

**Edward M. Beal, M.D.**

Interview by Andrea Schara

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**Andrea:** So here we are Andrea Schara with Dr. Beal and it's January the 12<sup>th</sup>, 2015. Amazing. Well, Dr. Beal, I've known you a long time. 1976 I first met you. (Laughs) That makes quite a few days. Not to mention the years.

**Dr. Beal:** 38 years I think.

**Andrea:** So I wanted to get your thoughts about your relationship with Dr. Bowen. You were a faculty member when I first met you, so I know you knew Dr. Bowen for a few years by then. I don't know where you want to start.

**Dr. Beal:** I first met Murray in the fall of 1971 and I was a psychiatry resident at The Menninger Foundation. I was selected as a Saul Ginsburg fellow, and there were a number of them, and that entitled you to spend two years at GAP, the Group for the Advancement of Psychiatry. Each of the fellows had the opportunity to join one of various committees, of which there were 15-20, I'm not sure, on all different aspect of psychiatry. Joe Satten, one of the members of GAP from Menninger's who was a traditional psychoanalyst on the committee of the family. He told me, I'm not sure exactly what words he used, but said, "There's a kind of crazy group of guys who do a lot of really odd ball and interesting things, why don't you come by and take a look?" And so I did. This really pre dates any interest I had in family, specifically. I became a fellow in the Menninger child psychiatry program and that was sort of what got me interested in family, but the selection was before that. I attended meetings of the Committee on the Family at GAP meetings. The Committee was just finishing the book that is now being praised about the different forms of family therapy. And Ivan Boszormenyi-Nagy was there and I think Minuchin was there, Helm Sterlin was there. A guy named David Mendel from Houston was there, Norman Paul and Henry Gruenbaum from Boston was there, Lyman Wynne was there, Chris Beels. I was able to spend three days with these men and they met all day long and they would just talk about the state of psychiatry and family, etc. So that's where I first met Murray. And he struck me as a really decent guy (laughs).

He took an interest. I think he took his relationship with me seriously; I wasn't just somebody in the crowd. He had a way of standing out in the crowd that just intrigues you. I think the thing that I was most intrigued about was that you could really engage with him and he just never got in your way. He would strike glancing blows off of you but he never got inside your space, and I was really intrigued by that. I got interested in family as a result of listening to these guys and their ideas. In those days some of their ideas were pretty far out and pretty unorthodox and it was really kind of intriguing hearing those things. Back at Menninger's if a guy got up at a psychoanalytic meeting and talked about treating people in a group, they weren't so sure about that kind of thing (laughs). That was really pretty far out, the idea of

doing something with the whole family was really pretty far out. So I kept up a correspondence with Murray in between times and he was probably interested in me because I was from The Menninger Clinic and he'd been at The Menninger Clinic and that whole connection. And then I started a child psychiatry fellowship and I wasn't in it too long before I realized that although seeing kids was a lot of fun, and doing therapy with kids was a lot of fun, it was really interesting and I had excellent supervisors, it didn't take long before families undercut with children whatever you had previously done, you know?

And I remember one family I saw, and maybe this is a little too far off the subject, I don't know...

**Andrea:** Not at all.

**Dr. Beal:** One family I saw the kids were like 8 or 10 or something like that and the mother had separated from the father and the father became psychotic. And so I kept treating it as a family problem, consistent with the way I was understanding things. And my supervisor, who was a senior psychoanalyst at the time, was so upset that he came and got me out of class one day. I was in a lecture, and he had to travel to find me, and he started to make interpretations about my relationship with my mother... I mean I have no idea where this stuff came from...

**Andrea:** Is this what you mean by people getting in your way, people getting in your space (laughs)...

**Dr. Beal:** He certainly thought I was out to lunch.

**Andrea:** Because you saw the father and the kids?

**Dr. Beal:** I saw the father and the kids and I saw the father's response, his psychosis, as a response to what had happened in the family and his wife leaving him. He said the guy needed to be hospitalized. Well the father went to work every day. He had become psychotic, he was talking in a psychotic manner but that did not prevent him from going to work. So my supervisor talked with the head of the hospital and they told me if I continued treating this guy this way, they would not back me up. So they insisted I go to his house - this guy is living with another guy in Topeka and they insisted I go over to this guy's house at night. And I said to the patient, "Look, basically the powers that be say that you need to go to the hospital". And I take the guy to Topeka State Hospital. This guy was really pissed. And so I would go visit him in the hospital, it seemed the appropriate follow up thing to do, and now he had another doctor because I didn't work at that hospital. And he was really mad.

