

Lida Beth Cavanaugh

Interview by Andrea Schara for The Murray Bowen Archives Project
June 25, 2013

Andrea. So today is June 24, 2013 or is it the 25th? ...I'm all set, I think.

What date is it for your time?

Lida Beth: Same time as yours, it's the 25th of June, '13 (laughs).

Andrea: June 25th, 2013. Alright.

So the first question, Lida Beth... well, you know you are being recorded for the National Library of Medicine or the Leaders for Tomorrow So the first question is: who are you? How did you meet Dr. Bowen? And what did you learn in the relationship with him?

Lida Beth: Ok,...the first question is probably the most extensive one that I have. Do you mean: who am I? How old am I?

Andrea: Yes, what's your educational background?

Lida Beth: My educational background, alright. I was born in 1934, I graduated from high school and went into nursing school for three years and decided that I wanted to pursue a career in public health, nursing. I was really interested in doing a Peace Corps experience which was not available at that time, so I went to University of Michigan and got my bachelor's degree in public health/ nursing. I worked in the public health setting for two years and then realized I was more interested in mental health, so I went back to school to obtain a master's degree in social work at the University of Michigan. From there I went to work on the psychiatric adolescent unit at the hospital at University of Michigan, and from there went to Georgetown University to work with Dr. Bowen.

A spot became available when Paulina McCullough was leaving to go to Pittsburgh. This transition was important because there were a lot of things that go into this.

My own parents were very, very different in nature. My mom has had a very difficult upbringing, she was the fifth of nine living children, the two children just preceding her had been twins and they died as well as another child a bit earlier. The four older children were all boys. So she was really the oldest of the younger children. It was interesting when I went back to the history that her father was a mule train driver.

I remember her saying that trains began transporting lumber. I think he used to go from Boston to Maine and bring lumber back and so work for him became difficult to find, thus he was out of work.

They lived in Chelsea and they were involved in one of the Chelsea fires, which burned them out. There were some other major issues: her father was an only child,

and her father being an only child then had twelve children. This is not the most advisable position. His mother, I'm not sure how well she functioned, but his grandmother was a very strong woman and my mother was named for her.

At some point when my mother was about eight the family split up and the four younger children were placed in foster care. At that point in time a lot of foster care parents were dependent upon the children that they had taken in to do the work on the farms.

She used to stand up for the children and take beatings because she would protect them. Finally, the agency placed them all in separate homes. The home that my mother went into had a boy there that was about her age. She was about twelve at that point. This boy had died and they were willing to take someone else in. My mother was very capable and contributed to her new placement. After high school, they put her through the New England School of Nursing. Once she graduated, she became head nurse and worked with Dr. Frank Lahey, and had a lot of respect for him.

The other thing she did, she worked for Dr. Elliot P. Joslin and was one of the nurses that they used to send home with patients from all over the New England area, and even as far away as New York or New Jersey. These patients that were put on insulin for diabetes and she would go with her Benedict Solution and help them adjust their insulin to their diets.

My father's history: he was from an old New England family that had fought in the Revolutionary War and for his payment, his family accepted land in Maine. They went up into the central hills of Maine, where they thought that they could do some farming. There was supposed to be a railroad spur that came in there at the time that they went up, but that really didn't work out too well. My father's father, my grandfather came down to Concord, Mass. in about 1905 and my father was born in Concord.

My mother was a very active, busy, capable lady as was my father. But he was much slower. When I say slower, I mean moving slow, a likeable guy but a bit obsessive compulsive. He always had to double-check the locks, etc., when he would leave.

Important to this, in terms of my own interest in family, I knew my father could frustrate the dickens out of my mother because he was so slow in the way that he moved and the way that he did things. I mean, it wasn't unusual for her to say, "John, get out of my way!" And I knew these two people both were very responsible, service oriented, and my father ended up working for the town of Concord as head of public works. He was always very knowledgeable and concerned. My mother, for years, took care of many of the diabetics in the town. The local doctors would call her and she would go out and take care of them. And they respected each other but they frustrated each other. And what I'm leading up to on this is that when I was in the school of social work, my father's symptoms of compulsiveness became acute. For example he'd fill the car up with gas and then we'd get five miles away and he'd say, "Well I've got to go back because I think I shortchanged them two cents" or "I

think I'd better go apologize to people because I think I drove over their lawn and left rut marks".

