

Interview with Dr. Anne McKnight

Conducted by Andrea Schara

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Andrea Schara:

Good morning Anne, thank you for participating in the Archives Oral History Project, really appreciate that. Today is 9/11, so we pause for a moment just to reflect on the history of this time and all that we have been through. And now we're in the middle of a pandemic. So yeah, Bowen theory, thank you. I wanted to start out just by letting you introduce yourself and your professional background. And you're Director Emeritus, you're the third director of the Murray Bowen, well, now it's called the Bowen Center for the Study of the Family, and let you go where you want to go. We've gone through the questions and you can just start wherever you want to.

Anne McKnight:

Thank you, Andrea. Thank you for interviewing me and recording my thoughts and interest in Bowen theory. I am a social worker by profession, and when I had my first child, I was looking for a job, a part-time job. And I happened to stumble on a part-time job at an alcohol treatment center, where they wanted a quote unquote "psychiatric social worker." Well, at the time, I had very little experience with addiction or alcoholism other than in my own extended family and was not particularly knowledgeable about it. But I began to see families at the Alcohol and Drug Program, and I was interested at the time in Al-Anon because Al-Anon is a part of AA, addressing of addiction in an individual and Al-Anon addresses it in the family and the family members. And in the process of that, I went to a workshop on families at the National Council of Alcoholism. And I think this is probably in 1975.

Andrea Schara:

Okay

Anne McKnight:

Who was there, but Dr. Bowen, he was on a panel with some other people, [inaudible 00:03:00] who was the head of the National Council at that time, and so I asked a question, so they gave short presentations and I asked a question, "Dr. Bowen, what do you do with families with alcoholism?" And Dr. Bowen does this.

Andrea Schara:

Round and round.

Anne McKnight:

[inaudible 00:03:26] that was not the answer I was looking for. And so in the next year or two, I looked up his training program. It took me a while to find it actually, but somebody I knew had been in it. And I think in 1976, I began in the training program.

Andrea Schara:

1976. So what about his hand signal interested you? Did it make you laugh? I mean, it makes me laugh today, but just given you the people who can't see the video, listening to the audio is just around and round maybe like a cowboy with a lasso, maybe [laughs] I don't know

Anne McKnight:

I don't know how to answer that question. I think that what I came away with is this is not a simple answer.

Andrea Schara:

Okay. Goes round and round.

Anne McKnight:

I was really interested. I will follow up. I'll just go into this. My first client at the Alcohol Center was a man and his and his wife who complained that he was drinking. He was a grocery store manager. He was drinking all of his paycheck, he didn't help with the children. He didn't help clean the house. He didn't do anything to help her. And she was just at wit's end. And so I said to him, "Well, your wife seems to be pretty upset about this. You want to do something about your drinking?" And he said, "Yeah. I do. I think I should go to AA." So I go, "Well, that was simple." So he stops drinking, goes to AA and then he and his wife come back and she goes. And I said to her... You know, this is a couple of sessions, and I said to her, "Well, I don't understand. He says, he's helping around the house. He's helping with the kids. He's bringing home the paycheck. What's the problem?" And she says, "I'm depressed." I'm like, "What? You're depressed? I mean, he's doing everything you wanted and now you're depressed?" She ended up having to be hospitalized.

Andrea Schara:

Oh wow.

Anne McKnight:

That intrigued me. And so when I started the program, I think I was... Dr. Bowen was... sat in the sessions of the training program, but he didn't lead them...any of them. I think they were led by Dr. Kerr at the time. Dr. Kerr came back at some point early on in my training program. And I was thinking, well, this is really different from how I've been trained. That you don't just express your emotion, the family is interactive. And so I was trying to puzzle my way through, but in one of the presentations, they talked about the child projection process. And I had just adopted a little six year old or taken on a little six year old boy in foster care. And you know, I thought about how much emotional energy was [inaudible 00:07:26] Something just absolutely clicked for me. And it was... This isn't about fam lesson. I mean, that's interesting. And I think it could be helpful, but it's about me. And I had gone through periods of depression from time to time and kind of feeling stuck. And I began to look at my own family. And, you know, then I think what kept me around was this idea that this had some relevance for me.

