PSYCHOTERAPIA 1 (204) 2023
PAGES: 27-39
DOI: 10.12740/PT/163064

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THE NUCLEAR FAMILY EMOTIONAL SYSTEM: THE REGULATORY FUNCTION OF SYMPTOMS ACCORDING TO BOWEN

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systemic family therapy
symptoms
Murray Bowen

Summary

One of the basic axioms of systemic family therapy is that psychopathological symptoms occurring in family members may perform a regulatory function and serve to restore disturbances in the family balance. Clinical observation of families by American psychiatrist Murray Bowen concluded that the same function can be performed by four mechanisms, defined as the nuclear family emotional system: 1) emotional distance; 2) marital conflict; 3) dysfunction in a spouse; 4) impairment of one or more children. These behaviors are undertaken intuitively and their aim is to distract the family from real emotional problems throughout the system. In this article, the authors present the operation of such mechanisms, illustrating them with a description of clinical cases enriched with genograms. Although these patterns differ significantly on the behavioral level, and can thus be used to highlight individual problems, they perform the same function: the desire to restore homeostasis to the family. Adopting such a perspective enables to rediscover the purpose of the therapy process and direct it to fundamental emotional problems within a family system.

Introduction

The beginnings of systemic family therapy, dating back to the 1940s, are related to the perception of the family as a system that could be responsible for an individual's pathology. To a large extent, early works were focused on schizophrenic symptoms and the role of the family in their etiology [1, 2]. In the following years, research into the significance of the family system in individual psychopathological symptoms began to expand significantly. It was proposed that the processes taking place within the family may be important not only in the appearance of disease symptoms, but also in their intensity, duration and number of remissions. This assumption has been confirmed about many mental disorders, not only schizophrenia [3], but also anorexia, bulimia nervosa [4], and personality disorders [5, 6]. Linear explanations have been gradually superseded by a more circular perspective, in

which the key question is not why the symptom appeared, but why it exists. In other words, what is the function of a disease symptom in the family system [1, 2, 7]?

Understanding a symptom's regulatory role is impossible without adopting one of the fundamental assumptions of systemic family therapy, i.e., that the overarching goal of every family system is the pursuit of homeostasis. The concept of homeostasis was first introduced by Walter Cannon in 1932 to describe the ability of the human body to maintain a state of equilibrium in the face of changing external conditions; however, when applied to family life, it refers to the set of processes striving to maintain the stability of the family system. F a m i l y [8] or f u n c t i o n a l [9] h o m e o s t a s i s is a dynamic state achieved by balancing the morphogenetic processes, i.e., those directed at change, with morphostatic processes, i.e., those aimed at maintaining the status quo.

When the balance of the family is threatened by destabilization, family members engage in various direct and indirect behaviors aimed at restoring it [10]. Systemic therapists assume that such a function can be performed by the appearance of disease symptoms in one of the family members. Morphogenetic tendencies can become strengthened as a result of normative crises concerning a change in the phase of the family life cycle, or non-normative ones related to the occurrence of certain unpredictable critical events. The appearance of a disease symptom suspends the process of change and forces the family to focus on the treatment process, thereby diverting attention from basic relational problems. This has been labeled as t h e m o r p h o s t a t i c f u n c t i o n o f t h e d i s e a s e [1].

One researcher who made a significant contribution to this way of understanding mental disorders, and is considered one of the fathers of family therapy, was the American psychiatrist Murray Bowen. His name is largely identified with the genogram method, which is one of the basic methods used by doctors and psychotherapists in working with families. His Theory of Family Systems [11, 12], however, offers much more. It is based on several constructs, the most basic of which is the degree of self-differentiation. The concept refers to the ability to differentiate and balance one's own emotional and intellectual processes, as well as build relationships with others based on optimal closeness. A 2017 literature review indicated that in 1987–2014, 39 studies were published that clearly confirmed the coexistence of a lower level of self-differentiation with a higher intensity of psychopathological symptoms [13].

