole, was another important factor.

A physical illness in the spring of 1981 had a significant impact on Dr. Bowen. He developed a dissecting aneurysm of the thoracic aorta in early March, which did not rupture. He underwent two extensive surgeries during the next three months and it was at least another six months before he was back to anything close to his former schedule. I know it shook me, the rest of the Center faculty and staff, and the national network of all those seriously interested in Bowen theory. I think it also placed Bowen in a new position.

Murray Bowen had great courage and determination. He took on psychoanalysis and effectively challenged its shaky foundations. He valued his relationships with others and

their unique contributions, but knew that to develop and maintain a new theory, he had to lead and lead vigorously. This meant having the energy and will to define a self over and over again in professional, social, and familial emotional arenas. I perceive his physical illness to have placed him in a position of having to rely more on others to provide the type of leadership he had provided for so many years.

One manifestation of his new position is that he was more easily and outspokenly frustrated with how people routinely misunderstood his basic ideas. The larger problem was that people often had no clue that they did not understand. The reactions were not entirely new for Bowen, but having worked with him through the 1970s, it was more pronounced in the 1980s. It was true that most of us did, to varying degrees, misinterpret his ideas.

The upside to the changes with Bowen was that it pushed the Family Center faculty and others in the network to step forward and accept more responsibility for leadership. It also pushed us to give Bowen more room to be Bowen and not get so reactive to some of his critiques. It was also clear to some of us that faculty members needed to work more diligently to be more of a “self” in relationship to Bowen and to the larger professional community. We had left too much of the leadership to Dr. Bowen.

I did not do as good a job as I would have liked at being a “self” with Murray Bowen, but I worked at it consistently. I did not always tell him if I disagreed with his assessments. I had difficulty being direct with him. The problem was more in me than in him. I had watched Bowen get upset with many people, but I never thought that his criticism was personal. It was his unflinching effort to keep theory on track. My differentiation from Bowen was gradual and incomplete, but it was one of the most important efforts I made in my own development.

Despite paralysis of one vocal cord that left him with a raspy voice, a complication of one of the aneurysm surgeries, Bowen did an amazing job of recovering. Most of the 1980s were a very productive time for the Center. One of the most important developments was his leading the Center and its network to renew a focus on theory and science. Family therapy and differentiation of self in one’s own family were extremely important contributions, but he thought the importance of theory was getting lost. The focus on science and theory had started in the late 1970s, but it built considerable momentum in the 1980s.

Not everyone on the faculty and in the network was entirely happy about the shift to science. Some struggled to see the relevance of slime molds, ant colonies, and primates to the real business of family therapy. Attendance at conferences and training programs slowly declined and then leveled off in the mid-to late 1980s. A core group of faculty and people in the network were very much on board with Bowen's lead. This change by Bowen and the support others gave to it in the 1980s probably did more to sustain Bowen theory after his death than any other development. Certainly, everyone knew that being able to deal better with their families and other groups was where everyone gained so much personally, but, absent a broader process that kept theory from becoming a closed system, many of us saw that the process of differentiation could easily disintegrate into a set of techniques.

In the spring of 1984, W. W. Norton Publishers contacted me about writing a book related to Bowen theory. Bowen and a small research group at the Center had been working on a system of family assessment or "family diagnosis" for about two years. I got the idea of focusing the book on this subject. Since the basic design of the family assessment was Bowen's, I asked him if he wanted to be a co-author. He agreed and we settled on him writing an introduction to the book and my writing the bulk of the book.

Writing *Family Evaluation: An Approach Based on Bowen Theory*, somewhat changed my relationship with Bowen. I began writing in March of 1985 and submitted the full manuscript in early September 1987. It was an extremely important effort for me because it was a statement of where I stood on Bowen theory. It emotionally separated me from Bowen a little bit because I felt less dependent on him for my thinking about theory. I was a tad more of a "self" by the time I finished the book. One of the advantages of writing for publication is that it can force you to figure out what you think. It is one thing to have a head full of ideas, but it is another thing to *know* where you stand in relationship to those ideas.

Bowen began working on the introduction shortly after Christmas 1987. The publisher was pressing him to complete the introduction because they wanted to bring the book out in the spring of 1988. It was arduous for Bowen to write at that point. In 1986, he was hospitalized for the first of many times over the next several years because of emphysema. He continued to have a few cardiovascular problems, but emphysema was becoming the bigger problem. He was quite ill with each hospitalization and it took time to recover after each one.

