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## Family Secrets: An Illustrative Clinical Case Study Guided by Bowen Family Systems Theory

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*Bowen family systems theory is useful in understanding both family emotional and relationship processes and symptom formation. This article presents principles of Bowen family systems theory and shows how they were applied to assessment and counseling of a clinical case that involved family secrets. Because Bowen family systems theory offers an encompassing way of viewing human behavior from a family and natural systems perspective, it is an effective framework to guide nursing toward better understanding human behavior, symptom formation, and the family.*

**Keywords:** *Bowen family systems theory; family functioning; family relationships; family secrets*

It is clear that poverty, education, and public policy significantly influence family health and functioning (Duncan, Brooks-Gunn, & Klebanov, 1994; Eamon, 2001). Less data are available to explain the influence of the emotional and relationship processes within the family on family functioning. Without examining these processes, we have little chance of understanding the patterns within the family that are fundamental to explaining human and family behavior.

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Bowen family systems theory (Bowen, 1978) is a specific theory about human relationship functioning and is applicable for nursing care of families. It is comprehensive, holistic, and offers a clear framework for nurses to understand both family emotional and relationship processes and symptom formation. Four concepts of family nursing—family, family environment, health, and nursing (Whall, 1986)—can be articulated in the application of Bowen theory to nursing practice. Similar to family nursing, family is defined in Bowen theory as a combination of an emotional system and relationship system. Family environment includes the immediate nuclear family, the extended or multigenerational family, and the broader social systems of which the family is a part. Bowen theory emphasizes how patterns of relationships are transmitted through the generations and how they can influence behavior and health.

From a Bowen perspective, health is experienced by the family to the extent that each of its members is differentiated from the other members, is able to take an “I position,” and is able to adapt to life changes using intellectual functioning rather than emotional reactivity (McFarlane, 1988). In applying Bowen theory, the nurse functions as a teacher, consultant, and a role model and uses a therapeutic approach to assist the family member or members to increase their cognitive understanding and insight of their family emotional and relationship patterns, their ability to manage their own behavior, and their ability to modify their behavior in family relationships. The long-term goal is to increase the individual member’s and the family’s functional level of differentiation of self. These goals are similar to those of family nursing, which are to strengthen healthy relationship patterns and assist the family in developing skills of health care management. The focus of Bowen theory is not on psychopathology and psychiatric clinic populations but is on the functioning of all families. As such, family nurses practicing in a variety of areas can utilize this theory to guide their practice.

Bowen theory articulates well with the nursing process, in which the steps of assessment, hypothesizing or diagnosing, planning, intervening, and evaluating are circular and ongoing. This article presents principles of Bowen family systems theory and shows how they were applied to assessment and intervention with a clinical case that involved family secrets. This case study analysis is an attempt to advance the understanding and utility of Bowen theory to family nursing practice.

Bowen family systems theory provides an understanding of the occurrence of family secrets and their effect on family functioning. Questions addressed include (a) What in the family emotional and relationship systems is creating the need for secrets? (b) What part is each family member playing to induce the intensity of feeling that gives rise to secrets? (c) What can be done about the level of differentiation and chronic anxiety in the family? I will present propositions derived from Bowen theory and explain how they can guide the assessment and intervention with family members and improve the level of open, responsible communication within the family. Bowen family systems theory offers an encompassing way of viewing human behavior from a family and natural systems perspective. Bowen family systems theory is sometimes incorrectly related to general systems theory, which has a much broader frame of reference and no specific application to emotional functioning. To denote the specificity that Bowen built into his theory, he began to call it Bowen theory in 1975 (Bowen, 1978). Bowen theory can serve as an effective framework to guide nursing toward better understanding human behavior, family functioning, and symptom formation.

#### **PRINCIPLES OF BOWEN FAMILY SYSTEMS THEORY**

Bowen theory views the family as an emotional system that consists of all living members who are strongly attached by relationships with one another that sustain and enhance their survival. The family emotional system refers to the automatic forces that govern the behavior between family members. "It includes the force that biology defines as instinct, reproduction, the automatic activity controlled by the autonomic nervous system, subjective emotional and feeling states, and the forces that govern relationship systems" (Bowen, 1978, p. 305).

The central concept of Bowen family systems theory is differentiation of self (see Table 1 for definitions of all the basic concepts). Differentiation of self can be defined as the degree to which one can separate one's emotional system from one's intellectual system, or the ability to keep emotions and thinking separate.

