

Utilizing Murray Bowen's Family Systems Theory to conceptualize only Children

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Fertility in several countries point increases in the proportions of one child families (Day, 1991). In comparison to non-only born children, only children display higher intelligence and achievement outcomes (Falbo & Polit, 1986). Roberts and Blanton (2001) suggested that only children are offered initiating opportunities to engage in adult conversation and develop close ties with parents and other adults. The purpose of this study is to explore

IMPLICATIONS

Bowen's Family Systems Theory has been critiqued for its limitation of empirical evidence to support the theory (Miller et. al., 2004). However, the literature seems to back his idea that familial and environmental factors contribute to personality (Miller et. al., 2004). This study utilizes a case conceptualization and treatment plan to speak to areas that the theory has been criticized for not addressing enough (i.e. socioeconomic status, sex, age) (Miller et. al., 2004).

Much of the literature regarding only children examines academic achievement in relation to only children compared to children with siblings (Paulhus, Trapnell, & Chen, 1999). However, there is a gap in literature pertaining to the subjective experiences of an only child in regards to personality development (Roberts & Blanton, 2001). Being able to conceptualize only children beyond performance level can be indicative to the exploring the societal and familial contributions that play a role in the development of only children (Rabstajnek, 2012).

CASE STUDY

Sally is a fifteen-year-old black female. One month ago, she came across her adoption papers in the family's storage unit. Before this, Sally did not know that she was adopted. When faced with confronting her adoptive parents, Sally's adoptive mother, a registered nurse, Beth, did not want Sally to make any contact with biological family. Sally's adoptive father, Ben, an accountant, however, suggested otherwise. Ben and Beth have been divorced for ten years. Ben was diagnosed with Schizophrenia in 2008. His non-compliance with therapy and medication management caused a strain in his marriage. Seven years ago, Ben lost custody of Sally after leaving her in his home alone for sixteen hours. Since then, Ben has been attending parenting courses, taking his medication, receiving therapy and now has visitation rights.

Two weeks ago, Sally went against her mother's wishes and made contact with her biological mother, Jan, via social media. After speaking with Jan, Sally discovered that her biological father, Earl, is currently incarcerated for sexual assault. This brought up traumatic memories for Sally, as she was sexually assaulted last year by her cousin while at Beth's mother's home. Sally disclosed this information to her adoptive grandmother, who then told Sally that "in the black community, family supports family; no matter what." She also advised that Sally refrain from disclosing this information to

Murray Bowen's family systems theory that family and environmental dynamics are related to the personality development of only children. Bowen's Family Systems Theory has been critiqued for its limitation of empirical evidence to support the theory (Miller et. al., 2004). However, the literature seems to back his idea that familial and environmental factors contribute to personality (Miller et. al., 2004). This provides implications for conceptualizing only children when considering the individual, his or her nuclear family, extended family, ethnicity and any additional environments.

anyone. Sally's grandmother disclosed that she was sexually assaulted by over ten relatives.

Jan went on to notify Sally that she has struggled with substance abuse for eighteen years. Her drug of choice is cocaine. While messaging Sally, Jan asked for fifty dollars. Distraught by this experience, Sally decided to invite her boyfriend, John over to discuss the incident. John is a seventeen-year-old black male. The two were caught having sex by Beth six months ago. Since then, Beth forbids Sally from seeing John again. Now, Sally waits until her mother leaves for work to invite John over. When John arrived to the home, he asked, "so did your bio mom tell you where your fat gene came from?" Sally, with a frowned face, then covered herself with the blanket sitting next to her. Not long after, John initiated sex, and left.

The following morning, Sally arrived to school. Sally attends a predominantly white school. The cheer leaders have been known to bully Sally for the texture of her hair, but Sally never reported these incidents to the school counselor. After minutes of taunting, Sally went to the bathroom and swallowed several ibuprofens. She was found passed out on the bathroom floor by another student. Sally was hospitalized at Children's Hospital's Behavioral Unit for five days.

After her hospitalization, Sally was diagnosed with Post Traumatic Stress Disorder and Major Depressive Disorder; she was referred to counseling services. In her first counseling session Sally disclosed that she has been "sad all of life." She described her adoptive parents' relationship as being "unstable," in early childhood. She went on to say that Ben and Beth are "horrible co-parents that always argue." Client expressed that she feels her relationship with her boyfriend is similar to that of her parents. She feels the obligation, however, to commit to her boyfriend because "on one else likes" her.

