

CE FEATURE

Perceived Conflict, Sibling Position, Cut-Off, and Multigenerational Transmission in the Family of Origin of Chemically Dependent Persons: An Application of Bowen Family Systems Theory

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A sample of 36 chemically dependent men and women in outpatient recovery were interviewed to assess family patterns utilizing Bowen Family Systems Theory as the organizing framework. Significant patterns of conflict, cut-off, and triangulation were found. The majority of chemically dependent persons occupied at-risk sibling positions. Patterns of chemical dependence and substance abuse were identified across generations of the families.

Keywords Bowens Family Systems Theory, Chemical Dependence, Conflict, Cut-off, Sibling, Triangulation

Chemical dependence may be understood as a problem rooted in genetics and physiology and supported by family function and, as such, involves more than physiological and emotional factors. The process of chemical dependence subsumes the entire individual. Effective assessment and treatment should be equally systemic. Bowen Family Systems Theory (BFST) is one means of assessing and treating the chemically dependent individual as individual function is learned within the family of origin. This comprehensive assessment utilizing BFST is done by analyzing the family of origin with concepts described by Bowen: differentiation of self, family emotional system, family projection process, sibling position, triangles, cut-off, and multigenerational transmission (Bowen, 1978). The final concept, societal regression, may be useful in other considerations but offers little in the assessment of the chemically dependent individual and was not addressed in this study.

Differentiation of self is the cornerstone of BFST. It describes the individual's ability to separate thinking and feeling states and to behave in a thoughtful rather than a reactive manner, especially during times of anxiety. This ability to thoughtfully act rather than react mediates the effects of anxiety. Differentiation

is learned in the family of origin and typically does not greatly shift over generations within a family.

With the exception of sibling position, the remainder of the BFST concepts is a function of the level of differentiation. The family emotional system refers to the emotional environment in which a child learns and grows. This emotional environment is on a continuum anchored by "differentiation" at one pole and "fusion" at the other. Differentiation is marked by behavior that is driven by thoughtful consideration; fusion is seen in emotionally driven, reactions to anxiety.

A child reared in a poorly differentiated family will be caught in what Bowen called "stuck togetherness" (Bowen, 1978, p. 476) or fusion in the family. The fusion in these families limits the capability to deal with anxiety and results in the excessive use of three specific mechanisms to deal with anxiety: marital conflict, dysfunction of a spouse, and projection of undifferentiation to a child. Within BFST, substance abuse serves as one possible mechanism at work in the dysfunction of a spouse or the child's response to the projection process. Thus, as anxiety increases within the family, the likelihood of substance abuse and possible chemical dependence increases. A child reared in a highly anxious environment will have a difficult time learning the skills necessary to differentiate.

Family projection process is the transference of anxiety from parents onto a particular child, other family member, or even a pet (Entin, 2001). The most common pattern is that of a mother reducing her anxiety through one of her children. While all families defuse anxiety in this way, it is the formation of rigid pathways onto a single child that predisposes the child to pathology.

Sibling position refers to the position one holds in the family of origin. It is one of the more controversial factors in BFST. Bowen used personality profiles created by Toman (1961) to describe personality traits common to each birth order and birth rank position. Initial empiric research produced mixed results in support of the concept as described by Toman (Miller, Anderson, & Keala, 2004). Later research, however, supported the correlation between birth order, gender and personality characteristics

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(Sulloway, 1995) such that gender and rank order have strong influences on individual behavior. Three positions have been described as at higher risk for dysfunction: oldest, youngest, and only children (McGoldrick, Gerson, & Shellenberger, 1999). An oldest child has a tendency to learn to over-function while the youngest tends to under-function. An only child, along with the oldest and youngest positions, are most likely to be the object of projection by parents and, thus, more symptomatic of pathology (McGoldrick, Gerson, & Shellenberger, 1999).

Triangles are the most stable emotional system within a family. According to Bowen (1978), a dyad becomes unstable as emotional intensity increases. With the increase in anxiety, a third person is brought in to diffuse the anxiety so that the dyad may remain stable. The most common triangle in the family system is that of mother-child-father. In this triangle, one of the parents focuses attention onto a child in times of parental conflict. This serves the purpose of diffusing parental anxiety and excluding or distancing the other parent. A second common pattern is that of the anxious spouse involving his or her mother as the third member of the triangle. It is this process that underlies the "interfering mother-in-law" stereotype in American culture. Again, most families see this pattern—the pathology lies in the rigidity of the pattern.