The differentiation of self is roughly equivalent to the concept of emotional maturity. The level of differentiation of a person is determined by

**Table 1: Definitions of the Basic Concepts in Bowen Family Systems Theory (Bowen, 1978)**

| <i>Concept</i>                            | <i>Definition</i>   |
|---|---|
| Differentiation of self                   | This concept is the cornerstone of the theory. It defines the degree of fusion, or differentiation, between emotional and intellectual functioning within the individual family member and between family members.  |
| Triangles                                 | The triangle is the smallest stable relationship system. It explains the predictable ways in which people relate to each other in an emotional field.   |
| Nuclear family emotional system           | This concept explains the complex ways parents handle emotional processes in a single generation. The four universal patterns include (a) emotional distance, (b) marital conflict, (c) dysfunction in a spouse, and (d) transmission of the problem to a child.  |
| Family projection process                 | This concept explains the automatic transmission of problems into future generations, that is, parental problems projected onto a child.  |
| Multigenerational transmission process    | This process describes the patterns of emotional process through multiple generations.  |
| Sibling position                          | The position a child is born into makes her or his development more or less vulnerable to being shaped by parental anxieties.   |
| Emotional cutoff                          | This concept describes the immature separation of people from each other. "Emotional cutoff describes people managing their unresolved emotional issues with parents, siblings, and other family members by reducing or totally cutting off emotional contact with them. Relationships may look better if people cut off to manage them, but the problems are not resolved" (Kerr, 2002). |
| Societal emotional process and regression | This concept describes the extension of family emotional process into larger social systems and to the totality of society.   |

the level of differentiation of one's parents, by the type of relationship the child has with the parents, and the way one's unresolved emotional attachment to his parents is handled in young adulthood. (Bowen, 1978, p. 263)

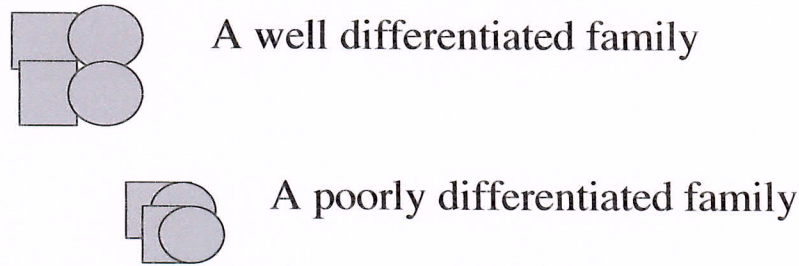
The intellectual system, in contrast, can be defined as the individual's ability to think, reason, and reflect, and consciously control automatic reactivity. One proposition derived from Bowen theory is that

the life course of people is determined by the amount of unresolved emotional attachment [to their parents and family of origin], the amount of anxiety that comes from it, and the way they deal with this anxiety. . . . The amount of chronic anxiety in the family tends to parallel the degree of unresolved emotional attachment in the family. (Bowen, 1978, p. 537)

Families demonstrate varying degrees of differentiation, or "fusion," between the emotional and the intellectual systems among its members (see Figure 1). A well-differentiated family is one in which the members are connected but each member has been able to define a self. In this family, communication is more likely to be open and responsible than in a poorly differentiated family, in which family members are more fused in the emotional system of the family. Less fusion among the family members, or a greater degree of differentiation, has the ability to mediate the influence of anxiety on symptom formation in the family. Defining a self within one's family is not distancing from family relationships but rather engaging them. In the family with open communication, members take responsibility for their own responses and chronic anxiety is reduced.

#### **FUNCTION OF SECRETS IN A FAMILY**

Secrets, although their frequency and intensity may vary, can be found in every family. The universal relationship patterns described by Bowen—emotional distance, marital conflict, dysfunction in a spouse, and impairment of one or more children—are present in all families some of the time and in some families most of the time (Bowen, 1978). This implies that families are more alike than they are different. Differences are a matter of degree and intensity. A family secret can be defined as any information that directly affects or concerns a family member but is either withheld or differentially shared among family members. Family secrets take place within the context of the family emotional system.



**Figure 1. Varying Degrees of Differentiation Within Families**

The presence of secrets represents intensity and anxiety in the family and limited family relationships, which are not the resources to family members that they could be. Secrets may include problems over money, sexual or health issues, or any problem that a family member believes will raise anxiety in the family, if known. The fact that an issue becomes a secret is evidence of less differentiation of self among family members and a fair amount of anxiety within the family.

