Analyzing Two Months of the Observational Data from Bowen's 1954-1959 NIMH Project: August 1955 and October 1956.

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Background

From 1954 to 1959 Murray Bowen, MD, conducted a research study on human behavior and the family at the National Institute of Mental Health (NIMH), continuing explorations he began at the Menninger Clinic eight years earlier. With a goal of making Freudian theory more scientific, he hospitalized entire families with a schizophrenic offspring. This research became the basis for the first six concepts of a new theory of the family as an emotional unit, now called Bowen family systems theory.

The original records include thirty-four months of round-the-clock nursing notes as well as notes on the family/staff daily meetings that were the family therapy part of the project. Bowen emphasized close observations of the behavior of family members relating to each other, interactions between members of one family with those of another and interactions between staff and families. Naturalistic observation methodology, rather than instruments, was used to track how people interacted. Nurses were to record in their notes only what they had seen or heard directly. They were not to use psychiatric jargon or make interpretations of behavior.

This study is well known to students of Bowen theory and in recent years to an increasing number of scientists in wide-ranging disciplines. Bowen included papers from this time in his *Family Therapy in Clinical Practice*. Every book on Bowen theory refers to the project. Yet little is known of the details of the data on which the first concepts of the theory are based. The project was unique, not only for producing a new theory, but because theory and therapy were intertwined. The developing theory guided the therapy choices, the ward milieu, and the staff's training and input.

Some social scientists have dismissed the project as a basis for a new theory of human behavior because it represents "too small a sample." Others have said, "These were not 'normal' families owing to the schizophrenia."

Years ago a supervisor at the Bowen Center told me that the NIMH project was qualitative research. To my knowledge, Dr. Bowen never said it was. In what follows, I will review how Bowen's study illustrates qualitative research methods. Then I will describe my own effort at qualitative research in working with two months of nursing notes from the project.

The NIMH Project as Qualitative Research

In writing about qualitative research, Dollahite, Hawkins and Brotherson capture what Bowen did:

> The assumptions are that general laws of human and family behavior exist and are discoverable, and that these laws when taught will be a catalyst for positive change. (Gilgun/Sussman, 352)

They go on to define the human capacity to use those laws for positive gain:

> As participants come to see the meanings that underlie human actions, they are better able to understand their own problems and challenges and take appropriate actions to improve. (352)

Bowen assumed there were natural laws governing human behavior, and, by extension, how the human family organizes itself, and that these laws were discoverable given certain environmental conditions. When understood, these laws could be used to bring positive change to any family. As a family member came to know his own participation in the family's problems, he could choose more appropriate action that could alter recurring patterns within the family. The research staff had the same opportunity for themselves. In fact, the staff's ability to get clear on intra-staff problems was observed to be a model for the families.

Bowen structured his ward to create favorable conditions to study family organization and for family members to use available resources for positive change. Though the families were studied in a hospital, a naturalistic approach was used as much as possible. The ward had minimal rules. Doors were not locked, there was a liberal leave policy, and family interactions were not to be interfered with or interpreted.

Bowen's ideas of what patterns to look for in the families and how to construct the milieu came from his work at Menninger. There he had made specific observations that challenged then-normative thinking. For example, he thought the idea of etiology presented a "conceptual dilemma" if one blames the parent for a problem in a child. (Bowen, 1954) He set up treatment programs to explore such dilemmas, leading to the study of parents and offspring while offering treatment to both.

M. Q. Patton writes:

> Qualitative inquiry is particularly oriented toward exploration, discovery, and inductive logic. Inductive analysis begins with specific observations and builds toward general patterns. (56)
>
> The positivist seeks the facts or causes of social phenomena apart from the subjective states of individuals. (69)

Bowen left the subjective states of the individuals to them. Staff members were

trained to relate to the families in a way congruent with this effort. Having families live together in a research situation was a new idea. A few previous efforts had involved healthy family members assisting nurses in caring for a sick member. The NIMH project assigned nurses to assist the family's own efforts and to observe as the family tried to do this.

> Sociologist John Lofland has suggested that there are four people-oriented mandates in collecting qualitative data. First, the qualitative methodologist must get close enough to the people and situation to understand in depth the details of what goes on. Second, he or she must aim at capturing what actually takes place and what people actually say – the perceived facts. Third, qualitative data must include a great deal of pure description of people, activities, interactions, and settings. Fourth, qualitative data must include direct quotations from people, both what they speak and what they write. (Patton, 28)

Bowen's efforts meet all those criteria. The nurses' notes describe what the families said and how they interacted within their family, interactions between members of different families and exchanges with staff. They include direct quotations. Nursing notes, sociograms of the family-staff meetings and research assistants' daily and weekly charts were observational. Family-staff meetings were recorded daily with the expectation that family members would listen to the recordings before the next meeting.

