LEARNING FROM THE NURSES' NOTES FOR BOWEN'S 1954-1959 NIMH PROJECT: A WINDOW INTO THE DEVELOPMENT OF THEORY

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From 1954 to 1959, the nurses in ward 3E—of the NIMH Clinical Center building, in Bethesda, MD—kept detailed notes of psychiatric patient behavior based on twenty-four hour observations. These ward nurses played an integral role in Dr. Murray Bowen's research into human family behavior. Their notes are now archived in the National Library of Medicine, Bethesda, MD.[1] This paper analyzes the notes for August 1955, offering a unique window into the nurses' practices of objective observation and disciplined psychiatric care, while also showing us their contribution to Bowen's process of developing what would eventually become his theory of the family as an emotional system.

Key words: Bowen NIMH research, Bowen theory, family emotional system, reciprocal functioning, concept of the triangle, family psychotherapy, milieu therapy, psychiatric nurses' observations, emotional neutrality

INTRODUCTION

Dr. Murray Bowen's seminal research at NIMH, from 1954 to 1959, was an effort to test clinically the theory of human family functioning he had begun developing during his ten prior years of study and research at the Menninger Foundation in Topeka, Kansas. Both his focus of study—the family—and his methods were highly unusual, arguably groundbreaking for their time. The psychiatric ward nurses who participated in this project played an essential role, both in terms of

[1] The use of archival materials located at NLM in this paper is in compliance with NLM's policies.

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providing care for the research subjects and gathering the data that Bowen used as evidence for his radically new theory of human behavior.[2]

Bowen's research was longitudinal, involving 24-hour observations of families diagnosed as schizophrenic and hospitalized at NIMH over several years. Much of this observational data was gathered by the ward nurses who made use of their own practices of careful, neutral attention to patient behaviors while providing disciplined psychiatric care that was intended to support patient improvement and more independent functioning. The difference on this project was the application of these nursing practices to multiple family members.

In this paper's analysis of the nurses' detailed notes the reader has the opportunity, figuratively speaking, to be on the ward with those nurses, seeing what they saw at NIMH as they participated in this historic development of a new theory about the human family. It also allows present day nurses to reclaim the historically significant contribution made by the nursing profession to Bowen family systems theory.

Early Research at Menninger

From 1946 until 1954, Dr. Murray Bowen was first a psychiatric resident then a staff member at the Menninger Foundation. While there, he pursued his own interest in making Freudian theory more scientific, designed investigations to further this quest, gathered clinical observations, and studied the literature from numerous fields of science and human inquiry. One outcome of these explorations was the recognition that Freudian theory did not account well for what he was observing clinically and what he was learning from the other sciences. This left Bowen with a dilemma: Should he try to make the facts fit the existing psychoanalytic theory, or should he step into the unknown with the facts? Choosing the latter, he began to formulate concepts and hypotheses about human functioning that eventually formed the basis of his natural systems theory.

Beginning in 1948 through 1954, in his explorations at Menninger, Bowen and his nursing staff used what was called regression therapy, in which every need of the patient was acknowledged and met, fostering a regression or return to less

[2] The establishment of Bowen's NIMH research as an example of Qualitative Research is described in Rakow, Catherine (2013), "Analyzing Observational Data from Bowen's NIMH Project: Two Months of Nursing Notes: August 1955 and October 1956," *Family Systems Forum*(15:3): 1-2, 11-15.

mature ways of functioning, from which position the patient could then naturally mature. Also known in psychiatry as anaclitic therapy, this regressive approach was used with both male and female patients diagnosed as either alcoholic or schizophrenic. By observing the interactions between these patients and the clinical staff, Bowen found that the relationship process matched that characterization of symbiotic relationships, found in the then current literature, as intensely interdependent—a living and being for the other (Bowen 1995, 32-34).

During these studies, one process that Bowen and his team noted was the patient's intense focus on the therapist. This focus on the other appeared to interfere with the patient's ability to attend to her or his own goals, or what is called "self." In prior presentations of my research over the years, I have referred to this phenomenon—which Bowen himself never named—as "eyes on the other."

Another observation made by the nursing staff at Menninger—from their mothering position in relation to the patient—was what Bowen eventually called "forcing mothering," including its effects on the patient's capacity to recover (Bowen 1995, 26). Bowen observed that no progress could be made if he or the nurses (as the parent substitutes) moved toward the patient by encouraging him or her to grow up; nor could progress be made if they, as the parental figures, moved away, withdrawing emotional support and threatening the loss of the relationship. That is, even when patients were able to resolve or "regressed below" their symptoms, psychosis would return if the nursing staff either moved toward their patients with over-helpful urging or enthusiasm, or withdrew emotionally (Bowen 1995, 25-26). This observation led to the principle that attention and treatment would be made available but not carried out until the patient explicitly asked for it. In other words, some forms of being helpful turned out to be unhelpful.

To ameliorate the tendency for "eyes on the other" and the undesirable effects of "forcing the patient to accept mothering," (Bowen 1995, 26) Bowen found it effective when the person in the therapist role—whether himself, the nurses, or the social worker—remained neutral, neither prompting nor withdrawing (Bowen 1995, 27). This seemed to provide the condition whereby the patient found it possible to attend to his or her own goals for growth. The difficulties nurses had

with maintaining this neutrality at Menninger allowed Bowen to develop exercises to assist nursing staff to be more comfortable with this practice at NIMH. This is one example of how Bowen used these earlier discoveries to construct the therapy and research milieu at NIMH and to train the NIMH staff.

From Menninger to the NIMH Project

As a result of his earlier research, Bowen came to NIMH with one understanding of an unresolved symbiosis between a parent and an offspring with schizophrenia as a manifestation of a chronic problem in the mother-child relationship (Bowen 1995, 34), and the resolution of the symptom was seen as linked with a change in that mother-child relationship. This differed from the then current understanding of the mother, especially maternal deprivation, as the cause of the schizophrenia. Bowen's observations and investigations supported his contention that it was excessive love, not deprivation of love, that kept mother and child intensely focused on each other. Though such maternal love was certainly appropriate at particular, earlier developmental stages, it was insufficient and counterproductive for independent functioning of either mother or child into adulthood (Bowen, 1995, 32). And neither mother nor child knew how to extricate self. In short, schizophrenia could be seen as a manifestation of an intense interdependent relationship.