**Andrea:** It's like the social group has collapsed on you. You had one person who understood and then...

**Dr. Beal:** And the amazing story about this is about a year or two later I moved to Washington, I don't have anything to do with this anymore. And I get a letter from a friend in Topeka that says that the psychoanalyst, my supervisor, who came to see me became psychotic.

**Andrea:** Oh, beautiful.

**Dr. Beal:** And it was at the time that his daughter went off to college. So I mean I felt sorry to hear that, and I felt sorry for the guy, but it was some vindication, it seems to me, that I wasn't so crazy in doing what I was doing, that it probably had something to do with touching off something in him. Anyway, I had those kinds of experiences and then, periodically, in Topeka people used to, it became sort of in-bred that when you had administrative meetings there were administrative problems that would come up, people would stand up and trade interpretations on one another's' unconscious explaining why you're being administratively uncooperative. And Murray and I had some correspondence back and forth about how I might deal with some of those communications and use some reversals. . And so I started practicing some of them. He would periodically send letters and I would use them and that really got people upset. Of course they had no idea that Murray was corresponding to me about this but....

**Andrea:** So you would interpret their interpretations? Or just encourage them to do more...

**Dr. Beal:** No, no, I would stand up and talk about how alarmed I was about what I could see in their unconscious and things like that. And people got really upset with me (laughs). But it had an interesting effect. I think...I mean I don't know...it seems to me it interrupted what was going on, clearly.

**Andrea:** That's beautiful.

**Dr. Beal:** So then Murray wrote to me and said well now you know what a fish is like. And I had no idea what he was talking about then. So he says, well you know a fish has no idea that it's in water until it gets up and looks around when it gets its head above water and it can see what there is. And that was a nice way of understanding what an emotional system was all about.

I got interested in family as a result of that and I was trying to figure out what to do and I looked into a lot of different family programs. That actually was the genesis of that first paper I published for the American Journal of Psychiatry, *The Current Trends in Training Family Therapists* because I went around and visited a lot of programs. And it's actually fascinating the advisor I had who became psychotic took an interest in family and he suggested that I come and study with Bowen because he said it looks like the most research based program and that would be a good anchor to have. So that's how I moved from Topeka to Washington.

**Andrea:** So you wrote to Dr. Bowen and said I'd like to apply and come down there...

**Dr. Beal:** I mean we saw each other every few months so we kept in touch about it... I'm not even sure at that point I understood that there was any formal application process or not. And he was very helpful, I actually came here and started working in private practice with some people who were from Menninger's and he said that I should be very skeptical about people from Menninger's offering gifts and he said that included himself (laughs). So I moved here and it was really amazing. I think he was probably the most helpful of everybody, in terms of finding a job, and where to live, I mean he really extended himself. He tried to see if I could get a job with Carolyn and Jack Bradt and Bobby (Holt) was working there at the time. And I thought I was pretty well trained, and I remember Jack saying at the time he didn't think I would fit in, that I didn't understand enough about systems. And he probably was right, I didn't know anything about the family or at least not Bowen theory at the time. So I got jobs elsewhere, that was in 1973, and the Tuesday night program and I think Frank Giove was in my group and Janice Oltman and I can't remember there were only 4 people and we met in the bio-chemistry lab or someplace or some strange place in the basement of the medical school, where we had supervision. And I remember particularly watching, trying to learn about theory and I'd watch Murray do some interview and I'd say, "Well look at that transference, it's going on all over the place" and everyone in room would just look at me strangely because I was still using psychoanalytic terms in thinking about it. But it was clearly there Murray was just dealing with it in a different way.

**Andrea:** And so what you called 'getting out of your way'...he was able to stay outside the system in a way that was extremely effective for managing this transference.

**Dr. Beal:** Right. And that actually was a part of what motivated me to write a second paper, which was that one about the use of the extended family, and the treatment of multiple personality disorder comparing a psychoanalytic and family approach to the problem, which was useful for me, because it helped me get some clarity on the differences. And then the fascinating thing about that was when I sent it to the AMERICAN JOURNAL OF PSYCHIATRY for publication, I didn't hear back, and I didn't hear back and I didn't hear back and finally I wrote them and said, well what's the story and they said, "Well the psychoanalytic person that reviewed it said it's not quite up to snuff on the psychoanalysis and the family systems person we sent it to said it's not quite up to snuff on the family systems," and of course that's precisely what the problem was, when you look at it from two different standpoints, people have a hard time with it. I recognized that triangle right away.