The family desire was for him to see a psychiatrist, and I had the sense that he needed to see a psychiatrist that could understand the relationship between my parents. At the time I was working for Family First doing my rotation. It was my first year assigned to a family agency in Michigan and the woman who was director had worked for a family service agency in Boston. I told her about the problem and asked if there anyone she knew, any psychiatrist, that she knew that could be helpful in this situation? She did come up with a name and I gave that name to my parents and my father began seeing him. I suspect that my father did a lot of complaining about my mother in those early sessions. My mother having had a lot of experience with medical people in the past, decided that she ought to make sure that the psychiatrist knew exactly what was going on with my dad at home so that she could be more of a help to my father.

At the time of one of my father's appointments my mother went in and insisted on seeing the doctor first. Well the doctor.....that was back in the days when the most common thought about an assertive woman like my mother, was that she was a "pestering bitch". I've heard that in more than one staff report (laughs). The psychiatrist proceeded to berate her, going up her one side and down the other. She came out just totally bushwhacked.

At the time, there were a lot of things going on job wise for both of them. She was in the process of being trained to do vision testing or hearing testing or something in the schools. She went home and decided that she needed to be more passive, and not to do that job, etc.

[Addendum: 2017_09_11 LC .After my father's appointment and on the trip home, my mother told him of her experience speaking to the psychiatrist. On reaching home, my father immediately called the psychiatrist and informed him that as far as he was concerned, the psychiatrist had crossed the line and that what had happened and the way he spoke to my mother, was unacceptable. Though the psychiatrist tried to apologize and explain, my father terminated any further appointments with him. Following the termination of treatment, my father's acute symptoms disappeared and never returned but he still exhibited some of his less acute symptoms. Apparently, a combination of my mother's modification of her behavior and my father's finding a solid position of his own integrity, the contact with a psychiatrist was a successful triangle. At the time I knew something had happened for which I had no explanation.]

The first job that I had after that was working in an adolescent unit and I could not understand the relationship between the kids and their parents. One parent was having a difficult time with her daughter and was told that she ought to send her daughter away to school and between the times she was told this and my next appointment with her, she nearly cut her toe off with a lawnmower. Which I thought was rather interesting. Kids on the unit would go off with their parents for weekends and sometimes would come back and be very destructive.

Andrea: Just for a minute back up because I couldn't understand why the kid was going to get the foot run over with the lawnmower.

Lida Beth: No, the kid didn't, the mother did.

Andrea: Oh the mother did. The mother was confronted by somebody in the adolescent unit and then went home and had an accident?

Lida Beth: She was told by the psychiatrist on the adolescent unit that it would be advisable for her to send her daughter away to school next year as a way of dealing with the problems, rather than dealing with them at home. The mother then went home and when she was cutting the lawn she nearly cut her toe off with the lawnmower and she never had any previous accidents.

Andrea: Ok.

Lida Beth: If there is a connection there or not, I don't know....

Andrea: But you saw both things, that is your mother giving up her nagging of your dad, and her trying to be more passive and his quitting the psychiatrist and no more absurd symptoms and this women's reaction...

Lida Beth: No, that's totally different. That's when I was working on the adolescent unit a year later.

Andrea: Yes but they both might be reactions to change in families. Your own and another family.

Lida Beth: Yes, yes, yes, yes. That's what I'm trying to say. That things that I could not account for by Freudian theory.

I account for this but not by Freudian theory. The reactiveness that was happening within my family and with the families that I was seeing was right there.

Andrea: Ok. So you had a question mark. And what year was this that you were on the adolescent unit? And your father had the decrease in symptoms and so forth.

Lida Beth: Ok, my father's symptoms started the first year I was in the school of social work and I think must have been about 1964.

Andrea: Perfect.

Lida Beth: And then my experience, now it may have been '63 because my experience on the adolescent unit. I think I came to Georgetown in '65. It would have been about '64. I'm not exact on those dates, but it's about that time frame.

Andrea: Yes, so it's about four years after Bowen has left NIH and gone to Georgetown when you went there. And you had this observation in mind? But no theory.

Lida Beth: That's right. And I couldn't account for it by Freudian theory.

And at the time I was also in therapy with a friend of Bowen's, or a colleague of Bowen's, they had both been at The Menninger Institute at the same time.

