An Application of Bowen Family Systems Theory

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While nurse practitioners initially work with the identified patient, Murray Bowen maintains it is the reciprocal functioning of all the members of the family which contributes to the emotional intensity of the patient. The emotional symptoms of an individual are an expression of the emotional symptoms of the family, which are often embedded in patterns of behaviors from past generations. The purpose of this paper is to facilitate understanding Bowen’s theoretical concepts of family systems theory and apply these concepts to a family in therapy.

A family-focused nurse practitioner works with families in a variety of settings, such as community mental health, inpatient hospitals and outpatient clinic sites – both mental health and pediatric clinics. The emotional dysfunction of an individual disturbs all of that person’s relationship systems, especially the family system (Bowen, 1978). An assessment of the child and adolescent also requires an assessment of the family structure of that child or adolescent. Murray Bowen offered the view that the driving forces underlying all human behavior comes from the push and shove between family members striving for a balance between distance and togetherness (Wylie, 1990). Nurses working with families likely already adhere to Bowen’s assumption that the emotional health of the individual, especially children and adolescents, cannot be separated from the family. The Bowen Family Systems Theory model provides a framework to view the individual as part of the family. The purpose of this paper is to explain the key concepts of the Bowen Family Systems Theory, to provide nurses and other individuals working with children or adolescents (presenting as the symptomatic patient) a framework to view the roles of family members, their communication patterns, and structure of a family in therapy, and finally, an application of these concepts to a specific family.

HISTORICAL PERSPECTIVE OF ‘BOWEN THEORY’

Murray Bowen, developer of the Bowen Family Systems Theory, was a pioneer of family psychotherapy. His work at Menninger Clinic in Topeka, Kansas (1946–1954) focused on enmeshed relationships between patients with schizophrenia and their mothers. He transferred his research to the National Institute of Mental Health (1954–1959), where entire families lived on the ward with the patient. Observation of relationship patterns of these families led to the development of family theory. He ended the live-in project at NIMH and focused on the development of the family systems theory, concluding, ‘It was clear that all families were pretty much alike’ (Bowen, 1978, p. xv). Bowen continued to develop his theoretical concepts and refine his theory at Georgetown University Medical Center and founded the Georgetown Family Center in 1975. His trans-generational approach had the view that current family patterns and problems tend to repeat over generations. Each family has an emotional system, which seeks ways to reduce tension and maintain stability. His work continues to evolve through the Bowen Center for the Study of the Family at Georgetown.

CONCEPTS

Bowen’s theory consists of a system of eight interlocking states that describe the inevitable chronic emotional anxiety present in family relationships and concludes that chronic anxiety is the source of family dysfunction (Table 1). The key concept of this theory is differentiation of self and emotional fusion, which refers to the ability of a person to distinguish him/herself from the family of origin on a personal and intellectual level (Bowen, 1978). Differentiation of self is the ability of individuals to function autonomously by making self-directed choices, yet remain emotionally connected to important relationships. ‘A poorly differentiated person is trapped within a feeling world … and has a lifelong effort to get the emotional life into livable equilibrium’ (Bowen, 1976, p. 67). Autonomy is at one end, which is the ability to clearly think through a situation – separating emotions from rational thought. The opposite end is undifferentiated ego mass, which implies emotional dependence on the family of origin ‘emotional stuck-togetherness of families’ – regardless of the geographical distance (Brown, 1999; Bowen, 1976, 1978). Balancing togetherness and individuality is a continuum.

Bowen (1978) referred to dysfunctional family relationships between family members as fusion. Bowen proposed that the level of chronic anxiety correlated with the level of
TABLE 1
Eight interlocking forces that shape family functioning