Most importantly, one of the pillars of Bowen's model, although much less widespread and with poor empirical support, is t h e e m o t i o n a l s y s t e m o f t h e n u c l e a r f a m i l y [11, 12]. This concept refers to the mechanisms that appear in the family system when tension increases. It plays an important role in the context of the present article, indicating that distinct patterns of behavior may play a homeostatic role in the family. The present article challenges the widely-held belief in family therapy that mainly psychopathological symptoms can play a regulatory role in the family system, and proposes that other behaviors can also have a similar function.

The regulatory function of symptoms according to Bowen

An increase in tension in the family system necessitates the activation of adaptive mechanisms aimed at releasing said tension. Bowen assumed that a limited number of functioning patterns are available in such situations. These mechanisms were considered to be anchored in instinctive human nature and appear automatically as a response to anxiety. Their basic function is to reduce the level of tension in the family and, consequently, to maintain harmony between relatives in terms of their closeness and autonomy in relationships.

The presented four mechanisms of regulating tension in the family serve to maintain a balance between collectivistic and individualistic tendencies in the family system, and can effectively reduce the intensity of acute anxiety that arises within the marital dyad. However, if they become the dominant model of emotional functioning and the only guarantor of maintaining the state of equilibrium, they become a family problem in themselves [14]. Excessive or chronic engagement of these mechanisms can give rise to extreme forms of such behaviors, until the mechanisms are overloaded and pathological symptoms appear.

The pattern of mechanisms used in a given family system may be manifold, with a profile specific to a given family. Excessive stress may result in the activation of a single mechanism, or several of equal intensity, or with a dominant member. Families demonstrating a higher level of tension are more likely to use all four patterns [12, p. 203]. When one of the reactions occurs significantly more often, it leads to difficulties such as marital conflicts, spousal illness, or problems with children, which may encourage the family to seek help from a specialist [14].

The emotional system of the nuclear family construct also takes into account an intergenerational perspective. This is because the concept assumes that the mechanisms of tension regulation dominant in a given family are closely related to the parents' experiences in their own families of origin. While in the family home, a child learns how to adapt to increased relational tension. Children observe the strategies undertaken by parents and, being an active part of the family system, contribute to the characteristic pattern of emotional functioning. When later establishing new meaningful relationships with others, they tend to seek partners with whom they can recreate the patterns learned in the family of origin, thus replicating the regulatory mechanisms embedded in several generations of family history, as postulated by the author of the concept. Bowen assumes that this process takes place with the participation of the unconscious, despite any active effort made by the individual to stop it [12, pp. 166–167]. He also adds that the dominant pattern in the family may change over time [12, p. 167].

A further four mechanisms will be discussed below. Each is illustrated with a description of a clinical case from therapeutic practice to facilitate their diagnosis when working with a patient. The cases are enriched with a family genogram created in the GenoPro software program. We provide a legend on genogram symbols used in the presented cases in Figure 1. Other standard genogram symbols are available in the literature [e.g., 15]. The cases also include a short interpretation of the processes taking place in the patient's family in light of the Bowen Theory and recommendations for the therapy process. Patients' names have been changed to preserve their anonymity.