Andrea: What was his name?

Lida Beth: Waldo Bird. Dr. Waldo Bird.

Andrea: How do I spell that?

Lida Beth: W-A-L-D-O B-I-R-D.

Andrea: Ok, perfect. Thank you.

Lida Beth: I was an anxious kid. In terms of Bowen theory, I think my mother, because of all the experiences, difficult experiences, she had as a child, she pretty much controlled the triangles in the family.

One of my problems was that when I started therapy, I saw the problem in me. And had no real concept of how to deal with those people out there. I'm not sure what happened in that whole therapy process. It had gone on longer than that, as I had gone through the mental health unit at the university. Just before I moved to Washington, my parents came for a visit. They had friends who lived nearby and they were coming to pick me up to take me to their house on a Saturday after work. This is when I usually had an appointment with Dr. Bird. I told him that I was going to have to cancel my appointment because my parents were coming and he said to me, "You're going to do what?!" (Laughs). And I got the impression that this was not what he was expecting of me. I thought that it wasn't a good idea. "They don't even know I'm seeing a psychiatrist." So he said, "Well, now's the time!" I had not thought anything through about this, but it was interesting. My parents came to pick me up and my mother said to me, "Well I suppose I'm a failure" and I turned to her and I said, "Well that's your business if you consider yourself a failure but I don't consider myself a failure."

I have no idea where that came from, I had not thought it through, but somehow it just was there. It was shortly after that that I went to Washington. I had gone down to interview with Bowen and had told him about my observations and that I couldn't understand them and that I was interested in what his theory was? I had made the decision to go with Bowen. And that's how it happened. A job opened up at the time so that I could go there and that's probably my longest comment of how I ended up with Bowen and how I heard what he had to say.

Okay, so what was the nature of my relationship with him? Is there anything else you want to know about that or clarify about that?

Andrea: You were just applying to various places in D.C., why D.C.? What was the draw?

Lida Beth: No, no. It wasn't places in D.C., it was only Georgetown. To work with Bowen.

Andrea: Oh so you had read about Bowen...

Lida Beth: Dr. Bird was a colleague of Dr. Bowen and he knew Bowen....

Andrea: And he said this would be good for you...

Lida Beth: I told him that I was interested in families because I had been working with families on the adolescent unit and I didn't know what I was doing. He gave me the name of Bowen and Ivan Boszormenyi-Nagy. Wasn't Nagy in Pennsylvania?

Andrea: Yes, Philadelphia.

Lida Beth: Yes, then there were the ones out in California?

Andrea: That was a short-term family therapy. Haley and Bateson were out there. They observed and wrote about the double bind.

Lida Beth: I wrote out there and I didn't get much encouragement and Nagy didn't give me any encouragement either. I didn't connect directly with him only the social work staff.

Andrea: Don Jackson, that was the guy the one who Bowen really admired, and he was with the others out in California. (1959, The Mental Research Institute of **Palo Alto**, California)

Lida Beth: Don Jackson, yes, that whole group. I really didn't know that much about Bowen at that time until there was an opening. The social work director at Georgetown at that time came to University of Michigan, to the department of social work for some reason and she interviewed me and then she said I should interview with Dr. Bowen. So I went to Washington and went to his house and he interviewed me there and that was when Paulina was leaving. So they hired me. I don't know why they hired me (laughs).

Andrea: What do you remember about going to his house? Did you go that office below the living room?

Lida Beth: Right, I was a green kid in many respects. I hadn't traveled much.

Andrea: Did he ask you...

Lida Beth: Out to Bethesda and I think he picked me up at the bus stop.

Andrea: Alright, that's great.

Lida Beth: (laughs) And we had a chat and I got interested in what he had to say. And it made a whole lot of sense to me, so he took me back to the bus stop after. I took the bus back to the motel and I came to work two or three months later.

Andrea: Did he ask you about your family?

Lida Beth: Yup, he asked me about my family. And I told him my observations, my work and what my observations were there and that I just didn't understand how this was all working as to Freudian theory. It didn't seem to answer the question and there was more going on than I understood. (Laughs) I certainly respect that Family theory was just starting to evolve.

But all I had was an interest.

Andrea: But I think that the fact that you focused on your observations and told him about your family, he could probably tell that you had potential. Just talking about observations makes you a likely scientifically oriented candidate. (Laughs).

