

## THE TERMINATION STAGE IN BOWEN'S FAMILY SYSTEMS THEORY

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**ABSTRACT:** The termination stage has always been recognized as an important aspect of the clinical intervention process. Careful attention to that stage is even more critical in the current practice environment of short-term intervention and demands for measurable outcomes. Bowen's family systems theory, while well established in the field of clinical practice, does not incorporate clear directives for the practitioner about the ending stage of intervention. Still, its major concepts for assessment and intervention suggest a range of termination activities that can affirm and summarize a family's gains. In this article the authors offer a variety of ending strategies for use within family systems theory.

**KEY WORDS:** clinical practice; family systems theory; family therapy; psychotherapy; termination.

Whether or not a practitioner manages the ending of a clinical intervention well can make the difference between successful and unsuccessful outcomes for the client. If treatment gains are not consolidated the progress made during intervention may not persist. The topic of *ending* clinical intervention, while recognized as important, receives relatively little coverage in practice texts and supervision, however, because the earlier phases of assessment and intervention are considered to require more knowledge and skill. The need to attend carefully to endings is critical, however, now that clinical intervention increasingly occurs in the context of short-term relationships. Accountability to third-party payers

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and clients has become a driving force in the social services field. Practitioners must provide their services in a manner that more clearly reflects structure, a short-term focus, and attention to measurable outcomes.

Since its introduction in the 1960s and 1970s, *family systems theory* has been an influential and widely utilized theory of family assessment and intervention. The theory provides a comprehensive conceptual framework for understanding how *emotional ties* within families of origin (including extended family members) influence the lives of individuals in ways they often fail to appreciate and may tend to minimize (Bowen, 1978; Kerr & Bowen, 1988). Family systems theory is unique in its concern with multigenerational family processes.

Surprisingly, the major proponents of family systems theory do *not* clearly address issues related to ending intervention. There may be two reasons for this lack of attention. Family systems theory emerged during a time when family therapy was conducted primarily by private practitioners not typically faced with time limits. Further, the theory is influenced by psychodynamic thought, which is largely focused on insight development rather than problem solving with a distinct ending point. The absence of guidelines for ending family systems interventions is problematic because the theory's concepts are abstract and provide practitioners with little direction for determining when a family has achieved its goals. The purpose of this article is to help amend this oversight and provide a set of ending strategies that are consistent with the theory's concepts. We begin with a brief overview of the theory and its intervention strategies and then provide a set of termination strategies.

### FAMILY SYSTEMS THEORY OVERVIEW

Family systems theory, sometimes called family *emotional systems* theory, provides a comprehensive framework for understanding how the emotional ties within families of origin influence people throughout their lives (Bowen, 1978; Kerr & Bowen, 1988; Titelman, 1998). This theory asserts that the influence of the nuclear family is always present in one's life. How adults manage their relationships, for better or worse, represents a continuation of patterns developed in early family life. Family functioning is considered to be healthy when members can balance a sense of *separateness from* and *togetherness with* others, and can appropriately control their emotional lives with a developed intellect. Family systems theory is appropriate for guiding practice when a family's (or individual's) difficulties are related to unsatisfying relationship patterns with significant others. The major concepts from family systems theory, summarized below, all have implications for intervention, and many of them can help the practitioner to organize the ending process.

