

GETTING IT VERSUS KEEPING ON, KEEPING ON

## Getting It Versus Keeping On, Keeping On

People entering graduate clinical programs are motivated by wanting to “help people who need help.” Graduates of these programs have been indoctrinated with a certain language—“helping”, “change agents”, “clinical expert”, etc., with mostly unclear assumptions about responsibilities for the therapist and for the patient. There is very little examination and exploration of theoretical concepts and the thinking principles that drive one’s clinical efforts. Some graduate programs do recognize the importance of examining one’s own history and life course; some even require the student to have their own “treatment experience.” This was the clinical context when mental health professionals began to hear the “new” phrase “family psychotherapy.” It was the therapy part that attracted their interest. The clinicians observing and listening to presentations from the first generation of family therapy leaders were watching for techniques to use in their own practice. Training programs reflecting various schools sprang up throughout the country. There was a heavy experiential emphasis. Trainees would take turns being the therapist with other trainees being “family members.” Trainees would take turns treating a live family while the other trainees would observe through the one-way windows. One tool was for the therapist/trainee to have the listening device in his/her ear and the observers would give suggestions during the therapy session. Then the early years of the family movement chapters were written describing the various “schools” (e.g., Phil Guerin)—Bowen, Ackerman, Whitaker, with some attention to the history of the evolution. But for most clinicians moving toward being a family “therapist” there was little “thinking about thinking.” Questions at conferences, for the most part, focused on asking about therapy and “why did you do that?” This level of focus and interest continues in this direction. Conferences that focus on emotional processes and principles, with minimum clinical focus, do not draw many attendees.

Dr. Bowen's letter of January 1985 to a director of a training program, where he had recently presented, addresses a number of important themes that are not usually considered—the historical record, the continuing struggle to focus on the theoretical concepts and principles within these concepts, the forces of subjectivity and distortions, and integration of the processes of theory development with the efforts with one's own family emotional process.

Jan 22, 1985  
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Dear

Most of my time the past two months has been spent trying to modify some of the outlandish distortions about the extended family, as a way to bypass the years of meticulous training that goes into psychoanalysis and psychotherapy. I played my part in the distortion, but it was a minor part in comparison to the massive simplicity of others who followed in one horde after another. Each horde made it simpler, easier, and quicker. Each taught dozens more. The hallmark of success was to report a mass of genealogical-emotional trivia in a training session to prove they had "differentiated" a self. My own fairly secure faculty began to slip toward the simplicity of the masses. I was more and more alone, even among my gutless faculty. The professional world became a giant hoax no longer correctible at Gttn. My own faculty became as hoax-ey as the masses wished.

I simply cannot say how much I have slipped, but I have tried to maintain each of the many variables, without simplistic opportunistic, short circuiting any one of them. Some realized they were "off track" and they'd come with family diagrams in hand, believing that a few sessions of "personal supervision" would modify their giant hoaxes. Mostly they have been more victims than benefactors. They believe their long term hoaxes and a few personal hours can do no more than modify a variable or two.

As it stand now, I have made 2 major contributions, (1) the family diagram, and (2) the importance of the extended family. They will stand forever, despite the efforts of the masses to distort everything else. I am going back to "square one" to redefine everything from the beginning and to present it in logical sequence. This effort is more for me than anyone else. I do not plan to re-write anything that has already been written, but I probably will try to write those things that are new, and to touch on those most distorted. Periodically, I will try to put some major principles into BCC teaching tapes. The various sessions are ONLY for those with open minds, who do not know everything, and who are most capable of dealing with mass distortions as they grow greater and greater. That has been my formula the past few months and I expect it will continue. I am still looking for a few faculty and staff people, and a few important others who can KNOW the difference, and who can operate from what they know, instead of their own distorted version of my variables.

There was one glaring error in the thing you gave me to read last October. I intended to mention it when I was there, but forgot. Since then reality has interfered with my writing. You said "family therapy" began with the thing I did about my own family in March 1967. There were some 100 to 150 family therapists there. It is factual that I had been

"thinking" extended family for years before the start of formal research in July 1954; that I developed my own method of family therapy during the Summer of 1955 (I had never heard of it before); that my already worked out plan for family therapy was operationalized in November 1955 when my first full family was admitted; that 3 or 4 of us began to hear of the "family therapy" effort of the others during 1956 (I have written about this and how we each worked in isolation from the others until 1956. started in 1951 but did not attend a mtg until about 1959. did not write about it until the early 1960's. I had fooled around with patients and parents in Topeka in 1951. had written a paper about families in 1937 in the KS Med Journal but there was no therapy. The important people in those early efforts were and . I organized the first Nat'l Mtg for Family Research at Ortho in Chicago in March 1957. It included from Boston, from Houston, from New Haven, and Bowen from NIMH. Amongst those, I was the only one who had an active Fam Ther program as part of my research (I was already doing fam ther in my outpatient work). I used the term "family psychotherapy" in that Ortho Mtg in Chicago in March 1957, following which Fam Ther took off as a technique rocket. THAT WAS THE FIRST TIME THE UNDERCOVER OPERATION BECAME AN OPEN OPERATION. At the Amer Psychiatric Mtg in Chicago in May 1957, the meeting was crowded. In only 2 mos the "word" was out. was there, an officer at the session. heard about it and listened in. At the Ortho Mtg in NYC in March 1957 it was standing room only. attended that mtg, her 1st national mtg. Fam Ther was really fueled by the spring of 1958. The takeoff was exponential.