Lida Beth: Well, it was a life changing experience for me, and in the end and I could hear what he was saying from my own experience, and my own observations of my family and it's grown from there.

Andrea: Do you remember anything he said in particular?

Lida Beth: Not at the time, no.

Andrea: Just the general tone.

Lida Beth: Just the general tone, yes, and he didn't really discuss his theory at that point.

Andrea: He didn't really publish it 'til '67, I think or so.

Lida Beth: And I was green as green could be. And he told me that I could attend his class, that he was running a class and I wouldn't be working for him, I would be working for the department of psychiatry. I also interviewed with a psychiatrist at that point. That was the chairman of the department. I can't remember what his name was, but he was director.

Andrea: Yes, Bowen wrote about the use of family theory in clinical practice in 1966 so that's the first mention of theory in all his published papers. Was there the use of the words family theory in clinical practice in '66?

Lida Beth: It was '65, early '65, April of '65 when I met with him and I started in August in '65, I started working there.

Andrea: Ok. So did you ever meet Paulina?

Lida Beth: Yes, I did. Because her family was living there. I think she was there for the month of August getting ready to go to Pittsburgh. I think there was some overlap for a few weeks, I think she was there when I first started. I went to her house and we did a few things together.

Andrea: Okay, good. Did she warn you about anything with Dr. Bowen or just say you'll enjoy it? Anything you remember?

Lida Beth: No, nothing whatsoever, she didn't give me any warning. We really didn't discuss him.

See I was working for the department of psychiatry, I wasn't working for Bowen. That was just not something I was going to be able to do.

Andrea: Right, so then you began taking the classes? And working there? Anything that stands out in your memory of that time?

Lida Beth: Initially, all is fairly calm and then the department of psychiatry became a very complicated situation. Bowen supervised me on my family cases. My job was to interview for patients to be assigned to either a medical student or psychiatric residence. The medical students were on a two month rotation, and I prepared cases for the supervising psychiatrist to present the case and interview the client in front of the class prior to assignment. Psychiatric residents wanted good, long-term therapy - psychoanalytic type -clients. There were only about seven psychiatric residents. Thus our services were somewhat limited.

At that time the city of DC, was already divided up into areas: A, B, C, and D. I think Georgetown was C, but I can't remember. [Addendum: 2017_09_11 LC. During this time, the city of Washington, DC arranged to divide mental health patient services into four areas using the existing hospitals referring to them as areas A, B, C and D. I think Georgetown's Hospital was area C. St. Elizabeth's agreed to participate but refused to accept patients living outside of their assigned geographical areas.] The other two sites were George Washington and what is the black college there, Howard?

Andrea: Yes, Howard University.

Lida Beth: Howard University. And Howard was going to be the other area, and George Washington was the fourth. The medical director of the department of psychiatry at Georgetown agreed to participate in this program because he was hoping to get funds for an inpatient unit, and in order to do that you have to have a functioning outpatient facility. The problem that occurred when both Howard and George Washington both felt unready to accept patients from their designated area which meant that Georgetown became the mental health outpatient referral source for 2/3 of the mental health patients of the city of DC.

St. Elizabeth's would refuse to take them because they were out of their area and Howard and George Washington wasn't taking them. [Addendum: 2017_09_11 LC. All other patients were being directed to call the mental health social worker at

Georgetown who at the time was me.] I was just absolutely swamped with referrals. There was no way I could manage the influx and at that point the director of social services at Georgetown wasn't functioning. I was the only social worker in mental health, other than Carol something who was working in the children's department and she had nothing to do with the general psychiatric department. [Addendum: 2017_09_11 LC. A second social worker was hired who had work experience in another field but was less experienced in social work than I. I learned that she was being paid] considerably more than they were paying me. That was kind of the final straw, the one that broke the camel's back, so to speak. I asked Murray if I could continue my contact with him at Georgetown but that I wanted to leave and I wanted to work somewhere else at that point. Because it was just too much. I had told the doctor who was head of the medical student clinic, the facts relating to the referrals, hoping to find some solution. He did not believe what I was telling him was possible. I ran into him a couple of years later and he said to him, "Lida, I'm sorry, I apologize to you, I did not believe the situation that you described could have occurred."