**Andrea:** They can't integrate that. But it got published anyway.

**Dr. Beal:** Well I knew something about triangles then and I spoke to the editor about it and I managed to convey what I thought about what each one of them were

saying and the editor thought that made sense and went ahead and published it anyway, which was kind of unusual. They didn't publish single case reports very often. So after finishing two years in the Tuesday night program, I was already on the faculty at Georgetown at that time, in the department of psychiatry, so I remember it was the first time I ever...I mean, Murray was not neutral about things (laughs).

**Andrea:** (Laughs). Maybe he was trying to be objective but not neutral.

**Dr. Beal:** I mean he was not above cashing in on his relationships and I remember at the end of the two years he said, "Alright, now I'd like you to be on the faculty" and I said, "Which faculty is that?" and he said "Well, you know, the faculty here at Georgetown," and I said, "Is that the same faculty I'm already on?" (Laughs) I really didn't quite understand what he was talking about but he had a way of working with Dick Steinbach and getting people on the faculty. So after that I started on the faculty on the Tuesday night program.

**Andrea:** So you were on both faculties then? The department of psychiatry had you doing stuff too.

**Dr. Beal:** Well yes, but it was the same faculty in those days. There wasn't any distinction

**Andrea:** But then he had people who weren't in the Department of Psychiatry on the faculty.

**Dr. Beal:** That was much, much later. That was like 10 or 15 years later.

**Andrea:** So Marianne Chi and I'm thinking of when Florence Kamm...

**Dr. Beal:** And Gary Singleton.

**Andrea:** And Carolyn Monahan

**Dr. Beal:** And Jack Bradt, yes they were all on the faculty before the Family Center even had a physical space. This was before the Family Center moved to MacArthur Boulevard.

**Andrea:** Were they in the department of psychiatry too?

**Dr. Beal:** Yes.

**Andrea:** All those people were on the faculty in the Department of Psychiatry.

**Dr. Beal:** I'm quite sure they all were. Kathleen Yanks. And Lilian Rosenbaum was there and Mike Kerr was there, Phil Lorio.

**Andrea:** I didn't realize they were all on the Department of Psychiatry faculty too. So that was maybe part of the problem with Ed Friedman trying to figure out whether or not he could get onto the faculty of the Department of Psychiatry.

**Dr. Beal:** It could have been and I don't know if they had any rabbis in the department of psychiatry (laughs).

**Andrea:** Ok, but I mean a lot of the other people had other strange educational backgrounds...

**Dr. Beal:** Yes. But if they were a nurse that's a medical profession and so some people were nurses. Gary was a psychiatrist.

**Andrea:** And Florence? Was she a nurse?

**Dr. Beal:** Florence was a nurse.

**Andrea:** And then she got her PhD.

**Dr. Beal:** I'm not sure that Florence was on the faculty at Georgetown, I don't know.

**Andrea:** I'm thinking of the split between Georgetown University and Georgetown Family Center, that the department of psychiatry, more or less, could have seen Bowen's group as competition, too many residents going over there, too many people affiliating with family.

**Dr. Beal:** I don't think so...I mean when Mike (Kerr) and Phil (Lorio) came, which would have been slightly before I started, I think they were both probably very good residents and moved over, maybe that was an issue then. But I don't think there was a competition later. When we had the family fellowship, where we had 2, 3, 4 people, that might have drained some resources from the department but I had a conversation about it with Dick Steinbach one time, who was the chairman of...

He called me one day and asked to go out to lunch which I thought was very unusual. And I asked him what his view of it was and he was very tactful and spoke very positively about Murray but he said he just thought that Murray got more interested in training other people from around the country rather than training residents. And he thought that there was a natural distancing as a result of that. But he certainly didn't have any animosity at all about the situation.

**Andrea:** Well that was good.

**Dr. Beal:** At least not in his conversation with me.

**Andrea:** Maybe that was a conscious choice that Dr. Bowen made to train people who were not psychiatrists because he got wind that maybe he was using some of their resources, I can't remember exactly where I heard this about taking too many resources from the department of psychiatry and there being some sort of competition there.

**Dr. Beal:** Well when you talk about resources, are you talking about human resources or...

**Andrea:** Human. People....too many residents going over to Bowen and that may have occurred with Mike (Kerr) and Phil Lorio, I don't know.