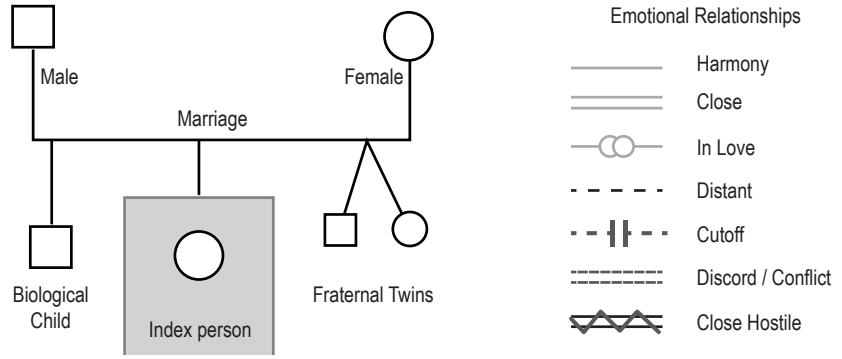

Figure 1. **Genogram symbols used in the cases presented in the article**

1. Emotional distance

The most basic mechanism. It is used in every relationship and participates in various other ways of relieving tension. It arises when the closeness within the marital dyad is perceived by a spouse as being too intense, i.e., marked by a very strong emotional reactivity and interdependence. An excessively high level of intimacy is perceived as a threat to individuality and causes avoidance of the partner, by both physical distancing and various forms of internal withdrawal, such as criticizing the spouse [14]. As a result, this strategy reduces the relational tension within the marital dyad. Such a pattern of emotional functioning may also appear as a result of unsuccessful previous attempts to establish closeness and thus increase the anxiety related to excessive separation. The spouses can direct their needs externally by engaging in a compensatory relationship or object, such as a hobby, work, or intimate relationship outside of wedlock [16]. This mechanism can also be manifested in making numerous, short-term acquaintances but ending them at the moment of increasing intimacy and mutual dependence.

Case study 1

Marcin (age 40 years) entered psychiatric treatment due to anxiety disorders. He is in conflict with his family of origin (parents and sister) who have not accepted his wife. He was deeply affected by his father's doubts about his possibilities, e.g., his father doubted whether he would be able to pass the exam to the chosen high school. He continually proves his value in various fields, including sports, work (own business, but with varying success), Mensa, and organization of sports events. He is very active; however, this is not appreciated by his wife, who has completed higher education in humanities and works with people. She is independent and critical of her husband (she believes that he deals with "rubbish"). Despite this, he made his well-being dependent on her "moods". The genogram of Marcin's family is presented in Figure 2.

Interpretation of the Problem. Marcin seems to be intensively gathering his capital with the aim of building self-esteem and looking for an area in which he could become independ-

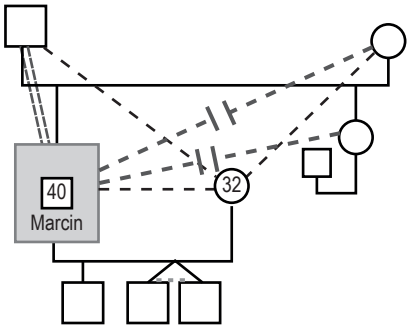

Figure 2. **The genogram of Marcin's family**

ent from his partner's assessment. By undertaking numerous activities and ventures, he emotionally distances himself from his wife. In the context of Bowen's theory, it can be assumed that creating such emotional distance is a strategy for finding oneself and defining one's own identity.

Recommendations for the Therapy Process. When working with the patient, it is important to be aware that while such intense involvement in activities can represent an attempt to seek confirmation, thus supporting his self-esteem, it also allows him to avoid confronting his emotions toward his wife and the marital relationship. From a systemic perspective, is recommended to try to increase intimacy within the marital dyad, for example, by encouraging both spouses to take up joint activities. These interventions should be supported by activities that strengthen the patient's unconditional self-acceptance, thus building his emotional autonomy and freeing his relationship from constant attempts to seek approval from his wife.

2. Marital conflict

Relational tension can also be discharged through marital conflicts. In cases where one partner is not satisfied with the level of intimacy in the marital relationship, this may result in opposing the other partner's expectations and requiring them to adapt. This is especially true in relationships where there is little tolerance of different beliefs and views, and spousal disagreement on a given issue is perceived as a personal affront and a sign of disloyalty. Abuse of this mechanism is characteristic of disharmonious relationships in which periods of negative interactions are intertwined with periods of equally intense, often passionate closeness [16]. Despite appearing only dysfunctional, such a scheme can serve as the key to solving the dilemma between the spouses' need for closeness and distance. Conflicts provide a strong sense of emotional contact with important people, and the constant disputes and resentment that accompany them stimulate constant commitment. At the same time, anger and tension allow partners to maintain emotional distance and maintain individuality without feeling guilty. The conflict relationship is characterized by high intensity, with the spouses having a strong focus on each other, which secures the emotional bond [14].