Cut-off refers to the process of obtaining distance from the family of origin when fusion becomes too intense and uncomfortable. The cut-off may be physical in that a family member gains geographic distance from the family of origin. The cut-off may also be emotional and occurs when a family member behaves in such a way as to guarantee expulsion from the family by violating family norms.

Multigenerational transmission is the process of passing down levels of differentiation across generations within a family. In addition to differentiation, characteristic behavior patterns are also passed down. Bowen viewed multigenerational transmission as the mechanism that produces increasing pathology as differentiation decreases in highly fused families over generations. This process of increasing pathology within a family over generations was referred to as a "downward spiral."

Of all the concepts in Bowen theory, differentiation is the best-described and perhaps the most studied of the concepts. Several quantitative measures exist that measure differentiation (Haber, 1990; Skowron & Firedlander, 1998) and there are multiple studies that evaluate differentiation in a variety of populations and settings (Bartle-Haring, Glade, & Vira, 2005; Johnson & Buboltz, 2000; Kosek, 1998; Murdock & Gore, 2004; Skowron, 2000; Skowron, 2004; Skowron & Platt, 2005). The remainder of the BFST concepts have been less well-defined in terms of quantitative measure. As a systems theory, it can be argued that measuring a single part of the system does not render the best picture of the system. With this perspective in mind, genograms of the family systems that reflect structure and function may be the more appropriate method of studying the individuals and their families.

McGoldrick and Gerson (1985) developed the use of genograms to aid in the understanding of family patterns in

family therapy settings. A genogram is a graphic display of a family that may include both family structure and processes. As a baseline, the members of an extended family are displayed. Typically, family relationships are demonstrated as well as patterns of behavior that affect those relationships. Genograms can be used to identify repetitive patterns of behavior, both adaptive and maladaptive, and to recognize clusters of health-related problems. A genogram constructed by a family therapist would generally use symbols to describe births, deaths, marriages (both formal and common-law), and divorces. In addition, other symbols would connote alliances, attachments, and conflicts among family members. Such information as occupation, health status, and legal problems might also be included. Over generations within a family, patterns of behavior and health emerge.

Constructing genograms in a chemically dependent population with BFST as an organizing framework, one would anticipate the following:

1. Greater numbers of chemically dependent persons holding the sibling positions of oldest, youngest, or only child.
2. The presence of rigid triangles in the family of origin.
3. The presence of high levels of conflict in the family of origin.
4. The presence cut-off from the family of origin.

It is the purpose of this study to interview a sample of chemically dependent men and women in outpatient recovery to assess family patterns utilizing Bowen Family Systems Theory as the organizing framework.

METHOD

Sample

A sample of 36 participants was randomly selected from a larger group of 120 research subjects participating in a study of gender and chemical dependence for a structured interview and genogram construction. Participants from the larger study were selected by coin toss for the interview until an equal number of men and women was obtained. The larger sample was a convenience sample recruited from three sites: a university-based NIDA addictions treatment unit, an urban Veteran's Administration outpatient drug treatment clinic, and an urban counseling center for persons with positive seroconversion of HIV. The study was reviewed by each center's Human Volunteers Research Committee/Institutional Review Board. Participation was voluntary and informed consent obtained from all participants.

The sample for this study ranged in age from 22 to 55. There were equal numbers of men and women. Ethnicities of the group were primarily Caucasian and African-American.

Method and Instrument

The purpose of the study was explained to the participants as an attempt to understand better the family backgrounds of chemically dependent persons. A structured interview was conducted (Appendix A) and genogram construction done as the

interview progressed. As the genogram took form, validation was sought from participants to verify accuracy of information. The format of the genogram construction is the standard format taught to students of nursing and social work in a variety of texts (Kneisel, Wilson, & Trigoboff, 2004; McGoldrick et al., 1999; Stuart & Laraia, 2001). During the interview process, a single quantitative measure was taken. Participants were asked to identify the degree of conflict in their families of origin on a Likert scale. A score of 1 indicated a high level of conflict; a score of 10 reflected a high level of harmony. The interview questions were reviewed by two experts in Bowen BFST for content validity and reliability.