Based on this view, Bowen's NIMH project in December 1954 was initially titled, "Influence of the Early Mother-Child Relationship in the Later Development of Schizophrenia." (Bowen, 1954, 1). Bowen stated that the project's goal was to "check the belief that [the] presence of the mother is beneficial to the treatment of schizophrenia." (Bowen 1954, 1).

Four months into the project, Bowen's developing view of schizophrenia was

> …not [as] a clinical entity unto itself, but rather one of the more severe symptom complexes in a long continuum, and one that encompasses almost every experience in human living, [and that] when we have understood schizophrenia, we will have understood mankind. (Bowen 1955a, 1)

By the end of 1955, a hypothesis change is evident in the year-end summary report where Bowen notes that he now sees schizophrenia as a symptom of a disturbed family that is concentrated in one member (Bowen 1955b).

To study his initial hypothesis, Bowen decided to hospitalize not just the identified patient but also the primary caregiver or parent. While he might have considered different parent/offspring configurations, he initially chose mother/daughter pairs because they could be accommodated by the available ward space (Bowen 1972). For his NIMH project, that was the all-female ward, 3E, in the Clinical Center building that was part of the NIMH campus located in Bethesda, MD. From March 1955 on, with rare exceptions, the project used the entire ward. Nurses were crucial to the collection of data that led to the essential observation—in the first year—that the family is an emotional unit, thus supplying the missing element for the new theory.

In the first year, the mother-daughter pairs were not hospitalized in the usual, more restricted sense, but rather mothers agreed to spend as much time on the ward as possible. It was not the intensity of schizophrenic symptoms that was selected for but a positive symbiosis (Bowen et al. 1957). Positive indicated that parent and child could weather prolonged contact with one another. Each daughter was diagnosed schizophrenic prior to arrival. The mothers had the diagnosis normal control. Each pair would be considered the unit of study and treatment, yet each mother would also be responsible for providing much of the care for her daughter, based on the hypothesis that the mother would be the therapeutic agent for the daughter. The mother-daughter pairs would thus assume responsibility for their own progress while living in the ward's resource-enriched milieu. This is an example of the radical ideas Bowen had. The mother-daughter unit, through use of the resource rich milieu, was responsible for improvement. The staff was responsible for the milieu in which the improvement occurred.

In setting up the NIMH project, Bowen predicted that the earlier-defined patterns from Menninger, including "forcing the patient to accept mothering" (Bowen 1995, 26) and "eyes on the other," would occur with the actual parent (of the identified patient). So every effort was made to ensure the necessary

supports were available to both family members. They were informed of the project's approach regarding schizophrenia, of the help they could access—the mother could meet with the social worker; the daughter could meet with Dr. Bowen at her request; the nursing staff could be utilized to care for the offspring if the mother wanted respite; there was a liberal leave policy; hands-on care such as massage, cold wraps, or just talking was available from the nurses—and families were free to make use of any of this as frequently as they chose. That meant the mother, for example, would always have a social worker to turn to; the daughter would always have a therapist; both would have access as well to other staff for other services. However, these supports were to remain neutral—neither encouraging nor withdrawing—but instead remaining simply present, always available, relating to the individuals as adults, not judging, and not interfering with the interactions between mother and child. It was hypothesized that this environment of support would reduce the intensity of need that mother and child might have for one another. Moreover, this coupling of staff availability with noninterference in personal relations was also to be a model for mother and child to observe and potentially incorporate in relation to each other. It was expected that if the environment could provide these necessary conditions, the natural growth process that exists in all humans would kick in and that such change from within the family would be longer lasting. This initial hypothesis was operationalized for the NIMH project and became an integral part of the NIMH ward environment.

The Key Roles of Nursing Observation and Provision of Care

As co-contributors in Bowen's NIMH research project, the ward nurses were asked to function in ways that were consistent with their professional training and orientation, yet with an emphasis on that key quality of neutrality that Bowen identified at Menninger. That is, Bowen modified the nursing practices of observation, managing self, and patient care with the desired outcome of improved functioning within the family.

Observation and objectivity are generally considered essential for nursing practice. The difference for the NIMH project was that the unit of study was the family, not the individual, and this required a paradigm shift in what and how

the nurses observed. In addition, the project staff, including nurses, was not to use psychiatric jargon to interpret perceived behavior. Rather, observers were simply to record what could be seen and heard in the behavior of the family members as they interacted with one another and with staff. Even staff attitudes were of particular importance. For example, though the intense attachment in the mother-child relationship was seen as an arrest in the ordinary course of development, the milieu was designed so that the attachment would resolve and move to mature growth. Seeing that attachment as pathological, rather than as a necessary developmental stage, would have established a different, counterproductive emotional atmosphere. All of these elements were considered essential for valid observational data collection. This research project has not yet been integrated into nursing history.

To draw from a 1963 definition of nursing practice that would have been current at the time of the NIMH project, nursing's

> …distinctive function is to give close and individual service to the patient, performing for him what he cannot do for himself, giving supportive care, physical and emotional, to bring him through dependence to self-directed activity, towards his own health." (Reiter and Kakosh 1974, 15)

In Bowen's research, the nurses were asked to function with the usual goal of promoting health yet not to be the family's caretakers, per se, but to assist the family in solving its own problems and challenges. In particular, Bowen asked that nurses leave to each family any nursing functions that family members could perform themselves. Yet if the family asked the nurses to help or take over when its members appeared incapable, the nurses were empowered to accept or not based on their observations of the family and whether the request came from their assessment of real clinical need or from family abdication of responsibility. In these and other ways, the nurses were integral to a milieu that was to be rich in resources for the families. To support the nurses' work in observation and assessment, they were asked to read in biology and the sciences with the intent of either finding useful references for

the observations or finding similar patterns in other life forms. They were asked to work on their own psychological development and maturity in response to intense family conflict. Professional growth in the staff would serve as a model for family learning while also creating a milieu conducive to the family's growth. By 1957, a nascent understanding beyond NIMH of the potential benefits of studying families is given by Lidz,[3] Hotchkiss and Greenblatt.

> Relatives are thus often regarded as a serious problem to contend with, rather than a welcome opportunity to extend the orbit of the hospital's usefulness deeper into the family structure, and an opportunity to observe intrafamilial influences that require modification or correction. (Lidz, Hotchkiss, and Greenblatt 1957, 537)

The expectation of the nurses' working on their own functioning and being participant observers was unique to Bowen's project and in contrast to his peers' view of nursing. Jordan Scher[4] defined the functions of a nurse as meeting the patient's needs and improving patient functioning/communication and social participation. Scher says the relationship between patient and nurse goes through the specific activity requested rather than direct nurse-patient relating of self, one to another, in contrast to the doctor whose efforts go toward increasing this capacity of the patient while maintaining that capacity for self (Scher 1955, 309).