Andrea Schara:

That if you shortcut worked on you, something different would occur, rather than what you saw in your first client was, my husband needs to change and all of that. That's quite a switch, but if you watch somebody who gets people to change and then still gets depressed, doesn't seem like a good answer.

Anne McKnight:

Yeah. I mean, I think that is... It's the paradox of family systems. What seems to be the paradox of family systems. But I don't know that I necessarily, when I first started, wanted to change. I wanted to understand.

Andrea Schara:

Oh, that's beautiful. Yeah.

Anne McKnight:

Well, I wanted to understand. And it was the '60s, I was way out there on the left politically. My father was way there on the right politically and how we navigated that, and my mother's role in that. So there was a lot that I thought the theory helped me to engage and understand better. And I don't know... I think I'm of the generation, I don't know that it was Dr. Bowen. I think he certainly brought me into a training program or interest in what he had said, but I think it was the theory that really was important to me. I know that one day, I was sitting and I was the first or second year in this program. It was pretty big at the time I go, there were maybe 30, 35 people in it. And he said, "I wanna know what is differentiation." [inaudible 00:10:16] That's a tar pit. I was in the back rows, scooching down in my chair, [inaudible 00:10:32] Step up to.

Andrea Schara:

So he had that already gravelly voice and he was provocative, but you didn't feel like you wanted to be a disciple and get close to him and you wanted to be in the back row, not having to figure out, what is this guy up to, and just carefully use the theory more for understanding your own life and maybe applying it clinically.

Anne McKnight:

Yeah, I think that's right. And then I, you know, as time went on, I think I spent three years in the program and then there was another advanced program, and then I became an intern at the family center. And in all that time, I got more and more interested and did a lot of writing about families with addiction. Just the theory and looking at the reciprocity, looking at the system's approach to addiction, because a lot of what happens in addiction is that someone, families have gone on for years with the person drinking and then a crisis happens and the person stops and then either the symptom migrates to a child or somebody else, like in that case, the wife, or the family splits up. And you ask people what's that about? I mean how come you, well, you went along with this all those years and then you divorce after he gets sober.

Anne McKnight:

There are a variety of answers for that. I mean, one is the recovering person or the sober person says, that other person is sick and I can't live with them anymore. Or the partner says, I put up with this for all these years and I can't get over my anger or my pity or some aspect of what they've done for years. So the more I thought about it, the more I could see Bowen theory being lived out really specifically with the symptom of alcoholism. It was a classic I mean, Dr. Bowen studied schizophrenia, but I think that alcoholism was also his interest. I think alcoholism is such a marker, and it's such a specific symptom that it makes it interesting.

Andrea Schara:

Yeah. You used the word migrate that the symptom could migrate, which is an interesting word to use the migration of, I guess, anxiety from one person to another person that the family unit somehow manages to pass on anxiety from one person to another, or, as you point out the person is maybe worn down and can't take it anymore. But this migration of anxiety in the family is really, you remember Dr. Bowen used to talk something about the "clean symbiosis" and the "dirty symbiosis." And alcoholism was dirty because you could see it. And schizophrenia had the clean, the parents look good and the total focus was on the kid. So it's much harder to see how all these various people were managing themselves or managing the anxiety or passing it, or maybe the anxiety migrated all by itself somehow, but people could figure out how to pass on that anxiety, I guess. And you can see it maybe more clearly in alcoholism.

Anne McKnight:

Yeah, and how much is a focus on one person an organizing phenomenon, and that once that focus is lessened on, although I think sometimes it doesn't lessen on, the person with a substance abuse problem they just stay in the family. But one of the things that was interesting and work around them, it turned out to be a drug and alcohol center for 23 years, part time, and one of the things that attracted me was that you had all these families from different socioeconomic levels, different backgrounds, different ethnic backgrounds, and they had a similar symptom. And to me, that's a Petri dish for looking at emotional process and family. What makes it a multi-generational phenomenon, you know, substance abuse? I mean, obviously there are many other how the anxiety is managed and the level of differentiation. There are other factors involved but it's just interesting.