<table>
<thead>
<tr>
<th>Force</th>
<th>Description</th>
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<tr>
<td>Differentiation of self</td>
<td>While social groups are important, the family has the primary impact of developing a sense of self. The poorly-differentiated self requires acceptance and approval of others for thinking, acting, and saying. A well-differentiated self, while acknowledging the importance of family and social groups, is able to withstand conflict, rejection, and criticism and separate emotionally and intellectually from the family of origin. It is the degree of fusion and differentiation. Persons with low differentiation are less flexible and more emotionally dependent on others.</td>
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<tr>
<td>Triangles</td>
<td>A three-person relationship that can stabilize a two-person system (dyad) experiencing anxiety. The assessment of anxiety is fundamental to the Bowenian approach. When tension between two people develops, anxiety can be relieved by bringing in a third person. The tension is diffused but the triangle also has the potential to make ‘an odd man out.’ Bowen states ‘emotional forces within the triangle are constantly in motion’ as the triangle moves back and forth between dyads with one person as the outsider. Bowen believes the most common pattern is the father–mother–child triangle, with the tension being between the parents, the father moves to the outside position. Spreading the tension can stabilize a family system but does not resolve the source of the tension.</td>
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<td>Nuclear family emotional system</td>
<td>Four basic patterns of emotional functioning in a single generation: marital conflict, dysfunction in one spouse, impairment in one or more children, emotional distance. Bowen maintains these emotional patterns operate in intact families, single-parent, step-parent, and all other nuclear family systems. How a family reacts to stress are replicas of past generations and will continue to repeat in future generations. Bowen encourages a careful history of present generation patterns and a reconstruction of past generation patterns of emotional functioning. He asserts these patterns will be predictors of the same patterns for generations to come.</td>
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<td>Family projection process</td>
<td>The primary process where parents pass along their emotional problems to a child. Children inherit strengths as well as problems from parents. The projection process is three steps: (1) the parent focuses on the child, fearful there is something wrong; (2) the parent interprets the child’s behavior as confirming this fear; (3) the parent treats the child as if something is really wrong with the child. Bowen maintains this is associated with maternal instinct and initiates as anxiety in the mother during infancy and childhood, and gradually develops into major symptoms during adolescence.</td>
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<td>Emotional cut-off</td>
<td>Family members unable to reduce or manage their unresolved emotional issues with parents or other family members totally cut-off emotional contact by moving away geographically or rarely going home. These unresolved emotional issues generally center on unresolved attachment and differentiation of self. Bowen asserts this running away does not indicate emotional independence but rather this person tends to see the problems being with the parent rather than with self.</td>
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<td>Multi-generational transmission process</td>
<td>The family projection process continues through multiple generations. Small degrees of differentiation between parents and children occur through conscious teaching and unconscious shaping of the development of children. Children learn the patterns of emotional process similar to their patterns but with small differences. Bowen suggests these family traditions and family ideals can be either supportive or detrimental.</td>
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<td>Sibling position</td>
<td>Bowen gives credit to William Toman, who developed a sibling profile for each position in a functioning family. Bowen incorporated these ideas into his theory that the oldest child tends toward leadership position and the youngest child tends to follow. Knowing the spouses’ sibling position influences marriage choices and likelihood of divorce.</td>
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<td>Societal regression (societal emotional process)</td>
<td>An application of Bowen theory to social organizations. He states society parallels anxiety on stress on the family. As the family experiences more chronic and sustained anxiety, it regresses to a lower level of functioning. When society experiences chronic stress, such as population explosion, diminishing natural resources, and pollution to the environment, society also has a similar regressive adaption.</td>
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differentiation of self. He proposed that people with high chronic anxiety needed to manage their anxiety, and generally used four mechanisms: (1) marital conflict; (2) health or emotional problems; (3) health or emotional problems of a child; or (4) triangulation of other people into the relationship. All families choose differently from these four strategies but the purpose was always to reduce the level of chronic anxiety experienced by the adults (Miller, Anderson, & Keala, 2004).

Emotional fusion describes a person’s reactions within a relationship. People in a fused relationship react emotionally without being able to think through or talk about choices with the other person. The level of anxiety a person experiences is determined by external stress. The greater the fusion, the less flexibility a person has for adaptation to stress from outside sources. Persons in a highly fused relationship experience significant anxiety due to the fear of rejection if the independent decision or action could potentially cause emotional separateness. A state of chronic anxiety exists if family members do not have the capacity to think through their responses to relationship dilemmas but continue to react emotionally to them. A person's sensitivity to these themes has been transmitted from one generation to the next. Bowen (1978) believed a family that is unable to differentiate but remains fused will respond to a crisis in a ‘feeling process’ and be unable to respond intellectually. A person who is able to self-differentiate possesses the ability to adapt to changes of their environment and thereby experience less emotional stress (Brown, 1999; Bowen, 1978).

Triangling is central to Bowen’s theory. Triangling occurs when anxiety and tension experienced between two persons is passed on to a third person in the family. A couple experiences anxiety as they try to balance differentiation of self with establishing a supportive emotional relationship. The couple is able to communicate safely when they pull in the third person, thereby shifting the anxiety away from their relationship and on to the third party. Bowen did not believe triangling was necessarily dysfunctional but became problematic when the third person distracted the dyad from resolving their tension. Bowen (1978) also believed these patterns of triangling tended to repeat across generations as learned patterns of behavior.