## MAJOR CONCEPTS

- The Multigenerational Perspective—Individual personalities and patterns of interaction among family members have their origins in previous generations. Further, the influence of extended family relationships might be as important to one's development as the nuclear family. In assessment, an understanding of family member characteristics and interaction patterns over three generations is ideal. The genogram provides an efficient means for completing this task; a visual representation of a family's composition, structure, member characteristics, and relationships (McGoldrick, Gerson, & Shellenberger, 1999).
- Differentiation of Self—Healthy individual functioning is characterized by levels of differentiation, a concept with two meanings. First, it describes a person's capacity to distinguish between, and balance, her thinking and feeling selves. Thinking processes represent the ability to look *objectively* at personal reactions or biases. Emotional reactions provide important information about the significance of interpersonal situations. Differentiation also refers to one's ability to separate physically from her family of origin in a manner that preserves emotional ties while not being constrained by them.
- Triangles—All intimate relationships are inherently unstable and require the availability of a third party to maintain their stability. The price of intimacy is the experience of at least occasional conflict, and when in conflict people usually rely on a third person for mediation, ventilation, or problem-solving assistance. This is a normal and usually healthy process. Serious problems related to one's differentiation may develop, however, when he is drawn into certain triangles within the family (Guerin, Fogarty, Fay, & Kautto, 1996). When a "weaker" (younger or undifferentiated) person is drawn into a triangle in a way that does not facilitate the other two people's resolution of their conflict, that person may be deprived of the opportunity for individual development. He may, for example, assume the ongoing role of helping the other people avoid facing their problems with each other.
- Anxiety and the Family Emotional System—All family systems experience varying levels of anxiety, just as individuals do. Four relationship patterns that tend to foster family problems include marital conflict, problematic emotional functioning in one spouse, the emotional impairment of a child, or emotional fusion in which two members distance themselves from each other to reduce the intensity of their relationship (Georgetown Family Center, 2001). A family system characterized by any of these patterns may develop an atmosphere of anxiety that is shared by all members.

- Parental Projection—Parents often use the defense of projection with their children as “targets,” because children are vulnerable family members. Within family systems, children may suffer if the parents frequently project negative feelings and ideas onto them (Carter & McGoldrick, 1989). The children may believe that they possess these negative thoughts and feelings, and behave as such. They become more emotionally reactive, and the quest for differentiation is compromised.
- Fusion—This is the opposite of differentiation. It is a shared state involving two or more people. Fusion results from a triangulation in which one member sacrifices his or her striving toward differentiation in an attempt to balance the relationship of two other people. When one person is fused with another, his emotional reactivity to the other person is strong. He does not “think” but “feels,” and does so in response to the emotional state of the other person. This happens because for a significant length of time during childhood and adolescence the fused person began to function within a triangle that served the needs of other family members.
- Emotional Cut-off—People tend to lack insight into the fact that they are fused, but they experience emotional reactivity and may attempt to extricate themselves from the relationship. A common strategy is the emotional cut-off. This refers to a person’s attempts to emotionally distance herself from certain members of the family or from the entire family. Emotional cut-off is the result of a person’s inability to resolve the anxiety related to fusion directly, and it may prevent her from forming an identity or satisfying relationships with persons outside the family. Physical distance is frequently paired with emotional cut-off but typically with disappointing results.

We will next consider how these concepts can direct intervention strategies within this theory, and then how they can be incorporated into ending stage activities.

### INTERVENTION APPROACHES

The nature of change in family systems theory involves an *opening up* of the system. Change requires de-triangulation and the building of new alliances among members of the nuclear and extended family. The practitioner attends to the goals of *lowering family system anxiety, increasing the reflective capacity* of the members, and *promoting differentiation* by emotionally realigning relationships within the family system. Family systems practitioners do *not* work with a set of explicit, concrete interven-

tion techniques, but rather with intervention *strategies* that may include any of the following:

- **The Clinical Relationship**—As a prerequisite to change, family members must experience the clinical setting as safe and comfortable as well as free of the anxiety that characterizes their natural environment. The practitioner strives to be the focus of the family's attention and set a constructive tone for their interactions (Titelman, 1998). He encourages reflective discussion and perhaps provides education about the nature of family patterns. He must be calm, promote an unheated atmosphere, and maintain professional detachment to avoid emotional reactivity and negative triangulation with family members. The practitioner serves as a model for rational interaction. For these reasons he is *not* highly active in a conversational sense.
- **Increase Insight**—Families benefit from understanding that their patterns of interaction have sources in the family's history, and that improving family life may involve revisiting relationships with various nuclear and extended family members. The practitioner facilitates reflective discussions that promote insight, which can be defined as the ability to comprehend how one person's behavior affects another person's feelings and behavior in ways that can become permanent and also reflect intergenerational themes. Two strategies that promote insight are *person-situation reflection*, focused on present interactions, and *developmental reflection*, focused on the history of the person, family, and its patterns (Woods & Hollis, 1999). The practitioner helps members observe themselves within triangles and to examine their behavior in terms of family themes.
- **De-triangulation**—This represents any strategy by which the practitioner disrupts one triangle and encourages family members to develop new, more functional alliances. She typically encourages reflective discussion among the members and facilitates their working out of conflicts. She may supplement these discussions with task assignments. The practitioner encourages the development of attachments that may diminish fusion, family anxiety, and reactivity, and promote differentiation.