And then there would be less competition if he were training other people and not psychiatrists. And then Dick Steinbach came and gave the opening to all those symposiums, all those monthly meetings, invited people over to the Bowen Center, to come over to the Department of Psychiatry. I got a couple of referrals from people over there. So there was some openness there but not a vast amount of interest, I don't think. We did train medical students for a while too.

**Dr. Beal:** Right and we had psychiatric residents come to the family center too.

**Andrea:** And so all of that kind of dribbled away over time. Maybe after Dr. Bowen was ill, I'm not sure if that coincided with that time.

**Dr. Beal:** I mean part of the problem was the psychiatry gave up on the psychotherapy.

**Andrea:** Oh ok, so let's put that in, that's a big thing.

**Dr. Beal:** That's a huge thing. I mean let's put it into today's perspective. You see announcements in the psychiatry newspaper that say such and such a department is introducing the teaching of psychotherapy now so...

**Andrea:** That's huge! (Laughs).

**Dr. Beal:** Well I mean it's stunning that something like that would be said, but that shows you how far...there are only, I think 15% of psychiatrists in the United States that do psychotherapy and medication. These people are dinosaurs.

**Andrea:** Wow, that's amazing.

**Dr. Beal:** So I think when you talk about the department maybe not being interested in family, a lot of people really lost interest in doing psychotherapy. And so when the whole bio-psycho-social model came in and psychiatry became more reductionistic and the advent of PET scans and CAT scans and all of this kind of

emphasis on biological markers, and genetic underpinnings of the disorders, it really moved away from psychotherapy.

**Andrea:** So the next head of the department after Dick Steinbach was an Asian man, and I don't remember his name but he was really into PET scans and knew that schizophrenics had larger ventricles.

**Dr. Beal:** Yes, I had forgotten that. He came over and seemed interested.

**Andrea:** Yes, he did seem interested. And he was sort of at the forefront of thinking that there could be brain behavior genes, all of these things could be explained. He was into explaining schizophrenia. And so Bowen was a behavioral guy about schizophrenia and he was the ventral guy (laughs).

**Dr. Beal:** I had forgotten all about him, and you're right, he didn't last long.

**Andrea:** He didn't last long. I don't know if he got a better deal, that's what I heard, but I don't know. I don't know what happened to him.

He doesn't have a name attached to him. That was the first time that somebody looked at trying to integrate various levels of behavior brain.

**Dr. Beal:** And then I think maybe Lou Rittlemeyer. Lou was certainly much more open to family. I think he knew Murray pretty well and he was sort of the interim guy that lasted for probably five years.

**Andrea:** And I can't remember who came after that.

**Dr. Beal:** And I think probably Richie Goldberg....

**Andrea:** Oh yes, Richie Goldberg, oh gosh...so that was kind of the end...

**Dr. Beal:** Richie was a psychiatrist but he was also a very good businessman and he became head of the hospital and now he's moved up in Medstar.

**Andrea:** Oh wow. But he never really did anything to further psychiatry or therapy?

**Dr. Beal:** I mean he was always willing to have the residents participate in the family programs, I mean family was added on to the regular curriculum.

**Andrea:** So did Dr. Bowen ever talk to you about: look what's happening to psychiatry and this is just the way it's going to be or is there something we can do to make a difference in the direction that psychiatry is headed in. What do you think?

**Dr. Beal:** Yes we talked about that a lot, I don't know...I mean he just saw what the handwriting was for psychiatry and I don't know that he felt that there was much he

could do one way or another about it. And I think to some extent he thought his theory was going to bypass all of that. It was going to make an effort to be connected to more hard sciences and psychiatry could go wherever it was going to go and in the meantime....

**Andrea:** So he may have pointed more toward evolution and sciences to get away from this what might be called 'knick-knack, ticky-tack, which pill do you want today?' (Laughs)

**Dr. Beal:** Yes, well, we were still debating nature and nurture questions then and I think that's so far a thing of the past but...people were still trying to make those distinctions. And I think Murray was way beyond that.

**Andrea:** As far as you can see anyway, he used to say things like: biology would become the queen of the sciences that it would surpass physics, and these other sciences, eventually, that there would be more and more interest in biological ways of thinking and seeing the world. And fixing the world.

**Dr. Beal:** Right and at some point the whole kind of orientation of the Family Center changed, I mean Murray invited people to come to the Family Center and have their practices there and people would do their clinical practice, and teach and do whatever research they could do, so it was sort of practice focused and then there became a shift from that in which people started to focus much more on science...(inaudible)... and understanding the theory and the theory consistent with science and less so practice focused. And that was part of the fall out of certain faculty members too. Were people sufficiently scientific with those kind of things? And then I remember Gary Singleton standing up one time and saying that it's just a philosophy not science.