Six additional concepts of Bowen Family Systems Theory are: (1) the nuclear family emotional system, the impact of undifferentiating and dysfunctional fusion on the emotional functioning of a family that leads to (a) marital conflict, (b) polarization of a spouse, or (c) psychological impairment in a child; (2) multigenerational transition process, coping strategies, themes, and roles in a triangle that are passed from generation to generation; (3) the family projection process, whereby parents transfer their anxiety and their level of differentiation to children—the child responds to the anxiety and then is mistaken for having a problem and becomes the identified patient; (4) sibling position credited to Walter Toman (1961), theorized the importance of birth order for impacting the development of personality characteristics and suggested that the more closely a parent identified with a child in the same sibling position as him/herself indicated the likelihood of triangulating to detour tension from the parental dyad; (5) emotional cut-off, the emotional withdrawal from family members in an attempt to break emotional ties and regulate unresolved attachment; (6) societal regression, society, like the family, contains opposing forces of differentiation and individualization (Brown, 1999; Bowen, 1978). These concepts were originally developed during Bowen’s work with individuals with schizophrenia and their families and have been adapted for clinical practice and continue to influence the development of other family system theories (Miller et al., 2004).

APPLICATION OF THE BOWEN FAMILY THEORY TO THE WHITE FAMILY

The identified patient of this family was Austin, a 14-year-old boy, who had received outpatient and inpatient mental health treatment since age 7 years. His parents reported explosive tantrums, poor sleep averaging 2–5 hours nightly, and described his mood as anxious with unexplained episodes of crying. He had been hospitalized twice since the age of 7 and had diagnoses of Attention Deficit Disorder, Oppositional Defiant Disorder, and Mood Disorder (NOS); his medications included sertraline, aripiprazole, and lisdexamfetamine. Oppositional behavior included destroying property in the family home. Austin punched holes in walls and doors, shredded a mattress with a knife, and verbally threatened his mother. His parents separated before he was born and never married. He and his mother lived alone for the first 7 years of his life, with support from maternal grandparents. His father had no contact. When Austin was 7 years of age, he requested to meet his father. This was facilitated, and culminated in his parents marrying 4 years ago. His parents reported a supportive marriage, denied conflicts, and presented as concerned and supportive of Austin. They stated Austin had a good relationship with both parents. However, through discussion, it was acknowledged that Austin and his father were increasingly antagonistic and provocative towards each other, and interactions between them escalated into verbal confrontations and arguments. Austin stated he had friends at school, participated in sports, but struggled academically – often receiving failing grades. Psychological testing by a licensed psychologist revealed Austin scored in the borderline range for IQ. Mother had a diagnosis of bipolar disorder but did not take medication; a paternal grandmother and a cousin also had diagnoses of bipolar. This family was seen for eight sessions.

Whereas, the first dyad in the family is traditionally the couple, by the time Austin’s father joined the family, Austin and his mother had relationship roles based on a single family structure, with an established parent–child dyad. Austin’s mother had also experienced the stressors of a single parent household that included financial pressures, childcare solutions (support from maternal grandparents), and limited time and energy for social activities, all without any support or involvement of the father (Pasley & Garneau, 2012). When Austin’s father joined
the family, parental and couple dyads were established, which stressed the parent–child dyad between Austin and his mother.

It was noted that during treatment sessions, all talking occurred between Austin and his mother, always seated together on a sofa. His father sat alone on a chair, often with his head facing the floor. While it seemed the father was listening, he did not participate in discussions outside of brief statements. Although he was Austin’s biological father, he was not a participant for the first 7 years of Austin’s life. It would be reasonable to think of Austin’s father as assuming the role of step-father. His parental role was greatly influenced by the parenting style already established by Austin’s mother. The father’s attempts to alter these established patterns of behavior were met with significant resistance by Austin, resulting in his father becoming less involved (Pasley & Garneau, 2012). Research indicated that children in step-parent relationships engaged in higher levels of conflicts with both parent and step-parent and were more affected by conflicts arising from parent/step-parent conflicts that lead to hostile parenting (Shelton, Walters, & Harold, 2008).

The Nuclear Family Emotional System for the White Family

Whereas, Austin and his mother were able to regulate emotions between themselves, when his father became a part of the family, anxiety increased between all family members, as they redefined their roles and developed new family rules. There was a breakdown of rules and boundaries between the mother and Austin. He was confused about the changes to the mother–child dyad and to his new role as a child in a father–mother–child triad. His role was significantly altered in the reconstituted family and this created a source of intense anxiety for him. Bowen (1978) observed that when anxiety is low, most relationships appear symptom free. Symptoms present themselves when anxiety is increased due to tension in the system, thus blocking the differentiation of self.

