
CHILD FOCUS AND THE FAMILY UNIT: A COMPARISON OF FAMILIES WITH HIGHER AND LOWER CHILD SYMPTOMOLOGY

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ABSTRACT

Bowen theory's concept of child focus or family projection process describes how the variation in intensity of parental focus on children, which is regulated in the father-mother-child triangle, influences variation in child functioning. This article describes a longitudinal, qualitative research study that explored the child focus process, some of the emotional processes related to child focus, and their associations with the symptomatic outcomes in children. The study explored these variables in five families who had the highest level of child symptomology and five families who had the lowest level of child symptomology from a larger cohort of fifty-one families. The study found that the five families with the highest child symptomology, as compared to the lowest symptom group, had more intense focus on their children and made more frequent statements about one child, who was usually the most symptomatic child. Parents in this group also described their identification and strong attachment with the most focused-on child and had significantly more tension and fewer positive experiences in their marriages and in parenting. The triangle patterns of moving toward and away in response to challenge or tension were described in both groups.

Keywords: Child focus, tension, triangle, child symptomology, emotional fusion

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INTRODUCTION

How do children in the same family, often with the same parents, function so differently from each other over time? A common answer to this question is that there are genetic differences between siblings. While genetic differences are part of the answer to the question, the nonshared family environments between siblings appear to interact with genes, which may contribute to behavioral differences (Plomin 2011, 2022). With Bowen theory (Bowen 1978) as a theoretical framework, the research reported in this article examined one aspect of the nonshared environment, variation in the degree of parental focus on children in the father-mother-child triangles. Particular attention was given to the within-family variation in the intensity of the parents' focus on each child. Because child focus unfolds in the context of the family unit, the study also explored other emotional processes related to the father-mother-child relationships. The researcher selected from the larger sample the family units with the most and least symptomatic child and compared the similarities and differences between the family units.

Bowen theory sees the family operating as an emotional unit (Noone and Papero 2015) with biological, psychological, and behavioral processes that govern the functioning of the relationships and the individuals, including the children. The emotional, regulatory processes in the unit are influenced by the programming that is inherited over the course of evolution and through the past and present multigenerational relationships.

One of the regulatory processes involving children is triangling (Bowen 1978, Kerr 2019, Papero 2024), which distributes tension unevenly in the family. Couples have a level of tension that is in part based on their level of emotional fusion and influenced by their physiological linkage (Timmons et al. 2015) with each other. The husband and wife may act out this tension in distance and/or conflict with each other or in the reciprocal pattern of one giving up self to one's partner, while the partner takes on more self-direction or confidence. Another direction for the marital anxiety is to triangle, which is to spill the marital tension onto one or more of the children.

The child's automatic physiological sensitivity and emotionally reactive behavior with the parents contribute to the parent-child reciprocity in the triangle.

Bowen described some of the conditions that contribute to variation in parental focus from one child to another:

The children selected for the family projection process are those conceived and born during stress in the mother's life; the first child, the oldest son or oldest daughter, an only child of either sex, one who is emotionally special to the mother, or one the mother believes to be special to the father. Among common special children are only children, an oldest child, a single child of one sex among several of the opposite sex, or a child with some defect. Also important are the special children who were fretful, colicky, rigid and nonresponsive to the mother from the beginning. The amount of initial special emotional investment in such children is great. ...It is impossible for mothers to have equal emotional investment in any two children, no matter how much they try to protest equality for all." ([1976] 1978, 380-381)

Bowen theory hypothesizes that variation in functioning and symptomology between children within the same family is related in part to the different levels of tension that are in each parent-child triangle (Bowen 1979, Brooks 2020). (For some families the parental triangle involves another caregiver, such as a grandparent or stepparent.) Parents and children each contribute to the anxious focus on each other. Bowen theory's concept of the family projection process hypothesizes that the child who is embroiled in the most intense interactions with the parents, whether positive and/or negative, tends to develop more relationship sensitivity, less self-regulation, and greater susceptibility to higher levels of symptomology, as compared to their siblings (Harrison 2020). All families engage in this process but vary in the level of intensity. "The process is so universal it is present to some degree in all families" (Bowen 1978, 379).

Several factors affect the strength of emotional arousal in these child triangles. First, the parents' level of differentiation of self contributes to the degree of other focus vs. self-direction. Individuals with more differentiation of self are more proficient at defining a self to others and taking action for self while being responsible to others. One example might be a parent who is clear about what their responsibility is for a problem versus what the child's responsibility is. With less differentiation, emotional reactivity and relationship sensitivities govern the interactions. For instance, parents and children with less self-regulation may be stuck over- or underreacting to each other. Another aspect of differentiation is the ability to use one's intellect in the midst of emotional reactivity. With more differentiation, individuals have more perspective, objectivity, and systems thinking (Papero 2020) to work with the automatic sensitivities and emotional reactivity in the triangle.