#### ENDING FAMILY SYSTEMS INTERVENTIONS

We now return to the theory's concepts and identify several that the practitioner can focus on as a means of ending the intervention.

### *Differentiation*

A person's relative level of differentiation does not significantly change in adulthood, but his or her level of functioning can change. How does a practitioner, or a family member, know when these changes is optimal with regard to the presenting problem? How can one be confident that it will persist? The practitioner's determination of a family member's changes in this area must be based on more concrete observations than the theory provides. Bowen (1978, pp. 472–475) developed a *differentiation of self* scale, but it is not practical for clinical use. The scale is recommended for "making an over-all evaluation of the course of a life, and accurate predictions about the possible future life directions of a person," but "it is not possible to do day-to-day or week-to-week evaluations of scale levels". Further, the scale has not been tested for validity or reliability.

No valid and reliable instrument has been developed specifically for use with family systems theory. But of the many family assessment instruments that are available (Sawin & Harrigan, 1995), several are at least partially suitable as measures of change within family systems theory. *The Family Adaptability and Cohesion Scale* (FACES-IV), recently updated, includes one subscale (out of two) that provides a measure of *family cohesion* (Franklin, Streeter, & Springer, 2001). This concept is similar to differentiation. Twelve items related to this variable, scored on a 5-point scale, provide data that categorizes families as disengaged, separated, connected, or enmeshed. The scale can be completed in five to ten minutes. A practitioner could ask families to complete the cohesion scale from the FACES instrument at regular intervals during the course of intervention to help determine whether the family is progressing toward its goals. The most recent version of the FACES demonstrated moderate to good reliability on the cohesion subscales and construct validity.

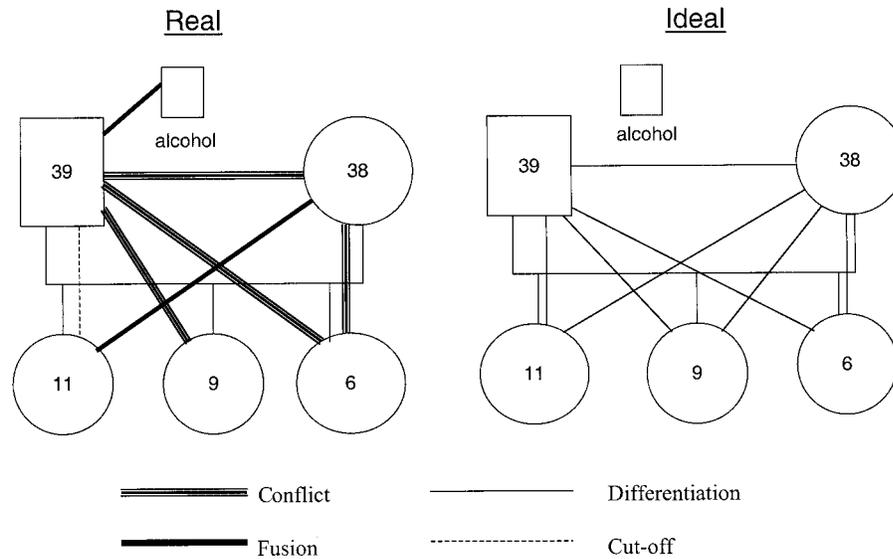
*The Beavers Interactional Scales* (Beavers, Hampton, & Hulgus, 1990) can provide the practitioner with another concrete basis for evaluating family changes and goal achievement over time related to differentiation. This scale has two parts—a *family competence* scale (13 items) and a *family style* scale (8 items). The practitioner uses the items as a basis for rating the performance of the family as it attends to an assigned role-play task within a session (such as planning a vacation). These scales were not developed for specific use with family systems theory, but the practitioner can adapt items from them that pertain to a family's relevant concerns. Examples of scale items that might be applicable for use within family systems theory include closeness, clarity of expressing, range of feelings, mood and tone (from the competence scale), and empathy, dependency needs, style of adult conflict, verbal expression of closeness, aggressive/assertive behaviors, and expression of positive/negative feelings (from