RESULTS

Structured interviews were conducted with the 36 participants. Information from the interview questions was used in the construction of genograms that depicted family structure, relationships, patterns of interaction within the family, and chemical dependence information across generations. All generations were included about which the participant had knowledge. This usually involved three generations. Questions were asked during genogram construction about family structure and function; responses to these questions are summarized by BFST concepts.

Perceived Conflict

Conflict in the family of origin is one of the hallmarks of the family emotional system. A single quantitative measure was done in the interview sessions; participants were asked to rate the degree of conflict in their families of origin on a scale of 1 to 10. A score of 1 indicated a high level of conflict; a score of 10 reflected a high level of harmony. The sample had a mean score of 5.97 with a standard deviation of 2.47. An analysis of variance was used to compare women and men’s comparisons of conflict in the family of origin. A sample size of 36 delivered an effect size of 0.25 and power of 0.50 at a significance level of 0.05. As can be seen in Table 1, females rated their families’ level of conflict significantly higher ($p < .001$) than did males.

Family Composition and Cut-off

Participants described families of origin (parents and siblings) followed by families of procreation (spouse/partner and children). Families of origin tended to consist of parents, siblings, step-parents, step-siblings, aunts, uncles, and grandpar-

ents. Many of the participants were able to describe one side of the family in detail while possessing very little information about the other side (Figure 4). Sometimes these family branches were separated by distance; a great many of the African-American participants had family members living in the Southern United States or Caribbean: “My father’s people are from the Bahamas. I didn’t know him very well and never met my grandparents.” “All of my father’s family lives in Virginia. I don’t know much about them.”

Another large group of participants were separated from segments of their families by harsh feelings of long duration. Most of the participants could name at least one person in the family of origin who did not participate in family gatherings or reunions. Sometimes a family story was in place to explain the cut-off: “My father’s father was eccentric—he was a band leader and his first wife was institutionalized. They had three children, my father’s half-brothers and -sisters that I’ve never met. I think they were mad at my grandfather for remarrying and starting a new family.” Occasionally, though, the participant did not know (or was unwilling to relate) the incident that had initiated the cut-off.

Families of procreation were markedly not in the classic nuclear American family mold. Many of the participants were in their second or third “significant relationship (see Figure 1).” These significant relationships were sometimes marital, but were also often cohabiting unmarried persons. Almost half the sample, seven men and seven women, reported having no children. Others had many children and lived in blended families. “I have a son by my first husband and my current husband has three kids with his first wife. We’re trying to stay sober but it still isn’t a Brady Bunch.”

Sibling Position

One of the high-risk sibling positions (oldest child, youngest child, or only child) was held by 62% of the sample. By far the most numerous were the youngest sibling with 17% of the women and 19% of the men holding this position. Oldest males constituted 8% and oldest females 11%. The remaining high-risk position, only child, was comprised of 3% of the women and 4% of the men.

Triangles

Many of the participants identified their mothers as the person to whom they were closest in the family. Siblings rated a close second place. Only a few of the male participants listed their fathers as the person to whom they were closest; rather, the father or male authority was identified as the source of conflict and abuse (see Figure 2). Five women (28%) and four men (22%) described perceived paternal abuse encompassing the verbal, physical, and sexual domains. “My father abused me sexually from the time I was four until I was fifteen. It stopped all at once when my brothers got to be teenagers.” “After Mom died, Dad ran the boys off—four of my brothers left to join the Army all in the same summer.” A maternal figure—mother, aunt, or

TABLE 1
Comparison of Conflict Scores by Gender

Source of Variance	SS	DF	MS	F	p
Conflict	131.172	9	14.575	4.37	.001

*All genograms created with Genoware software created by Randy Gerson.