Sally told counselor that she feels "alone all of the time." She went on to say that she is sick of the secrets that are held within her family. Sally expressed feelings of "betrayal," by adoptive parents, who kept the secret of her adoption, grandma, who hid the sexual assault, and biological parents, who did not want her. She went on to say that she believes that no one understands her situation, because no one has lived it with her. Client said that her goal for counseling is to "not feel so alone."

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CASE CONCEPTUALIZATION

Individual Level

Client is a fifteen-year old-black female. She identifies as straight.

Nuclear Family

Client was adopted at birth. Her biological father is incarcerated and her biological mother suffers from a drug addiction. Client’s adoptive parents are divorced. Client’s adoptive mother has full custody of client; client’s adoptive father is allowed weekend visitation due to reports of neglect in client’s childhood. Client does not have any siblings.

Extended Family

Client made mention of one extended family member; her adoptive maternal grandmother. She expressed feelings of “betrayal” by this member, who encouraged the client to refrain from disclosing sexual assault.

Social Level

Client is currently involved in an emotionally and verbally abusive relationship with her significant other, who is a seventeen-year-old male. She reported having no friends. Client is being bullied at her high school.

Multicultural Level

Client identifies as a black female. Her adoptive family is middle class. She attends a predominately white school, where she is being bullied for the texture of her natural hair.

BASELINE OF SYMPTOMATIC BEHAVIOR

Client reported low self-esteem and depressed mood due to feeling “alone.”

THEORETICAL INTEGRATION UTILIZING MURRAY BOWEN’S FAMILY SYSTEMS THEORY

Client seems to be experiencing a struggle with self-concept. She has witnessed arguments between her parents throughout life. Client has also been encouraged to refrain from disclosing her experience with sexual assault by an extended family member. Because of this, client seems to lack understanding in ways to effectively communicate concerns. Her recent discovery of her adoption seems to have contributed to her challenges in trusting her parents. She was neglected by her biological parents at birth; her adoptive father neglected her at the age of eight; and her adoptive mother did not support client’s desire to find her biological parents.

Due to client’s communication concerns, she seeks validation in an unhealthy relationship, and therefore lacks confidence. Bullying in social settings contributes to the client’s self-esteem. Client is the only child; on a familial level, she has no one to share her experiences with. Lack of social support seems to be contributing to the client’s presenting concern of feeling “alone.”

Counselor: <u>Yvanna Pogue</u>	Client ID #: <u>1</u>
Date: <u>March 1, 2020</u>	Initial Treatment Plan Updated Treatment Plan <input checked="" type="checkbox"/>
Primary Theoretical Orientation: <u>Murray Bowen’s Family Systems Theory</u>	
Diagnosis(es): <u>PTSD & Major Depressive Disorder 296.33 (F33.2)-Severe/Recurrent</u>	
Medication(s): <input type="checkbox"/> NA <input checked="" type="checkbox"/>	

PRIMARY PROBLEM BEHAVIORAL DEFINITION

- Client experienced emotional, verbal and emotional abuse throughout childhood brought upon by familial dynamics.
- Client was sexually assaulted by a family member

SECONDARY PROBLEM BEHAVIORAL DEFINITION

- Client’s affect is inconsistent with her mood
- Client has low self-esteem
- Client has diminished interests in pleasure
- Client has difficulty communicating feeling to others

GOALS

- Client will identify at least two thoughts or feelings that contribute to depressed mood per week.
- Client will develop a four-year college/career plan within an eight-week span.
- Client will identify extra-curricular activities that incorporate identified strengths every two weeks.
- Client will participate in at least on extracurricular activities per week.

INTERVENTION PLANS

- Client will engage in journaling exercises and art therapy to increase awareness of existing emotions.
- Counselor will use psychoeducational tools to educate client about the effects of trauma.
- Counselor will use reframing techniques to increase client’s awareness of strengths.
- Client will participate in at least 8 individual sessions with counselor once a week for 50 minutes to incorporate interventions listed.

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