A second factor that affects the intensity of the father-mother-child triangle is the level of tension or anxiety in the family unit. Higher tension increases the susceptibility of the parent and child to anxiously focus on each other and to have greater physiological linkage (Palumbo et al. 2017, Saxbe et al. 2020). Bowen theory proposes that one important source of tension is the degree of unresolved emotional attachment the father and mother have with their parents, which gets transmitted to the next generation. The level of tension in a family unit is also affected by internal and external family stressors. Child dysfunction has been associated with marital dissatisfaction (Knopp et al. 2017), spousal physiological linkage during tense interaction (Gottman and Katz 1989), high marital conflict, single parenthood (Hetherington et al. 1992), separation (Anderson et al. 1999), maternal depression (Tomlinson et al. 2005), parental exposure to physical and sexual abuse during their childhood (Oliver 1993), the child's exposure to early-life adversity (Nusslock and Miller 2016) and the family's socioeconomic status. (Lassiter 2020, 2022).

Another body of research (Jenkins et al. 2016) has examined differential parenting as an important factor contributing to within-family variation in child functioning. Differential parenting focuses on the difference in the amount of positive

to negative parenting from one child to another. This research conceptualized family members co-creating different family experiences, resulting in parent-child interactions that varied from one child to another (Browne et al. 2012, Jenkins et al. 2016, Jenkins et al. 2003). Fifty to seventy percent of positive and negative parenting in a family was different from one child to another. The child in the sibling group who received more negative and less positive parenting was more susceptible to physical and mental health problems and difficult sibling relationships (Browne and Jenkins 2012). This association was significant only at high levels of differential parenting between siblings.

Parents demonstrated higher differential parenting when they experienced more stress. Factors associated with current stress were lower socioeconomic status, marital conflict, and more reactive personalities (Jenkins et al. 2003). Families with fewer resources tended to give more of those resources to one child and to have less tolerance and more reactivity with another (Henderson et al. 1996). Parents' adverse childhood experiences also were associated with more differential parenting (Meunier et al. 2013). Children contributed to more differential parenting through their varied pre- and perinatal experiences (Abbott and Winzer-Serhan 2012, O'Donnell et al. 2013, Asbury et al. 2006), as well as more externalizing (Lysenko et al. 2012) and internalizing behavior (Eley et al. 2010) influenced in part by genetics. In addition, children in larger sibling groups (Downey 2001), with fewer close relationships (Gass et al. 2007) and with a later born sibling position (Jenkins et al. 2003) were more susceptible to differential parenting.

The perspectives of differential parenting and Bowen theory are similar in seeing the parent and child co-creating different family experiences and the level of stress or tension in the family influencing variation in the parent-child interactions and child outcomes. Bowen theory's perspective is different in that it sees the intensity of the child focus, whether positive or negative, being the key variable that influences child functioning (Brooks 2020), the concept of differentiation of self as a variable that affects the intensity of interaction, the concept of the triangle as the mechanism for differential

transmission of emotional immaturity and tension to children, and the multigenerational family providing a past and present context that influences the functioning of the unit and its children (Noone 2021).

RESEARCH FOCUS OR CONCERNS

With Bowen theory as a theoretical framework, the study presented in this article aimed to add to the knowledge of child functioning and its interaction with family emotional process. Four research questions or concerns that guided the study were: What was the nature of child focus in the father-mother-child triangle? What were the emotional processes associated with child focus? How did child focus and its emotional context associate with child symptomology? What were the similarities and differences between the family units with higher- and lower-symptom child groups?

METHODS

Design

The study described in this article was part of a larger longitudinal study that has examined the associations between family unit functioning and the following variables: multigenerational and family unit stress (Klever 2005b), self-direction and goal effectiveness (Klever 2009b, 2018), viable emotional contact versus cutoff (Klever 2003, 2009a, 2015, 2016), family projection process (2009a), and multigenerational functioning (Klever 2004, 2005a). The next step of the larger study was to separately examine the association of these independent variables with the three components of the family unit: adult, child, and marital functioning. The first of these areas, adult functioning and divergent, convergent, and similar husband-wife symptomology, was reported in Klever (2021 and 2023). The second area, described in this article, is child functioning and the related family emotional processes.