Before 1957 there were two groups, (1) the researchers, who were a little more legitimate, and (2) the undercover clinical empiricists who dared not tell others. I was the first to be a part of both groups. When I mentioned "family psychotherapy" at the March 1957 mtg in Chicago, the fam therapy thing exploded. There are reasons why the explosion came in March 1957. I have written about that. I was the main player in that. Others may have other stories BUT I WAS THERE.

The presentation at EPPI in Phila in March 1967 was another story. That was the first time that extended family, one's own family, family research, and family therapy were all integrated into a single body of knowledge. I had been "thinking" extended family and using it since the 1940's. I was dedicated to the principle of solving one's own problems (psa) before attempting therapy.

I was always foiled in the effort to do more than that dictated by psa. After the NIMH research began in 1954 I developed the FAMILY DIAGRAM. That was essential. Every principle developed in research was tried on my own nuclear and extended family after 1954. Others were too involved in developing family therapy after 1957, to even think of extended family. I had an active family therapy practice after December 1955. The framework of my basic theoretical concepts were developed in the 1956-57 period at NIMH. Extended family ideas were in everything I did. I moved from

NIMH to Gttn in July 1959. Then came the problems of "fleshing out" the concepts developed at NIMH. In 1959-1960 I put hundreds and hundreds of hours into a microscopic review of 3 clinical families. was a workhorse. By 1960-61 I set out on a genealogical exploration into my own family, which I had been trying to do for other families.

The yrs 1961-66 were productive for practice and working on the various concepts of the theory. I did an awful lot on family genealogy which got me absolutely nowhere. Each time I went home I would gain a millimeter. I had developed interlocking triangles to the point I was doing a pretty good version of "paradox" or "reversal" therapy. I was not at all pleased with the inability of professional people to hear more than technique. In 1965 I agreed to do the Comprehensive Psychiatry paper. I worked 6 mos—more muddle. I could not do that paper until I had integrated the concepts. I asked to be excused from the paper. After a few mos they sent an emissary to ask me just write down what I knew. Almost another year of day and night and weekends on the proposed paper. It finally "went together" fairly well. I used up half of the family vacation to get back to the final draft and get it into the mail by Aug 1966. I intended to write it all better when I had time. Totally exhausted, I went home for the family vacation I had promised.

The family was in a turmoil but I could see better. I accomplished next to nothing on that trip but I had learned a lot about interlocking triangles in my own family. The learning came from the 1½ years on that paper. From Sept to Dec 1966 there was a series of events in my family that revolved around the sudden death of a sister-in-laws brother. I was already scheduled to go back home on Feb 1967 in conjunction with a medical school reunion. From Sept 1966 to Jan 1967 I spent hundreds of hrs drawing interlocking triangles and letters to those who headed each triangle. NOT ONE DAMNED THING HAD ANYTHING TO DO WITH GENEALOGICAL STUFF. Instead of chasing triangles, I touched important people personally to try to cause them to come to me.

The showdown came Sun afternoon Feb 12, 1967. I was invited to a family living room where important people had gathered to focus on me. By the time we were 30 mins out I was jubilant. I had expected to gain another inch in my circuitous 12 year effort. After untold times of gaining a little on each visit, I expected future visits to be the same. That time I broke completely free of the emotional barrier and made a touchdown on the first play. An important part—I had spent years on my solitary effort without telling a soul. I finally knew my way through the emotional barrier, which is the family, and all that implies. I have written many of the details.

To check my assumptions, I secretly planned to do the same thing on the "family of family therapists" at the mtg in Phila where I was scheduled to do a position paper on March 18, 1967. A month went into that but I had a blueprint to guide me. That worked exactly like my parental

family only a little better. I was "on target" with a paper about family of origin; the first paper about one's own family; and a blueprint for using the family of origin (the subjectivity of the family of origin) to bypass 500 or 1000 hrs of psa. People have heard what they wanted to hear. It is easier to get 1000 hrs of psa than to venture into the arena of the family of origin. The whole field has become a shambles. People do no more than I had done by 1962, to assume they have bypassed the need for individual therapy or psa. Even the most thoughtful people had done unbelievable misinterpretations. People even teach courses about the extended family, with no more than a guess of what it is about. One big training center with over 200 students requires that each graduate "read" the paper I did. They consider themselves experts. Even my very own faculty has been lulled into simplistic complacency by the crappy assumptions of students. People assume they are free to bypass individual therapy and psa, simply because I said so. People get the family to emoting about death and assume they have done something. People find patterns from the past that are present in the current generation, and blithely assume they have learned something.

This is a long way around to one point, which was your paper that family therapy began with my presentation about my own family. Maybe you meant to say that the focus on one's own family began with my paper, which was presented 5 yrs before we wangled through the stuff before the paper was published in 1972. I remember you saying you did not know much about history. You can say that 4 or 5 times, and then class it with sayings.

I did not plan to write this much when I started, but here it is. I am currently trying to help the shambles by going back to "square one". I will keep on trying, but I do not expect the world to be any different than it already is. As it now stands, my major contributions have been the family diagram which goes back to about 1954, and the importance of the extended family, which was highlighted, after 12 years of trial and error, by the presentation about my own family, which was done in 1967 and finally published in 1972.

Whatever you are doing in \_\_\_\_\_ is probably better than what the average is doing across the nation, and beyond. I will see you when I see you.

Sincerely,

Murray Bowen, M.D.