**Andrea:** He wrote a letter like that.

**Dr. Beal:** And Gary was one of the original people who was very devoted to practicing family therapy.

**Andrea:** Well it is fascinating because that happened after Dr. Bowen's first illness, as I recalled it, I came in '80 to be on the staff there and so then he got sick ten months later, had that aneurism. And after that he started focusing more on the science part and trying to get people to move in that direction, had everyone write a letter, how did they see the theory, blah, blah, blah. To me, that was like an earthquake (laugh) because I had just been there a year and everyone was trying to redefine what it meant to be at the family center and what their contributions were going to be. I also saw it as a time where Dr. Bowen knew, "I could die, I could die tomorrow." We used to have those Monday night meetings to talk about family evaluations, which he was also on to at the time, he almost always said, "I could die tonight." (Laughs) "I could die tonight." And so I thought about this as when you're faced with a limited time, where do you want to put your focus? And he came up

with this, in a way his whole life had been devoted to theory, but it had been in practice theory. Theory became like a scientific experiment, who can understand the emotional system and who can make a stand against it and separate out from it. Who can stand that? That was a very appealing time, at least for me, that there was this unit that controlled your behavior, my golly, and they didn't even know that they were doing it. They were totally blind to it. And so that was fascinating.

**Dr. Beal:** Right, and so in 1980 Murray would have been how old?

**Andrea:** He was born in '13.

**Dr. Beal:** And so he would have been 77 then. Yes and with the illness.

**Andrea:** I think 67. He was young.

**Dr. Beal:** Yes, you're right 67. He was a young man.

**Andrea:** In today's world, definitely. But he had that aneurism and then he had another aneurism, and lost his voice. And so....

**Dr. Beal:** And so he died when he was 77?

**Andrea:** Yes. About ten years later.

**Dr. Beal:** Yes, that's a young person. Well that may have accounted for part of the shift.

**Andrea:** Yes, that's how I particularly saw it. In the letter he wrote to AFTA about you're attaching your star to Band-Aids, fixing people and it's not going to accomplish much but if you're interested in the stars and the moon and how the earth rotates then you're approaching a more scientific view of the emotional system and maybe that's what he thought that if people could just stop making it so personal and make it more: look at the beauty of the way the family governs the individuals within it. And they don't even have any idea that this is going on. That that would give you a much broader view of your position and people would be much less reactive, which I don't know, when you said that he didn't get in your way that he stepped... he might have a glancing blow or two to startle or interrupt something but he was always focused on the higher order of something that he was trying to communicate about this emotional system.

**Dr. Beal:** Well, he had this unique ability to engage with you, and I don't mean to say that he would get in your head, because I don't feel like that, rarely, only a couple times did I really feel like he was messing too much with me, inside of me, but just intrigue you and yet you're energized when you left him, you weren't exhausted. It wasn't like someone had been inside messing around with you...

**Andrea:** And you had to defend yourself.

**Dr. Beal:** Yes, you were really engaged with something.

**Andrea:** With kind of earth shaking ideas, that he was just so far away from the stimulus-response world and just so far away from interpreting but seeing the beauty, that's how I describe it, of the family as an emotional system

**Dr. Beal:** But the problem is how do you get people, like he said the only time a fish knows he's in water is when he gets up there and looks at it, how do you get people enough out of system to see what's going on and can you do that. I mean a lot of the scientists who come to visit us get intrigued with the theory and they sort of talk about but then they say things that makes you wonder whether they really understand it and will they without working their own family or some kind of other emotional system.

**Andrea:** I'm pretty sure they will not. I don't think unless you can take a stand to get outside the system and have that reverberate that you know anything about the family as an emotional system. It's just words.

**Dr. Beal:** And I remember that was one of the intriguing things when I first met him, most of the people in the Menninger's program were in some sort of psychotherapy, which I did. And I remember it certainly helped me clinically, I was able to function and do well, etc. but it didn't help me when I went home with my family. And I thought well this is really strange and then I saw what Murray was talking about. Gosh, he just had a way of clarifying some of that stuff. When I came here, I saw people get up and make whole family presentations. I had no interest in that at all, I got along fine with my family so Murray said something like, "I think you ought to take some stock out in the North West Orient airlines." You remember, they were before Delta, he said, "Because you should be flying a lot on that". And so I thought, well I moved all the way here from Topeka, Kansas and I decided to learn this, I guess I'll just go do it. And then I started out doing it and I'll tell you, one of the most humorist thing... I went to a family reunion, it was whole bunch of people who belonged to my family, who lived about 100 miles away, I never knew they existed. I was at home visiting my parents and I had my kids with me and we got up early to go to this family reunion and I'm in the car with my kids and we have three flat tires within 20 miles.