For the study reported in this article the author explored the research questions or concerns by conducting a qualitative analysis, using a grounded theory approach, which is grounding or discovering theory from the data of what people say (Strauss and Corbin 1990). This analysis examined what the participants said over the twenty years about each

child, their relationship with each child, the marriage, and the experience of parenting. The researcher used Auerbach and Silverstein's (2003) methods for coding and analyzing the data. Their proposed steps are stating research concerns (stated above), selecting relevant text, finding repeating ideas and themes, and defining the theoretical constructs.

Participants

Ten couples and their families from the larger cohort of fifty-one couples were selected for this qualitative study based on their levels of child symptomology. This smaller, selected sample was used to facilitate an in-depth examination of family process and child functioning, to make the data analysis manageable with a smaller data set, and to test the assumption that variation in family process related to child functioning would be more distinct at each end of the continuum of child symptomology. A longitudinal design was selected to learn about the interaction of these variables over time.

Five of the ten families had the lowest level of average symptomology in their offspring over the fifteen years, and five of the families had the highest level of child symptomology. The total number of children in these two groups was twenty-nine. Table 1 describes the number of children in each group, the ages, and the years of data collection. Quantitative data was collected for fifteen years, and qualitative data was collected for up to twenty years.

**Number Of Children, Age, and Years of
Data Collection**

	Low Child Symptom Group 5 Families	High Child Symptom Group 5 Families
Number of children in the group	16	13
Number of children per family	mean 3.2 (2–6)	mean 2.6 (2–4)
Age of children in 15th year of study	mean 11.1 years (3–15)	mean 11.5 years (5–23)

	Low Child Symptom Group 5 Families	High Child Symptom Group 5 Families
Number of years data collected on each sibling group	mean 15.4 years (11–20)	mean 12.4 years (10–16)

Table 1.

In the first year the twenty husbands and wives' average age was 29.6 years old, range 23–39 years old. They were married on average for one and a half years, range 0–2 years. This was the first marriage for all but two of the participants. Nine of these couples stayed married throughout the study. One divorced in the eleventh year of the study. The median income in the first year was \$67,510, range \$30,600–\$122,000. Seventeen of the participants were White and three were Black, Hispanic, or Pacific Islander. The researcher explained the study's purpose and goals, expectations for the participants, guarantees of confidentiality and privacy, and the option to withdraw. Two research consultants evaluated the procedures for protecting the participants' confidentiality and safety. They found no concerns with the ethical treatment of the participants. For more information about the recruitment of participants and a description of the participants in the larger study, see Klever 2001 and 2016.

Child Symptomology

Symptomology in the child group, an assessment of each child's physical, psychiatric, and social symptoms, was one of the three subscales on the Nuclear Family Functioning Scale (Klever 2001). The other two subscales were marital symptomology and adult symptomology. The potential range of scores for each child was 0–1 with 0 representing no symptomology and 1 representing high symptomology. The average composite physical, psychiatric, and social symptom score for each child over the fifteen years for all the children in the larger study, $M = .125$, $SD = .124$, range 0–.95, $n = 1166$. The average

annual sibling group symptomology score was computed by adding the symptom score for each child in the sibling group and dividing that total by the number of children. The average sibling symptom score for the study was computed by adding the annual scores and dividing by the number of years. The range of scores for all forty-five of the sibling groups in the larger study over the fifteen years was 0–.3, mean .13, SD .065. Selection of the ten family units for the qualitative analysis was based on this composite symptom score. Table 2 gives the symptom scores for the ten sibling groups in this study and for the most and least symptomatic children in the sibling group. For further detail about the scoring for this subscale see Klever 2001. Some of the reported symptoms in both groups were allergies, ear infections, tonsilitis, hemangioma, eating disorder, dysgraphia, attention deficit disorder, learning disability, bipolar disorder, sensory integration difficulty, frequent behavior problems at school, compulsive pornography use, and drug use.

Child Symptomology Scores: Composite of Physical, Psychiatric, and Social

	Low Child Sx**Group 5 families mean (range)	High Child Sx** Group 5 families mean (range)
Symptom Score for each sibling group	.053 (.019–.068)	.262 (.221–.229)
Symptom score for the most sx child in the sibling group	.078 (0–.4)	.33 (.04–.95)
Symptom score for the least sx child in the sibling group	.038 (0–.145)	.172 (.002–.76)

*Potential range of annual composite symptom scores for each child and sibling group: 0 (no symptoms)–1(high symptomology)

**Sx=symptoms

Table 2

Interview Schedule and Questions

The data for the qualitative analysis came from the annual individual interviews, which were conducted by the researcher. The interview questions aimed to explore the research concerns by eliciting the participants' descriptions of their family unit—their children, parenting, the marriage, and their relationship with each child. Questions included in the interview were first evaluated for congruence with Bowen theory by an independent Bowen theory expert. The participants were asked, "How has the year been? How was parenting this year? Describe each child and your relationship over the year. How was your marriage over the last year? Who does what when there is more tension in your family?" They were asked to elaborate on short answers.