When examining the nuclear family emotional system, Bowen recommended focusing on the undifferentiated emotional functions of the family. In this family, all family members were trying to define their roles and boundaries of the relationships. The father was trying to establish his role as a husband and father but was delegated a back seat in decision-making, by the mother. Similarly, the mother, while giving voice to shared parenting, continued to decide the consequences of Austin’s destructive behavior and direction of therapy.

Triangulation and Differentiation of Self

The White family experienced significant anxiety and fusion, and triangulation developed as they tried to decrease this stress. The timeline of Austin’s behavioral and emotional problems correlated with his father joining the family. As Austin’s mother and father attempted to strengthen and consolidate their roles as husband and wife, anxiety built between them. There are levels of differentiations in marriage. A successful marriage is more likely when the spouses have similar levels of differentiation. Differentiation is not tied to gender but rather the position that each had in their families of origin and likely played a major influence in the choice of the other person as a partner (Bowen, 1976). Bowen called this adaption of differentiation ‘borrowing and trading of self’, as partners attempt to gain a dominant role in the relationship. Triangulation developed, as Bowen’s theory suggested, when they avoided confrontation and discussion of their own marital difficulties by focusing on their son. The parents projected their undifferentiation on to the child. Although triangulation may diminish the anxiety in the marital relationship, Bowen asserted it paradoxically increased the anxiety of the third person, very often the child (Austin), and this caused the child to exhibit symptoms of distress. Miller et al. (2004) asserted the child was most vulnerable to be triangulated by either parent and was a potential casualty of the nuclear family emotional process.

The Whites were unwilling to discuss the reasons they had not established a marriage or lasting relationship initially and whether conflicts from that earlier time influenced their current behaviors and relationship, resulting in ‘spillage’ on to Austin. Austin’s parents agreed that family was an influence to Austin’s emotional health, but they were resistant to investigate their relationship and its impact on Austin’s emotions and acting out behavior. However, based on Bowen’s theory, Austin’s behavior was likely his attempt to cope with his position in the triangle and his confusion over the role he was expected to play as a buffer for his parent’s anxiety. With the focus on Austin, his parents avoided addressing their own relationship problems. It was also possible that using Austin’s emotional and behavioral problems facilitated communication between his parents and filled a void that would otherwise be present and thus contribute to more spousal anxiety. This family had participated in numerous therapy sessions in the past with the primary intent ‘to fix Austin.’ Bowen viewed the family as a system that interacted and impacted the individual family members. The parents would likely benefit from an exploration of their relationship for its impact to Austin. Therapy could assist the parents to understand how their own growth and changes influenced Austin’s position in the family structure and changed his behavior.

Family Projection Process

As his parents negotiated their relationship, Austin was confused over the redefined rules and roles of his relationship with his parents. Other explanations for Austin’s behaviors may be two-fold. First, Austin had a genetic bipolar predisposition to bipolar disorder from his mother. Second, the question of whether his mother had unresolved emotional concerns about her own family of origin’s attitude and management of her mental health when she was a child. She reported her parents did not seek treatment for her and she recalled the impact of her symptoms to her own emotional wellbeing. Did this lead her to being over focused to seek treatment for Austin in response to her own
experiences? When Austin’s parents married, the exclusiveness of the mother–child dyad was lost and through his mental illness treatment therapy sessions, this dyad was re-established.

APPLICATION TO NURSING PRACTICE

Nurse practitioners can use many of Bowen’s therapy techniques during family therapy sessions. Family systems therapy begins with a family evaluation of their emotional processes, closeness, distance, triangles, and tensions that are still unresolved from the family of origin. The ideal method of working with a family using the Bowenian theory is to have several generations participating. However, a genogram as a graphic representation of family relationships, physical and mental health, and substance abuse can help hypothesize patterns of interaction and give insight to development of behaviors. Bowen (1978) recommended the use of a genogram to organize multigenerational information.

In clinical practice, the goal of Bowen’s family systems therapy is to assist family members to move towards differentiation of self and away from blaming and emotional reactivity. The role of the therapist is to connect with the family, facilitate families to be active in the healing process, and all the while avoid being drawn into a triangle. The therapist should emotionally connect with the family but avoid telling family members what they should do or try to fix the family problems (Kerr & Bowen, 1988). Staying neutral and objective may require vigilance on the part of the therapist to avoid overt emotional responses or unintended tendency to side with one family member or another (Papero, 1990). Bowen viewed the role of the therapist was to direct family conversations during therapy and facilitate families to accept personal responsibility for change, and not passively wait for ‘a cure’ from the therapist.