The nurses did not passively go along with Bowen's wishes and do as they were told. There were on-going, daily, discussions of responsibility regarding ward management and practices. The nurses were part of the decision making for ward operations. Just as they were able to say no to a family request, they were also able to influence the selection practices for evaluating families. An example of nurse participation occurs in the family meeting notes for June 20, 1956 where the discussion centers on having a family attend these meetings as part of the evaluation process prior to admission. Dr. Bowen's

[3] Theodore Lidz, MD of Yale University studied schizophrenic patients and their families and the etiology of schizophrenia. He and Dr. Bowen presented in the same session at the American Orthopsychiatric Association's Annual Meeting in March 1957.

[4] Jordan Scher became the ward administrator on Bowen's research ward on September 8, 1955.

notes say that this was unacceptable to the nurses. "N(urses) did not want any responsibility. Rather not see applicants than be asked for opinion." (Bowen 1956a)

The difficulty of considering the new idea of the family as a unit, not a collection of individuals, but an entity in itself was a paradigm shift in thinking and in treatment. Dr. Warren Brodey, in a September 4, 2002 interview, comments on the difficulty of this for the researchers as well as the nursing staff. He mentions that the concept itself "was difficult" to hold on to for everyone and says all staff tried to support each other with this "desperately difficult" task. (Brodey 2002) He notes that the nurses, while contributing a wealth of observations leading to such concepts and implementing action to apply these concepts, found it contrary to basic nursing practices, increasing anxiety within the nurses that often went to the top of department. There was high turnover in the beginning of the project. Over time, a core group of nurses emerged who became proficient in this way of nursing and added to the theory's knowledge base. Three nurses present in early 1955 were still on the project in late 1958. The head nurse on the unit was steady from August 1955 through the termination of the project in December 1958.

Betty Basamania, the social worker on the unit, also comments on the importance of having the nurses accept the conceptual approach. She notes that leaving responsibilities with the families allowed for naturalistic observations of the families. If the nurses had done traditional duties "the family would be obscured." (Basamania 1958, 3) She gives the example of how the concept of the family as a unit can be observed with routine everyday events and this evidence can be used therapeutically: "how observations and therapy dovetail in an ongoing living situation. (Basmania, 1958, 4) In doing so, she gives insight into the conflictual situations the nurses faced.

> One set of parents would leave without making provision for the care of their son. Later, the mother would call to ask the nurses to give the son a tray at mealtime. The father would phone….and request that the nurses not to give his son a tray but that the son be left to come to the table if he wished. Problems around eating are among the son's symptoms. (Basamania 1958, 4)

Bowen notes the importance to the development of the theory of staff holding this new idea in mind and in action:

> The effort to think of the family as a single unit and to treat the family as a unit, revealed patterns not observed when the focus was on individuals in the family unit. The families have shown more strength to deal with the family problem and the forces toward family disruption have been less when the staff has been able to work with the family as a unit. [Underline in original] (Bowen 1957a, 1)

The idea of improving staff functioning as a necessary ingredient to creating a healthy milieu resonates even today with nursing practice. Moreover, through these efforts for the NIMH project, nurses made a direct contribution to what is now called Bowen family systems theory and to the eventual introduction of family therapy as a viable method of treatment.

The Nurses' Notes

In 1955, the NIMH project's three-shift staff consisted of a mixed-gender, mixed-race nursing team of thirteen including two staff nurses, three team leaders, a head nurse, nursing assistants, and a unit clerk (Kvarnes 1959). In addition, there were four other staff who did not rotate shifts: an occupational therapist, and the three clinical investigators, Dr. Bowen, Dr. Robert Dysinger,[5] and Mrs. Thai Fisher,[6] a social worker.

Nurses were assigned to the unit by the nursing department at NIMH. Over the course of twenty-four hours, they observed the families whenever they were in common areas of the ward, when invited to accompany family members to activities off the ward, or whenever nurses were in physical proximity to family members such as in the family members' private rooms. There was an intercom in the private rooms that connected to the nurse's station that was under the families' discretion to leave on or turn off. The nurses ate meals and participated in ward activities with the family members. Families were informed of this level of observation prior to

[5] Dr. Dysinger, an assistant clinical investigator, remained part of the project from its beginning through its termination in 1959.

[6] Mrs. Fisher was on the project from November 1954 to October 1955 when she was replaced by Mrs. Betty Basamania.

admission. Family members were also allowed access to the nurses' notes (Bowen 1970).

There were multiple methods for collecting data on Bowen's NIMH project. All used a naturalistic approach. All used a naturalistic approach. There was the hospital chart containing notes for every twenty-four hour period kept by the nursing staff for each of the day's eight hour nursing shifts; three written records of the family-staff meetings; notes taken by silent observers at meetings, process psychotherapy notes of the content of the meeting, and a sociogram color-coded to note interaction among attendees; audio recordings of every psychotherapy hour; collated data from all of these sources on a daily, weekly, and monthly basis; and social work notes from meetings with mothers in the first year (Bowen 2013, 158).

Bowen accepted that all writers, regardless of professional status, were equally capable of gathering the data if the concept was understood. These notes constitute an exceptionally detailed record of the project. To protect confidentiality in this analysis, all families have been identified alphabetically (A family, B family, and C family) according to the order in which they were admitted.

August 1955

Out of five years' worth of archival materials generated by Dr. Bowen's NIMH research project, I chose August 1955 to review, in detail, the materials for that particular month. This month was selected for two reasons: it was nine months into the project and the idea of the family as a unit, while not yet explicitly hypothesized, was emerging. And it was in this month that the family/staff meeting was established, which I will describe later in this paper.

In August, there were two mother-daughter pairs being observed on Bowen's research ward: the B family and the C family. (The A family was on leave from the hospital for the summer.) While an analysis of both the B and C family was done for this month, I decided to focus primarily on the nurses' notes for the B family to further narrow the scope of analysis for this paper. The C family was a local family; the mother had younger children at home, and there was a transit strike that impeded her ability to spend extensive time on the ward.

