

**RP1 - Bowen Family Systems Theory**

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## Evaluation

### *Family of Origin*

Presenting family has six children, the mother is Anne (49), father P. J. (49), and the paternal grandmother Madge (86), also lives in the home. The children are Colm (17), Gerard (15), Marie (14), Paula (12), Peter (8) and Louise (1). Madge is not in good physical health and is also showing signs of mental health decline. This living arrangement is a major source of anxiety and conflict between the parents. There are multiple triangles in effect in the home, with this dynamic being the primary one – Madge, P.J. & Anne.

The parents are not differentiated. They met at 18 years old, as immigrants in a foreign country, and formed an emotional union. After nearly ten years of dating, they progressed to marriage and returned to their homeland together. Their marital union quickly got submerged into the demands of a live-in mother-in-law (Paternal), four children in five years and the shift from both parties working to the father being the financial provider and the mother being the primary childminder and homemaker.

The couple worked to re-align their relationships with extended family while struggling to care financially and emotionally for their young children. The intensity of the emotional reactivity in the triangle between Madge, P.J. and Anne indicate a high level of stress, anxiety, and the constant replaying of the same argument, the living arrangement, which would indicate the conflict was frozen in place. A multi-generational process is also clear with fusion to the family of origin on both sides of the marital couple. It's also clear that the emotional fusion goes back more than one generation, as Madge also lived and cared for her father when her siblings all emigrated to New York. In addition, Anne's closely knit family remained tightly connected to her and Anne's mother, Bridget, was an ongoing source of financial and emotional support to Anne. This dynamic created another triangle, with a maternal wing– Bridget, Anne and P.J.

Societal pressures of the time required that a married woman "give up" her job. Anne had spent ten years financially independent before moving back to Ireland. As a new mother she struggled to adjust to a new, sometimes hostile environment, and was dependent on her husband. P.J. usually the passive participant in discussions and conflicts was the financial controller and appeared to therefore hold the locus of power and control over the entire

family, albeit in a silent and understated manner. P. J. would argue my mother had access to all the resources too but wouldn't own it or take the initiative with it. Ireland as a country went into a period of recession that lasted for a decade, the 80's, there was a bleak and depressed landscape in the country.

The only emotional cut off in the couples family occurred through the death of P.J.'s father (When he was 2) and the death of Anne's mother (When she was 35). It appears that the emotional attachment between the marital couple grew to resemble the emotional environment of their family of origin. My mother was the pursuer in the marital relationship, my father was less interested in family activities, and he looked for distance.

In my evaluation the mother is presenting as depressed. The father is also presenting as depressed. The grandmother presents as depressed; however, it is noted that she has periodic maniac episodes (Creating conflict in the home) so her issue would appear to be bi-polar. The children are presenting at this time with some concerning red flag issues, these may reflect the mother's anxious preoccupation with their behavior, especially in front of her mother-in-law. Problems in the older adolescent children include smoking, under-age recreational drinking, dating, promiscuous sexual behavior, failing to thrive in school, older kids physically bullying the younger children, sexually molestation of girls by their older brothers and all children struggling to make good choices with language and behavior. The 8-year-old boy is being teased for being gay. The addition of the new baby is adding additional stress to the already anxious family system and strain on the marital couple. The older girls are involved in the care of the baby and provide help in maintaining the home. There is a clear imbalance in the expectations of the children, also showing a gender bias for their roles.

The first intervention and treatment I would recommend using is neutralizing triangles. The therapist can use process questions to track patterns of emotional reactivity. The goal would be to identify patterns, lower anxiety and increase self-focus, helping both individuals in the couple better understand their contribution to their dynamic. Helping them to see how interlocking triangles are connecting the generations in an unhealthy pattern of relating. Giving them permission to focus on their own self-hood and guiding them to understand that sacrificing their personal goals is unhealthy and will have consequences for future generations.

Helping them to understand they are not helpless victims. Asking them questions to foster self-reflection. Helping the couple to distinguish between thinking and feeling and using that ability to deal with the issue of their pathological live-in parent / parent-in-law. The goal would be to increase primacy of the marital bond without doing unnecessary damage to the relationship the partners have with the parent. In the case of the paternal grandmother, having her medicated for her bi-polar condition may also help to stabilize the conflict in the home while the couple work through neutralizing this triangle and learning how to manage the responsibility of her declining health on their own lives. Addressing the vertical and horizontal intersection of issues that they are encountering.