Anne McKnight:

I would see families where the problem became a problem for the grandfather when he retired military, but then in the next generation it was middle age, and then next generation it's a 15 year old, and that has a little parallel to what I think Dr. Kerr looked at with cancer, how re-emerge at an earlier time in a family's life. Anyway, there's a really a lot of interesting aspects. If one is looking, in addiction, if one is looking at it from a system's perspective.

Andrea Schara:

I remember early on you did a pretty, really interesting program early on, maybe in the '80s, you led the alcoholism program. Do you remember they used to have symptom based meetings every month on aging, divorce, alcoholism, and various numbers of Petri dishes almost. And you put that on. I remember that it was a really significant meeting for alcoholism and a lot of people came and I think it made a quite a difference in being able to focus on it like that. I don't know if you remember much about that or not, but it made an impression on me.

Anne McKnight:

Okay.

Andrea Schara:

Yeah.

Anne McKnight:

Earlier on, I did five different conferences on alcoholism and drug addiction and with different perspectives. I mean-

Andrea Schara:

They were all sponsored by the Bowen...Georgetown. It was called Georgetown Family Center back then. And after you were an intern, I'm gathering, you put on these various conferences? I didn't remember I was five that's...a lot.

Anne McKnight:

I believe that it was in the early '80s. I think I was an intern in 1981.

Andrea Schara:

Yeah.

Anne McKnight:

It was in the early '80s. I was not on the faculty at that time and my direct connection with Bowen was not great. I mean, was not all that significant. I would see him, but I was not in coaching with him. And then later... I'm trying to remember, I think it was toward the 90's...the late '80s that I did start coaching with him. At that point he was somewhat compromised, but still quite helpful. And he would sometimes have his eyes closed and then he wake up, or he would, "What does this have to do with differentiation?"

Andrea Schara:

Let's hope everything. Just being there had to do with differentiation.

Anne McKnight:

I was sort of a bridge to the next generation who didn't know Dr. Bowen personally. I think this is one of the things I see as useful, to have as broad an understanding of his thinking and his life and his theory as possible. But if Bowen theory is to live on it's going to be about the theory. And I think, you know, my interest in researching my family going back, especially with my father's family and getting to know them better, or to getting more stories from them, talking to my father more about his family and my mother about her family, but I had a better acquaintance with them. Really gave me a platform for navigating some of the circumstances I needed to address as time went on.

Andrea Schara:

So it **was** about differentiation. Well, that was the word you picked up twice now. I thought about Bowen as having kinda two goals. One was picking people who would be resistant to being popular and kind of figuring out what was the theory about and passing it on in a way. And the other thing was he wanted to be with people who would maybe challenge his thinking too. I think like the theory meeting and various other meetings that he had to see whether he wanted to learn from you too, in other words, that's the kind of idea that I got. Yes, he's going to teach you how to deal with schizophrenia within yourself and maybe challenge you about evolution. But I think some of them, it was also for his knowledge. You had the Petri dishes and you're passing on a little bit of knowledge too.

Anne McKnight:

I think that Dr. Bowen had this capacity to both challenge people and give them a sense of empowerment. I don't know if that's the right word. And I don't think everybody has that. He could stay connected and interested while not necessarily agreeing with you or sometimes you'd get, pounding on

the table or upset, seemingly upset. But I thought he... This is may not be the right word, but I thought he was quite supportive of the things I did. Even though he didn't always, he would not necessarily... Like, I invited various people to present that had different points of view than Bowen theory about addiction. And he didn't necessarily agree with them, but he... And I think that's one of the things I gained from him, is this idea that you're thinking about the development of people. We can contribute. I think I took that.

Andrea Schara:

Yeah. I think that's very accurate when I stand back and look at what happened. And when you became director of the Bowen Center for the Study of the Family, that that seemed to be a big priority. In the numbers of faculty, new faculty that came in and programs that expanded, I don't know, from an outsider viewpoint, it just seemed like you attracted a lot of new people that became faculty members.