The B family was admitted to Dr. Bowen's research project on November 23, 1954. They had been referred by a Family and Children's Bureau agency. They lived on welfare and came from the east coast of the US. The parents had been divorced fifteen years at the time the mother and daughter were admitted. The mother was fifty-three years old. In August 1955, the daughter was turning eighteen. This mother-daughter pair was the only pair to live together on the ward continuously from the beginning of the research project in 1954, until 1956 when all parents were required to live on-site. (Mrs. A, like Mrs. C, also chose to live off the ward and to visit as frequently as possible.)

Though Daughter B had the schizophrenia diagnosis prior to admission, it is clear, from the notes, that Mrs. B was considered more impaired than her daughter. In the materials reviewed, one can see this greater impairment in the mother as well as the difficulty it presented to the staff to remain neutral observers while being a useful resource to the family.

For this analysis, supplementary materials were also consulted, including Dr. Bowen's clinical summary for the month of August 1955 and the social worker's notes of her meetings with Mrs. B. All of these materials were part of the data collection on the project and were used by Bowen to refine and advance his hypothesis.

The nurses recorded a variety of information: when family members got up, went to bed, time spent in their room alone or with other family members, what took place at meal times, the moves toward and away from each other, some description of those moves as either friendly, hostile or neutral, intra-family exchanges, attendance at activities and the nurses active involvement with the families. This was a process of winnowing the larger body of notes to get at mothers and offspring in a way that would yield valuable insights. Notes recording mothers and daughter's emotional state, interaction with each other and interaction with staff as it met the criteria in the original hypothesis was selected

The nurses' notes for this month reveal not only some of the patterns Bowen had initially observed at Menninger but the nurses observed some new ones, each of which will be discussed below.[7]

<?> All notes for the B family were extracted from the NIMH Clinical Record, Unit Report nursing record for the month of August 1955, Bowen Archives, History of Medicine Division, National Library of Medicine, Bethesda, MD.

"Eyes on the Other," "Forcing the Patient to Accept Mothering"

The coding gave a good view of these two processes occurring repeatedly with the B Family. Mrs. B's eyes are consistently on her daughter as her daughter just as consistently pushes away. The rare exception occurs on the daughter's birthday on August 4th, which is the first time that month where Mrs. B is not noted to be pursuing her daughter or forcing her mothering.

Mid-month these patterns are seen again. Beginning the night of the 12th, mother can no longer keep up her improved functioning. It has exhausted her inner resources. She is up during the night with a backache and sleeps until lunch. The next day, she goes off the ward to the sundeck but is brought back by staff and the "eyes on the other" posture is seen again.

Even though Mrs. B is complaining of being ill, her focus on the other raises questions. At what level of maturity does one person know self from another? What survival advantage is there in denying reality to oneself and instead focusing on another as the way to sustain or enhance one's own adaptation? A focus on self is routinely described in psychiatric, psychological, and even religious thinking as the basic beginning of being a responsible person.

Within the first year of his research Bowen called the inability to be a separate self, "fusion," dropping the use of the word symbiosis to describe such boundary-less relationships. Bowen chose terms that would be congruent with the human as a biological being. He wrote, "The term 'fusion'… describe(s) the ways cells agglutinate…" (Bowen 1988, 362)

Bowen observed that the process of fusion carried loss of identity along with anxiety and turmoil. We can see this fusion in the relationship between Mrs. B and her daughter. While Mrs. B could sustain improved functioning for a brief time it could not be consistently sustained and, at those times, when Mrs. B is no longer able to keep up a level of mothering of her daughter she instead turns it over to the nurse as is described on the 14th.

August 14 [Mrs. B] "Very concerned about [daughter]. Requested nurse have dinner with her daughter instead of with her. …Lethargic and apathetic. No mention of daughter during evening except for initial request of nurse to assume 'mother role'" (August 14, 1955 Unit report)

The pattern of clinging to her daughter comes fully into view the next day as Mrs. B returns to her previous behavior. Her own somatic concerns seem to be driving this push to get

her daughter to mother her, and it gives good evidence that her impairment could exceed that of her daughter's. By the 15th the mother acts helpless and, in her misery, is focused totally on her daughter.

August 15 [Mrs. B] "Up at 5 a.m. complaining of pains (all through her body.) Remained in bed all day. When awake calls for (her daughter) frequently and checks on her whereabouts and activities. Yelling at (daughter). Constantly seeking out (daughter), ordering or pleading with her to come down to her. Seemed on verge of tears several times… (my daughter) didn't want her mother any more…Looked pale and weak." (August 15, 1955 Unit report)

The daughter reverts to her previous pattern of withdrawing from her mother.

August 15 [Daughter B] "Resents interruptions by mother, spends as little time as possible with her, Rejected mother with 'leave me alone,' 'shut up,' 'you're crazy.' Left lounge when mother there." (August 15, 1955 Unit report)

Reciprocal Functioning

One of the new patterns observed at NIMH was that of reciprocal functioning, which describes how one person's functioning can be interdependent with that of another. Functioning refers to the execution of life's daily activities, an observable capacity. For example, functioning would be considered good when a person does what would be age and developmentally appropriate. In contrast, functioning would be considered poor when something interferes with that capacity. This capacity could be seen to shift from good to poor and back to good again, for example, with Daughter B, occurring with reciprocal shifts in Mrs. B's functioning from poor to good and back to poor again. An example of this kind of reciprocity in functioning was observed on Daughter B's birthday on the 4th.

August 4 [Daughter B: on her birthday] "Kept mother from making outlandish purchases. Tolerating mother well. Requests moving her room next to mother" (August 1955 Unit report, 8 am to 4:30 pm shift)

[Mrs. B]" 'Bizarre requests, having difficulty controlling self. Requested moving her room to seclusion room, this was done." (August 4, 1955 Unit)

An important event in the life of this family, as lived on the ward, occurs on August 10th when the head nurse announces

that she is going to another unit at the end of the month. This has an impact. In Bowen's Menninger research, there was a consistent observation that functioning could be influenced by unpredictability in the environment (Bowen 1995, 25-26). The head nurse's departure would fit this category. Mother and daughter went off the ward together and the mother had mature behavior, according to the nurses' notes.

With knowledge that change is coming to the ward and perhaps directly impacting her, Mrs. B implements a strategy of becoming an attractive mother to all on the unit. This is an example of responding to a change in the environment—given the head nurse's pending leave—to present a better self to the larger environment and to any prospects considering the head nurse position.

What eventually became the concept of the triangle is seen in the notes: It is not until the daughter is disappointed in the nurses on the 9th that she allows mother to move toward her.