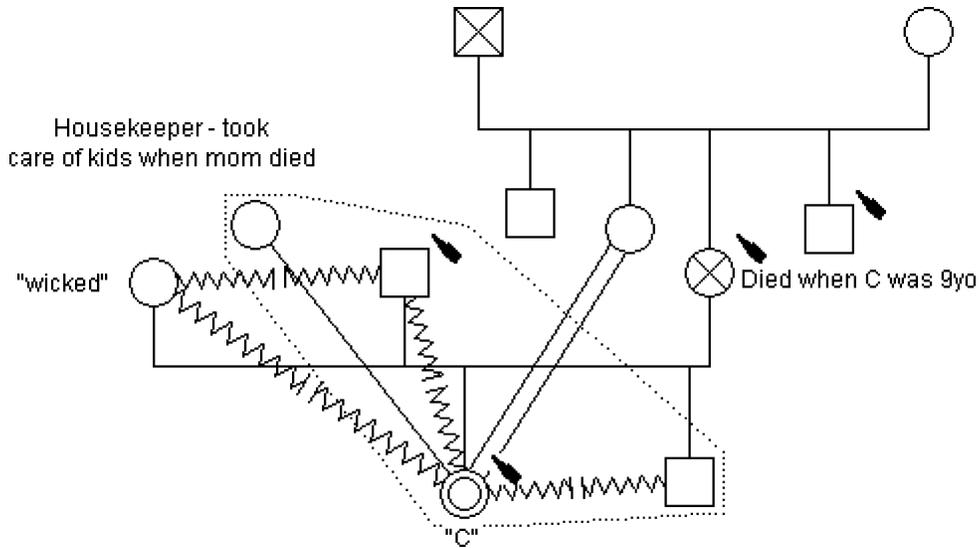


FIG. 1. Families of origin and procreation often included remarried spouses as well as non-related individuals (i.e., housekeeper).

grandmother—was perceived as the rescuer. “I went to live with my grandmother after my mother died. She had thrown my dad out for flaunting his girlfriend, and he hit her.”

Multigenerational Transmission

Almost all of the participants had extensive family histories of drug and alcohol abuse across all generations (see Figure 3). “All of my dad’s family are falling-down drunks and I look just like my dad.” “My dad and two of his sisters are violent, mean drunks. My brothers and I are also nasty and sarcastic when we’ve been drinking.”

While all siblings in one family unit might have been described as alcoholic or addicted by the participant, these siblings tended to follow the “addict/codependent” relationship pattern in that they seldom married or otherwise became involved with another addict/alcoholic. Rather, the chemically dependent person tended to partner with a person who did not drink or drug to excess, if at all. “My aunt Jane is a saint for what she puts up with from my uncle when he’s drunk.” There was no indication of Bowen’s “downward spiral of differentiation” (Bowen, 1978, p. 385) marked by increased use of drugs or alcohol vertically down through generations. Instead, one saw patterns of use replicated down generations.