Anne McKnight:

Well, so if we want to go there, so, in 1994, I asked Mike Kerr if I could be on the faculty, and he was the director, and he said yes. So I stayed on the faculty and did a variety of things for a number of years. And then when he decided to step down in 2009, well, I think he announced it in probably 2004 or five that he's stepping down, it looked like the Bowen Center might fold. And I think one of the things, and this is not criticizing anybody, I just think what had emerged was that this idea that only a few people, really, who knew Dr. Bowen, really understood Bowen theory. And I think that was kinda tied up with a man and not so much... I mean, I think it was expressed through the theoretical ideas, but this idea that you couldn't understand all in theory, if you didn't know Dr. Bowen [inaudible 00:26:46] to the future.

Andrea Schara:

Well, that ends. It has a lifespan of maybe 80 years or something. But after 120 or 200, it can't possibly exist.

Anne McKnight:

...Stand on its own two feet. And, so I think that the Family Center or the Bowen Center at that time had kind of closed its ranks and that there were people standing outside. I think even in the faculty, there was a sense that things had tightened to not really welcome new people. And I don't think I did anything other than be interested in what seasoned thinkers of Bowen theory, were interested in, or were willing to contribute.

Andrea Schara:

Okay. Yeah.

Anne McKnight:

There were a lot of people who've been touched by him or touched by people who were trained by him, who were very interested that the theory survive, and that the Bowen Center survive. So I don't know that it was so much anything I did other than this idea that there's not a few appointed people who know Bowen theory.

Andrea Schara:

It's not the Catholic church.

Anne McKnight:

So, I think that opened the door to younger people, to older people who were interested. I made a few mistakes as you well know, along the way, but one of the things I did want, was that the, that the faculty status was not a status. It was a working position. I think I handled certain things early on, but the goal was to get people who wanted to be active, and I think that has pretty much been the idea as I went forward with my time as director.

Andrea Schara:

So, you had the early experience of being with Bowen and his... I don't know, hard to decipher but fascinating or interesting way of dealing with people. And yet at the same time, you understood the Petri dish, the research idea, the fundamental nature of the theory being revealed in the way people are, and that those two positions I guess the Petri dish part, the research part, your interest in families and in educating people, or allowing people to understand and pursue Bowen theory took on more and more of energy, maybe in your life.

Anne McKnight:

I think I got pretty engaged with the theory. I mean, one of the things I would say is, I think I was particularly fortunate, to have a job in an alcohol and drug program, because the field of alcoholism, and AA and Al-Anon, don't really adhere to, or did not at that time. And I think there's been more of an inner penetration at this point, but did not adhere to some of the basic tenants of [inaudible 00:30:48] the usual thinking about therapy. Such as expressing your feelings will relieve you of emotion.

Andrea Schara:

I remember Bowen saying one time it's like a volcano. Your feelings erupt and erupt and it never stops. That was good insight.

Anne McKnight:

And so I think it was particularly fortuitous. I don't think I would've made it in the mental health side of that community mental health center. I don't think they wanted me to stay there. And so over time we managed to hire three people that had been trained at the Bowen Center, and we worked as a team in Family Systems and trained people there. I don't know how successful we were, but that went on for probably 15 years of working with families, with addiction as a unit. I mean, the other aspect of that is, I think, you know I used to think, well, if only I could be at the Bowen Center and be around all those people that think Bowen theory all the time, and then I go, how fortunate it was that I wasn't there, because I had to figure out what I thought about it. And I had to interact with other individuals who were not necessarily systems thinkers and represent myself. And I think that was very valuable. And I believe I brought that in, that idea of how does one represent Bowen theory so that others can hear it versus saying, theoretically, I don't mean to say you can't be pure, but just pure, and that was really helpful for me.

Andrea Schara:

Were you around people who pushed other ideas and seemed to believe they were as valid as your ideas?

Anne McKnight:

Or more.

Andrea Schara:

Or even more valid. Yeah. Well that is...