August 9 [Daughter B] "Interacting fairly quietly with staff. Hostile, vociferous outburst at staff when reproved for her excessive flippancy. Ran to her room. Quieted when mother remained with her." (August 9, 1955 Unit report)

These observations contributed to the formulation of the emotional triangle concept. In other words, it takes awareness of what is operating in the daughter/staff relationship to understand the daughter's move toward mother.

On the 11th and 12th the nurses' notes convey the interdependence in functioning. On the 11th the mother is anxious, the daughter doing well.

August 11 [Quoting Mrs. B] "the unit has been like a morgue…no one seemed to realize the seriousness of the head nurse leaving. I have been worrying myself sick about what is going to happen to her…the next head nurse may make me walk a straight line."

[Daughter B] "Getting along well with mother. Has commented many times on how peaceful and nice it is. At bedtime, waited in her room for mother." (August 11, 1955 Unit report)

On the 12th the mother pulls up her functioning, the daughter regresses.

August 12 [Describing Mrs. B] "Maintaining adult level and being a mother to all patients. Active in her attempts to quiet her daughter when noisy. Tolerated her daughter's absence well."

[Daughter B] "Slept most of morning. Complaining that she did not feel well….taunting mother." (August 12, 1955 Unit report)

These observations of interdependence occurred with the other two families then part of the project and were not limited to only the mother daughter relationship.

> Change in the functioning of one family member would be followed immediately by a reciprocal change in the functioning of the family member who was closest attached emotionally, and that this in turn would be followed by reciprocal change in other family members. There was one mother and patient who had no significant emotional ties other than to each other." [The A family] "Each time there was a significant improvement in the patient, the mother would, within a few hours develop a severe physical illness, that could be prolonged and require hospitalization. In another family, the following pattern repeated three times in two months. It involved the mother and patient in the hospital and an adolescent son at home. The patient would get worse, more symptoms of psychosis, the mother immediately become more adequate, decisive, and resourceful, and within the next 24 hours the adolescent son would be picked up by the police for delinquent behavior, like stealing a bicycle, street fighting, and carrying an illegal knife." [The C family] (Bowen, undated)

The twenty-four hours of observation allowed for the intensity of such interdependency between mother and offspring to come to the fore. Moreover, reciprocal functioning refuted the idea that symptoms were fixed. Undiagnosed family members appeared to have as much trouble functioning, at times, as the diagnosed family member.

Transfer of Anxiety

One of the important observations in the first year of the research was that upset in one family member could be transferred to another family member, a transfer that appeared to precede a reciprocal shift in functioning. There is an example of this on the 17th of August. In order to capture this fully, the dance between the mother and daughter in the preceding

days of August must be kept in mind—the mother's pursuit of her daughter; the daughter's reactive pushing away; the mother's effort to pull up her functioning in light of a change coming to everyday life on the ward with a new head nurse; her inability to sustain this effort; and the pull to get her daughter to mother her. Mrs. B's use of deception and her persistent focusing on her daughter, literally noted by the nurse, follows quite closely with what Bowen writes:

> Mother would become anxious and then her thinking would focus on the sickness in the patient. The timing of this seemed related to the mother's own functioning rather than to the reality of the patient's functioning. Mother's verbalization would include repeated emphasis on the patient's sickness. Very soon the mother's anxiety would be less and the patient's psychotic symptoms would be increased…so common that any increase in mother's anxiety would alert the staff for an increase in the patient's psychosis." (Bowen 1957b, 7)

This can be seen clearly in the notes on the mother for the 15th, and the daughter on the 17th.

August 17 [Daughter B] "Seemed tense and anxious in early part of evening. Became quite upset yelling, kicking staff. Crying, threatening to set ward on fire. Screaming 'my mother doesn't love me, nobody loves me or wants me.'" (August 17, 1955 Unit report)

Two days earlier, the mother uses the same words to describe the daughter. The transfer of anxiety from mother even carried the same words to the daughter. By nightfall on the 17th the daughter is the anxious one and by the next day, the 18th, the mother acts free of any anxiety.

But the notes for the daughter on the 18th speak about a process that Crocco describes as *twinning* (1978, 226). This is when one person mirrors another and would be part of the fusion between them. This day shows the rapidity in the occurrence of shifts in the relationship. Soon after mother exhibits a behavior, the same behavior is observed in the daughter. Is this part of the exchange of functioning already taking place? Some sort of transfer of behavior from one to another that is part of the shift in functioning between two people? By

nightime the daughter is aware of this loss of self or what could be understood as strength or energy given up to another, and the daughter aptly notes a lost feeling.

As captured in the notes, upset in the mother predictably preceded a decline in the daughter. This transfer of upset also occurred from family member to staff, with tension then spread among staff members while the families became calm. Taken together, the consistency of these observations led to considering the mothers and daughters as fragments of broader, more inclusive relationship patterns. Ultimately, the reliability of such findings pointed to a threesome being the smallest, stable relationship configuration, which Bowen eventually developed into the concept of the emotional triangle.

Viewing the Family More Broadly

In the latter part of August, right in the middle of this period of happier fusion between mother and daughter, Mr. B makes a surprise visit to his daughter on the evening of August 20th. The earlier part of the day had been otherwise typical with mother always tracking her daughter, daughter distancing from mother and mother being lost when daughter is out of sight. The nurses describe how the focus on the daughter gives a direction for mother. All of mother's attention and her ability to function are connected to daughter. The one exception to this is when the two form a coalition with Daughter B joining with mother in being hostile to staff. In the distance cycle, when both are avoiding each other, the daughter would have chastised mother for this hostility toward staff. Here in the fused state, the daughter joins mother in the hostility.

While the concept of emotional triangles is illustrated well in the previously described back and forth between mother, daughter, and staff, the unannounced visit on this day from Mr. B shows how the actions of mother and daughter are most dramatically affected by the arrival of a third family member. An unexpected visit of the father in the evening occurs. He gives his daughter a birthday gift of a watch. The daughter visits with him in her room, without mother present, and she introduces him to everyone at the dinner table. There is no record in the nurses' notes of any interaction between Mr. and Mrs. B during the visit. An insight into the relationship process in the family is the reversal that occurs in the mother's renouncing her daughter after the father's surprise visit. The

pretense that is part of the competition/interdependence with her daughter shows up later in her dream where she describes both being the preferred love object of the husband and then not caring if it is her daughter instead.