In a poorly differentiated family, in which family members are more fused and communication tends to be closed, more secrets exist. Family members keep secrets as an attempt to manage the intense chronic and acute anxiety in the family system. Family members may see secrets as useful, initially ameliorating emotional intensities. In fact, keeping secrets is one of the principle mechanisms for pulling a third person into the emotional field between two people in order to keep relationships the same and avoid increasing anxiety (Bowen, 1978). Over time, however, secrets have the effect of increasing those intensities and increasing chronic anxiety in the family. Bowen theory hypothesizes that increased anxiety within the family is related to physical, emotional, and social symptom formation among family members. "The greater the fusion, the more [one] is vulnerable to physical illness, emotional illness, and social illness, and the less [one] is able to consciously control [one's] own life" (Bowen, 1978, p. 305). Bowen theory proposes, "the basic problem is the relationship pattern in the family rather than the subject matter of the secrets" (p. 291). Therefore, to understand families and plan effective family interventions, the family emotional and relationship processes, which explain the forces that surround family secrets, must be understood.

### CLINICAL APPROACH USING BOWEN FAMILY SYSTEMS THEORY

A nurse applying Bowen family systems theory to practice must gain an understanding of the family system the family member is part of and introduce the concepts of Bowen theory. With awareness of the concepts of Bowen theory, the family member can begin to see the interrelationships of the various processes within the family emotional and relationship systems and can begin to see his or her part in it. A major task of the nurse is to create a trusting, objective environment in which the family member or members are comfortable in exploring their own family emotional and relationship systems. The nurse must work to be a self in the client-nurse relationship. This provides the family member the experience of being in a relationship that is not fused. See Table 2 for steps to defining a self.

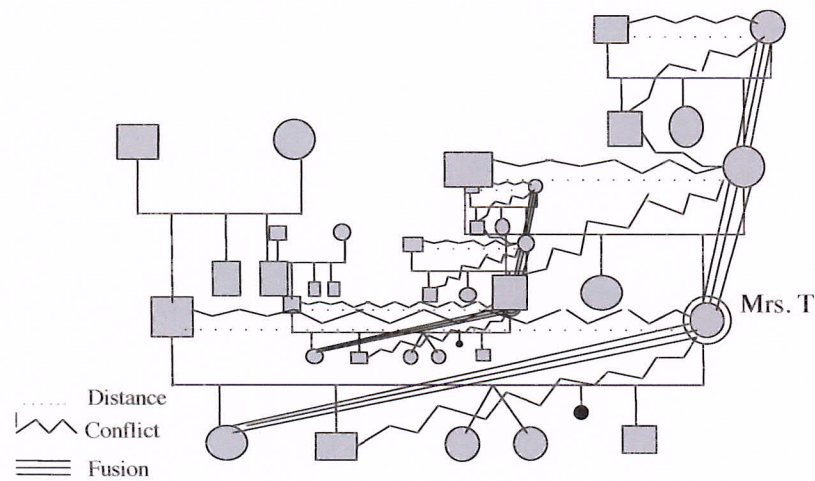
### CASE STUDY

To clarify how the principles of family theory guided this process, I will use a family diagram of Mrs. T's nuclear and multigenerational family (see Figure 2). The family diagram is a picture of the facts of the family, its structure, development, and functioning. It is useful in depicting intergenerational patterns of interaction and recurring problems. During the sessions, I asked questions that were aimed at revealing family process in order to assist Mrs. T to identify her family triangles and learn more about the nature of the interlocking triangles in her family. Bowen theory defines the triangle as "the basic molecule of an emotional system. The smallest stable relationship" (Kerr & Bowen, 1988, p. 134). "A two-person system is an unstable system that immediately forms a series of interlocking triangles [when anxiety increases]" (Bowen, 1978, p. 199). After Mrs. T and I identified and gained understanding of the triangles in her family, we discussed the steps Mrs. T could take toward defining a self within her family by acting on this new knowledge.

Mrs. T is 38 years old, Caucasian, and the youngest of three siblings. Her brother is 13 years older and her sister is 8 years older than she. Because there was 8 years between Mrs. T and her older sister, Mrs. T occupied a quasi-only-sibling position (Toman, 1993). In this position, Mrs. T developed weaker ties with her siblings than if the age distance between them had been less.