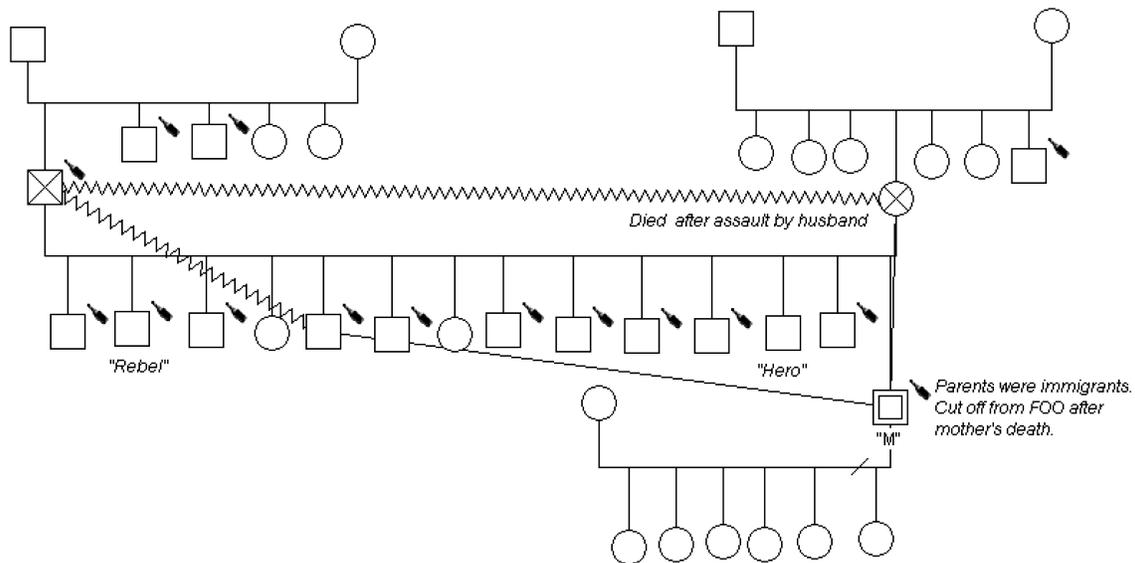


FIG. 2. One frequently identified pattern in the sample was that of paternal abuse and maternal abandonment.

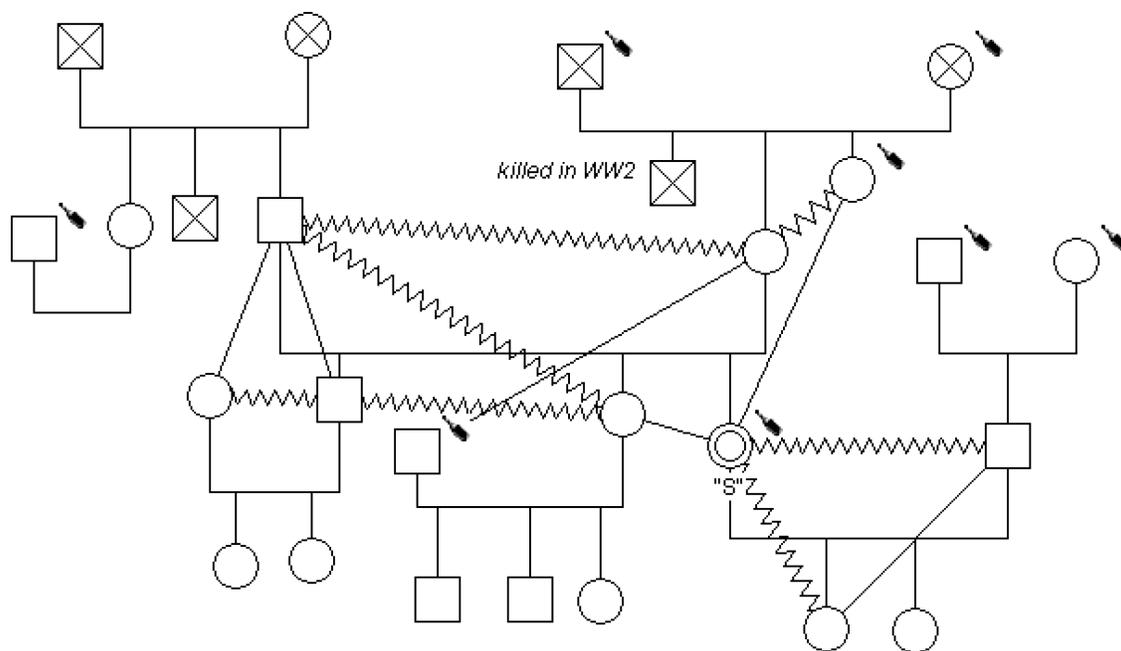


FIG. 3. Patterns of chemical abuse were found across generations.