On the 21st, Mrs. B spends the morning discussing her ex-husband's visit even though she did not interact with him while he was there and stayed in her room. She speaks privately with her daughter in Yiddish so it is unknown what the mother's point is, but the daughter's response is to emphasize her own importance to her father as well as her attractiveness to men. This would be a distancing cycle brought about with the father's visit. These cycles varied in length from hours to days and contributed to the understanding of the mother/daughter as a fragment of a larger process and the idea of the threesome as the smallest molecule within emotional process in a family.

On the 22nd, the mother and daughter again come together in criticizing a third point of the triangle, the staff. Being "against" another allows for a togetherness between them but with an interesting twist. In light of mother's recent remarks, out of daughter's hearing, that the father could take the daughter, the daughter reiterates this theme—no one likes her and she is unwanted by staff though it was mother who was claiming not to want her daughter. The challenge for the staff was to see beyond these episodes as process in a dyad and to see the prompts and reactions as being related to interaction among a threesome.

Within a day, Mrs. B again uses deceit, by taking the watch from her daughter. This event is a variation on the projection of anxiety seen earlier in the month when Mrs. B had somatic concerns. This sequence of notes, from the 20th through the 24th, required numerous reviews and illustrates how thinking of the family as a unit differs from individual thinking. My first thought was that this was akin to sibling rivalry—each child, here mother and daughter being equals, wanting the father to "love me best." Then when considering the pretense that was part of the watch taking, I thought of Mrs. B's statement that the father could have the daughter as perhaps an example of anticipatory anxiety—"If my daughter is going to leave then I'm going to pretend not to care." Eventually I came to understand that this sequence speaks to the fusion among mother, daughter, and father. There are greater pressures within the

threesome than even those described between mother and daughter. The dynamics are much more complicated, occurring in an uncertain environment as the change in head nurse approaches. The mother taking the watch gave this a different slant, fitting the idea that neither one knew where each began or ended. If the watch is the daughter's, then it is also the mother's. And it is more than that.

The deceit used by the mother to take the watch without daughter knowing and then to leave the unit reminds me of a short film clip of chimps napping presented by Frans de Waal, then at the Wisconsin National Primate Research Center. (de Waal, 1989) A pile of oranges was put in the chimp compound while the chimps were asleep. One chimp, first pretending to be asleep, got up, took several oranges, buried them, and then lay back down as if nothing had gone on. An alpha chimp would never need such manipulations, whereas a chimp lower down the hierarchy might just find those oranges coming in handy for later negotiating relationships and group position. Mrs. B's success in tricking her daughter is a pseudo one-upping. Moreover, that watch might come in handy later, as might the chimp's oranges.

At the broadest level, this observable increase in upset between mother and daughter related to the father's visit is not a one-time observation. Each time Mr. B visited, things intensified between the mother and daughter.

Other Observations of Emotional Triangles

It was the recurrence of observations that forced the conceptual shift from two to three as the smallest unit for emotional study. From the 24th through the rest of the month the cycling of closeness/distance between mother and daughter continues with various others filling the third position. They come together against the staff or against another daughter (Daughter C) whose mother does not live on the ward. On the 24th, when the mother is friendly with another female on the ward who was the recipient of negativity from Daughter C, Daughter B moves toward Daughter C in an illustration of the exquisite sensitivity to the closeness balance in a threesome that would be part of the concept of emotional triangles. There are many, many examples of behavior of one person being determined by another in the mother/daughter pairs. As the daughter renews interest in a male patient, mother's irritability grows along with the daughter's claims she will

soon be engaged (joined to another). By the 28th, the daughter does not join mother against the staff. On the 29th there is a decrease in exchange between mother and daughter followed by a refocusing of both on Daughter C by the 31st. Mother shifts rapidly from negative to aligning with daughter C while her daughter claims daughter C as hers. And thus ends the month. Behavior is determined by what the other does.

Additional Observations from the Social Worker's Notes

How might other sources of data, gathered during August 1955, inform us about these dynamics in the B family and more generally about the process of family research? In the clinical record prepared by the social worker during this month, she notes meeting with Mrs. B daily, sometimes twice a day. These meetings took place in Mrs. B's room on the ward. The social worker writes:

> The primary psychological factor which seems to be operating in the month of August was [the daughter's] continued separation from her mother and what must have been experienced by Mrs. B as a terrific loss for her…It was extremely interesting that at the same period where Mrs. B was experiencing her feelings of loss of [her daughter], Mrs. B covered up all of her possessions in her room…with white cloth. The room gave the impression of being in mourning. (Fisher 1955, 36)

Note the limited information we get of the mother/daughter relationship from this one clinical note of the psychotherapy hour compared to the information gathered over the whole twenty-four hours by the nursing staff.

The social worker also mentions both implied and openly-stated criticism by staff of Mrs. B in their staff meeting after Mrs. B had been found twice smearing feces in different bathrooms (Fisher 1955, 37). Since this actually occurred on other units in the hospital, it is not mentioned in the nurses' notes for the project as directly observable. Yet it indicates how impaired Mrs. B is. Dr. Bowen's response was to ask the staff to "keep value judgments out of its handling of this behavior…and to compare this behavior to 'the accident that happens to one-year olds.'" (Fisher 1955, 37)

He recommends that Mrs. B be given as much support from the staff as possible. This incident of Mrs. B's regressed

behavior occurred on August 9th, within the timeframe that her daughter was effectively using staff support and was openly rejecting her mother's advances. This is an example of closeness-distance cycles seen in the mother-daughter pairs that contributed to the emerging awareness of the family as a unit.

During this month, the social worker writes that during their meetings she was feeling repelled by Mrs. B "getting so close to me, and several interviews attempting to kiss me and paw on me, I asked for help in handling them." (Fisher 1955, 37)

By month's end, this behavior is addressed directly between them.

> Mrs. B was quite abusive to me again cursing, screaming, crying…waving her arms in my face…sometimes coming so close to me that when she talked she spit at me. …I accepted Mrs. B's behavior without comment and as I got up to leave Mrs. B asked if she could kiss me good-bye. At this point I told her that I did not like to be kissed by patients. Mrs. B quickly said that she was aware of my not liking it but that she had wanted to apologize…She then asked me to forgive her. I tried to indicate understanding of her upset feelings and to accept as I could her behavior. With this, Mrs. B then began to cry rather pitifully and stated in a sensitive manner that she did not like herself when she behaved this way in front of me. (Fisher 1955, 37-37a)

Bowen's request that staff be present in a neutral way could clearly be a challenge in certain situations. Yet what this instance shows is that, if done well, as it is in this interaction described by the social worker, it reveals a capacity for depth and self-awareness in Mrs. B not seen anywhere else. And it supports the hypothesis in showing the potential possibility of growth.