Case study 2

Jacek and Aneta registered for therapy with their children: Mirek (8 years old) and Marysia (20 years old). The index patient is Mirek, who demonstrates various behavioral, emotional and compulsive disorders diagnosed as occurring post-covid. Symptoms of depression were noticed in Marysia. The parents are in permanent conflict, expressed *inter*

alia by arguing about how to raise the children. The wife regards her husband as possessive and jealous, and the husband believes the wife to be too tolerant of the children. There has been a tense atmosphere at home for a long time, which has had an impact on Mirek's well-being: "when my parents argue, I feel dizzy". The daughter is thinking about leaving the family home and living in a dormitory after starting her studies. She wants to live as far away from her parents as possible (Figure 3).

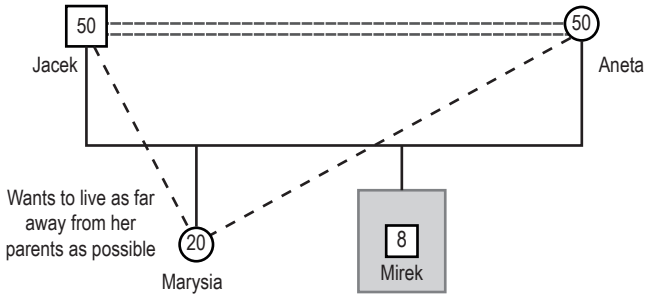

Figure 3. **The Genogram of Mirek's family**

Interpretation of the Problem. The spouses demonstrate mutual hostility and hold grudges. It is a disharmonious relationship in which different views and principles are not permitted, and only conflicts provide the illusion of emotional contact. It can be assumed that the "covid" genesis of Mirek's problems is only a convenient excuse that allows the family to avoid dealing with the true family issues, which may be indicated by Marysia's determination to leave her family at the first possible opportunity (here: taking up studies).

Recommendations for the Therapy Process. One potential goal of the psychotherapy process would be to show Jacek and Aneta that their arguing has become a constant and dominant form of interaction within their relationship, and that it has a negative impact on the mental health of their children. They focus on disagreements about upbringing methods, which prevents them from perceiving the real difficulties experienced by Marysia and Mirek. The therapist could show the parents that their concern for their children is better expressed by fostering greater harmony and stability within their marital relationship. Finding alternative ways to build emotional contact in the marital dyad, for example by engaging in activities unrelated to children, will provide an opportunity to stabilize the system without having to resort to dysfunctional patterns of interaction.

3. Dysfunction in a spouse

The third and fourth mechanisms are related to distracting attention from the basic relational problems in the dyad and channelling tension toward another area. This area may be a dysfunction of one of the spouses. This pattern is in opposition to marital conflicts,

because tension is relieved by one partner submitting to the expectations of the other. The stability of the marital dyad is maintained at the expense of the individuality of one of the spouses, i.e., based on one's resignation from one's own needs and beliefs. As tension increases, the emotional interdependence of partners increases, and with it the pressure to adjust to each other [14]. If one partner assumes more responsibility than the other for maintaining harmony in the dyad by constantly submitting to their spouse, yielding to him or her, and accepting compromises, the relationship between husband and wife becomes rigidly complementary. It may manifest as excessive functioning of one of the spouses and insufficient functioning of the other [12, p. 99]. An over-functioning person usually feels extremely responsible for the well-being of their partner and tries to compensate for their own real or imagined deficits. However, constantly focusing on the mental needs of a spouse leads to a feeling of overload, and in such a relationship, the other partner often feels pressured toward submission, and consequently helplessness and the need for support and guidance. Goldenberg and Goldenberg [17, p. 202] define this mechanism as overadequate-inadequate reciprocity, in which one spouse takes over the majority of the household duties, and the other takes on the role of a partner who is not fully responsible.