the style scale). The practitioner may utilize the scale when beginning work with a family and again at intervals or near the perceived end as a measure of progress. All items are scored on a 5-point Likert format, with word guides. The scales have demonstrated good inter-item and inter-rater reliability. They have shown good content and discriminant validity and moderate concurrent validity. Time of completion will depend on the number of items selected, but this is a short measure. A *major* limitation of the instrument is that it is labor intensive, requiring training and the taping of family sessions.

Another important indicator of movement toward differentiation is family members' abilities to identify problematic triangles and implement new triangles that have the potential to be more constructive. The *genogram* provides an appropriate means for tracking these changes in three ways (McGoldrick, Gerson, & Shellenberger, 1999). First, new genograms can be drawn at intervals, with the family's full participation, to see if changes are occurring. Secondly, when using different colors to construct genograms (with different pens or pencils) at different points in time, the genograms can be layered on top of each other to visually depict change. Finally, at the beginning of the intervention the family can be asked to draw two genograms—one as they see themselves and the other as they wish themselves to be. The products of this exercise can be reviewed at times, including updated genograms of the "real" situation, to track progress as the family compares its current status to its ideal. The practitioner can guide members toward termination as the gap between the real and the ideal narrows. The practitioner can also use the entire set of genograms during the final few sessions to summarize the family's progress in a visual way.

The genogram in figure 1 shows a nuclear family where the father engaged in alcohol abuse. This "relationship" created several family triangles. During the assessment the social worker engaged the family in directing his drawing of the genogram which also provided them with a tool to express relationships as each saw them. This genogram showed the father's over-involvement with alcohol, the marital conflict, over-involvement between mother and oldest child, and disengagement between the father and oldest child. While setting goals with the family by asking what would the hoped-for picture look like, the ideal genogram indicated sobriety and functional interactions occurring among all members of the family.

At monthly intervals over a six-month period, all family members drew their own genograms of how the family appeared to each person at that point in time. These helped other members see the family situation from multiple perspectives and engendered increased awareness as well as sensitivity to others. As goals were met, these individual depictions



**Figure 1** Real and Ideal Family Genograms

became more and more similar. Towards the end of intervention the younger children voiced their awareness that they were all getting closer and they hoped the end was in sight. It was.

#### *System Anxiety*

Lower observed anxiety levels can be an indicator of positive change if they persist over time in sessions and in the family's natural environment. During clinical meetings the practitioner can informally monitor the family's ability to communicate without tension, interruptions, and defensiveness. He can also monitor changes in anxiety outside the session by soliciting reports of the tone and content of family interactions. If members are in general agreement about these self-reports, the practitioner can assume their validity and determine whether members are more or less emotionally reactive over time. Consistent changes in a positive direction can help the practitioner determine when the family is functioning well enough to end the intervention. During the final sessions he can share with the family his observations of changes in their anxiety over time and his *own* experience of anxiety with the family.

The Kare family provides an example. When 17-year-old Tim was charged with shoplifting, the Family Court referred his mother for intervention. During

the initial assessment the social worker observed that this single mother of Tim and three other children engaged in frequent and intense interpersonal conflict as the sole means of communication. The atmosphere was tense and each family member appeared detached yet vigilant in response to the high degree of anxiety that was being played out through family conflict. This mode of interaction was traced to the marital discord that led to divorce, a style that was “learned” in the parents’ families of origin. Intervention focused on increased insight about intergenerational patterns and the acquisition of more appropriate expression of thoughts and feelings. The family also worked to recognize the anxiety related to the divorce (loss) that was blocking the “release” of Tim who was striving to differentiate.

Over a period of three months the conjoint sessions led to more peaceful and appropriate interactions that increasingly excluded the social worker. When these “signals” of termination became more frequent and consistent, the social worker shared with the family her realization that she was feeling more relaxed and confident. She invited the family to explain her changed feelings and thoughts as a way to “test” members’ awareness of changed family interaction patterns. This personal disclosure ultimately led to the mutual decision that the goals of family therapy had been met.