A therapist following Bowen’s techniques asks questions of the adult members about the child’s actions but encourages ‘I’ when speaking about the problems without attacking or defending other family members. The intention of this technique is to have the parents express their feeling about an incident. This technique emphasizes the importance of maintaining clear boundaries by distinguishing between objective and subjective statements. The family system therapist encourages differentiation of family members through ‘I’ questions/statements that do not attack or defend other family members. These personal statements are meant to facilitate greater ‘ownership’ of their own emotional responses and minimize attributing blame to others or the source of the conflict (Bowen, 1978). The therapist facilitates parents to recognize the development of their own patterns of emotional processes that are attributable to their own family of origin and if dysfunctional, how they contribute to the current family emotional process (Brown, 1999). It was Bowen’s contention that differentiated people used ‘I’ statements more often in conversations and ‘We’ statements were indicative of possible triangulation (Miller, Anderson, & Keala, 2004). Bowen (1976) asserted using ‘I feel’ allowed a person to express an opinion without sounding false or insincere. It was observed that Mrs White frequently used ‘we’ when talking about Austin’s symptoms and the parent’s reaction. Mother was the spokesperson and father consistently agreed with her opinions.

During therapy, the White family was encouraged to use ‘I’ statements as a method to decrease emotional reactivity and increase differentiation. ‘I’ statements were used with the Whites to discuss their response to Austin carrying a kitchen knife to school and threatening another student. Instead of focusing on the ‘wrongness’ of Austin’s behavior, Mr and Mrs White were asked to make ‘I’ statements about their reactions and emotions associated with the action. Parents were encouraged to ‘own’ their thoughts and feelings, rather than project and blame Austin and Austin’s friends, who he said encouraged him to bring the knife to school as protection. Individual self-focus during clinical sessions was a means to reduce anxiety, facilitate person-to-person relationships, and investigate problematic interactions. Austin was encouraged to talk directly to both parents, instead of making statements to the therapist. He was encouraged to use ‘I’ statements to express his thoughts and feelings instead of voicing a general complaint about a parental rule or action (he usually addressed his mother). Bowen recommended the therapist steer clients away from emotional responses, which he believed hindered differentiation of self, but encouraged an externalizing thinking mode for each family member by discussing their thoughts, reactions, and impressions. Bowen (1976) stated the core of his theory was the degree to which people can distinguish between the ‘feeling process’ and the ‘intellectual process’. He believed many families have great difficulty distinguishing between subjective feeling and objective thinking.

A basic premise of Bowen’s therapy is to assist in dissolution of the dysfunctional triangling process by enabling clients to become aware of the emotional processes they are using and encourage examining these behaviors (Farmer & Geller, 2005). De-triangling was accomplished, Bowen (1976) believed, by helping the family members recognize the process by which it occurred. Open-ended questions, using who, what, where, and when, help identify triangles. Bowen encouraged the therapist to minimize the involvement of children as a way to maneuver the parents away from using the child as the triangle person for the problem between the parents (Brown, 1999). Bowen therapy might exclude the child from therapy to focus on the adults who have greater influence on the family system. Excluding the child prevents the parents from using the child as a replacement person between them (Brown, 1999).

A useful Bowenian strategy is coaching or teaching family members to observe the patterns of their behaviors when anxiety and tension between members escalate. Another therapeutic technique is dialogue, which facilitates family members to make suggestions about future courses of action and changes to their current established reactionary behavior (Farmer & Geller, 2005). Dialogue was used with the White family to provide an opportunity to ‘do something different’ and to move away from a pattern of responses that resulted in confrontations and anger.
and towards behaviors less emotional and reactive. Families are encouraged to communicate in less reactive and emotional responses to their own anxiety and the anxiety of other family members. The goal of a strategic intervention is not to change relationships but to express a calm and neutral stance that prevents anxiety and tension that occurs when members take sides in the relationship.

