

THEORY AND HEARING

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What makes it so difficult to hear what the other person is saying? This phenomenon seems to occur on multiple levels. For example, one is already focusing on one's response before the other person finishes speaking. A therapist selects certain data (plus his own subjectivity) to define a "disorder" in a patient. The analyst interprets the dream of the patient, based on his theoretical reference. One hears as "criticism: when the other disagrees with what one says. When a spouse doesn't go along with the other's position, the response can be "you don't seem to care anymore about what I think – do you still love me?" or "Bowen is really just talking about transference." Much of the current level of scientific thinking and selected "facts" drives treatment protocols, seldom questioning assumptions, and ignoring or discounting data that questions the prevailing practice.* There are clinicians who say they practice from a systems perspective, but when they describe what they are doing and how they are conceptualizing what they hear and see, it reveals that not much has changed in their thinking—it's individual dynamics, pathology, and diagnosis.

Dr. Bowen's letter of January 1981 is a response to a colleague at a training center who had requested a Family Center Report featuring Walter Toman. In the letter, he discussed how hard it is for people to hear anything that doesn't fit into their present/existing way of thinking. The not hearing is often accompanied by an attack, much like the spouse who is "feeling" not loved anymore.

* See Nortin Hadler, M.D. *The Last Well Person*, McGill-Queen's University press 2004.

January 9, 1981

Dear

It has been busy around here. I went home immediately after Xmas and went to see her mother, who passed her 87th birthday this week. No way we could both go to Tenn and also to Texas. My mother is hanging on, at almost 94. will return next week.

Sorry to hear about you having to go back to chemotherapy. On the positive side, it may have to do with the courage of your oncologist. Maybe you can stay with it and force your body to adapt.

I had a memorable experience using poisonous drugs at the 95th Gen Hosp in England during WW II. I was Chief of VD and syphilis was rampant. Until that time the only effective treatment was the arsenical drugs, used in small doses over a long period of time, because arsenic is sort of poisonous. Result was that syphilis became latent, but lifelong. The Chief of Syphilology for the Armed Forces was a great man from Philadelphia, Dr. . He devised a plan to put 3 yrs of therapy into 3 wks. It was called "Intensive Arseno-therapy". Patients put into the hospital, with liver and kidney checks every day, and a dose of arsenicals every day that equaled an average monthly dose. Most soldiers tolerated it very well and the percentage of complete cures with new cases went into the 80 to 90% range. My job was a tight wire act. If the kidneys or liver began to fail a little, there was the decision about continuing. Experience provided courage to proceed with things we would never have done before.

The Intensive Arseno-therapy was a major medical breakthrough that was never really recognized. Penicillin came out in the middle of 1944 and everything shifted to that. Early penicillin supplies went first to the Armed services, first to serious medical problems and then to VD in the Armed Services. It was some months before there was enough to release to the civilian population. Anyway, the world never really heard about the innovative method developed by Dr. . I remember one Sergeant who had 2 chances (2 new cases of syphilis) in less than six months. Evidence of a complete "cure" each time. That experience taught me that the body can handle far more toxic substances than we ever believed was possible. Not many people were involved in that arsenotherapy program - maybe a dozen of us, each based in a separate General Hosp classified as a "VD Center". That was 37 years ago. Maybe some of that knowledge has filtered down to the present generation of "chemo" therapists who are many times more sophisticated than us fumbling Army doctors in 1943-44.

Your request about the Toman edition of our Fam Cntr Report was passed along to . She is the editor and business manager for the whole operation. She collects the papers, does the editing, does the contract with the printer, keeps the lists, does the mailing, etc. We started with a small report devoted more to mini-papers about our professional activity than the kind of things that usually go into newsletters. It was planned as a free mailing to a relatively small list of people close to the FC. The Report grew, the mailing list increased, and costs went up. Then we opened it up to new subscribers for \$5 a year for five reports. Now that has to change The direct cost for each Report is now in the \$1.20 to \$1.25 range and we are not getting back our direct cost (to say nothing of indirect costs) from the subscriber group.

We will have to decide soon how to handle the Report. and have invested much time and energy into the effort to get the Report on its feet. I am still insisting we absorb as much of the cost as possible and we go slow in charges until we can produce a quality mini-journal on schedule, without too much sweat and bother. A letter has to go out to subscribers very soon. I want to keep up the complimentary list for our good friends and to a few people at the various places our faculty members go to speak. This includes you at .