Of course, when I did leave, everything fell apart and they had to reorganize everything so it was kind of an interesting situation. It was at that point that I also got married and had a child so I was more involved in my own life issues and backed off from the center. It was at that time that the family center began to evolve and Carolyn Moynihan-Bradt, and Jack Bradt, and others became much more involved in that whole process.

I knew all of those early people and have known them all more or less. I also maintained my contact with Murray. Which is one of the questions: What was the nature of my relationship with Murray? He was my supervisor and as a student I felt a certain freedom with him, and I had no real desire to become attached to him or to the group. I wanted to relate to them and stay related but I had no real desire to get in to that whole group process, the emotional process.

I'm not good at dealing with triangles (laughs). And I was always pretty satisfied with my relationship with him. He gave a great deal to me and to my life and I have great respect for him. Occasionally he tricked me. The last time I saw him was because I used to go to DC, after I moved up here, to go to the annual meetings. And the last time, and we had lost track of where each other was in our lives, but when he saw me, he looked, and with a twinkle in his eye he smiled and he called me by a number (laughs) and I had to laugh because it was a recognition that we had a relationship and that it was a personal one between the two of us. I knew what those numbers meant as we used to talk about referring to his psychotic patients at Menninger's by numbers, and they used to do better.

Andrea: Why would they do better if you call them by a number?

Lida Beth: Yes, they did better than by their names, you weren't indulging them. I mean when he was at Menninger's one of the things he tried was indulging patients to see if someone would meet their needs, do you remember that?

Andrea: Yes. The regression therapy.

Lida Beth: It just fueled the regression whereas if he referred to them by numbers, it made it them much better. (Laughs).

Andrea: So they could somehow get out of their infantile position which was somehow related to their names.

Lida Beth: Right, right. And that was the last contact I had with him. Is there any other thing on that?

Andrea: Two things on that. One is: how does it end up that you call him Murray? I still call him Dr. Bowen, but some people early on called him Murray.

Lida Beth: Yes, well that's because everybody else did. He called me Lida Beth and I called him Murray (laughs). He came to my wedding actually.

Andrea: When do you think it changed to become more and more impersonal? More and more like the numbers?

Lida Beth: I think that happened, I'll tell you, things were a lot more simple when I was working with him at Georgetown. I think as the center evolved, the relationships got much more complicated and he had to deal with the relationships.

The attachments, the who was going to do what? Who was going to be where? Who was going to get appointed to the faculty? I think all those things created issues that he had to deal with. It was his own making, so to speak (laughs) because he started it. It hasn't stopped, I've just decided not to be any part of it.

Andrea: It's very interesting to me because he always called me by my nickname and his family all had nicknames.

I overheard this person saying to Dr. Bowen, "She's never going to get anywhere if you call her Punkin', it's not good to have a nickname. How can you be a professional person?" and he said, "Well, just watch and see what happens".

Lida Beth: Right. It's interesting and yet I remember when you switched from Punkin' to Andrea. And that was a shift; I thought well that's interesting.

Andrea: Yes, I mean he never called me Andrea in my relationship with him. He always called me Punkin'.

Lida Beth: He didn't feel he needed to.

Andrea: Exactly. Somehow he thought the relationship was able to manage that familiarity. I guess you would say. But it also made other people, it made me deal with other people who took this issue up with me, as to the nicknaming and all.

Lida Beth: Oh I'm sure.

Andrea: And that still goes on.

Lida Beth: Oh I'm sure it does. And I admire the way that you handle it. I go because I'm interested in how people think and how this whole theory is going to eventually evolve.

Andrea: You have any guesses? Well that's a later on question. I don't know, you might want to take the questions in order and we'll get to that.

Lida Beth: Ok, number three would be...you want to go to number three?

Ok, I can be very simple with that one, "where did you think Bowen picked up things for fueling his research?" Work, his own family observations and his ability to observe simply as he always had a research idea in mind, and trying to be as objective as he could about his work. And to tie the concepts as best he could.

Andrea: Ok. Did he ever talk about, "while at Menninger I tried this because..." he referred to that once...