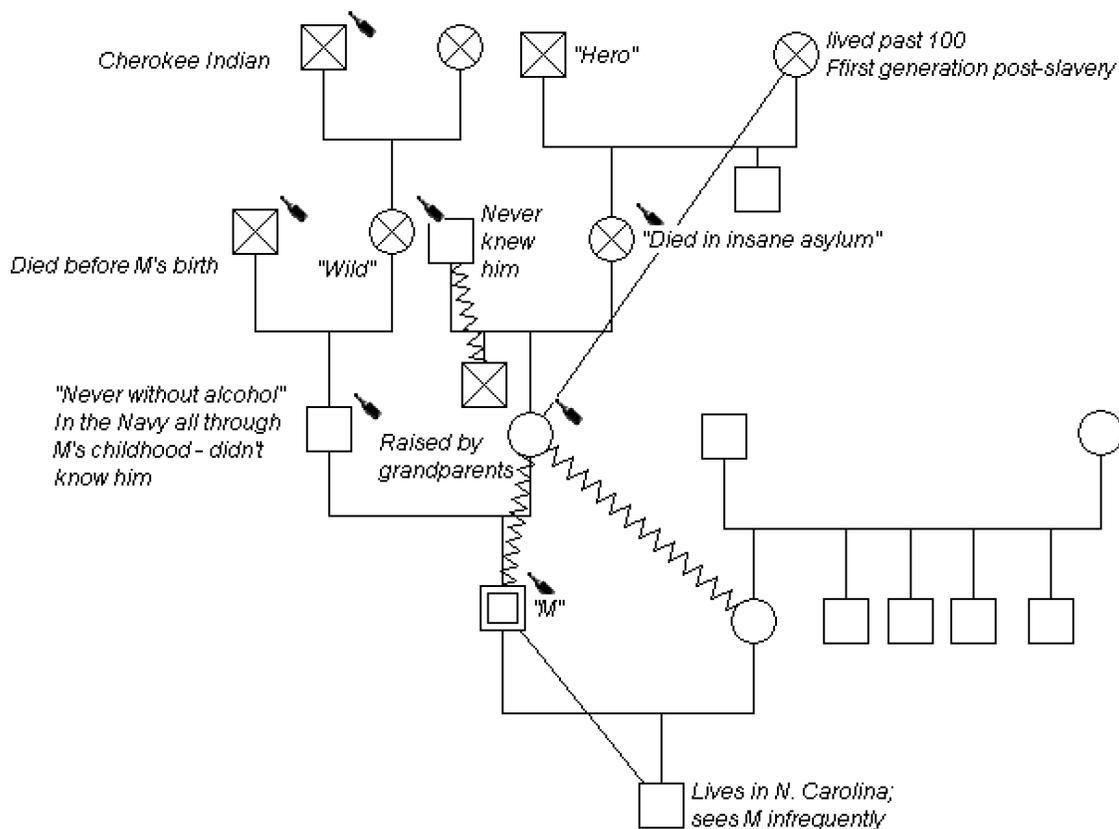


FIG. 4. Patterns of cut-off and emotional distance were clear in many families.

DISCUSSION

Interview results do support Bowen FST as a useful assessment tool for the chemically dependent individual. It is clear that chemical dependence is one of many systemic problems in the families of the chemically dependent. The concepts of sibling position, family conflict, cut-off, triangles, and multigenerational transmission as increased risk factors for chemical dependence were seen repeatedly. Although the two-parent nuclear family is not the predominant form of family seen today, there are still male and female authority figures that provide care, education, and life preparation for younger family members. The person(s) providing those things may have changed, but the roles and relationships remain.

Persons completing the genogram interview repeatedly verbalized their surprise at discovering patterns of multigenerational transmission of conflict, communication patterns, and attitudes as well as incidences of chemically dependent people.

CONCLUSIONS AND RECOMMENDATIONS

The research base of BFST remains in its infancy. Clearly, studies are needed to substantiate some of the less-studied concepts such as multigenerational transmission and family emotional system. Further studies are also needed with larger samples of diverse populations to broaden understanding of the application of differentiation, triangulation, and cut-off.

Steinglass (1987) points out that "A family perspective adds substantially to a clinical understanding of alcoholism and, by extension, to its effective treatment" (p. 9). As Bowen made no distinction between the agents of intoxication as maladaptive responses to anxiety, chemically dependent persons should be encouraged to examine their families of origin. Patterns of behavior that are well-defended in an individual may be recognized in oneself for the first time looking at past generations. Those patterns of behavior are automatic and predictable responses to anxiety until recognized as such. Once such an automatic response is recognized, an individual is then able to choose not to react within rigid family patterns. Reconnecting with families from whom one has cut-off allows the chemically dependent person to resolve old conflicts and prevents the conflict and, potentially, the chemical dependence, from being transmitted through yet another generation.

Understanding chemical dependence as a response to anxiety can be accomplished through the use of a genogram. Constructing the genogram can assist the person in recovery in identifying patterns of behavior that stimulated and maintained use of drugs and/or alcohol. Tracing family patterns of drug and alcohol use in response to loss in the family allays some of the guilt carried by the addict/alcoholic and reframes addiction as a behavior that can be changed.