The next treatment I would suggest is coaching. Helping the parents to see, through the questions asked, what power and control they do have. Asking questions that will guide them towards a greater degree of differentiation from their families of origin and a resulting growth in their own self-esteem. Both parents will need this coaching support to address their depression and more questions to clarify if medication / ongoing therapy or a combination of both will best support their depressed mood. The parents will also need coaching support as they address the red flag issues appearing in their adolescent children. As the parents learn to self-regulate and master their own reactivity, they will be better equipped to address their children's behavior. The therapist can ask process questions to address the emotional reactivity around the children's issues. They can also ask questions to clarify for the parents why or how the children's issues might be occurring, how they can address them, what has prevented them from taking assertive action in the past, and how they can prevent similar problems from occurring in the future. They will need coaching guidance on what mental health and trauma related resources to provide for all their older children, so the family can move forward in a healthier pattern.

### **Current Family**

Presenting family has four children, Mother Paula (42), and father Tony (44). The couple has been together 18 years, they moved in together three months after meeting as immigrants in a foreign country. They are married 14 years. The children are Aidan (12), Finn (10), Liam (8)

and Ryan (3). The oldest two children have been diagnosed with ADHD and Finn also has been diagnosed with pragmatic language disorder. The parents are in the process of having Finn screened for autism, as it was recommended by the developmental pediatrician to have this further evaluated. Liam exhibits anxiety through reoccurring nightmares. Ryan recently started pre-school and while he had separation anxiety for the first week, he has settled into a routine of going to school 3 hours each day without issue.

Paula is a stay-at-home mother; Tony is the sole financial provider. Paula did work outside the home until Ryan was born three years ago. Tony stopped drinking three years ago. Both parents have been attending couples therapy for the past year and both are also on a path of self-growth, supported by separate communities, designed to facilitate this process. Paula is traditionally the pursuer in their dynamic, with Tony seeking distance – this pattern of behavior has slowly been changing, especially over the past six months, as both make a conscious effort to break the pattern. Both individuals in the couple want to connect and both recognize that their emotional reactivity disrupts this and repeats their pattern. There is undifferentiated ego mass on both sides of the marital relationship to work through. Also prior to the couple starting therapy there was limited emotional resources as grandparents and the majority of extended family live in Ireland. This would indicate a degree of emotional cut-off from their families of origin. For both this a shift from the fusion within their families of origin. Contact with the maternal grandparents is more frequent than with the paternal grandparents. In the past Tony deferred all family related issues to Paula to manage, including connection with his own nuclear family.

The emotional attachment in the current marital relationship resembles that of the family of origin. I recognized I had married an uncanny version of my mother and my father mixed. It's unclear to me if Tony has experienced this same insight.

One of the presenting problems in our relationship is my perception of Tony as being uncaring and not providing affection and warmth. In addition, a problem I have is his ambivalence towards feelings and the priority he gives to work over family. I have at times pathologized Tony as having both ADHD and Asperger Syndrome, ASD1. At times I also pathologize myself as being bi-polar and ADHD. Neither person in the couple has received a

professional diagnosis and we both use mindfulness strategies to manage our periodic depression and anxiety.

Neither individual in the marital couple is differentiated at this time. Paula is working on it. Tony is also on a path of self-growth. To date the men's group, he is involved with has focused on re-building a relationship with his father, but they've neglected to address the role of mother or the ongoing relationship with her. In addition, the group does not suggest developing a personal relationship with every member of the extended family. The group does encourage self-focus. Our couple therapist does guide us through process questions.

The treatment I would recommend for us at this time is neutralizing triangles. Through this course work I have identified that, like my mother, I try to manage the emotional well-being of all family members. Taking on responsibility for other people's feelings and trying to direct my own behavior accordingly. Not necessarily allowing for the necessary pain to promote healthy growth for each individual family member.

There are certainly number of triangles in effect in our family. An example would be where my husband is disciplining my eldest son and I get involved to protect my son from my husband's harshness (In my perception my husband is in a bad mood and taking it out on our son unfairly). I now work to speak directly to each family member and force them to speak directly to each other when I feel pulled into a triangle dynamic. I also see this triangle when my sons are squabbling, I resist getting involved if possible. If I must intervene, I speak directly to each child, do not take sides and force them to work out the disagreement between themselves.

The other treatment I would recommend for us is relationship experiments – where we will try responding in a different way to change the emotional reactivity pattern that we've been stuck in. Through identifying the triangles and the structural systems in place I think it makes sense to try different approaches to these interactions and then monitor the impact, not just in the immediate relationship where the change occurred but throughout the family system.