Data Analysis

The interviewer recorded on paper the participants' annual responses to the questions and transferred those responses to a Microsoft Word file, which provided the text for the data analysis. The next step in coding the extensive transcripts was selecting the data relevant to the research concerns, the father-mother-child triangle and the family emotional processes. Toward this end the researcher selected all statements from the transcripts with any reference to the participants' children, the parent-child relationship, parenting, and the marriage.

Once the relevant text was selected, the researcher read through the text looking for repeating words, phrases, ideas or statements. During the second examination of the text the researcher highlighted these similar or identical phrases or statements and then organized them into tentative groups. One example of a repeating theme was worry about a child: "Over the summer our son had no job and spent hours and hours on online games. I worry about that." The results of that analysis are reported in the "Results" section. In addition, the frequency of repeating statements is reported as suggestive of more or less intensity or strength in a pattern or theme.¹

¹ Counting frequency of comments was consistent with other qualitative research. For example, the research on expressed emotion used frequency of comments to indicate the intensity of hostility, criticism, emotional overinvolvement, warmth, and positivity (Brown and Rutter 1966, Humbeek et al. 2002)

Next, the researcher determined a theoretical construct that the themes reflected.

Reliability and validity were addressed using Rubin and Rubin’s (2012) guidelines of having the procedures be transparent (others can know and check what was done) and communicable (the themes or repeating ideas and organization were easily understandable). The researcher also presented the qualitative analysis over the course of the study to two Bowen theory research seminars at the Bowen Center in Washington, DC. The input was integrated into the analysis.

RESULTS

Participants from the high- and low-symptom child groups made on average the same number (23) of comments a year about their children and the emotional processes in the family unit. The following are the themes, frequency of the themes, and the constructs the themes described. The constructs are drawn from concepts and variables described in Bowen theory. Table 3 provides an overview of the themes and constructs.

Themes and Related Constructs

Theme 1: Worry or Concern About Each Child
Theme 2: Positive Comments About Each Child
Theme 3: Combined Worried and Positive Comments About Each Child
<i>Construct for Themes 1–3: Child Focus Part 1—Parental Focus on All of Their Offspring</i>
Theme 4: Children Receiving the Most and Least Total Comments—Worried and Positive
<i>Construct for Theme 4: Child Focus Part 2—The Focused-On Child</i>
Theme 5: “Just Like Me” or “We Are Very Attached”
<i>Construct for Theme 5: Parent-Child Togetherness and/or Fusion</i>
Theme 6: Parenting Tension
Theme 7: Marital Tension and Reactivity—General Marital Difficulty, Conflict, and Distance
<i>Construct for Themes 6 and 7: Tension in the Family Unit</i>

Theme 8: Moving Toward and Away in the Father-Mother-Child Relationships
<i>Construct for Theme 8: Triangling</i>
Theme 9: Positive Comments about the Marriage and Parenting
<i>Construct for Theme 9: Strengths and/or Positive Fusion in the Family Unit</i>

Table 3.

Theme 1: Worry or Concern About Each Child

These comments reflected concern or worry about a child. The statements often related to the parent's perception of a problem in the child or of their difficulty adapting. The average of total comments about the couple's children was 2.2 comments a year with participants in the high-symptom group making on average 3.1 statements and the low-symptom group making on average 1.1. The following are two examples:

My concern is that when my younger daughter is mad, she says, 'You hate me, I should kill myself.' She has separation anxiety with us and is a thumb sucker and twists her hair.

Our daughter is challenging. She is very moody. The family bends around her. For instance, she is supposed to make her bed in the morning, but she is always tlate, and it affects everyone's mood. Then she blows up and screams and calls me names and is ungrateful and hateful.

Theme 2: Positive Comments About Each Child

These statements expressed the participant's positive thoughts or feelings about a child. They often reflected the parent's focus on the child's strengths or progression in development. The total group average was 2 comments a year with the high-symptom group making on average 1.8 statements and the low-symptom group making on average 2.3. The following are two examples:

Our older son is very social, likes people around, fairly independent, and has high self-esteem."

Our daughter is independent. She's intelligent, outgoing, happy.

Theme 3: Combined Worried and Positive Comments About Each Child

The frequencies of the above worried and positive comments were added together because Bowen theory contends that intensity of focus may be more predictive of child functioning than whether the attention to a child is positive or negative. The total participant group average of comments about the children was 4.4 comments a year with the high-symptom group making on average 4.9 statements and the low-symptom group making on average 3.4.