REFERENCES

Bartle-Haring, S., Glade, A. C., & Vira, R. (2005). Initial levels of differentiation and reduction in psychological symptoms for clients in marriage and family therapy. *Journal of Marital and Family Therapy, 31*(1), 121–131.

- Bowen, M. (1978) *Family therapy in clinical practice*. New York: Jason Aronson.
- Entin, A. D. (2001). Pets in the family. *Issues in Interdisciplinary Care, 3*(3), 219–222.
- Haber, J. (1990). The Haber Level of Differentiation of Self Scale. In O. Strickland & C. Waltz (Eds.), *Measurement of nursing outcome, Vol. 4*. New York: Springer.
- Johnson, P., & Buboltz, W. C. (2000). Differentiation of self and psychological reactance. *Contemporary Family Therapy, 22*(1), 91–102.
- Kneisl, C. R., Wilson, H. S., & Trigoboff, E. (2004). *Contemporary psychiatric-mental health nursing*. Upper Saddle River, NJ: Pearson-Prentice Hall.
- Kosek, R. B. (1998). Self-differentiation within couples. *Psychological Reports, 83*, 275–279.
- McGoldrick, M., & Gerson, R. (1985). *Genograms: Assessment and intervention*. New York: W. W. Norton & Co.
- McGoldrick, M., Gerson, R., & Shellenberger, S. (1999). *Genograms: Assessment and intervention*. New York: W. W. Norton & Co.
- Miller, R. B., Andreson, S., & Keala, D. (2004). Is Bowen theory valid? A review of basic research. *Journal of Marital and Family Therapy, 30*(4), 453–466.
- Murdock, N. L. & Gore, P. A. (2004). Stress, coping, and differentiation of self: A test of Bowen theory. *Contemporary Family Therapy, 26*(3), 319–335.
- Skowron, E. & Firelander, M. (1998). The differentiation of self inventory: Development and initial validation. *Journal of Counseling Psychology, 28*, 235–246.
- Skowron, E. A. (2000). The role of differentiation of self in marital adjustment. *Journal of Counseling Psychology, 47*(2), 229–237.
- Skowron, E. A. (2004). Differentiation of self, personal adjustment, problem solving, and ethnic group belonging among persons of color. *Journal of Counseling and Development, 82*, 447–456.
- Skowron, E. A., & Platt, L. F. (2005). Differentiation of self and child abuse potential in young adulthood. *The Family Journal: Counseling and Therapy for Couples and Families, 13*(3), 281–290.
- Steinglass, P. (1987). *The alcoholic family*. New York: Basic Books.
- Stuart, G. W., & Laraia, M. T. (2001). *Principles and practice of psychiatric nursing*. St. Louis: Mosby.
- Sulloway, F. J. (1995). Birth order and evolutionary psychology: A meta-analytic overview. *Psychological Inquiry, 6*, 29–38.
- Toman, W. (1961) *Family constellation*. New York: Springer.

APPENDIX A

Structured Interview Questions

Family of Origin and Family of Procreation

Who is in your family? Include parents, siblings, grandparents, aunts, uncles, and cousins as well as significant other(s) and children.

Who are you named after? Sibs? Parents?

If there is a nickname, who gave it to you?

Who do you look like in your family? Sibs?

Family Roles

What do the people in your family do for a living? What about your parents? Grandparents? Aunts & uncles?

How did your family get along in the past (scale of 1–10)? Any lingering problems?

When there is a disagreement, who is usually involved? Who starts problems? Who fixes them? Who gets blamed? Who does the blaming?

Who takes sides with whom? Who takes your side?

Who is the peacekeeper? Caretaker? Rebel? Hero?

Triangles

Who are you closest to in your family? Has this changed over the years?
 Which parent were/are you the closest to?
 Who understands you the most?
 Who did you have trouble with as a child? Now?
 Did anyone (else) have trouble getting along in your family? Who and with whom? What was your role in the conflict?
 What would you/the family/your parents say is the biggest problem in your family?
 Who is the biggest success in your family? What is your relationship with that person like?