Lida Beth: Well, yes, he used to talk about what he did there and some of what he did at NIH and it was interesting. Because when I first moved there I moved into a house with other gals. Right there in Georgetown, we had a house. One of the girls had worked at NIH, I think she was a social worker as well. I can't think of name of the guy who worked with Bowen there, but she felt that Bowen was inferior to the other psychiatrists that were doing family work there. And I remember thinking, "what is this all about?" (Laughs) And it wasn't until I had more experience and realized there were differences in approach to this whole family business. That was an interesting part. I only stayed there for a couple of months, we didn't get any further into it.

What did you mean by research? We were trying to establish theory, trying to put it into effect. In other words, he kept saying to me that this could be done in a group, or we can have couples, it can be done in group. He said that to me two or three times and I said, okay, I happen to have three couples that have issues and that was when I said, how about taking these three couples. And that's when he first started the work with the couples in a group situation. So that was the answer to question number five. Am I clear on that Andrea?

Andrea: Yes, I think so.

Lida Beth: Ok, what was the main contribution that Bowen made to the western scientific effort? I would see it as his theory. Not that I am a scientist. I wish I was. I think that I would put it as the recognition of a similar dynamic process within and between functioning organisms at a cellular level up through complex human beings. Which really is more than family theory, it's recognizing that there has to be a consistency. There are differences but there are similarities.

Andrea: So the emotional system was what he was describing, that the similarities and differences in the emotional systems between different levels of life forms from cells to humans?

Lida Beth: Right, and I don't know whether you would call it at a cellular level, emotional or whether it would be a dynamic process. Something of that nature.

Andrea: What is a dynamic process mean? Is that inner actions? Feedback loops?

Lida Beth: A dynamic process may in part, it is also involved in the genetic as well as all the parts. In other words, the infrastructure as well as the dynamic aspect of it. I think that infrastructure has to be a part of how that dynamic process works, or the emotional process, or whatever you want to call it. That is life interacting. I don't think he spent much time, or didn't talk about the infrastructure, but I think that has to be a piece of it. That's what's passed on, in part, and how the dynamic process interacts with that, I don't know how to put it, but I think it's very complex.

Andrea: Right, but there are, as you said, some similarities throughout the phylogenetic world and he pointed to some of those similarities maybe when he talked about the togetherness force and the force to be an individual. So that even in a cell those two forces are present and there's some dynamic that influences the outcome in that striving to cooperate with the others and to be for self.

Lida Beth: Yes, right.

Andrea: And I think that's the basis of the emotional system that he described. So yeah, linking what happens in families to evolution was hugely important.

Lida Beth: Yes, yes and that just focusing on the individual doesn't give one enough understanding of how that individual functions. It must be within the context of the dynamics where they're interacting. And that's true of the individual cell as it's true with human beings.

Andrea: Yes. What's question number six? Unless there's something else?

Lida Beth: Ok. Well, seven I've already answered. I think that expanding the view then expanded psychiatry in a way. Well, they look at the family but it's narrowed down to a lot of psychiatry just in modern medicine, where they are trying to medicate the patient which doesn't answer the problem either.

If you're looking at therapy that's one thing but if you're looking at the hard science, I think it's what we were talking about before. Do you have any ideas to extend or define theory?

Andrea: (Laughs). That's a trick question.

Lida Beth: I'm interested though in whoever has. Have you ever further proved the theory? Not at this time. If you're interested there are a number of things that

Bowen's sayings or truisms, so to speak, that I've always focused on. Are you interested in any of those?

Andrea: Very, very.

Lida Beth: Ok, here are some of them that I recall: 1) in defining self in a relationship focus on self, 2) have a willingness to tolerate one's own anxiety as this is basic to accomplishing anything. 3) Understand the triangles. (This is not my forte and I define triangles as a means of accomplishing a goal. This could be self-serving or it could be ethical, but there are all sorts of levels to how that works), 4) you can give people bad advice in a high functioning family and they will make it work and in a low functioning family you give good advice and they'll have bad outcomes. 5) Taking a stand will create reactivity in people. 6) Feelings are not facts.

Andrea: I didn't get that last one.

Lida Beth: Facts, it's a fact that one feels. Feelings are not facts. How much time do you spend thinking about a particular problem? Advice has to go through one's head before applying it. Probably one of the more important ones that he gave when I went to see him one time. Fred, my husband, was fifteen years older than I was, and we had one child. I wondered whether it was wise to have a second child or maybe it would be better just to have the one child, so that Fred and I would have some time to ourselves after we got through raising the one child. His comment to me, "Lida Beth, something always comes up, it doesn't matter how many kids you have" (laughs). Something always comes up, and I can remember he was looking forward to he and Leroy going off to some meeting that he was having. She canceled out because one of the kids came down with a strep throat. I guess he was right, and he didn't tell me to have another child but I became pregnant very soon after that. So those were some of the things that go through my mind, just as I'm lived my everyday life.