Construct for Themes 1, 2, and 3: Child Focus Part 1—Parental Focus on All of Their Offspring

The first three themes are examples of the construct, Parental Focus on All of Their Offspring. This aspect of child focus described the general, overall focus, worried and positive, the parents had on their children. The variation in frequency of child comments reflected variation in how much attention or energy went to the offspring. Parents who talked more about their children appeared to have more focus on their children, and parents who talked less about their children appeared to have less focus on their child.

Theme 4: Children Receiving the Most and Least Total Comments—Worried and Positive

This theme was selected for the most talked-about child and the least talked-about child. This appeared to reflect the most and least overall focus from the parents toward these two children. The above examples of positive and worried comments were about the most talked-about child in the sibling group. The average number of statements a year about the most talked-about child was 5.9 comments a year. The high-symptom group made an average of 6.9 statements and the low symptom group made an average of 4.9. The average number of statements a year about the least talked about child was 2.2 comments a year. The high-symptom group made an average of 2.6 statements and the low-symptom group made 1.8.

Construct for Theme 4: Child Focus Part 2 — The Focused-On Child

Theme 4 helps to illustrate the child focus concept and the variation in frequency of parental comments from one child to another in the sibling group. Family projection process or child focus is one of the eight concepts in Bowen theory. This analysis demonstrated that parents often commented on one child more than the others, which appeared to demonstrate more parental attention and / or concern for that child. Greater frequency of talking about a child was assumed to reflect more intense focus or projection onto that child, and less frequency was assumed to reflect less intense focus on that child. Theme 4 is only one part of this Bowen theory concept. The rest of this article will elaborate on other aspects of the family projection process.

Theme 5: “Just Like Me” or “We Are Very Attached”

All the participants made comments reflecting identification with a child and strong attachment. Participants in the high-symptom child group made a total of forty-four of these statements, and the low-symptom group made sixteen. In six of the ten families the most focused-on and most symptomatic child received most of these statements. In the other four families another child along with the most focused-on and symptomatic child received the same number of these comments. The following are some examples:

We (my child and I) are completely inseparable and attached.

Our daughter has some of my bad traits — nervousness and chewing her fingernails.

My daughter and I are very close and attached.

Our son is motivated, a type A personality, a perfectionist, and just like me.

Construct for Theme 5: Parent-Child Togetherness and/or Fusion

This theme describes togetherness in the parent-child relationship. Bowen theory sees togetherness as a natural life force that interacts with separateness or individuality. Parent-child togetherness ranges from a mature, more differentiated

attachment to a less mature, undifferentiated togetherness with physiological linkage (Palumbo et al. 2017). Undifferentiated togetherness is often referred to as emotional fusion. Greater parent-child fusion may have been one component of greater child focus.

Theme 6: Parenting Tension

Participants made statements that reflected general parenting tension or difficulty, which was not specific to an individual child. The average annual frequency was 4.3 comments a year with the high-symptom group making on average 5.3 statements and the low-symptom group making on average 3.8. The following are some examples of this theme:

Parenting has been a challenge with temper tantrums and sibling rivalry.

I feel fatigued. I get tired of the kids' emotions and selfishness.

Theme 7: Marital Tension and Reactivity—General Marital Difficulty, Conflict, and Distance

Participants made comments about general marital difficulty, marital conflict, and distance. The average annual frequency was 6.2 comments a year with the high-symptom group making on average 9.8 statements and the low-symptom making on average 2.6. The following are examples in the three areas:

- **A. General Marital Tension**

Our marriage has been difficult. The year before was very bad. Things have gotten worse, and we are in bad patterns.

- **B. Marital Conflict**

My husband and I are having more heated arguments. One time he picked me up and dropped me. It was an act of violence.

There has been more conflict in the marriage, especially after the miscarriage. I got to the place of 'I had it.' I see things won't change.

- C. Marital Distance

My husband and I have less time with each other because of the kids.

Our marriage is difficult. It is challenging to have children. We don't communicate much. We have little time alone with the kids around.

Construct for Themes 6 and 7: Tension in the Family Unit

Another important variable in Bowen theory that influences functioning is the level of tension or anxiety in the family. The above themes of parenting and marital tension reflected the stress in these families. The average annual combined comments about parenting and marital tension were 10.5 comments a year, with the high-symptom group making on average 15.1 statements and the low-symptom group making on average 6.4. Tension seemed to be part of the fuel for over-focus on a child, the triangle process (described below), and increased symptomology.