Anne McKnight:

At one level, Dr. Bowen used to ask questions about AA. In my view, AA is an individual orientation toward the person has the problem, you know Al Anon has more [inaudible 00:33:34] perspective. But people who are in the [inaudible 00:33:42] alcoholism have benefited from AA. You know, become more and more responsible and more and more capable from participating in AA. So how do you engage with that without discounting it, but also not seeing it as the total answer?

Andrea Schara:

That's a good point. So that's one of the questions was, how will Bowen theory impact society or impact psychiatry? And you're kinda building a bridge back and forth between what people in AA can get out of Systems Theory without giving up maybe the usefulness of AA to the individual. They can kinda miss the system by sending their wife to Al-Anon or their husband to Al-Anon, but maybe seeing the system as a distributor of anxiety, an unfair distributor of anxiety, that's an impersonal thing, is useful, but I think there's some way that Bowen theory can impact society, but I don't know what it is because society seems very determined to keep it as an individual thing. Problems are an individual thing and maybe they migrate between people, but that doesn't mean the family is a unit. There's some real jump that people have to make to get to that, to see it as a system.

Anne McKnight:

Well, I think I'm not a great expert on the societal application of Bowen theory, but I think what I have found useful about it is it's a way of understanding societal, emotional process. I don't know if it's able to correct societal emotional process, but I think it's helpful to think polarizations rather than somebody is the evil person, and the nature of anxiety and there's a lot of interesting aspects of this now, in what way does COVID-19 and Black Lives Matter and Climate Change Intersect.

Andrea Schara:

Yeah. Good questions, important questions.

Anne McKnight:

What's going on in an interconnected way in the world. So those are... I don't know that I have gotten to what you mean, what you can do about it, but-

Andrea Schara:

An evil person just has messed up relationships. I don't know. I think there's what you said right there, if people could switch to seeing one person as evil and see the migration of symptoms or anxiety and the polarization more as evil, not the person. But the way the process between people ends up polarizing people and then that makes everything more difficult, more difficult to solve.

Anne McKnight:

Yeah. As an expression of anxiety.

Andrea Schara:

Yeah.

Anne McKnight:

Not as an individual bad person. So...

Andrea Schara:

Yeah. It really feels good though to polarize. It doesn't feel too good to be neutral when everyone around you is polarized and you're trying to be reasonable.

Anne McKnight:

I see. You can be as absorbed in being against somebody or like being for them. And you can revolve around criticizing someone or hating or them, versus thinking about how does this happen in a society? What are the factors that contribute to this? And there's certainly a lot of talk about that.

Andrea Schara:

Yeah. But it's a good lesson in shifting your thinking. And I don't know if it's possible that people can shift their thinking from polarization to more curiosity about what is going on, rather than the blame game. So that was one question which would, how is it, Bowen theory, impacting psychiatry or society, or will it just remain a small group of people, of systems thinkers, or can you see the possibility that it could actually impact, let's say even alcoholism where we started with this.

Anne McKnight:

My answer to that question is I think it has, I do think it has. And I mean, there's a lot of historical questions about the role Dr. Bowen played in Al-Anon, but I think Al-Anon was one of the most powerful systems organizations that are in the mental health [inaudible 00:39:48] as in the minimum, you know, stop worrying about the person with the symptom. Calm down, stop interacting emotionally and figure out your own life. You know, that's not off, I mean, it doesn't have a multi-generational aspect to it, but that is not off-base with Bowen theory. And I think Bowen theory has been profoundly integrated in the clergy. I think it has a fair influence in business, including coaching business executives and looking at family businesses and inheritance. It's not...I could have the point of view is that Bowen theory is not going to become the predominant theoretical orientation because it is too hard.

Andrea Schara:

Come on over here works really hard. Yeah. Come on over. The water is fine, but it's a lot of work.

Anne McKnight:

And I don't think everybody wants to do that, and that's not the end of the world, but if there are some people who want to work on being thoughtful and understanding how their reactivity is functioning, will that make a difference for organizations and churches and synagogues? I mean, we have this whole conversation about Twitter and Facebook and social media, this is not about making Bowen theory popular, but I think if you make it available, there's lots of people around the world that are interested.