**Table 2: Steps to Defining a Self**

1. Study factual information on the family diagram to increase your understanding of your family emotional and relationship systems.
2. Become aware of the family triangles and your part in them.
3. Direct your energy to the changing of self.
4. Observe, listen, and think—work to control your own emotional reactivity. Find a way to listen to the attacks of the other without responding.
5. Stay calm and remain emotionally neutral. Find a way to live with “what is” without trying to change it.
6. Define your own beliefs and convictions without attacking those of others.
7. Take responsibility for your own actions.



**Figure 2. Mrs. T's Family Diagram Describing Patterns of Emotional Process Through Multiple Generations**

Mrs. T grew up with her parents and two siblings in Arizona. Her mother was the youngest of three siblings, with an older brother and sister. Her father was the older brother of a sister. Mrs. T is married and has five children: a 12-year-old daughter, a 9-year-old son, 5-year-old twin daughters, and a 6-month-old son. Her husband is the oldest of three sons. The primary reasons Mrs. T sought assistance were distance and conflict in her marriage, grief over a recent miscarriage, and the recent diagnosis of attention deficit hyperactivity disorder

(ADHD) in her 9-year-old son. Mrs. T mentioned in passing that she had panic attacks that were a result of sexual abuse as a child.

As Mrs. T described her nuclear and multigenerational family, patterns that had been passed down the multigenerational tree became clear. Mrs. T described the relationship between her mother and father, and the relationship between her grandparents, as distant and conflictual. In our early work together, Mrs. T described a similar relationship with her husband. In these marital relationships wives often seek to meet their emotional needs through their children and friends. Mrs. T also described her part in the parental triangle as being very close to her mother and distant from her father. Mrs. T's emotional overinvolvement with her mother limited the degree of emotional separation she achieved. "The degree of unresolved emotional attachment is equivalent to the degree of undifferentiation" (Bowen, 1978, p. 534). This unresolved emotional attachment has had an enormous influence on Mrs. T's own marriage and on her relationships with her children.

Another family pattern that became clear from Mrs. T's description of the relationship system was the manner in which women in her family of origin related to males. Not only were the women in the family dissatisfied with their husbands, but their views of the sons and brothers were negative as well. Mrs. T's mother had a conflictual relationship with her brother, Mrs. T was distant from her own brother, and Mrs. T identified having problems in her relationship with her own, oldest son. As Mrs. T became aware of this family pattern, she acted toward defining a self within the family. She put energy into observing her own behavior toward her son and becoming aware of the context within which her son's behavior became problematic. She realized that her son was responding to her own anxious behavior. Bowen theory would hypothesize that Mrs. T had been projecting her own anxiety on her son, and her son's hyperactive behavior was an expression of anxiety that her son was not able to manage. By increasing her understanding and insight into present and past family emotional patterns, Mrs. T was able to decrease her emotional reactivity and begin to modify her behavior in her family.

Another step taken by Mrs. T to define a self was to work on gaining more emotional separation from her mother. Mrs. T's mother had died at the age of 69, several months before the birth of her first son. To gain better understanding of her relationship with her mother, I coached Mrs. T to connect with her father, her maternal aunt, a good friend of her mother, and her two siblings. Mrs. T had been emotion-

ally distant from these family members and her mother's friend. A proposition of Bowen family theory is that "one of the most effective automatic mechanisms for reducing the over-all level of anxiety in a family is a relatively 'open' relationship system in the extended family" (Bowen, 1978, p. 537). By connecting with as many members of the family and close family friends as possible, Mrs. T could bridge emotional cutoffs.

Mrs. T began to develop a reasonable degree of emotional contact with as many family members as possible. This relative openness in the family began to reduce Mrs. T's anxiety and permit her to take small steps toward better differentiation. Bowen theory hypothesizes that families with lower levels of anxiety are better able to adapt to stress, resolve marital discord, and handle problems with children than families with higher levels of anxiety. By observing herself in her family and focusing on her own functioning, Mrs. T began to see her family patterns and her part in them more clearly. With this new knowledge, Mrs. T began to work on her own behavior and to manage her own anxiety.

During our sessions, Mrs. T reported that when she was 11 years old a "best friend" of her parents had sexually abused her. When Mrs. T told her mother, her mother minimized the incident and told Mrs. T she had probably misunderstood the friend's behavior and to forget it. Mrs. T's mother never mentioned this incident to Mrs. T's father. At 13 this "best friend" again sexually abused Mrs. T. Once again, Mrs. T's mother told her not to speak about the incident and told her daughter that she should not be alone with this person. Mrs. T's mother alluded to having been sexually abused by her brother and explained that this was something that she did not talk about. Mrs. T's mother had been emotionally cut off from her brother. Mrs. T mentioned that she had only seen her uncle on two occasions, once at her grandmother's funeral and the other time at her own mother's funeral.