Bowen's uses of observers met standards for validity that Adler describes:

> . . . using multiple observers or teams, especially if they are diverse in age and gender, can enhance the validity of observations, as researchers can cross-check each other's findings and eliminate inaccurate interpretations. (Denzin and Lincoln, 381)
>
> Like many qualitative methods, naturalistic observation yields insights that are more likely to be accurate for the group studied and unverified for extension to a larger population. Yet there are measures observers can follow to enhance the generalizability of their findings. Observations conducted systematically and repeatedly over varying conditions that yield the same findings are more credible than those gathered according to personal patterns. (Denzin, 1989)

Two aspects that particularly warrant expansion are time, which allows test-retest comparison (Kidder 1981), and place (Lofland, in press), to ensure the widest range of observational consistency. (Denzin and Lincoln, 381)

For observational consistency, Bowen kept his ward open to diverse visitors as a way of challenging his observations. He looked for exceptions. He looked in the

literature (as did the NIMH staff) for similar observations.

Miller and Crabtree argue that standards of "good science" should be retained but redefined to fit the realities of qualitative research:

> These usual canons of good science are significance, theory-observation compatibility, generalizability, consistency, reproducibility, precision, and verification. Strauss and Corbin argue, for example, that if a similar set of conditions exists, and if the same theoretical perspective and the same rules for data gathering and analysis are followed, two researchers should be able to reproduce the same theoretical explanations of a given phenomenon." (Denzin and Lincoln, 608)

While Bowen's project has not been replicated to meet the standards above, I believe this involves the mindset Bowen had. Early in his search for what could move the study of human behavior toward science, he concluded that any theory of human behavior would have to be based in evolution, with the understanding that the human was a biological being and the family was a naturally formed emotional system. A researcher starting from this point of understanding would then be able to do what Denzin and Lincoln propose to reproduce Bowen's findings.

NIMH Project Nursing Notes

Previous to attempting qualitative research, I completed a line-item inventory of the existing archival NIMH project materials, which involved a 500-mile round trip to Washington, D.C. two to three days monthly, beginning in 1993.

About a year into that inventory, Michael Kerr, MD, then director of the Georgetown Family Center, asked that I write a synopsis of each item inventoried. Complying with that request extended my work to fifteen years. With time, I got much better at synthesizing and writing succinct synopses. That discipline has helped me extricate patterns from the nurses' notes. My experience fits with three points Patton makes about what is needed to be a skilled observer and interpreter of others' observations:

> practice in writing descriptively; acquiring discipline in recording (field notes); knowing how to separate detail from trivia to achieve the former without being overwhelmed by the latter (260-261)

Reading word for word the entire collection of Bowen's NIMH project papers has given me a broad understanding of the elements that came together in the project's five years.

Farnsworth, quoting Gilgun (1992), provides a simple, useful definition of qualitative research as "processes used to make sense of data that are represented

by words or pictures and not by numbers." (Gilgun and Sussman, 404)

Qualitative interpretative analysis, one of those processes, can be used to see beyond the words in the notes to the emotional process within a family that the words represent.

Walker distinguishes between qualitative and quantitative methods:

> Qualitative research-interpretive work is not simply a different way of doing research: it is an essentially different way of thinking about what you are doing. . . . The challenge of interpretive work is to understand the meaning of the text rather than to measure, generalize, or predict outcomes from the data. (Gilgun and Sussman, 227)
>
> Interpretative research based on intact text centers on making meaning of the text so as to arrive at an understanding of the question to which the text is implicitly the answer. (235)

I made my first qualitative research effort in the context of an eight-week independent study course at Union Institute with Michael Quinn Patton, PhD, as mentor, looking at two months of nursing notes from the NIMH project:

- August 1955, when three mother/daughter pairs were part of the project and the idea of the family as a single emotional unit was germinating.
- October 1956, when two mother/daughter pairs remained and two mother/father/impaired offspring families were on the ward, and the effort was to "think, relate and treat" the family as a unit.

The goal was to immerse myself in the selected materials so that I could get a hands-on understanding of qualitative research methods.

