BRAIN CHANGES

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For the most part, clinicians have not been trained in natural systems theory. Though given some selected readings in Bowen, Minuchin, Whitaker, Bateson, etc., the basic orientation remains focused on the individual and relationships, with assumptions rooted in psychoanalysis and perhaps a little neurobiology thrown in.

Therefore, when one begins to study and learn about family systems theory, certain obstacles are encountered. With a vague awareness that different theories are built on different assumptions about emotional processes and therapist responsibilities, some clinicians take the "eclectic" route, or even more confusing "do whatever the patient needs." If anxiety is high either with the therapist or with the patient, the automatic thinking often reverts to what one has previously learned. This is probably biologically driven.

Another major obstacle in the muddle in one's mind. For example, how does the clinician define responsibility in the clinical situation? What is the nature of one's expertise? What is the difference between being helpful versus being useful? How does the clinician think about "change"? How does one think about the inevitable complaint about receiving "too much or too little" from parents? How does one think about "PTSD" experiences? What beliefs does one have about emotional catharsis? What about all the thinking about "relationships" that floats around in one's brain? What does one do with the DSM-IV? Different theories have different answers to all these questions.

Personal themes also are a part of a transition to a different way of thinking. What is behind the motivation behind the desire to be a therapist? Where does one fall on the "have to/want to" continuum? Can one ever get the search for "why" answers out of the process? Can one ever get the search for <u>the</u> answer/solution out of the process? Can one ever get "my way is better than your way" out of the process?

Another obstacle is in being part of the culture that defines the whole area of mental health/mental illness with certain simplistic assumptions and "rules." Will the culture's thinking determine the clinician's thinking? How does one live and practice in the mental health environment and still be responsible in the mental health environment?

A subtle obstacle is looking for similarities in Bowen Theory that are "really" psychoanalytic in origin, while not recognizing what and how the brain has to do to make the conversion.*

If one starts from the assumption and belief that family systems theory is indeed a different way of thinking, how can one begin to "hear" the principles that are contained in the concepts? One cannot start with a blank slate. Everyone has an educational history. Perhaps one starting place is to think more clearly about one's obstacles and one's "hearing."

Dr. Bowen's letter of May 1974, reviews a few core properties of family systems theory as well as the therapist's process in clinical practice.

*I heard of another interesting similarity effort in a paper comparing Bowen with Buddhism.

May 20 [?], 1974

Dear Mrs.

Perhaps I assumed that you understood triangles better than you do. I usually go into some detail about this when it involves two sets of people who work in the same office or who are in the same social circle. It is possible to work with both sets of people separately and productively as long as they do not start “gabbing” to each other about their therapy (I do not use the term therapy or therapist, which I can talk about later). When they start gabbing it fuses the whole social system into an emotional amalgam which can nullify progress, if the differentiation of self is the goal. Once the social system becomes an amalgam, progress is limited to what can be done with an encounter, a network, or a group. Another reason I did not go into more detail was a sort of assumption that the relationship between you and Dr. was more private than it is.

It is impossible to fully explain this briefly. It all works on the knowledge of triangles. I did not invent triangles in my head. God invented triangles. It has to do with the way one human protoplasm relates to another. It is the way people are. It is the way people “triangle” themselves into emotional messes by following the dictates of their feelings. The concept provides an amazingly accurate way of “de-triangling” the mess if they are motivated to learn about triangles and then have the courage to avoid doing the things that create problems. Until people can get a better grasp of triangles, it is necessary for me to have some rules to keep me reasonably de-triangled and to insure the best possible outcome for the total effort.

Most therapists would deal with the thing between you and Dr. with separate “therapists”, which has built in limitations. There is a big advantage if it is possible to have a single person who can relate to all segments of the larger system, and still keep self emotionally disentangled. If the “therapist” is able to do this, there is a way out if the various people can learn about triangles and respect them in their daily living. Let me put in one good example, all within the same family. However good “family therapy” may be, it is common to reach unresolvable impasses with both spouses together. Beyond that it is possible to get through that bind by helping one spouse, or both separately, to work toward defining ”self” rather than focusing on the relationship. Work on

self is a difficult and private task. At times of uncertainty, people tend to talk to others to clarify their own thoughts. It is okay to go to the literature or to another person outside the emotional system, but the impulse is to discuss it with the other spouse. The moment that occurs, self immediately fuses into the we-ness of the marriage and the effort of self is nullified. I learned about this the hard way, from trying to work with a single spouse who would then go home and discuss everything with the other spouse. How does one go about relating actively to the other while still maintaining a self? That is the size of the problem. There are all kinds of ways of doing it, if one can find a way for self.

As a therapist, I have an option for me too. If I suggest to someone that they are on a collision course, they have an option of continuing on course, or making an effort to modify it. I avoid trying to "tell" them what to do, which is de-selfing in itself. They can insist on their right to continue, and then I have the option, and the responsibility, of deciding whether or not I am willing to invest my time in an effort that I believe will be unproductive.

This is already too long, which happens when I get into this subject. From experience only a fraction of the explanations get through until people know more about triangles. So, the average person interprets most of this sort of thing as "whimsy" or my theory.

Thanks for your letter. It lets me know better where you stand. Perhaps I was precipitous in taking my position. Certainly it was timed with the sudden awareness that the situation was "leaking" over the whole field which would nullify any advantage in my position. Perhaps your reaction was more in you than in the situation.

My position has nothing to say what happens to you and Dr. in your private relationship. I hope I have already communicated that. I made an effort to leave the outcome of the amalgam up to the various people involved. According to my standards, I have done rather well with that thus far. When the system starts triangling me outside the sessions, it nullifies my effectiveness and makes me responsible for the outcome. That is when I start reacting.

These are things that require a lot of talk and explanation. I will try to do my part in making my position as clear as possible.

Sincerely,

Murray Bowen, M.D.