A possible manifestation of such a pattern may be a relationship in which one person works professionally, is responsible for keeping the household clean, and takes over the process of raising children and logistics related to family life, while the other only participates in a single task and is not able to function independently. This creates the need to consult the spouse on the simplest of everyday matters and an emotional compulsion to do everything together. The mechanism of such dysfunction can temporarily stabilize the marital dyad. However, when the tension in the family increases or is prolonged, the relationship between the spouses is brought to an extreme, and the functioning of one of them is significantly impeded. As a result, the pattern of functioning may be overloaded, which, according to Bowen's model, is expressed as symptoms of a physical, mental and/or social nature. These appear in the partner who has been more willing to forego satisfying their own needs to maintain the stability of the dyad [11]. Such dysfunction releases the partner from their previous role and restores greater balance in the tasks undertaken within the marital dyad. Although the basic relational problems remain unresolved, the attention of the family begins to focus on the true symptoms, thus reducing the tension within the marital dyad.

Case study 3

Leon (40 years old) is being treated for depression. Manifestations of depression were visible in his behavior and attitude. He was withdrawn and not very expansive, and wore a "protective mask" (e.g., during the first online meetings with the psychologist – he participated in his car, and was hidden deep in the shadows). At the beginning of psychological therapy, he declared his goal to be deciding on the continuation of the marriage. As can be seen in the family genogram, Leon grew up as the youngest sibling in his family, while his wife was the oldest. This may account for a certain asymmetry in their relationship, in

which Marta is clearly the dominant member, while Leon has lower self-esteem. The family of the patient is presented in Figure 4.

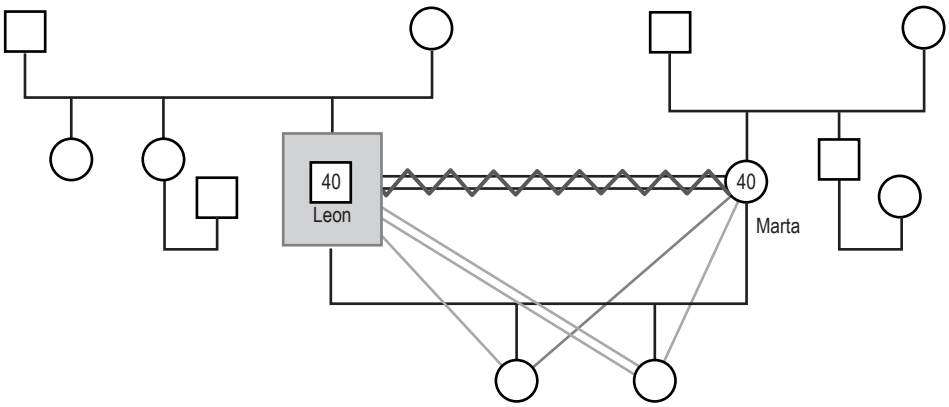

Figure 4. **The genogram of Leon's family**

Interpretation of the Problem. The patient seems severely overwhelmed by the demands of his family role. Despite playing the titular role of the head of the family, he is unable to fulfil this position. This state has become dysfunctional. The appearance of the disease symptoms further "stiffened" the pattern of interactions between the spouses. After a dozen or so sessions he "came out of the shadows", and became increasingly open, enterprising and autonomous. He became socially active. He offered his wife participation in joint family therapy, which he had strongly rejected earlier.

Recommendations for the Therapy Process. During therapy, the patient saw the importance of balancing the roles within the marital relationship. In the initial stage, his position was strengthened, which allowed him to open up to the possibility of joint therapeutic work with his wife. Subsequent interventions should be aimed at introducing greater symmetry within their relationship, confronting the spouses with their needs and expectations in this regard.

4. Impairment of one or more children

The final mechanism, which like the above, aims to maintain closeness and interdependence in a marriage by caring for the person presenting the symptom, concerns a focus on the child. As family tension increases, some parents turn their attention to the functioning of one or more children. They usually worry and care too much about them, treating the slightest deviation in the child's behavior from their expectations as a symptom of dysfunction. This is often associated with placing a child in a specific role, such as an ideal child, scapegoat or helpless person. This creates a vicious circle in which the parents' excessive concentration on the child increases the child's alertness to any signals coming from the

parents. As a result, the child becomes overly sensitive to the needs and expectations of the parents, and the parent-child relationship becomes highly infused with anxiety.