**Andrea:** Oh my God (laughs).

**Dr. Beal:** And I say to myself, "there's got to be some kind of symbolism in this".

**Andrea:** Oh my God (laughs). So did your kids help you to change the tires?

**Dr. Beal:** It was a nightmare. It was a nightmare.

**Andrea:** But you made it to the family reunion?

**Dr. Beal:** Yes we made it to the family reunion. And it was one of the first steps in beginning to open my eyes on some things.

**Andrea:** So despite the problems you proceeded onward.

**Dr. Beal:** Yes, we changed the tires and went on.

**Andrea:** That's pretty good I think, it's amazing. So this bit about being a self and relating to your family and the indirect way in which Bowen would, I don't know if I could say he would encourage you or motivate you by saying off the cuff things, like: maybe you should buy some stock so you can go visit more and more of your family (laughs).

**Dr. Beal:** Right, there were so many levels upon which you can look at that. I was thinking, what does he know that I don't know (laughs).

**Andrea:** And then you write this paper about the borderline family and the extended family which the rest of psychiatry doesn't quite get but you were trying to let them know what you think the extended family had to do with mental illness.

**Dr. Beal:** Yes, and actually this was really quite a successful treatment of this case. It had been seen by a number of psychiatrists before then and I was surprised that I got a letter from a guy who was really an expert in the field and he thought it was interesting. He got it (laughs). But I was just trying to say to people, depending on how you conceptualize something there's a very different way of doing something and conceptualizing something from a family standpoint offers you so many more possibilities. And I was just beginning to see the limitless nature of that. You can do it for politics, international relationships, athletic stuff, I mean all kinds of ways you can do systems. Murray was always intrigued by that stuff. He'd have a field day with the Redskins nowadays. Talk about systems (laughs).

**Andrea:** ...talk about extended families, he's like imploding the Redskins and his family. No doubt about it. But yes, you can see this but you're alone, you can't get other people to see it very well. One or two, once in a while, but no one really in psychiatry in this era gets fascinated like in the 1970's when a lot of new discoveries were being made. Here in the year 2015 it's not that particularly fascinating.

**Dr. Beal:** Well I think that part of the problem is that psychiatry now thinks it has the answers. So people aren't looking for a broader spectrum or ways of doing things. I frequently tell the medical students that I teach, I say: that fifty years from now when you look back on it, remember when they thought that DNA was the explanation of things. (Laughs) They all look at me very strangely, but it's all entirely possible that we will have some much greater understanding than that reductionist thing.

**Andrea:** Yes, that's where people are, you have to meet them where they are.

**Dr. Beal:** Right. And it's accurate to an extent.

**Andrea:** And until there's some amount of pain or discontent with the way things are, I don't know what you think about the guy that's the head of the NIH now but he again seems to want to put genes, behavior and brain back together again and somehow make these things more than based on description of peoples symptoms, which doesn't seem to do very much for the pharmaceutical companies and it's not helping them that much (laughs).

**Dr. Beal:** I thought the guy that we had as the main speaker at the last symposium was very good at conceptualizing these issues.

**Andrea:** What stood out in your mind of his...I don't know, he was the methylation guy we called him?

**Dr. Beal:** The guy that was talking about prairie moles and the monogamous relationships and what you could do as far as the pair bonding and how the mother child relationship was a replication of that pair bonding and how you could look how oxytocin develops in the nucleus accumbens and fosters the social interaction between people. And how if you stress that, or modify in some way, it changes the way they experience relationships later in life, and he wasn't in any way saying that genes cause things but he was saying that because of the way that genes are started and stopped on the neuro-endocrine access, it clearly influences the way that people subsequently experience things. So there's a genetic basis to your experience. A genetic and biological basis to your experience of things and I thought it was very interesting.