#### *Emotional Cut-off*

The concept of emotional cut-off can be operationalized as an indicator of goal achievement more easily than some others noted above. Family member differentiation is directly related to their ability to face each other and interact without emotional reactivity. It is *not* always easy for the practitioner to determine when cut-off as emotional distance exists between two or more members. Once it has been identified, however, its status can be tracked by their *extent* of interaction, the *content* of their interactions, and perhaps their ability to be *physically together* without reported anxiety or conflict. These changes in relationships can be tracked on a genogram or by the self-reports of members. When the cut-off members are present in the family session, the practitioner can directly witness the evolution of their behaviors. During the final session he can review with the family the relationship changes that have occurred and ask the participants who are present to reflect on their emotional experiences in approaching the previously cut-off member. He might also ask family members to share their plans for maintaining the changed relationships.

#### *Insight*

Because insight is important for lasting change to occur, a family’s ability to articulate its relationship patterns, problem areas, and options for creating change accurately is significant. The roles of the practitioner include education about family systems dynamics and the facilitation of reflective discussion, so he can monitor the degree to which the members acquire insight during the intervention. If the family comes to a construc-

tive, shared understanding of its system dynamics, is able to articulate this understanding, and can discuss how they will be able to maintain this understanding over time, they are manifesting an important indicator of change. When insight leads to constructive changes in behavior both during and between family sessions the practitioner may move to end the intervention. During the closing sessions the practitioner can ask family members to review individually what they have learned about themselves and their family.

The following example shows the impact of emotional cut-off on a marriage, and how insight triggered termination. After 26 years of marriage and two adult children, Flo could not understand the increasing emotional distance of her high school sweetheart and husband Jim. More perplexing was that when both children were successfully independent, Flo was able to take what she called a "firm hand" with her invasive and domineering father. After years of tolerating her father's behavior so that the kids would have their grandfather in their lives, she was calling it "quits" by telling her father that he was no longer welcome in their home. She wanted her husband Jim to back her up and provide confirmation that her long-term tolerance of her father's behavior had been important to their family but now could end. In response to this cut-off, Flo faced unanticipated tension and conflict with her mother. This increased Flo's anger and anxiety that increased the negative impact on the marriage. Jim's increasing withdrawal from his marriage reflected his ambivalence about Flo's decision of cut-off with respect to his high value placed on family interaction.

The social worker to whom they turned for marital counseling initially was unable to help this couple understand these family dynamics. Ultimately, Jim was able to verbalize to his wife his underlying anger, dismay, and indirect abandonment he felt in response to Flo's decision. Amazed by Jim's disclosure and with her desire to improve the marriage, Flo agreed to explore new ways to restore a relationship with her father. Assisted by the social worker in ways to reconnect, Jim followed suit to support his wife's efforts and recognize her feelings. While the newly forged reconnection was not ideal, a more realistic expectation of an adult child/parent relationship mediated the impact that Flo's father had previously.

In order to reinforce the insight and changes this couple made in therapy, the social worker used genograms depicting the family before, during and after cut-off and the various triangles within this family system. Intrigued by the visual representation of these family dynamics, the couple identified additional relationships that had improved when cut-off was replaced with renewed and more functional interactions. At the final session Flo remarked that initially she had been very skeptical about marital therapy but pleasantly surprised that it had saved her marriage, restored her relationship with her father, and even enhanced her relationships with her children and one brother.

### TERMINATION RITUALS

A *ritual* is any formal activity that endows events with a sense of being special. Rituals symbolize continuity, stability, and the significance of personal bonds while helping people accept change. The *structure* of

rituals provides a safe framework for practitioners and clients to express feelings. They provide effective ending experiences for many clients, affirming the importance of closure and implying that gains from the intervention can continue. Rituals provide a way for family members to recognize their hard work together, celebrate their gains, and re-integrate into their day-to-day lives as family intervention draws to a close. They tend to lower anxiety, stimulate emotional processing, and create a parallel process as the social worker also experience feelings about the ending. Rituals are appropriate for family systems theory. They differ from tasks, the intent of which is to address family behaviors, in that they address the behavioral, cognitive, *and* affective levels of family relationships (Imber-Black, 1993). Many rituals involve expressive tasks to promote communication through art forms such as drawing, cutouts, music, poems, and stories. We include just one example of a simple termination ritual here.