Andrea Schara:

Yeah. I hear that. That's a good point. So that the impact in Bowen theory will be a slow, not a flashy thing, but once more and more people see the usefulness of systems thinking and that it, especially like family business, I think you can see an impact there. In the world of family business and clergy. Yeah. They're more maybe more easily seen than in psychiatry. That's a guess.

Anne McKnight:

I don't know. I don't have that much contact with psychiatry, but I would say, Bowen theory goes against the grain in psychiatry and I wouldn't even put it in the equation.

Andrea Schara:

Okay. That sounds all right to me. The question have you developed ideas that could amend or refine the theory? That's a question about the future. And I remember Bowen used to say, if you don't like Bowen theory, develop your own theory. I don't know anybody that came up with another theory that met that challenge, but do you think that you have ideas about the future that might be useful to extend theory? I know Mike Kerr has, the uni-, the unidisease model to extend theory.

Anne McKnight:

Well, I think Dan Papero was also working on ways to look at the family emotional unit as adaptive, which I think I've had quite a bit of influence and people are interested in that. What I think from my point of view that I've done is to open the theory to more... I would call it to the future, to people around the world, in Asia, in Europe. I think we have a group that's working with people in Latin America, in Spanish, to open the world to different frameworks of implementing Bowen theory. Different cultures, different, ethnic groups. Because I think the way the theory is used is not exactly the same in every culture. I mean, fusion is fusion, you know, varies and has different flavors.

Anne McKnight:

So I think my, if I've had any impact, it is to translate these ideas in various venues, in more among the millennials, more among Spanish speakers, more among Asians in Asia. And I think that's another way of developing the theory. I mean, Bowen had his own way. Here's the mother, here's the father, here's the two children, but then we'll say, well, what about the single mother? And that's a relevant question and, ... living with the grandmother. How do we have different ways of communicating this? It's about the theory and people get hung up on the fact that he smoked.

Andrea Schara:

People used to come into my room and say, well, the reason he had developed the theory the way it is, is because he grew up in Tennessee, and he smoked. Instead of saying he was a really amazing observer of human behavior, an amazing observer. A Petri dish observer.

Anne McKnight:

There are a lot of ways to extend theory that are relevant and are sound and are theoretically appropriate. I think some of it goes to, well, what do you see in the chimpanzee troop? But also some of it is, what do you see in the inner city? That has some relevance to where Bowen theory would have something to say and to add.

Andrea Schara:

Perfect. We're drawing here to a close and I really, I don't know what else to put in besides gratitude and thank you for your willingness to do the interview and to give a perspective on how you've seen Bowen theory over the years. I started in '76, too. So, it's many, many years of being influenced by way of seeing the world and seeing the people around us. So, Anne, thank you so much.

Anne McKnight:

Can I put in one more thing?

Andrea Schara:

You can put in and all you want.

Anne McKnight:

Well, so I think I neglected just to say, what difference has this made to my family?

Andrea Schara:

Yeah.

Anne McKnight:

I think that people want an insurance policy. If I work on Bowen theory, I'll never have any problems. And I don't think that's... But I don't think my children would have turned out the way they've turned out in terms of their satisfaction with their lives and their way of staying connected, if what I did in my young life had been replicated. So, you know, it is always about the hope for... That we do not pass on our immaturity to the next generation.

Andrea Schara:

Oh, that's beautiful. Yeah. I think that's probably at the heart of every person who really puts and invests in Bowen theory is that there's the evidence in most families. I think that this work on self or whatever, Dr. Bowen said, that, "what is differentiation?" But it gives you a way to work on yourself and be less reactive, and that has a huge impact on the future generations.

Anne McKnight:

Well, we hope. That's what we hope.

Andrea Schara:

Well, at least I can say I agree to the level of grandchildren even so we'll see, but... Yeah.

Anne McKnight:

Thank you.

Andrea Schara:

You're welcome. Great fun interview. Thank you for your time. Appreciated so much, on 9/11.

Anne McKnight:

Okay.

Andrea Schara Schara:

Yeah. See you later.

Anne McKnight:

Bye.

Andrea Schara:

Bye.