I did not anticipate the response to Vol 2, No 3 about the Toman meeting. I discussed your request with and suggested she do whatever we can do for you. She got 1,000 copies of that Report, mailed out about 750, and still has about 225. She says she could spare about 100 copies for you. A second choice would be to have our printer to do 300 new reports for you. She guesses the printer would charge about \$1.50 for that low number. A third choice would be for you to get the Report reproduced there. You can probably find a printer or a reproducing company who would do it for less than our printer. In that case why don't you proceed and send us whatever royalty you think is appropriate. We have continued with our regular printer here who saves us time by doing layout and all kinds of things we would have to do with a less expensive printer.

You have my permission to proceed however is best for you. That includes permission to reproduce the Report there.

The Toman meeting last October was an effort to give Walter some recognition, of which he has had all too little. There are a few scattered birth order facts that go back perhaps 100 yrs. He was the first to "put it all together" with his first book in 1961 that culminated years of research. I had worked a little on this in the

1950's with schizophrenia but had bogged down. Walter started with "normal" families and he came out with a precise "system" that made predictions, all things being equal. I read the book immediately and by the end of 1961 was using it in both theory and therapy. By now it is so much "old hat" to my people they do not recognize its importance, or what the world was like before Toman. I was one of the few to do an enthusiastic review of his book in the early 1960's. His career has paralleled mine in many ways. We talked about that on one of our teaching videotapes when he was here in October. His work started others in the field and, over time, he is often not mentioned in bibliographies. A couple of years ago NIMH had a task force evaluate the scientific validity of birth order facts. It was a thing of beauty. The Ph.D. researchers reviewed mountains of literature, from their conventional model of scientific method and concluded there was no substantive scientific validity to the concept. Toman was not listed in their bibliography.

The task force appeared unaware of the variable I have called "differentiation of self" in which the characteristics of any person, in any sibling position, can vary from the immaturity and childishness of major mental illness to the highest levels of maturity and responsibility. A beautiful example of the "blindness" automatically worn by the highest experts of conventional theory. This body of experts, assembled to evaluate this fairly popular "new" field and present the findings in an authoritative Public Health Monograph. I wanted some extra copies of this final authoritative word, a little Monograph, or maybe they called it a Report, for use in our training program. It is about 10 pages on 9 x 7 paper for sale at the Gov't Printing Office. Such copies used to cost 15 to 20 cents each. We ordered 100 copies that cost \$90.

Another story conveys a beautiful picture of the way the mental health professions have regarded Toman, and also my work. Over the years Toman has come to Gtn many times. I was totally intrigued by the head of a man who could write "Family Constellation." He has been a guest in our home many times and and I have been guests of Walter and in their home in Erlangen, Germany. Erlangen is a sort of suburb or small sister city to the ancient Bavarian capital of Nurenburg. The Univ. of Erlangen-Nurenburg has one building on the public square that dates back to perhaps the 15th century and a sort of large campus of the most modern new architecture. From Erlangen, one can look toward Nuremberg and see it, like the magic city of Camelot, high on a distant hill, 6 or 7 miles away. Nurenburg has ancient cathedrals that go back 1,000 yrs mixed with some of the most modern rebuilding of the downtown area.

Walter and lived in Boston about 15 yrs after WWII and then they returned to Germany to be closer to in Vienna.

In the early 1950's , was about to invite Walter to Harvard for lectures. Walter's factual data about birth order can "predict the future" ALL THINGS BEING EQUAL. orientation considered each child to be born "a blank slate", with the final personality determined by experience after birth. (This is still the prevailing basic orientation in psychology and psychiatry). could not stand Walter's ideas about "pre-destination" and Walter never got back to Harvard.

The professional world still does not comprehend all these FACTS about the early days of systems theory. Walter is loaded with stories about his early experiences. Walter has never really understood my systems theory, but in the 1950's he DID develop an almost perfect systems theory about "birth order", all within the basic framework of psychoanalysis. These facts have never been spelled out in print. While Walter was here last October, I did a color teaching videotaped interview with him in which the entire 1 hr interview was designed to highlight those facts. At least there is now some kind of record of the early days entitled, "Murray Bowen with Walter Toman on Sibling Position". The award I gave Toman at our Symposium last October was designed to recognize the early genius of an important pioneer.

In my writings about my concept of sibling position, I presented it very briefly, as if everyone had read and understood Toman's book "Family Constellation". Slowly I became aware that very few really made contact between what I was doing, and what Toman was doing. I think his 1961 edition is the classic. I am running off the page.

This epistle has to end so I can go on to other things.

I hope your present sojourn with "chemo" is profitable. Will be thinking about you. Let us know how you want to handle the thing about our last Family Center Report.

For now,

Murray Bowen, M.D.