The practitioner asks each member to bring in objects (not newly purchased) that symbolize what the intervention has meant to him or her (Imber-Black, 1993; Roberts, 1993). These objects are intended as gifts that the family members can share with each other. Each family's thought and creativity will determine the content of this ritual. For example, one member might bring post cards for another member who is moving away. If communication has been a problem issue, one member might bring a paper bag with cutout feeling words inside the bag. The member may take the words out and tape them to the outside of the bag to describe a new ability to express feelings and thoughts more openly. This process of gift giving, and of sharing the thought behind each gift, is a powerful means to promote emotional sharing. The practitioner acts as a facilitator in this process, helping each member to illustrate the significance of his or her gifts fully.

Shared family interests can be a source of creative gift giving ideas. One family who used a beach vacation to test and reinforce new patterns of interaction told the social worker about the shell collecting they had done. In an attempt to reinforce the changes each member had made, the social worker suggested that each person select a shell that embodied the characteristics they saw either in another member or in the relationship with that person. As a result each shell served as a metaphor of positive outcomes of the intervention. For example, a conch shell that had broken showed its many chambers that were likened to the inner complexity of a person with a smooth and shiny exterior.

#### SUMMARY

Family systems theory does not incorporate clear directives about the ending phase of intervention. Still, its major concepts for assessment and intervention can provide guidance for formulating approaches to the

ending stage that affirm and summarize a family's gains. In this article selected instruments were suggested for use during the end stage that measure variables reflecting the major concepts in family systems theory. These instruments help the family understand their changes, when it is time to end, and how to review the entire intervention process. The authors also presented a variety of less formal methods to determine when the family has reached its goals and is ready to assume future challenges on its own. All of these strategies provide the practitioner with discussion topics to bolster the family's confidence as they end the clinical work.

### REFERENCES

- Beavers, W. R., Hampton, R. B., & Hulgus, Y. F. (1990). *Beavers systems model manual: 1990 edition*. Dallas, TX: Southwest Family Institute.
- Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.
- Carter, B., & McGoldrick, M. (Eds.) (1989). *The changing life cycle: A framework for family therapy (2<sup>nd</sup> ed.)*. New York: Gardner.
- Franklin, C., Streeter, D. L., & Springer, D. W. (2001). Validity of the FACES IV family assessment measure. *Research on Social Work Practice, 11*(5), 576–596.
- Georgetown Family Center (2001). <http://www.georgetownfamilycenter.org/index.html>.
- Guerin, P. J., Fogarty, T. F., Fay, L. F., & Kautto, J. G. (1996). *Working with relationship triangles: The one-two-three of psychotherapy*. New York: Guilford.
- Imber-Black, E. (1993). The giving of gifts—A therapeutic ritual. In T. Nelson & T. Tepper (Eds.), *101 interventions in family therapy* (pp. 120–125). New York: Haworth.
- Kerr, M. E. & Bowen, M. (1988). *Family evaluation: An approach based on Bowen theory*. New York: W. W. Norton.
- McGoldrick, M., Gerson, R., & Shellenberger, S. (1999). *Genograms: Assessment and intervention (2nd ed.)*. New York: W. W. Norton.
- Roberts, J. (1993). Termination rituals. In T. Nelson & T. Tepper (Eds.), *101 interventions in family therapy* (pp. 38–42). New York: Haworth.
- Sawin, K. J., & Harrigan, M. P. (1995). *Measures of family functioning for research and practice*. New York: Springer.
- Titelman, P. (Ed.) (1987). *The therapist's own family: Toward the differentiation of self*. Northvale, NJ: Jason Aronson.
- Titelman, P. (Ed.) (1998). *Clinical applications of Bowen family systems theory*. New York: Haworth.
- Woods, M. E., & Hollis, F. H. (2000). *Casework: A psychosocial therapy (5<sup>th</sup> ed.)*. Boston: McGraw-Hill.

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