In such cases, this strong focus on the child may be demonstrated by both spouses or only one of them. In the first case, caring for the child becomes a common motive of the partners' actions, allowing them to become closer without having to solve the problems within their own relationship. The second possibility, as Bowen emphasizes, most often manifests itself as a strong preoccupation with the child by the mother, and the simultaneous distancing by the father who, by supporting the closer relationship between wife and son or daughter, experiences relief from excessive closeness.

For some time, this mechanism can effectively reduce tension within the marital dyad. However, its overload results in an increase in the level of tension in the family, similar to the previous mechanism; however, while this will also result in the appearance of symptoms, this time they will affect the child. These symptoms can take the form of school difficulties, relationship problems with peers, or even physical or mental disorders. Such problems can exacerbate both the parents' overprotective attitudes and the helplessness of the person presenting the symptom. Bowen proposes that such approaches to regulating tension in the family shapes a feeling in the child that they are a necessary link in the relationship between the parents and the overall balance in the family system. Such a belief can serve as a gratification for the child and strengthens the entire process. The behaviors of individual family members reinforce each other and create a dysfunctional pattern that is difficult to break. This pattern allows the family to pursue its goals at a lower level, and thus appear functional.

This mechanism stands out from the others in that it is the only one that involves a third party in resolving tension within the marital dyad. This phenomenon is known as triangulation [16]. Such relational triangles are considered in the Bowen concept as the smallest stable relational systems [12, p. 35]. They are defined as more constant than two-person relationships, in which it is difficult to maintain a state of balance, especially when inevitable tensions and conflicts arise. The inclusion of a third person enables the circulation of tension within the family, thus reducing the likelihood of overloading either party. However, the stiffening of functioning in such relational triangles should be regarded as a symptom of a maladaptive way of maintaining homeostasis in the system. Excessive focus on the child arising as a response to the growing tension within the marital dyad not only keeps relationship problems in the marriage outside the family's field of attention; it also significantly reduces the child's functioning and, in the long run, prevents its eventual emotional separation from the family of origin.

Case study 4

Sylwia registered in a psychiatric facility as the mother of the index patient, 13-year-old Basia, who was diagnosed with anorexia. A thorough interview revealed that Sylwia is experiencing a serious personal problem caused by a complicated family situation and was offered family therapy. Sylwia divorced her husband, with whom she has three children, and is currently in an informal relationship with Jerzy, a divorced father of two adult daughters.

Although they are living separately, they intend to live in a new house whose construction was paid for by Sylwia's mother. However, her mother is hostile to Jerzy and does not support their living together. In addition, Jerzy is in conflict with Sylwia's children, and particularly the younger daughter, Basia, the index patient (Figure 5).

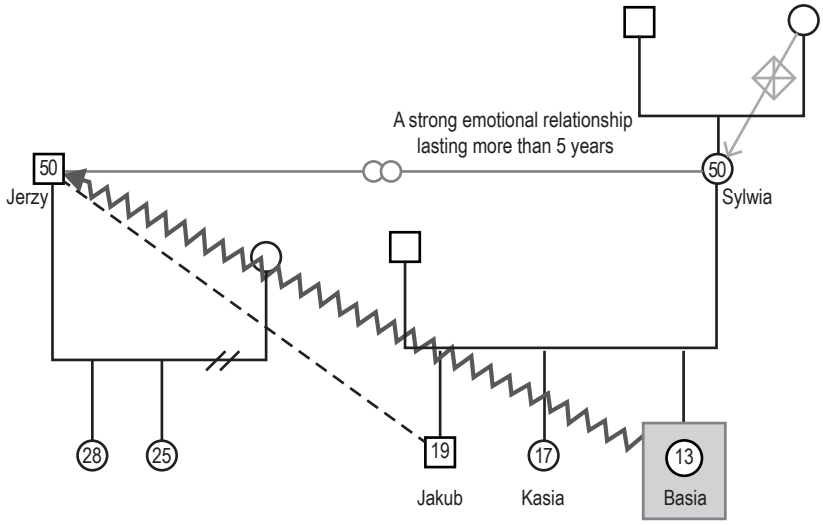

Figure 5. **The genogram of Sylwia's family**

Interpretation of the Problem. Sylwia is experiencing a serious dilemma that she cannot solve on her own. It could be considered that a helping hand may have been offered by the youngest daughter, Basia: her anorexia became a convenient justification for contact with a psychiatrist, and thus for treatment by the whole family. Focusing on the daughter's disorder distracts from the relationship problem what corresponds to Bowen's assumptions. Basia's attitude suggests that she subconsciously took on the task of stopping her mother from taking what she believed to be the wrong step, i.e., introducing Jerzy into the family.