**Andrea:** Yes, I was thinking of the spring conference guy that talked more about the methylation with cortisol which then could turn on or off these genes. So if you have a bad experience but let's say you go visit your extended family and there you find the ability to be more yourself but it takes a lot of arousal to get on that plane and get there, all the cortisol and the arousal can break down your past experiences and then your new experiences might then override these old patterns. So that idea of methylation and cortisol fits with the new fall man, whose name I don't remember either at the moment.

**Dr. Beal:** Well it's also connected to how we age too, you know. Because the methylation has a lot to do. I think the more methylation of our telomeres it prevents the oxidation and the shortening and there's a direct correlation between the length of your telomeres and your aging. So a lot of these things are starting to fit together.

**Andrea:** Do you have another paper that you want to write about this? I know you're interested in society and one of the questions in here toward the end has to do with what is psychiatry's contribution. I still consider Bowen theory to be a part of psychiatry to society. I find that it so hard for people to articulate this broader view and you're one of the people that has been able to do it.

**Dr. Beal:** Well I've been particularly interested in it. I did talk to Murray somewhat about it, there's the triangle being the cornerstone of the constitution: The relationship between the executive, legislative and the judicial body. I've written a couple of papers on that subject in terms of explaining the development of the constitution, the whole notion of slavery after that. And that of course got into some big debates about whether a triangle could be non-biological and whether it had to include human beings or whether it could include institutions.

**Andrea:** Institutions are made of human beings so...therefore, very obviously...I think people were trying to sidetrack you there.

**Dr. Beal:** I think that's the obvious way around it but I think it created some big semantic debates on what the nature of a triangle was.

**Andrea:** It's called an attack (laughs). If you make progress you're going to be attacked.

**Dr. Beal:** I think you can ....this is too detailed to go into at this point in the conversation but I think you can argue that the constitution itself because of the anxiety that surrounded the union and the separation from England, got founded on this triangular process, in which they made this agreement not to include black people as a part of the citizens. It was the only way they could make the compromise. But that led to the actual institutionalization within the constitution of prejudice...I mean not prejudice but disenfranchisement of black people...and we're still having this ongoing problem now. There's no question about it. And people wonder whether racism exists, well it's built into our fiber.

**Andrea:** Yeah it's one of the things that I really liked about Laurie Lassiter who gets into these triangle things too. I think she's a good person to stimulate more thought about how ancient this is. She talks about those early cells that are 3.5 billion years old and they need nitrogen and somebody's got to give up their reproductive rights and then they didn't care what color you were it was just that scapegoating was a way to get ahead . And if I start pressuring you, you have a second or two to start pressuring somebody else. And then you end up as Bowen used to say, "growing up on the back of the schizophrenic", using scapegoats to produce more go ahead and to see that in these other forms of life I think is maybe too far removed. So I was trying to talk to people about horseshoe crabs, they are so fortunate they don't have to change, they don't have to adapt, they can go anywhere and if you think you can go anywhere and you don't have to adapt, how fabulous. But when you get a big brain, like our brain, which grew twice as big, just not that many years ago. And now

we can do the social arms race as you described these triangle things are going on all the time in which were taking advantage of the weak and without differentiation of self in which you're talking on the effort to try to be more mature toward others and to invest in them in some clever way.

**Dr. Beal:** I mean one of the things that family has taught me is that those who think we're stronger owe such a debt to those who we think are weaker. Because of the role they play to help us out.

**Andrea:** It's a reciprocal thing.

**Dr. Beal:** It's very helpful to think about that way.

**Andrea:** It is very helpful. But also what is the vehicle to describe this so that people could see it and maybe they'd be freer to do something about it. But to me really you're stuck in perception that as long as people view the weak ones as...

**Dr. Beal:** Well someone was saying to me the other day, what is the method you do to identify what an emotional system is. I mean there aren't a lot of ways to measure it that we talk about. And for trainees how do you convey to them what an emotional system is. We got mechanical ideas, but it's hard to know what that is.

**Andrea:** Yes, that's why I use the hermit crab, it's just such a great vision of that creature moving across and to think that your family members who don't understand what you're talking about, your friends who don't understand what you're talking about, they're all hermit crabs trying to get you to join in with them. And go that way. And what do you do to make a difference. But I think that was what Bowen's picking was about, trying to pick people who he thought could make a difference, trying to ignite something in them that would enable them to go off and do things, like the triangle with the executive, and the judicial and legislative.