Bowen believed his early work with families and schizophrenia had application to any family with a child showing psychological disturbance (Bowen, 1966). Further work by Wynne and Singer (1963), colleagues of Bowen, looked at the shifting boundaries of families with members who had significant mental disorders and introduced the term pseudomutuality, meaning these families gave the appearance of a mutual, open, and understanding relationship without actually having such a relationship. Pseudomutuality was a way to manage the conflict and hide the true relationships of families which were distant and lacked intimacy. An identified patient of the family helped perpetuate the myth that this member had the identified emotional disturbance. It also provided guidelines when therapy is not proceeding as expected. Although the symptomatic child is the identified patient, Bowen maintained that the family’s emotional system was the source of the problem (Bowen, 1978). Helping family focus on examining their communication processes rather than placing blame or ignoring underlying sources of family anxiety offers family members skills to change behaviors and facilitates a calmer non-reactive emotional climate.

**NURSING FAMILY THEORIES**

Few clinicians working with families hold to one particular theory but use selected concepts and techniques from a variety of models. While the Bowen Family Systems Theory is discussed here, other family therapy theories from other social science disciplines have been aligned with the nursing theories.

The *Family Assessment and Intervention Model* integrates general systems theory with Neuman’s *Health Care Systems Model*. The family is viewed as a dynamic and open system. This theory focuses on what causes family stress and how the family reacts to stress. When a family member experiences a stressor that threatens the family unit, the whole family feels threatened and forms protective defenses. Families vary in their ability to adapt and reconstitute as they try to restore balance to the family system. The nurse practitioner encourages the family to concentrate and build on strengths as well as identify problem-solving strategies.

*Family Systems Stressor-Strength Inventory* is an assessment tool developed by Berkey and Hanson (1991). It divides assessment into three sections: general family system stressor, specific family system stressor, and the family strengths (Berkey & Hanson, 1991; Hanson & Mischke, 1996; Hanson 2001; Hanson & Kaakinen, 2005).

The *Friedman Family Assessment Model* (Friedman et al., 2003) is a nursing-based model that integrates general systems theory with developmental theory on a structural-functional framework. It is often used in community and public health settings. It assesses the family as a whole, with a focus on family as a subunit of society. It provides examples of questions the nurse can ask that assess developmental stage, environment, power structure, and coping style of the family. The structure of the family for this model refers to how the family is organized and interacts with members (Friedman, Bowden, & Jones, 2003).

General systems theory, cybernetics, communication theory, change theory, and biology of recognition are all components of the *Calgary Family Assessment Model* (Wright & Leahey, 2009). General systems and family system theory concepts emphasize the family as a whole greater than its parts, and change that affects one member affects all members of the family impacting balance and stability. Among the concepts taken from cybernetics theory is that families possess self-regulating abilities and a feedback process that can occur simultaneously at many levels. Communication theory concepts include: (1) all non-verbal communication is meaningful; (2) all communication has two major channels – verbal and non-verbal and two levels – content and relationship; and (3) a dyadic relationship has varying degrees of symmetry and complementarity. Nursing interventions help families manage change for balance and stability. Assessment of families using the Calgary Model is organized into three major categories: structural, family developmental, and functional. Structural assessment consists of the family composition, rank, subsystems, and boundaries of the family. Family development includes assessment of the family life cycle or stage, tasks, and attachment. The third assessment area, family functioning, includes activities, health care, power, belief system, alliances, and coalitions. Family strengths, not deficits, are the focus areas of therapy. The interventions are specific to the family structure, function, and process (Wright & Leahey, 2009).

**CONCLUSION**

Other topics of clinical sessions were Austin’s own anxiety, as he established his relationship with his father and anxiety experienced by both Austin and his mother during the breakdown and re-establishment of rules of their relationship. Austin’s striving for differentiation of self had become complicated due to his becoming part of a triangle, as his parents experienced stress.
and anxiety during their relationship transition. During other sessions with the White family, attempts were made to investigate past multi-generation influences (grandparents) on current patterns of parenting and family belief systems about treatment for mental health. These influences and other relationship patterns tend to repeat over generations (Brown, 1999).

Austin had participated in various forms of therapy since he was about eight. The focus was always determining how to change and ‘fix’ Austin. This was the first therapy that shifted the focus to the family and how the patterns of behavior had shaped Austin and more importantly, how ‘fixing’ Austin involved assisting the family to become aware of their patterns of behavior and evaluate the impact to not only the identified patient but the other family members. While this discussion oversimplifies the Bowen Family Systems Theory, the goal is to provide nurse practitioners, and others working with families, a direction for organizing the complex behaviors of family members into a framework to understand the relationship of parts to the whole, the need for stabilization of the family system, and that the family is the sum of its parts. It provides the nurse practitioner and other clinicians with a framework to assess the family for patterns of behavior.

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REFERENCES