Recommendations for the Therapy Process. The problems experienced by Basia forced the family to focus on disease symptoms. She clearly experiences severe stress, prompting her mother to become more interested in her and thus intensifying the problems in the family. Jerzy can help in this regard by providing support, but without becoming a father. However, any therapeutic intervention should first aim to restore the functional balance in the family. Reinforcing the focus on Basia by the family can only deepen the dysfunctional pattern. Interventions aimed at Sylwia should concern her relationship with her partner, showing that this constitutes a separate and important area of her life. The main aims of therapy should be to support Sylwia in staying close with her children and accompanying them through the changing family situation, and to strengthen her sense of emotional independence in her relationship with her partner.

Conclusion and clinical implications

There is a clear need to consider the family context when treating disease symptoms, and this has been confirmed on empirical grounds [18]. As such, to increase the effectiveness of interventions, growing numbers of doctors and psychotherapists are considering the regulatory function of the reported symptoms and their importance for maintaining family homeostasis. Bowen's construct, which is the emotional system of the nuclear family, proposes a significant extension of this perspective by considering the morphostatic function not only of psychopathological symptoms but also other mechanisms triggered by increased tension in the family. This is of particular importance for preventive actions undertaken in the area of mental health, as it allows for the assessment of dysfunctional patterns even before the appearance of clinical symptoms. By identifying one or several processes with a high intensity, the therapist can undertake interventions aimed at reducing their escalation and the risk of their escalation to psychopathological symptoms.

As a consequence, such disease symptoms can be regarded as mechanisms that previously maintained the balance in the system, but have become excessively intensified. Thus, a disturbance in the functioning of a single family member can be understood as a by-product of a long series of compromises made by the system which previously stabilized the whole at the expense of some of its parts. This is consistent with Praszkier, who postulated that a symptom may sometimes protect a family against something much worse than the symptom itself, i.e., from its collapse [19].

Bowen's theory not only serves as a proposal for the reconceptualization of psychopathological symptoms, but also indicates that the underlying basic emotional problems of patients may be channelled into other areas of family life. The emotional system of the nuclear family, as the name suggests, forms a certain organized whole, in which the tension regulation mechanisms and disease symptoms constitute various outlets for basic emotional problems. Ignoring these problems in therapy, and instead focusing only on their currently-observed form, as experienced by the patient, e.g., child dysfunction, anxiety symptoms or intense marital conflicts, carries the risk of constant relapses. Extending the conceptualization of the patient's problems to include such a perspective opens the possibility of undertaking interventions that are not only effective, but also permanent.

Bowen's concept of the family as an emotional system proposes a change in the perception of various patterns observed within the patient's family. Consequently, it can play a significant role in family diagnosis and formulating work goals and thus constitute a useful starting point for therapeutic activities and interventions undertaken not only by psychologists, but also by psychiatrists and other specialists working in the field of mental health.

The presented cases illustrate that the perception of the four described patterns is not always obvious and may sometimes be obscured by other behaviors and symptoms that appear prominent in the family picture, and that also demand "care" by the patient. Not all aspects of the patterns mentioned by Bowen are necessarily apparent. Sometimes these patterns intertwine, and in other cases, they can refer only to certain fragments of the

overall picture of family life. The functioning of family systems is an extremely complex matter and in the initial phase of working with a new patient, therapists feel somewhat "in the dark", looking for the most likely background of the apparent disorders. In such cases, Bowen's proposal can be a useful starting point and a signpost showing the direction of work. In addition to its value in a training context, Bowen's theory not only serves as a historical basis for systemic family therapy, but also as a theoretical framework that may have remarkable explanatory power for contemporary clinical practice.

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