Qualifications for Inquiry

When I began reviewing the papers, the principles I formulated resonated with "General Research Principles" for written documents by Holbrook (Gilgun and Sussman, 43):

1. Maintain the integrity of the documents.
2. Provide contextual descriptions to evoke the natural setting in which the documents were written.
3. Insure that the documenter's voice is not overwhelmed or distorted by the researcher's voice and descriptions.

Qualitative Analysis and What It Requires

Qualitative analysis seeks to understand the depth and complexity of ordinary human interactions. It can use interviews to create a data set, fieldwork observing direct interactions between people, including here how groups function, or written records created by others. (Patton, 4)

Strengths of qualitative analysis are it can be universally applied to any data study, and numerous explorations can use the same database. For example, while I looked at the mother-schizophrenic offspring relationship, someone else might have chosen father and impaired offspring, the marital relationship, the mother, father and schizophrenic offspring grouping, impaired offspring and sibling relations, an individual family interacting with staff or family to family interaction.

Notes from the months I studied had daily observations of each family member over three shifts, covering twenty-four hours. When I began this study, I wondered what contribution the nurses made to the theory that emerged. Could their notes stand alone as evidence for the subsequent theory? Since I had a goal of "being present" on the ward, what better way than studying the notes of those who were there day and night?

Approaches to the Documents

In seeking to do document analysis of the nurses notes, there were several considerations.

1. The selection of August 1955 and October 1956 provided a before and after study. The nurses' notes did reflect a hypothesis change. This limited sample would allow me to pursue in-depth understanding.

2. Trying to account for differences in who wrote the notes would have been far beyond what interested me. I took the perspective that "all writers are equal." Nurses and aides received the same training and were writing on the same research subject. The nurses on each shift tended to be the same for weekdays and weekends even though the two months selected were more than a year apart. In the research that followed, I found negligible differences from one writer to another.

3. While I can say with confidence after completing my analysis that the nurses notes can stand on their own as a data block, I referred to supplemental records to enhance my holistic understanding of each family. At least once, these supplements helped me get unstuck with an analysis interpretation.

Supplemental Records Used

August 1955.

a.) Social work summary. The treatment plan offered mothers individual meetings with the social worker as much or as little as they wanted. I reviewed the social

worker's summaries of these meetings for all three mothers on the ward during this month. These notes revealed the inner life – fears, perceptions and needs – in a way that was humanizing of the mothers. The nurses' mandate was to write only what they saw and heard. In the privacy of meeting with the social worker a different depth of content appeared, which balanced the nurses' observations.

For one mother, I reviewed Dr. Bowen's summary for the month because it was the only summary available in the archives.

b.) Research assistant's chart. Clare Thompson, the research assistant, is officially listed on an NIMH form as social science analyst. She created a chart on one mother and daughter from admission through discharge. Her charts were a day-by-day summary of information extracted from social service, nursing, unit report, and ward conference notes. She used interactive headings for each day – daughter and staff, daughter and mother, mother and daughter, and mother and social worker. These notes were a unified take on these two participants on the project

October 1956.

a.) Sociograms. There were seventeen sociograms included with the nurses' notes for the daily family-staff meetings. Being a silent observer at the meeting and creating the sociogram was assigned to a nurse or aide.

These diagrams, which were another way to track observations, consisted of a circle indicating where everyone sat. Exchanges were color coded as hostile, friendly, mixed or neutral. Brief verbatim notes accompanied the coding. Direct exchanges were recorded, so that it is possible to read what the doctors, nursing staff, aides and family members said.

A minimum of two family members were required to attend these meetings, which were the project's treatment component. Any issue could be brought up by family members or staff. In writings and presentations Bowen called these meetings "family psychotherapy." At that time he was the only psychiatrist using this term in public presentations.

b.) Research assistant's charts. Thompson's charts had evolved to include everyone on the ward. She culled information from nurses' notes, sociograms, family-staff meetings and research meetings on the ward. The charts show a week's worth of daily information by day under such headings as "Environment," "Intra-Staff," "Group Meeting," with a note for each family group, a note for each family member and "Family Unity." Thompson's access to the milieu shows up in the charts and adds context to the notes. At times I looked at these after my analysis to see what she emphasized. At other times I looked at the charts while doing the analysis. Either way was helpful.

c. Admission summary. For the newest mother in the project, I reviewed the admission summary for family background that was informative for an understanding of her complaints during the month.

d.) Administrative documents. I looked at Dr. Bowen's Individual Project Report completed this month, intended to be the project's annual report for 1956, and submitted to the Public Health Service-National Institute of Mental Health. It summarizes the project from its start to October 1956. Three statements in it confirmed my analyses:

- "The addition of other family members makes it possible to observe their participation in the mother-patient relationship"
- ". . . the core relationship around which other family relationships revolve is the mother-patient relationship but *this core relationship is more dependent on the family relationships* than originally believed." (Italics mine.)
- ". . . family decisions [are] made more to allay the anxiety of the dominant one in the family..."

e.) Personal document. Dr. Warren Brodey, who joined the project as co-investigator in July 1956, kept notes after the family-staff meetings for a number of days in October. His free associations give his reflections on that day's meeting. Brodey comments that the families lived up to the expectations of them. This was useful in understanding some of the comments made by clinicians in these meetings.

4. Procedures of data analysis.

I chose Bowen's original hypothesis for coding and looked at interactions between each mother and her impaired offspring. In August 1955 this was a mother and daughter. In October it was a mother and a daughter or son. By singling out this relationship I was able to keep relationship dynamics manageable for coding and analysis.

Each family was treated as a separate universe. Time constraints entered here, but it became increasingly clear that I would need to know each family individually before I could make any sense out of interactions between families. That would be another study.

To protect confidentiality, I identified each family member by the date of admission. No two families were admitted the same day. So the first family admitted became Mrs. A and daughter A. and so on through the E family, Mrs. E and son E. Siblings were referred to as brother or sister.

5. Coding scheme

Coding is a way of organizing observations under specific categories that can then be searched for patterns and significant recurrences. The choice of Bowen's original hypothesis allowed for addressing the mother-schizophrenic offspring interactions, understanding the function of the nurses in assisting the families and allowed for assessing the nurses' capacities to meet these standards.

Propositions in Dr. Bowen's original hypothesis were:

1. "The problem around which psychosis of the patient occurs has to do with an important relationship with mother.
2. Resolution of psychosis has something to do with changes in relationship with mother.
3. These changes are made possible by the needs involved in the problem being dealt with by the patient in other ways.
4. These other ways are discovered by the patient through the establishment of relationships with people who are supporting.
5. In the hospital setting the mission of hospital and staff is to provide maximum support.
6. This is provided by attitudes, actions, etc.:
    A. Being there.
    B. Being non-judgmental.
    C. Relating to the adult in the patient.
    D. Leaving the response with the patient.
    E. Minimum demand." (from the paper "Assumptions and Possibilities," NIMH archival papers)

6. Determining what information was most relevant for the coding.

It took rereading the material several times before I could clarify what was and was not relevant. The nurses recorded a variety of information: when family members got up, went to bed, time spent in their room alone or with other family members, what took place at meal times, the moves toward and away from each other, some description of those moves as either friendly, hostile or neutral, intra-family exchanges, attendance at activities and the nurses' active involvement with the families. This was a process of winnowing the larger body of notes to get at what I wanted to look at – mothers and offspring.

7. The process of interpretation

Once material was selected, I began going over my notes using the coding scheme and assigning excerpts to each area. I was looking for patterns, interconnections, things that occurred together and recurring themes.

8. Exercises to give a reality check to interpretations.

At times I used simple counting to check my perceptions. For example, how many days was daughter A noted to be hallucinating. This was to get clear on what was factual and what was part of the emotional process between daughter and mother. Mrs. A presented herself in the notes as perceiving her daughter as seriously regressing. Was this a fact or a feeling?

Other exercises confirmed patterns. I color coded the days of the month to pull out interconnections and things that occurred together. When six categories color coding were not sufficient, I made three columns that compressed this information. From this I was able to clarify the intensity of the mother/daughter relationship and the stability offered to the mother and daughter by the involvement of a relationship with another family's son. The mother's perception that her daughter was getting sicker by the day had to do with the daughter's turning away from her. When their relationship returned to closeness, the mother perceived the daughter as improved.

For the C family I explored the daughter's self-injurious behavior. I color coded days when family contact was present, when there was no contact and when daughter C injured herself. During this month, daughter C was given one-to-one care daily by her "special nurse." The color coding showed that a disturbance in the relationship with the nurse combined with a lack of family contact answered the question, "What was going on in important relationships when this happened?"

Each time I went over the same material, my understanding went a little deeper. Gilgun and Sussman write:

> Interpretive work requires a keen sense of intuition; a willingness to follow a scent or pursue a faint trail; a system of tracking, moving forward, and circling back again to find answers. One must trust one's self and one's judgment . . ." (237)

A case study in the sixth week was my best teacher. I knew there was more than I comprehended as I went over and over the material. I kept "circling back again to find answers." I went back to the original documents and re-read those. And there it was.