**Dr. Beal:** I remember being at an AMERICAN PSYCHIATRIC ASSOCIATION meeting, and this is a little self-aggrandizing, being at an AMERICAN PSYCHIATRIC ASSOCIATION committee meeting one time, a convention, and Menninger's always had a cocktail party and so we were there and probably all had a little too much to drink. And I was standing there and Murray was talking to one of those senior analysts of Menninger's and he sort of pointed to me and said, "Look I got this guy away from you guys. And he came out here and he can think systems now" (laughs) and he was proud of it. And I was glad to see him do it but there was also some competition between the two and Murray received recognition eventually from them when he got that Arthur Marshall award which he was proud to go back and get.

**Andrea:** Oh yes, that was wonderful. That was a big deal.

**Dr. Beal:** And I think Karl Menninger was very pleased and proud of Murray. I don't know if he really understood entirely what Murray was doing. He was a pretty forward thinking, open-minded guy.

**Andrea:** Was he the one who would play chess with all the interns? Was that Karl?

**Dr. Beal:** It probably was Karl. I don't know for sure.

**Andrea:** Bowen used to tell me that story, I think it was Karl, but he'd line up all the interns and each one would have a chess board and he'd go down and play every single one (laughs).

**Dr. Beal:** Yes he was a standup guy.

**Andrea:** So a lot of this triangle stuff is this social arms race, that's what I see, we're in a social arms race ourselves. That people who believe in Bowen theory are trying to figure out how to cooperate and how to engage with others in order to move this theory ahead, in order to build this great, I don't know if I want to call it 'thought in the sky', a different way of seeing human nature and a different way of allowing people to cooperate. I think the greatest thing about differentiation is that it allows you to be yourself and cooperate with others and yet to be distinct and not get up on the backs of others which is...

**Dr. Beal:** Yes and it's a problem that I think the center still has in terms of how does it cooperate with the world. And do it. It's interesting going back to the featured speaker at the symposium this fall. I think he kind of got what people were saying in terms of looking at the family and treating the family and looking at schizophrenia as a product of the family but he also said, look, the reality is that our outpatient department we have, and he cited some number 8,000 or 12,000 visits for schizophrenia a year, and I can guarantee you not one these people knows about or talks about family and so that's the reality of it.

**Andrea:** Yes, I heard him say that all of you people who know about family systems could not take care of the schizophrenics in this country today, so you don't even have enough people to address schizophrenia, much less anything else.

**Dr. Beal:** Right, and the allure of giving medication to make somebody maybe not psychotic or something, it's a strong allure.

**Andrea:** The other people, as you know my brother was diagnosed as suicidal, manic depressive, paranoid schizophrenic, all these things that say we've given up on him and he's institutionalized. And yet he was able to come back from that once he got away from the medications and once he got back into the family that was making an attempt not to be afraid of psychosis. That agenda is how can you learn to speak with people who are schizophrenic or paranoid and not be afraid of them.

**Dr. Beal:** Well how do you deal with your own anxiety?

**Andrea:** How do you deal with your own anxiety and how do you deal with someone who can infect you?

**Dr. Beal:** Exactly.

**Andrea:** Like with the Ebola, who can infect you with anxiety, that's the problem to me. The anxiety goes from the one who's diagnosed to the family and that's how they end up putting him in an institution.

**Dr. Beal:** I mean that's the problem I had when I started out at Menninger's treating this family and the guy goes psychotic. I mean I was ok with it, but my supervisors sure weren't okay with it. And when you're working for somebody else that's a problem.

**Andrea:** So what do you do in these instances, if you had to do them all over again? Is there anything different you could do? Because there it is, it's out there everywhere in society, that they want to more or less engage you in doing in this other person

**Dr. Beal:** Well I think those of us who ran into Murray in our lives were enormously fortunate (laughs). In terms of thinking about what the course of your life might have been. And what a struggle it is and how you would have handled things so much less well. I think there's just so many times in my life I would have gotten done in by whatever that comes along in everybody's life.

**Andrea:** What's the secret sauce that keeps you from getting done in? Is it this objectivity, this neutrality? What is it?

**Dr. Beal:** I think the ability to understand things from a different standpoint is just....and the key to that is really just seeing triangles, knowing that whatever is right in front of you given your problem, knowing your problem is not coming from that, it's coming from someplace else and you got to figure out what got it there. That helps make it less personal.

**Andrea:** Yes that's beautiful.

**Dr. Beal:** And so much of the stuff that comes to you in life is not personal but we all take it that way.

**Andrea:** Well I love that. I'm not sure how long we've gone but maybe that's a beautiful ending point here for systems thinking. Thank you, Dr. Beal.

**Dr. Beal:** Alright, thank you.