DISCUSSION

As noted earlier, the hypothesis guiding Bowen's NIMH research project defined the mission of hospital and staff as providing maximum support through attitudes and actions: (a) "being there" as a resource while making minimal demands on

the family members, (b) relating to the adult capacities in each mother and daughter, (c) giving responsibility to mother and daughter for progress, and (d) expecting the mother to be the therapeutic agent for the daughter (Bowen, Fisher, Bowe, 1955).

How did things play out in reality? Bowen's charge to give "as much support as possible to mother" (Bowen 1955c, 1) shows up in the hands-on special nursing care she received during August 1955. On twenty-one separate days, Mrs. B is given sedative tub baths, massages, special one-to-one nursing attention, and middle-of-the-night reassurances. On one night alone she asks three times for massages and receives them. There are only three consecutive days, near the end of the month, where this level of special care is not noted. A speculation would be that with the new head nurse arriving soon, acting one's best and being less needy would give a better impression. That would be indicative of the capacity to pull up functioning when circumstances require, an idea that Bowen referred to as pseudo-self. It would take solid self—self that is independent of a relationship—to sustain such a pull up. Both of these are part of Bowen's later concept of differentiation of self.

In Dr. Bowen's summary for August, he writes about the interdependency between Mrs. B and her daughter:

> This patient and her mother comprise our most difficult clinical prospects. …These two people run on an extremely primitive level. …Down through these past several months the mother has been terrified of the tendency of her daughter to grow away from her. …The daughter, for all her loudness and bragging and acting big, is a terrified child who is absolutely terrified at the thoughts of even trying to go to downtown Bethesda alone. …Our general management around this problem has been to offer as much support as possible to both the mother and the daughter. We have tried not to encourage the daughter in her attempts to go away from the mother, but instead we have attempted to support each and to watch the evolution of the process. During the week of August 15 there was a rather big shift in the mother when her anxiety found a somatic expression. (Bowen 1955c, 1)

Two days after this observation a transfer of anxiety occurs from mother to daughter. Yet nowhere in the nurses' notes is there any indication that Mrs. B comprehends that her daughter is in the constant state of fear that Dr. Bowen describes. This would be an example of how fusion alters perceptions.

In the nurses' notes from August 1955, we can see how forced mothering by the actual parent intensifies the relationship between the mother and daughter. Mrs. B's driven efforts to pull her daughter closer (the pursuit of closeness) produced the opposite—the daughter pursues distance. When Mrs. B becomes more detached, then the daughter moves toward her. At times the daughter uses the staff to resist the pull toward her mother.

In Dr. Bowen's August summary, he notes that Daughter B had discontinued therapy contacts for three months prior to August. (Bowen 1955c, 1) While this is an example of staff leaving the choice to the patient—not urging her to resume therapy in order to participate in the research—it is curious that the daughter's behavior is never noted as a subject of discussion between mother and daughter. Mother was seeing the social worker as much as twice a day; the daughter was not seeing her therapist at all. Yet in the clinical record, neither of them comments to the other on this disparity.

The Family as an Emotional Unit

In this first year of Bowen's research at NIMH, the observation that a "transfer of the sickness" could occur between mother and daughter—that symptoms could emerge in a family member dependent on what was going on in the relationship and that fathers were involved in the process—was an important piece of evidence for Bowen's extended hypothesis that the family is an emotional unit. In August 1955, for example, Mrs. B feared a possible heart problem and used deceit to keep this from her daughter. This was followed by decompensation in the daughter, which then allowed mother to "mother" her sick daughter. It is notable that the day after this, on the 18th, Mrs. B is described as able to "function on an adult level." (Nursing Unit Report August 18, 1955) She no longer carried anxiety about her heart. (Bowen 1955c) Bearing in mind that Bowen defined anxiety as a response to a real or imagined threat, Mrs. B's chronic anxiety would be seen as related to imagined threats. The father's visit with his daughter on the

20th disturbs the mother enough that she dreams of him and then claims indifference to her daughter's behavior.

The behaviors and interactions observed during August 1955 were not unique to the B family. Similar dynamics were seen with the other two families. At times, all three daughters appeared more mature than their mothers did, but none could sustain that level of functioning. It was only sustained when their mothers' functioning had declined.

By August 1955, Bowen was referring to the family unit as the object of study. And just four months after these nurses' notes, he began to implement this extension of his hypothesis to include father, mother, and impaired offspring. On December 28, 1955, Mrs. D and Daughter D arrived, and on December 30, 1955, Mr. D came as a transfer from another psychiatric hospital where he had been treated for depression. From that point on, all parents were required to live on the ward. The subsequent families all showed the same patterns seen in the first three mother / daughter pairs but having the fathers living on the ward made it possible to see the intensity more clearly within the nuclear family, with less transfer of upset to staff, further substantiating the first year's findings.

The Genesis of Family Psychotherapy

During this same period of time, August 1955 to January 1956, Bowen introduced the family-staff group meeting. He implemented this in response to the degree of anxiety and discord being transferred from family to staff. He had also observed that families managed their relationship tensions by avoiding one another and making alliances with staff, which has been described above as emotional triangling. Bowen believed that no resolution could be found without bringing all parties together into one functioning group. As such, he discontinued staff meetings if the mother or daughter were not also present. No longer would families be discussed out of their hearing, and no longer would families be restricted from learning how staff managed their own problems. All these areas would now be openly discussed in the larger group

The family-staff group meeting worked so effectively that in January 1956, with the admission of the first mother-father-impaired offspring family, the family-staff meeting was utilized as the primary treatment method. The meetings were held one hour each day (Bowen 1957b, 16) and other meetings

were discontinued, including individual staff meetings, staff conferences, and ward rounds (Bowen 1957b, handwritten draft, 11). And by mid-1956, this meeting was considered family psychotherapy and replaced individual psychotherapy as the primary modality of treatment (Bowen 1958, 16).