Because I had only included single family information or information on other family's members when there was no escaping its importance to the mother–

offspring relations, I had missed one single observation in the whole month that involved a member of another family:

> October 19. Notes on daughter A: Appeared to become flustered when another family's daughter blurted to Mrs. A. 'Right now I'm in love with you.' Daughter A turned in her chair and averted her face as if to avoid scrutiny. Stretched out on a lounge chair next to son E after dinner. Seemed to be the aggressor in initiating conversation. Moved around restlessly and hallucinated when her attention strayed from TV. Joined by son E within a short time. Initiated contact and observed in close embrace with son E about 9:15 pm."

The other daughter's profession of love for Mrs. A. put everything in place. Gaze aversion is well recognized as part of the human's fight, flight or freeze responses. This was a deep emotional response and her turn toward son E immediately following could then be understood from a flight perspective. And this flight sets off a cascade of intense reactions between the mother and daughter in the days following.

In addition to being able to say with confidence that the project is an example of qualitative research, that the nurses made a direct contribution to formulation of a new theory and that their notes can stand on their own as a block of data I observed:

- The way the nurses recorded the notes changed from August 1955 to August 1956. The latter notes are much richer in detail and individual quotations.
- The nurses "hands on" individual care also changed in that time period. There was far less of it in the October 1956 notes. Perhaps having more family members living together made the difference. I would have to consider the intervening months to have surety in accounting for that.
- Mother/offspring relationship patterns were essentially the same whether the offspring was a daughter or a son.
- There was no essential difference in the mother/offspring relations in intact families from the single parent families. Each family packaged their togetherness differently but the underlying emotional processes were much the same.
- Group process on the ward hindered family progress.

My work supports a basic tenet in Bowen theory that the threesome, not the dyad, is the smallest stable relationship unit. As much as I tried to confine the analysis to the mother/offspring relationship, it was impossible. Fathers, members of other

families and even staff were integral to understanding the mothers and their offspring. And patterns repeated over time. A pattern of disturbance seen in family B involving the father's visit in August 1955 was seen again in the family in October 1956.

Some kind of transformative process took place in me in this study. I seemed to be recreating the researchers struggle during this time period to think of the family as a unit. Bowen writes that he had to "think" of the family as a unit before he could "relate" to the family as a unit before he could "treat" the family as a unit. After all the years of working with these archival materials, presenting the project here and there, it took doing these analyses to feel a shift in my "knowing" the families depth of interdependency. The constellation of clues and the complexity that guided and informed the researcher's understanding were revealed. It really was the twenty-four hours of observations that made a new theory possible.

References

Adler, P and Adler, P., Observational Techniques. In Denzin, N. and Lincoln, Y. (Ed), *Handbook of Qualitative Research*, 2nd ed., by Denzin and Lincoln, Thousand Oaks: Sage Publications, 2000

Bowen, M., "The Current Status of Man In Relation To Mental Health," NIMH Project files, National Library of Medicine, Washington, D.C.

Dollahite, D., Hawkins, A. and Brotherson, S., Narrative Accounts, Generative Fathering, and Family Life Education. In J. Gilgun and M. Sussman (Ed.), *The Methods and Methodologies of Qualitative Family Research.* New York: The Haworth Press, 1997.

Farnsworth, E., Reflexivity and Qualitative Family Research: Insider's Perspective in Bereaving the Loss of a Child. In J. Gilgun and M. Sussman (Ed.), *The Methods and Methodologies of Qualitative Family Research.* New York: The Haworth Press, 1997.

Holbrook, T., Document Analysis: The Contrast Between Official Case Records and the Journal of a Woman on Welfare. In J. Gilgun and M. Sussman (Ed.), *The Methods and Methodologies of Qualitative Family Research.* New York: The Haworth Press, 1997.

Miller, W. and Crabtree, B., Clinical Research. In Denzin, N. and Lincoln, Y. (Ed), *Handbook of Qualitative Research*, 2nd ed., by Denzin and Lincoln, Thousand Oaks: Sage Publications, 2000

Walker, J. Letters in the Attic: Private Reflections of Women, Wives and Mothers. In J. Gilgun and M. Sussman (Ed.), *The Methods and*

Methodologies of Qualitative Family Research. New York: The Haworth Press, 1997.

Patton, M. Q. *Qualitative Research & Evaluation Methods*, 3rd. ed., Thousand Oaks: Sage Publications, 2002