

GROUP THERAPY AND FAMILY THERAPY

Group Therapy and Family Therapy

Over the years, especially in the beginning, this subject has stirred up a fair amount of controversy and (mostly) unrecognized confusion. There have been efforts to incorporate family therapy as a part of group therapy, with similar “techniques” and goals; doing group therapy with a family. Dr. Bowen was invited to a number of these group therapy conferences, probably with some agenda on the part of the sponsors. How does one be connected to these “pulls” without pulling back, without trying to convince the others they are wrong, and be clear about one’s own position and principles?

During our professional lives, we experience and react to many “in vogue” therapies, assumptions, and theories. Some are seen as good and of value, while other ideas and approaches are seen as superficial and not dealing with the heart of the matter. “Experiential therapies” were based on assumptions and beliefs carried over from psychoanalytic theory in reference to repressed memories. “Intellectualizing” was seen as a defense mechanism, as a way of avoiding “real feelings.” Papers were written on the importance of not having a theory (Whitaker). For a time, weekend encounter groups were all the rage. “Marathon” weekend experiences are still available for those seeking this kind of experience. There was (is) a clear dichotomy between feelings vs. the thinking part of the organism. It is either/or; you can’t have both. Of course, dichotomies are still very much a part of our culture. Can one be separate and connected? Can one both think clearly and be connected to one’s emotional forces (including feelings)? Can one be a responsible therapist and not be responsible for the therapy? Can one hear and be connected and not “understand”? What is the role and responsibility of the therapist?

Dr. Bowen was invited to participate on a panel at the 1969 American Group Psychotherapy Association meeting. He responds in a letter of February 19, 1968 to an organizer of the conference touching on a number of these themes, not just group therapy; again speaking to important principles.

February 19, 1968

Dear

It is easier for me to "rough draft" a response to your recent letter on my own typewriter, than to do otherwise. First, I will be glad to participate if you organize the panel for the 1969 meeting of AGTA. I would prefer to get far outside the emotional content of the family as possible and, from that distant observational outpost, take an intellectual and theoretical view of the family as it evolves from generation to generation in definite predictable patterns. This applies if the subject is "The Family in Time and Space". If you decide on a "Family Networks" title, I would prefer also to do something as theoretical and "cut and dried" as possible. Such a detached "scientific" view of the family just might make a little sense to the group therapists. The reason for this is related to some experiences with the group therapists last month.

It is a funny world. Just three weeks ago I sort of resigned from attempts to communicate with the group therapists. Now comes your letter, and I am willing to have at it again if you organize the panel. Maybe I can communicate some of my experiences without wandering too far afield. Over the years the group therapists have claimed kinship and I have tried to point out differences between my approach and theirs, but they cannot hear. There we stand.

In January I participated in two major group therapy meetings. No more than a handful "heard" anything I said theoretically. In such situations, especially if I put energy into it and get off the theoretical and onto personal things, the group therapists begin to "experience" me as a person and something gets through. So, the January meetings were not flops. I learned a great deal about the differences between the group therapists and me, and I had good visits with all the old friends who are group therapists. But still no more than 4 or 5 out of the 150 skilled group therapists were able to "hear". That is awful low yield ore to mine.

My first group therapy meeting was the East Texas Group Psychotherapy Assoc in Houston. I was sponsored by my old friend and GAP roommate, He and I have had some of the craziest experiences in trying to communicate in these 11 years we have been roommates for about 5 days a year. He was President of the American Academy of Psychotherapy last year. from New Orleans attended the Houston meeting, as did who is also an officer in the AGTA. The second group therapy meeting was the annual AGTA meeting in Chicago less than two weeks later. I had been invited by who was AGTA President and who chaired an all day meeting in which four family therapists "treated " the same simulated family. was another of the 4 therapists. It was a great experience for me though people "experienced" me without hearing me. Some of my best friends are group therapists. There is who is beginning to "hear" a little, ,who was one of my residents at the Univ of Maryland in about 1960-61 (were co-partners in starting Esalen a couple of years ago); a former President of AGTA who was my resident when

I was an intern on Neurology at Bellevue in 1938; and many more.
I am tremendously fond of these fellows but none except can "hear".
says if I go on and admit that I do group therapy and stop putting the crazy
twists on it, we can resolve this thing.

An over simplification of the group therapy principle is "learn to know your feelings and to express them and come with us into the great togetherness where we can bare our souls and be really honest with self and with the other, so we can really EXPERIENCE each other". This is a little over-done, but to the point. A good group therapist is one who is not afraid of the soul baring experience who can facilitate this process in the group. My approach is to back pedal out of the emotional system to observe from the "outside" (the soup looks different to the observer than to the noodle in the soup) and when I can stay out, it is predictable that one and then another family member can do the same. I had a fascinating experience with a brief atypical example of a family member "getting out" with the simulated family in Chicago. When I am really out, dead serious family stuff becomes funny. I have come to use my ability to laugh as a gauge and to cultivate just the right degree of laughter for use with the family. I laughed with the simulated family. The daughter's first response (she told me later) was "The hostile bastard" but she did not have a chance to say it until I had laughed again. Then she thought "This guy is having fun. Why don't I have some fun too." Between sessions, and in the long afternoon discussion a full 20 people made comments about my "nervous laughter" with the family.

It is very hard to communicate anything except a "feeling with the situation" to group therapists. I think their basic orientation is so much to join the family feeling system and EXPERIENCE it with the family, that it is essentially impossible for one to hear another approach.

It was these recent experiences with the group therapists that led to my suggestions in the first paragraph. This is why I suggested keeping it intellectual and theoretical. Of course I would want to leave it up to you and the other participants about how to proceed. If the group therapists get something to "emote to" and "feel with", they are in hog heaven. I'll bet if I kept my cold and sterile and highly intellectual, and others put in real good emotional case material, they'd crawl on my back. Maybe I could figure out a way to make them emote over some of my intellectual stuff. However it works out, I'll be in the group therapy things to "have a little fun." I have given up trying to communicate my "back pedal out of the emotional system" approach to them, but the more I think about the possibilities (as long as I don't get serious about succeeding with a serious communication), the more I warm up to the possibilities. I am just now getting some thoughts about ways to enjoy that meeting. I have to stop this. I will be interested in hearing what develops. Hope this free associating to the typewriter makes sense.

Sincerely,

Murray Bowen, M.D.