Cut-offs

Does your family have get-togethers? Does everyone show up?
 Does anyone deliberately not show up?
 Does anyone just not get involved with the family?

Chemical Dependence/Illness

Is everyone in your family healthy? Medical problems? Psychiatric problems?
 Do/did anyone here (on the genogram) have problems with drugs or alcohol?
 Was there a particular pattern that you remember that triggered the use of drugs or alcohol?
 Does anyone in your family still use drugs or alcohol? If so, do family members use together?

Registration Form for Continuing Education Credit

Journal of Addictions Nursing 18(3) CE Credit

Article 1: Perceived Conflict, Sibling Position, Cut-Off, and Multigenerational Transmission in the Family of Origin of Chemically Dependent Persons: An Application of Bowen Family Systems Theory

CE Instructions:

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Please check the program you are completing. This 1.0 contact hour program is \$10.00.

Posttest for Continuing Education Credit

1. Chemical dependency may be understood as a problem rooted in:
 - a. Genetics
 - b. Physiology
 - c. Both a & b
 - d. Neither a nor b
2. The author points out that a family perspective adds substantially to a clinical understanding of alcoholism but not to its effective treatment.
 - a. True
 - b. False
3. Understanding chemical dependence as a response to anxiety can be accomplished through the use of the genogram.
 - a. True
 - b. False
4. Bowen's Family Systems Theory as it related to the chemically dependent individual is a useful
 - a. Assessment tool
 - b. Diagnostic tool
 - c. Screening tool
 - d. Genographic tool
5. In this study, persons completing the genogram interview repeatedly verbalized their surprise at discovering
 - a. Patterns of multigenerational transmission of conflict, communication patterns and attitudes
 - b. Incidences of chemically dependent people
 - c. Both a & b
 - d. Neither a nor b
6. The concept described by Bowen that was NOT found to be useful in the assessment of chemically dependent individuals was:
 - a. Sibling position
 - b. Societal regression
 - c. Multigenerational transmission
 - d. Family conflict
7. The cornerstone of Bowen's Family Systems Theory is:
 - a. Differentiation of self
 - b. Family projection process
 - c. Triangulation
 - d. Multigenerational transmission
8. Fusion of the family limits the capability to deal with anxiety and results in the excessive use of:
 - a. Marital conflict
 - b. Dysfunction of a spouse
 - c. Projection of undifferentiation to a child
 - d. A & B only
 - e. A, B, & C

Answer Sheet for Continuing Education Credit

Article 1: Perceived Conflict, Sibling Position, Cut-Off, and Multigenerational Transmission in the Family of Origin of Chemically Dependent Persons: An Application of Bowen Family Systems Theory

Journal of Addictions Nursing (18:3)

Continuing Education Credit: 1.0 contact hour

Purpose: To assess family patterns as they relate to chemical dependence utilizing Bowen Family Theory as the organizing framework.

At the completion of the article and the posttest, the reader should be able to:

1. Identify and describe at least 4 of Bowen's concepts from his Family Systems Theory.
2. List 4 expectations related to a chemically dependent population when constructing genograms.
3. Name at least 3 risk factors for chemical dependence that can be identified when using the BFST as an assessment tool.

Posttest Answer Sheet: (Please circle selected response.)

Select **a** for true and **b** for false in true-false questions.

- | | | | | | |
|-----|---|---|---|---|---|
| 01. | a | b | c | d | e |
| 02. | a | b | c | d | e |
| 03. | a | b | c | d | e |
| 04. | a | b | c | d | e |
| 05. | a | b | c | d | e |
| 06. | a | b | c | d | e |
| 07. | a | b | c | d | e |
| 08. | a | b | c | d | e |

Program Evaluation

	Strongly Disagree		Strongly Agree		
Objective 1 was met.	1	2	3	4	5
Objective 2 was met.	1	2	3	4	5
Objective 3 was met.	1	2	3	4	5
Rate the effectiveness of the teaching/learning resources	1	2	3	4	5
Were the objectives relevant to the overall purpose/goal(s)	1	2	3	4	5
Rate the difficulty of this test: 1 = easy and 5 = hard.	1	2	3	4	5

How long did this program and posttest take to complete? _____ hours.