My memories are vivid of a late afternoon in February 1988 at the Family Center. Bowen had been working on the introduction at his office at home for about six weeks.

The publisher was making threats to leave the introduction out of the book if they did not get it very soon. This did not help. More importantly, Bowen was no longer writing a short introduction. After he began writing, he began thinking of all manner of things about the development of the ideas that he had never written about. This was not something he would finish quickly.

That February day, Dr. Bowen's wife drove him to the Center. He managed to climb the long flight of stairs to the Center and asked me to come into his office. He was pale and short of breath. The secretions were obviously building up again in his lungs and I was certain he would be hospitalized. What he said to me was, "Mike, trying to finish this writing is killing me! I must stop!" I had no doubt that he was right. What he said next surprised me, "Write me a prescription for an antibiotic. I am going to take it and put down the writing for now." I did not think he could recover at that point without a hospitalization. He did recover! Within about two to three weeks he returned to writing. It was my first awareness that reducing the strain on oneself could reverse a buildup of secretions in the lungs! It was one of the myriad ways I learned from Murray Bowen.

Around March 1, *The Atlantic Monthly* contacted Norton after reviewing the manuscript I had submitted. Norton had sent it out to several magazines to see if they might have an interest in publishing excerpts of the book. Then occurred a sort of miracle of miracles. The publisher of *The Atlantic* wanted to do it. More importantly, they asked that publication of the book be delayed until October 1988! This meant Bowen had several mere months to work on his piece. He finished by early June and was satisfied with it. The delay meant it would be an epilogue and not an introduction. It is among the most important pieces Bowen ever wrote because it provides a broad overview of how he developed the ideas, from the earliest days at the Menninger Clinic, through the NIMH research period, and through the years at Georgetown.

Bowen had become more frustrated than ever by the late 1980s because so many people were mixing the new natural systems theory with Freudian theory. It went on at the Center and in other places teaching Bowen theory. It continues to this day. This makes the section on erosion of theory one of the most important in this book. Despite the frustrations, Bowen conducted his professional career as if the theory could be communicated effectively to the next generation and maintained as an open system. The letters remind us, however, how much discipline is required not to erode systems theory by mixing it with cause-and-effect thinking.

The situation in the last few years of Bowen's life was quite likely compounded by the clear decline in his physical health. His head remained amazingly clear in many ways right to the end. Those who have seen the interview that Bill Doherty did with him at the AAMFT conference on October 7, 1990, two days before he died, can attest to the clarity of his thinking.

In my now seventeen years as Director of the Bowen Center, I have had my own frustrations with the erosion of theory. I think of Bowen whenever I experience the frustration. Despite any erosion, I think the Center and its network have worked hard to keep and succeeded in keeping Bowen theory an open system, not allowing it to devolve into dogma. As Bowen often said, "Theory can be changed by facts alone, not by personal opinion." The viable contact with the accepted sciences has helped keep Bowen thinkers exposed to facts from many disciplines. This prevents one person or small group from taking the theory very far in unproductive directions.

Effective leadership is as important today as when Bowen was alive. Some individuals have more knowledge and ability to lead than others do, but everyone can lead by defining a "self" on the important issues. Defining a "self" is not telling others what to do, nor is it an attempt to constrain their thinking. Situations arise, however, when a leader has a responsibility to respectfully disagree with others' positions and to have the courage to make unpopular decisions.

My vision of the future of Bowen family systems theory and its applications is that it will involve three intertwined threads or resources (1) preserving the Bowen Archives, (2) further developing the Bowen Center and its network, and (3) continue making viable contact with the accepted sciences. This book is an example of the value of the Bowen Archives.

Access to articles, books, and audiovisual media helps people enormously in learning the theory and its applications, but these materials alone are not enough. Differentiation of self is an idea so different from conventional thinking that people inevitably have misconceptions if they just read about it or watch a clinical interview or videotaped lecture. The tendency to try to fit, force really, new ideas into one's preexisting mindset is powerful. An excellent check on this process is to discuss one's developing impressions with those who have acquired a better understanding of the ideas. Ultimately, the experts in Bowen theory are answerable to the facts of the natural world. This is where viable

contact with the accepted sciences comes in. As Francis Bacon said, “The human mind is inherently prone to error. It must have a proper method to weight it down.”

I will close with a special thanks to Clarence Boyd for the time, energy, and dedication he has put into this project.

Washington, D.C.

December 2007