> I started my NIMH research in 1954 after having worked with psychotherapy and families a number of yrs. in Topeka. By 1955 I had conceptualized the family as an "emotional unit," following which it was conceptually accurate to do psychotherapy with the entire family. At the time I had never heard of family therapy. (Bowen 1986, 1)

Bowen used the term *family psychotherapy* to describe the research ward meetings, and he may be the first professional to use this term publicly (Bowen, 1956b, 6). It was in March 1957 at the Annual Meeting of the American Orthopsychiatric Association in Chicago, that researchers from around the country openly discussed family therapy.

> ...the first national meeting for psychiatrists doing family research. It was a section meeting at the annual meeting of the American Orthopsychiatric Association… All the papers were on family research. …I believe this was the first time (family therapy) was discussed as a definite method at a national meeting. That was the beginning of family *therapy* on a national level. (Bowen 1978, 287-288)

With the admission of the first father, mother, multiple offspring family in January 1956, the nurses now were charged with keeping notes on mother, father, impaired offspring, and sibling. Over time the nurses' notes align with the conceptual framework giving evidence of implementation in staff. By July 1957, the notes are no longer only on individual family members but on observable interactions within each family. By 1958, what began as the daily family-staff meeting using mostly group practices, had evolved to one family per meeting having the floor per day.

Bowen's Project and Its Place in the History of Psychiatry

At the present time there is no way to assess the place of this project in the history of psychiatry. It is not mentioned in a 2005 historical review of The National Institute of Mental Health (NIMH). There the Clinical Director is quoted describing another project that illustrates the purpose of the Adult Psychiatry Branch.

> In November 1953, an NIMH ward opened at the NIH Clinical Center that was devoted to adult schizophrenic patients. This was the second clinical NIMH ward opened… The goal was to provide intensive individual psychotherapy in a controlled social milieu. This closed psychiatric ward provided an ideal setting: one in which mental illness could be studied from a psychiatric perspective over a long period of time, in which sociological observations of the interpersonal relationships between patients and their family members could be made, and in which related physiological and biochemical phenomena could be investigated. (Farreras, Hannaway, and Harden 2005, 71)

In describing the recruitment for other projects that followed, Dr. Cohen says:

> They worked on the following early projects: 1) studying staff orientations and ward social structure to determine their impact on the treatment of the patient; 2) studying self-concept and social roles in personality development; 3) in cooperation with the Laboratory of Socio-Environmental Studies, investigating and comparing the psychopathology and therapeutic process of parents–especially mothers–and their schizophrenic children; and 4) in cooperation with the Laboratory of Psychology, employing linguistic techniques and sociological role theory to analyze therapeutic interviews in order to objectify and quantify hitherto subjective interview material." (Farreras, Hannaway, and Harden, 2005, 71)

> By 1955-1956, the branch's interests centered around three areas: 1) studying therapeutic communities of adult schizophrenic patients; 2) involving parents in the group treatment of schizophrenic patients and comparing the families of schizophrenic patients with those of normal control subjects; and, 3) studying how various types of chronic illness had an impact on personality." (Farreras, Hannaway, and Harden 2005, 72)

While Bowen and his team are mentioned in the book as being staff members and these references are made to family studies occurring during this time, no mention is made directly of Bowen's research project or its serving as a petri dish for what is now an established theory of human behavior.

Until now the project has not been replicated. I understand this to be the result of no one having started where Bowen started. Recently a project utilizing the theoretical ideas and applying them to families in a large child protection system in a north central state is underway. The project is too new to assess its design let alone its long-term outcomes.

Postscript: What Became of the B Family after August 1955?

The B family remained part of the research project until October 7, 1957 when they returned to their home city and to the agency that originally referred them to the project. Mrs. B died in 1963. As a matter of practice, Dr. Bowen maintained contact with the research families even after they had left the ward, for as long as they were willing. For example, he saw Daughter B as an outpatient through 1959 and maintained correspondence with her at least until 1974. She died in 1988. Daughter B had a child several years after leaving the project, and that child was placed for adoption. Did being on the project influence that decision? While mother and daughter had subsequent psychiatric hospitalizations after leaving Bowen's project, they were infrequent.

Did this project make a difference in their ongoing lives? Alternatively, with tranquilizers introduced as early as 1952, did the medications available to this family in their subsequent treatment in the years after the project make the difference? What evidence would one seek to confidently answer the question of whether time spent on this project led to improved permanent functioning for the family members who participated?

SUMMARY

One month of raw data from Dr. Bowen's research project were there in the archival papers and in the materials for this month. How did the 24 hour observations inform and shape the theory? How did the observations from other staff working on the project contribute to the development of theory and, simply, how does a new theory get created? In the materials reviewed, the nursing notes, Dr. Bowen's summaries and social work notes for August 1955, it is possible to see the continuity in Dr. Bowen's work at Menninger ten years prior to the investigations conducted at NIMH. The exchange between observations, hypothesis formation, hypothesis testing, and the in vivo foundation for what later became the eight concepts of the theory are all there in the archival papers and in the materials for this month. Here I have only skimmed the surface of support for concepts such as triangles, differentiation, anxiety transfer, and reciprocal functioning and have given indications of the shift underway to the seminal understanding of the family as a unit. The organism of the family unit, in ever changing interaction with its self and its environment, resides in these notes. The incipient idea of the father's involvement and the systemic elements of the living family can be seen in only one month's data. The pulse of the challenges to the staff to think differently is there. August 1955 is ten months into Dr. Bowen's research effort, and only one month of the fifty months the project continued. The richness in these notes reveals Dr. Bowen's foresight in believing that the human can be a scientific being. That idea, along with the mingling of human behavior with other animals, is still considered radical. The paradigm shift required to think that the human is a part of the process of evolution is outside the accepted beliefs within psychiatry. For now, the observations that the family system influences autonomy and interdependence remains a softening barrier to questioning and acceptance of Bowen theory by other researchers in the sciences. From the edges of the universe to the living systems within the human body, solid evidence exists about the dependence on functioning systems for the continuance of all existence. Why then, except for Bowen, the lack of curiosity about the human family as a system? The difficulty seems related to the leap from the individual to the family. Dr. Bowen's lifetime of study on the human family as

a living system has already bridged that conceptual gulf. It seems only a matter of time until that understanding captures the interest and curiosity of others. This article is one effort, reviewing the early research on the discovery of the family as a single organism, a system, that may serve as a stimulus to future attention. An understanding of systems is found at the macro level going back to the work of Copernicus and Darwin, and interactive systems are found at the micro level of biologists and geneticists. Yet, with the exception of Dr. Bowen's lifetime of work, the family as a unit of functioning there is the gap of the human family as a system between the macro and the micro. ❇

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