Theme 8: Moving Toward and Away in the Father-Mother-Child Relationships

This theme describes movement in the father-mother-child triad. The participants stated how one or more members of this triad moved both toward and/or away from each other. The following statements describe seven toward and away movements in the father-mother-child relationships. The average annual frequency was 1 comment a year with the high-symptom group making on average 1.1 statements and the low-symptom making on average .9.

- A. Husband-wife moving toward the child and away from each other. This was the most common pattern with the father-mother-child.

We are so involved with the kids that there is not enough time for my wife and I with each other.

Our biggest problem is focusing on kids too much and not our marriage.

- B. Husband-wife moving toward each other in their shared focus on the child.

There were more relationship difficulties between my husband and I before the kids. We now fit together well, and we get each other, and understand each other so easily

- C. Wife moving toward the child. The husband in an uncomfortable outside position.

My wife and our son are really close. That bothers me.

- D. Husband moving toward a child and away from his wife as a response to marital tension.

With my resentment (with my wife) I get more distant with her and closer to my son. I go to the basement with him.

- E. Husband moving (critically or thoughtfully) toward his wife and daughter in response to the wife-daughter conflict

Example 1.

Husband: "My wife fights with our daughter. I defend our daughter."

Wife: "Parenting is more difficult. The kids don't listen to me. My husband steps in and criticizes me, so I'm not putting my foot down."

Example 2.

Husband thoughtfully moving toward his wife and daughter in response to the wife-daughter tension, which reduced the tension. This represented a change from previous years in which the husband was more distant with his wife and child.

Husband: "I was there to communicate and deal with things more efficiently. My wife and I talk when things happen now."

Wife: "Our marriage has been really good. We help each other. He is now more with me. He helped me with our

daughter. He gave me breathing room to think with her and with the family. And now I can handle it without him...his calm way, patience, awareness, in tune. He helped me to think. He became a leader."

- F. Husband-wife tension. Husband moving toward the son. Wife moving toward the daughter.

Husband: "My daughter is getting more attention. She is a little princess with my wife, which bothers her brother and me. She's good at pulling strings. We need to get our marriage straight. I tell the kids, 'If your mother would clean the house, I would have more time for you.'"

Wife: "My husband and son are sleeping together, and my daughter and I are sleeping together."

- G. Child moving away from the husband-wife. The husband-wife moving toward each other.

Our marriage is good. We have more time together. The kids are older and involved in their lives, and my wife and I go out together.

Construct for Theme 8: Triangling

All couples made "toward and away" comments about the father-mother-child relationships. These toward and away moves were a response to a challenge or tension in a relationship. These moves involved one or two moving toward or away from a third party resulting in an increase or decrease in tension in one of the people or in one of the relationships. This theme provides examples of the triangle concept in Bowen theory (Bowen 1978, Papero 2024).

Theme 9: Positive Comments about the Marriage and Parenting

These comments reflected strengths, positive togetherness, enjoying each other, and/or talking openly. Both groups made these positive comments about the family, and the following are some examples:

- A. Marriage

Our marriage is better. It is good. It is fun to be together. We talk more now.

Our marriage has been good. We try to go out one to two times a month and try to squeeze an hour two to three times a week after the kids go to bed.

- B. Parenting

Parenting has been fun, seeing them grow and their unique traits. I feel loved and loving. They're cool.

My relationships with my children are good. We are open. I talk with them. My relationship with our son is good.

Construct for Theme 9: Strengths and/or Positive Fusion in the Family Unit

For the participants with less child focus and lower symptom children, 73% of their total comments about their marriage and parenting were positive, while 27% were tense. For the participants with greater child focus and higher symptom children, 36% of their total comments about their marriage and parenting were positive, and 64% were tense. The positive comments may have been indicators of strengths and/or positive fusion, the enjoyable side of oneness, togetherness, or attachment.

DISCUSSION

Children in the same family often function differently from each other. This study shed light on the intensity of child focus and family emotional processes that may have contributed to differences between siblings. All the participants talked about their individual children. They all described their worry and concern, as well as positive thoughts and feelings about their children. The first finding was that families varied in the degree of general or overall focus on their offspring. Husbands and wives with higher-symptom child groups, as compared to spouses with lower-symptom children, talked more about their children, and made more worried and fewer positive statements about their individual children. Those parents who focused more on their children had children with higher average levels of symptomology. The

children's symptomology seemed to be part of the children's contribution in attracting more of the parents' attention, and perhaps the parents' anxious focus on the children contributed to more symptomatic child functioning.