It was after the second sexual abuse incident that Mrs. T had her first panic attack. It was not until she began to date that she experienced additional panic attacks. When she began dating her husband-to-be, he recommended that she seek therapy. Mrs. T reported that counseling was helpful, but she continued to have panic attacks during intimate sexual activities with her husband.

What in the family emotional and relationship systems had created the need for this secret? The level of differentiation within Mrs. T's family and the level of chronic anxiety interfered with open, responsi-

ble communication, resulting in the creation of this family secret. The distant relationship that Mrs. T's mother had with her husband prevented her from talking with him about the sexual abuse that her daughter had experienced. Fear that knowledge of this incident would only create more anxiety and conflict, Mrs. T's mother decided to not speak about it. Mrs. T's mother's own alleged sexual abuse from her brother, something she had not spoken with anyone about either, had increased the emotional intensity she felt about sexual abuse. Mrs. T's mother's reactivity to the incident and her underlying intensity about it was transmitted to her daughter and to the next generation.

Keeping this secret was an attempt to adapt to the intense chronic and acute anxiety in the family system; however, the increased anxiety produced by the secret resulted in Mrs. T developing the symptom of panic attack. Evidence of chronic anxiety in Mrs. T's family is the presence of physical, emotional, and social symptoms within the family members. Mrs. T is currently very overweight, having gained weight during her mother's illness and subsequent death. Mrs. T's sister has been diagnosed with compulsive disorder and her brother has abused drugs, including heroin and marijuana, since his early teen years. Mrs. T's father and paternal grandfather had histories of depression, and her mother died at 69 from leukemia. The creation of secrets in this family resulted from the chronic anxiety and poor differentiation within the family and limited, unsatisfactory family relationships.

What part is each family member playing to induce the intensity of feeling that makes the secret inevitable? "Secrets provide opportunities for manipulating self and others (triangles) in families, often without making any differentiating changes" (personal communication with Margaret Hall, Ph.D., January 2002). Individuals within the family may play a role in the intensity of feeling that supports the creation of the secret. Keeping the secret is an effort by family members to maintain the status quo in the family. This was evident in Mrs. T's family by her mother's behavior.

To understand the creation of this secret in Mrs. T's family, it was necessary for Mrs. T to understand the primary parental triangle and its links to other family interlocking triangles. With this understanding, Mrs. T could see more clearly her family relationship process, which consisted of a system of interlocking triangles. She gained an understanding of how anxiety, when it cannot be contained in one triangle, overflows into one or more other triangles. The triangle of her

mother, her mother's brother, and her grandmother, and the triangle of her mother, father, and herself were interconnected (see Figure 3). Anxiety had been passed down from one generation to the next. Mrs. T was repeating the pattern in the triangle of her husband, her son, and herself.

## DISCUSSION

By understanding the relationship process within her family, Mrs. T was able to see more clearly and objectively the system in which this secret had been created. This permitted Mrs. T to be more neutral about the response of her mother to the sexual abuse that she had experienced. This increased understanding of the family emotional system enabled Mrs. T to be more neutral and to gain more control over her panic attacks. Rather than basing her responses on feelings and subjectivity, Mrs. T began to think more reflectively, objectively, and realistically about the secret. As Mrs. T began to understand the family emotional forces better and could see her part in the family system, her perspective on the problem changed. Something happened in her thought processes. Possibly the neuronal circuits in her brain became reorganized, permitting her to see the problem differently than she had as a child (Allman, 2000). By using and understanding theory, Mrs. T could see the reciprocity in the relationships and the patterns of relating that emerged from studying her multigenerational family. She saw the functioning of the interlocking triangles in her family of origin and could then depersonalize the problem.

I believe that defining a self within her family is the greatest gift Mrs. T can give her children. "The ability to be more of a self brings people into better emotional contact with the most durable and reliable support system they will ever have . . . [the family]" (Kerr & Bowen, 1988, p. 276). As Mrs. T makes progress toward defining a self in her family of origin, she has been able to change her way of relating to her husband and her older son. She is determined not to continue the same pattern of relating to males that has been passed down through her multigenerational family. She works to control her own emotional reactivity in her relationships with her husband and her son. She stands up for herself and identifies what she believes and what is important to her. Her relationships with her husband and her son have become more satisfactory. Her son's behavior has improved remarkably at home and at school. He is happy to report that he made