Andrea: Well I'm going to go back to another question. How much time thinking on a problem in which you would begin to observe your own thinking process and maybe to monitor that and it might have been more interesting to you because of your Dads situation with his thinking. And what was the one after that?

Lida Beth: It was, any advice you take has to go through your own head, if you just do it because someone said "do it", it ain't going to work, you need to process it and make it yours, in other words.

Andrea: That makes sense. Especially going along with the first one. You can give high functioning people bad advice and they'll do well with it and you can give good advice to low functioning people, and they're not going to do well, because it doesn't go through their heads. I love the one "tolerating one's anxiety is crucial to..." did you say progress or performance?

Lida Beth: Basic to accomplishment.

Andrea: Accomplishment. Okay, that's awesome. So these are kind of like emotional process principles, you begin to learn as you understand the emotional system, that's what I would say. Principles that help you manage yourself, in the emotional system. I love that. It makes a lot of sense to me.

Lida Beth: And these were just some of the things he would say as he talked to me. Things that I was observing in interviews. I heard him say many numerous times, what he was thinking. Trying to help people figure out where they were in relationship to each other.

Andrea: That's a good way to put it. Anything else you can think of?

Lida Beth: At the moment that's about it and I'm not sure how well I've gotten some of my thinking across but I'm sure some people have a lot more...well I'm not going to get into that.

Andrea: Yes that's always good. Just stay focused on (laughs) you. I enjoyed the interview I thought it was great in terms of telling your story of your life and how your life was influenced by Bowen and what you learned about the emotional system, which is enormous.

This is kind of what I'm looking for, who was this man, how is it that people got so attached to his way of thinking that persisted for so long. It is quite an accomplishment to have been able to say things that stick with people through their life.

Lida Beth: One of the other things that he used to say was that it's all been said before but that no one has pulled it together in a way that he did it. Nothing new about what he said, or his ideas. I mean you can find that all over the place. I mean AA has some more ideas. I can remember one time someone saying that. I don't think he saw what he was saying as original, somehow it was the way he put together, that was what was original. I'm not quite sure, maybe you have a better perspective on that.

Andrea: Well, I would frame it by putting all of this into the emotional system, and how the emotional system influences the individual, that's what my interest is. How blind we are to seeing how the emotional system controls us? We have limited resources to enable us to be a self in it. So you can go to AA and that might help you, but you might not see the emotional system operating on you, when you go back home. When you go to work you don't see how the emotional system is operating on you. You might have a few principles, but you don't understand it in terms of multi-generational triangles and emotional process and so forth and so on. So I think that his brilliance was "seeing" the emotional system. How it controls our lives. I think he put that into one of the things that he insisted on when he wrote that book, I call it "with" Mike Kerr. People always say that they wrote it together but he didn't write it with Mike Kerr. He wrote his part and then Mike wrote his part. They did not know what the other one wrote. The title Bowen wanted was "The role of the family as an emotional unit that governs individual behavior and development."

Lida Beth: Yes, yes.

Andrea: So that's the big deal.

Well good talking to you.

Lida Beth: Great talking to you, Andrea.

Andrea: Great talking to you. I will try to get this done after my book (laughs) and get it back to you, but it has really been fun for me. So I really appreciate it.

Lida Beth: Ok, as I said I've integrated so much of what he says, he said in his being in terms of his ideas that sometimes I'm not terribly clear re-expressing it theoretically but I try to pull it out and....

Andrea: That's what makes for a good conversation I think, is that it's an exchange: I learn something from you and I rephrase it a little bit in the way that I hear it and you can agree or disagree and then go on...it's a conversation, it's a living thing rather than sort of a book of facts or something.

Lida Beth: Right, right. Well I'll be interested in seeing your book, Andrea. And I think it's a wonderful, wonderful goal...

Andrea: Ok, thank you so much Lida Beth. See you soon!

Lida Beth: Ok dear, take care. Bye!