The second finding was that the intensity of child focus in the father-mother-child triangles varied from one child to another in both family groups. During the research interviews, fathers and mothers talked about one child more than the other(s). The participants' comments included worried and/or positive comments. This appeared to reflect more overall focus from the parents toward this child. In eight of the ten families, the most talked-about child received both the most worried and the most positive comments in the sibling group. This seemed to support the idea that intensity of focus can be both worried and/or positive. For the other two families, the most talked-about child received the most worried statements, and a sibling received the most positive statements.

The next question that was examined was "Did participants make more worried or positive statements about the focused-on child?" In eight of the families the most focused-on child received more worried than positive comments. In the other two families, who were in the low-symptom child group, participants made more positive than worried comments about their most focused-on child.

The study also found father-mother-child triangles that had less intensity or parental focus on a child. These children in the sibling group usually received the fewest worried comments. Sometimes they also received the fewest positive comments. These children were often the least symptomatic child in the sibling group. Perhaps with less parental focus on the child, they carried less tension and less susceptibility to symptoms, as well as greater self-regulation. With fewer symptoms the children elicited less worried attention from the parents.

Next, by annually assessing if one child was always the one most talked about, the researcher assessed how fixed the child focus process was or if the focus shifted to another child. One high-symptom child family had no fluctuation. This family had one child with major behavior problems always receiving the most worried and positive comments in

comparison to the sibling. This seemed to represent a more fixed child-focus process. The father said this child was “just like me,” and the mother said she was “very attached” to this child. The other nine families had some fluctuation of the child focus process. In these families the most focused-on child received more comments than their siblings for an average of six and a half years. Another sibling received more comments for an average of two years. This reflected a degree of flexibility in the child focus process.

Bowen theory proposes that the parents’ more intense focus on one child and less intense focus on another would influence each child’s functioning over time. This study assessed child symptomology as one aspect of child functioning. In seven of the ten families the child who received the fewest worried and positive comments was also the least symptomatic child. In contrast, greater child focus was associated with greater child symptomology in three of the five high-symptom child families. For one of the other five high-symptom families the first-born child had moderate to severe health problems the first five years of her life. Then a sibling was born during the firstborn’s third year. The firstborn was the more commented-on child until the fifth year. As the firstborn’s symptoms subsided, the secondborn’s problems emerged. From the sixth through the fifteenth year the secondborn was the more symptomatic and the more worried about child in the sibling group, but her average symptom score for all the years was slightly less than the firstborn’s average. In the fifth family in this high-symptom group, the most symptomatic child was not the most commented on. The most symptomatic child was from the husband’s previous marriage and lived with the participants about twenty percent of the time. The husband and his second wife, who were the participants in the study, commented more about one of the three children they had together. That child was the most symptomatic of their three children with each other. During one interview the mother said, “This child loves me fiercely. Seventy percent of my parenting is with this child and thirty percent goes to my other children.”

In the five families with low child symptomology, the differences in symptomology from the most to the least symptomatic child was low. In one family the focused-on child was

also the most symptomatic. The difference in symptomology between that child and the least symptomatic was .05. For the other four families there were negligible differences between the low levels of symptomology between siblings, despite there being moderate differences in the number of parental statements from one child to another. In these four families the most focused-on children had an average symptom score that was only .01 lower than the most symptomatic sibling. For example, one of the most commented on child's symptom score was .01, and his sibling who was most symptomatic had a score of .02. Several factors may have accounted for the lack of association between focus and symptomology in this low symptom group. Bowen theory hypothesizes that child focus may be less intense when there is less family tension or when this tension is directed toward the marriage and/or the adults, and away from the children. These five families appeared to fit the first hypothesis that since tension was low, child focus was reduced. All five families had low levels of marital and adult dysfunction, which suggested small amounts of tension were absorbed in the marriage, adults, or children. So, while the child focus process was present, it may have been less intense and less impactful on the children. The researcher hypothesizes that with increased tension, the most focused-on child in these groups would be more susceptible to becoming more symptomatic than their siblings.

Several emotional processes were associated with the variation in intensity of child focus. While all ten families had the same emotional patterns, the two groups varied in the frequency or strength of these patterns. One pattern was the parents' identification and strong attachment with the child. This was reflected in the theme of "Just Like Me" or "We Are Very Attached," which highlighted the togetherness in the parent-child relationships. Parent-child attachment is an important component of healthy child development. Bowen theory proposes that an overly intense attachment and over-identification with a child can disrupt a child's development of self-regulation and autonomy. Participants in the high-symptom child group, as compared to the low-symptom child group, made over three times as many of these togetherness

statements. In six of the ten families the most focused-on and most symptomatic child received most of these statements. In the other four families another child along with the most focused-on and symptomatic child received the same number of these comments. The variation in the frequency of these statements between the two groups and between siblings suggested that some families and some children are more susceptible to less emotional separation in the parent-child relationship. This tendency toward emotional fusion and intense attachment appeared to have been another component of the child focus process.

Another family pattern that was a part of child focus in all ten families was the triangle. The triangle's function is to manage the tension or anxiety in the unit through toward and away movement (Bowen 1978, Kerr 2019, and Papero 2024). In this study couples described how the triangle responded to the marital and parent-child tension. All couples reported that having children contributed to less couple time together, more marital distance, and movement toward the children. Tracking the frequency of participants' comments about each child was intended to be a way to assess one aspect of the triangle pattern, parent attention, or movement toward a child. Participants described moving toward the child and away from their spouse in reaction to marital conflict and/or distance. Sometimes this involved an interlocking triangle with the husband moving toward one child and the wife moving toward another child, which was in response to the tension in the marriage and in the parent-child relationships. One couple reported an opposite movement in the triangle with the addition of their first child. They described a reduction in marital tension with their joint focus on parenting. A participant in the low-symptom group described a less reactive, more thoughtful move toward the spouse and child in response to the spouse-child conflict and to the previous marital distance. This thoughtful move of the participant toward both parties appeared to calm the triangle relationships and improve the child's behavior.

A systems model proposes that all three parties would have influenced each other. As described above, tension in

the parents' marriage may have promoted the parents turning away from each other and toward one or more of the children. The parents' intense focus on a child may have contributed to the child being more emotionally regulated in the triangle relationships and less self-regulated, more tense, and more susceptible to physical, psychiatric, and/or social symptoms. In turn, the child's difficulties appeared to have invited more parental worry and attention.

A third factor that was associated with child focus was family unit tension. Tension or anxiety seemed to have provided fuel for intensifying the family emotional processes and symptomology. "When anxiety increases and remains chronic for a certain period, the organism develops tension, either within itself or in the relationship system, and the tension results in symptoms or dysfunction or sickness" (Bowen 1978, 361–362). While all ten families experienced parental and marital tension, the high child symptom families made over twice the number of tense comments over the course of the study. Marital tension was notably different between the two groups with the high-symptom group making almost four times the number of statements reflecting marital conflict, distance, and tension.

Tension in the family unit appeared to be an important driver of the child-focus process and higher symptomology. Higher family tension was associated with more child focus and symptomology. Lower family tension was associated with less child focus and symptomology. But in the larger group of fifty-one families, there were exceptions to this tendency. For example, some families with high marital reactivity had low levels of child focus and symptomology. These families appeared to support Bowen theory's hypothesis that family tension may be distributed more to one area of the family and less to another. But with high tension families it appeared all three mechanisms—marital distance and conflict, the adults' loss of self, and child focus—were employed to manage the high level of tension. And in low tension families the uneven distribution of tension was hardly noticeable.

Participants also talked about the strengths and positive aspects of their marriage and parenting. Families with low-symptom child groups made on average twice as many of these statements as the families with high-symptom child

groups. This difference was even more amplified in the frequency of positive parenting statements. The family lives of the low-symptom group, as compared to the high-symptom group, was overall less tense and more positive. The quantitative scores for overall family unit functioning over the study supported this finding (Klever 2001). In the larger study sample of fifty-one families, the five low-symptom child group families reported in this article all had low levels of overall family unit symptomology, while four of the five high-symptom child group families had high levels of overall family unit symptomology, and one had moderate levels.

LIMITATIONS

Because of the study's small sample size, the findings are not statistically significant and may not apply to a larger group. While it was useful to compare family units with high and low child symptoms, the sample left out the patterns in mid-range families who show more variation in the family emotional processes and in where symptomology may have emerged in the family. Another limitation was that the participants were disproportionately white, middle-class, and heterosexual and not representative of a broader, diverse population. Also, the data for analysis came from self-report. The strength of observational data of the parent-child interaction and the triangle patterns was absent.

CONCLUSIONS

This study described several family factors that seemed to contribute to variation in child functioning. This study found that all families had more focus on one child than the others. In more tense families this focus was often associated with more child dysfunction. Parental identification with and heavy attachment to a particular child were often associated with more intense focus and child symptomology. Also, the tension in the family unit seemed to amplify the

parents' focus on this child. This more intense attention to the child was part of the triangle process of parents moving toward the child and away from each other to manage their challenges or stress. In the families with less tension and

child symptomology these relationship processes were present, but less frequent. These findings suggested that Bowen theory's hypotheses about child focus, family emotional processes, and variation in child functioning are worthy of further testing to understand the functioning of the family unit and its offspring. ❖

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