

Personality Theory: All Roads Lead Back Home

Imani Jones

I believe that the family of origin is the most significant and powerful shaping force on human development and the ways in which personality is formed. How human beings understand themselves and the world and how they relate to self and others are influenced by the emotional experiences that characterize the unique family systems from which they emerge. Discovering Murray Bowen's family systems theory in seeking to understand myself in relation to how my personality has been shaped by my own family of origin has been invaluable, emotionally challenging, and positively life-changing in my ongoing journey of self-discovery. When I am feeling particularly anxious and emotionally reactive in relation to others, I consistently ask myself, "What is going on in me, and how does it connect with my relationships with my kinfolk?" As a practitioner of womanist theology, my emphasis on the lived experiences that have shaped African American women applies to all the students I work with as I empower them to "go there" in relation to exploring how their families of origin have shaped them. Family systems theory, then, and the "aha" moments I have experienced as a result of engaging and integrating the theory most authen-

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Reflective Practice: Formation and Supervision in Ministry

ISSN 2325-2847 (print)* ISSN 2325-2855 (online)

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tically inform my supervisory practice, ground how I understand the personalities and behaviors of students, and illuminate how I understand myself as an educator.

At the heart of Bowen's family systems theory is the belief that the development and formation of a person is rooted not only in the individual alone but also in the family of origin of the individual. The family is an emotional system, and the symptoms in members of the family are elements in the emotional functioning of that unit.¹ The emotional system "governs the dance of life" and largely impacts how individuals operate within the context of the family and in other significant areas in their lives.² For Bowen, the family is a system such that when one part of the system changes, a change results in all other parts of the family system.³ All members of the family system have roles to play within it, and patterns of emotional processes emerge and are expressed through relationships, first within the nuclear family and then in the other relationships individuals have outside of the family system. The most difficult system to change is the emotional system.⁴ Through the lenses of connection and autonomy, two central themes of family systems theory, individuals within families make decisions about how they respond to anxiety in intense situations and relationships.⁵

With regard to connection, from the moment of conception there is a deep connection that exists between mother and child on a biological and emotional level. There is an opportunity for this connection to continue at birth and through relationships that extend beyond the child's mother to include other members within the family system. Just as relational cultural theory posits, and just as my personal theology emphasizes, Bowen believes that all human beings need and yearn for connection. As humans develop, the need for connection and to be in relationship with others remains throughout the life cycle. So too does the need for autonomy, as individuals become less dependent and more interested in developing their own unique sense of self. Through various stages in the life cycle, such as the developmental stage toddlers experience as well as during adolescence, there is often a strong move toward autonomy, in which there is a strong desire to differentiate from one's parents in order to assert one's own authority and to claim one's own individuality. These stages are normal aspects of human development and are necessary for growth and the formation of differentiation of self apart from the family of origin. Moving from dependence to differentiation and autonomy can increase the potential for healthy relation-

ships. For Bowen, healthy persons and healthy relationships exist when individuals are both connected and autonomous. Challenges arise when there is imbalance between these two foundational concepts, which can result in poor differentiation and fusion or too much connection between individuals within the family system. The desire to connect with others or to create distance, particularly when anxiety is present, can keep individuals bound in ways of being and relating that are rooted in experiences in the family system.⁶

This was true for FC, a White female resident in her mid-thirties who grew up in a family full of caregivers. When presenting her genogram, clear patterns of caretaking in her family across generations were evident as people served as foster parents or consistently took in the needy. FC has similar tendencies, even caretaking to her own detriment in terms of her health and well-being. In fact, FC came to class prepared to present her genogram on the day assigned to her, but she was ill and had no physical voice with which to speak. Feeling overly responsible for the group, which is rooted in the caretaking patterns of her family, FC decided to attempt to present her genogram anyway. After discussing the challenges of FC giving her genogram presentation due to the physical complications of doing so, she was able to see the need to delay her presentation. FC's caretaking tendencies point to an imbalance of connection and autonomy in that she was unable to differentiate her own needs from what she thought she needed to do for the CPE group process.

As an educator, I work within the dynamics of differentiation and autonomy throughout the CPE unit, from the initial point of contact through graduation. During the application process, through admissions and orientation I begin to establish connections with students by getting to know them and allowing them to get to know me. I seek to create an environment of trust even as I recognize that, like newborn babies, in some ways students can be highly dependent on me as the authority to learn processes and procedures in a new educational and professional context and adapt to the newness of the clinical method of learning. Once I provide students with the information necessary for their learning, I invite them to gradually function with greater autonomy within the context of taking responsibility for their own learning in the clinical environment, assuming ownership within their peer group and in their relationship with me as the educator. Students who are not well differentiated and are unaccustomed to operat-

ing autonomously may be bound by dependence within their own family system and therefore exhibit anxiety as they struggle with my invitation to embrace such freedom. As students wrestle with issues of authority, conflict, and confrontation, I can gain a framework for their level of differentiation. It is during such moments that my use of family systems theory creates a pathway for understanding the ways in which students are not only formed by their families of origin but are also challenged and limited. I can see the potential for growth and possibilities for students to experience liberation through increased self-awareness. There are challenges, however, according to Bowen, when there is an imbalance between connection and autonomy.

This kind of imbalance often points to differentiation. For Bowen, the main goal in doing family systems work is to attempt to achieve greater differentiation of the self within the context of the family system. To be differentiated is to be connected with people while at the very same time having the ability to be a self and to function autonomously, especially during moments of emotional intensity and high anxiety.⁷ I can recall working with JF, a single White male Summer Unit student in his mid-twenties, who was the youngest in sibling position in his family. He became frustrated with me as an educator and with the CPE educational process because I would not provide him with a list of the “right” ways to engage in pastoral care. I could readily sense JF’s anxiety, and I discerned that his emotional reactivity was connected to experiences within his family of origin. My supervisory intervention was to share my curiosity about JF’s frustration and invite him to explore why I as an educator and the CPE learning model caused him so much anxiety. I asked JF about when and how he had experienced anxiety in his family when he was uncertain, insecure, or afraid. Through sharing stories, JF described what I assessed to be a deep dependence on his mother, whom he described as his best friend, during such times. I experienced some inner frustration with the parallel process of JF being dependent on his mother and his having similar expectations of me as the female authority in the relationship. I resisted my tendency to overfunction, based on my own role within my family system, and did not give JF the information he requested. In keeping with the Bowenian approach, I was curious. I also did not attempt to change JF but rather took more of a research stance by inviting him to explore his feelings. I wanted JF to experience liberation in the learning environment by articulating his experiences and feelings. In a

continued posture of curiosity, I asked JF what it would be like for him to consider making some decisions about his pastoral care that were rooted in who he was as a person and pastor rather than being dependent on a list of what I might instruct him to do. My assessment was that JF had not reached a point of strong differentiation from his mother, who likely overfunctioned in relation to him, and was bound by the fusion that existed between them. As an adult learner, these concepts proved to be difficult for JF throughout the CPE unit. He was not able to “go there” in exploring how his struggles in CPE connected with the family of origin issues of differentiation, dependence, and autonomy. JF became resistant at times. My response, in understanding Bowen’s view that this kind of emotional reactivity and response to anxiety often occurs outside of a person’s consciousness, was to be gracious and empathetic in my ongoing interactions with JF.

Another important concept in family systems theory that shapes personality is that of emotional attachment. According to Bowen, attachment is normal and exists in all families. Attachment that is too close and takes on an unhealthy form is defined as fusion, which occurs when a person has not fully separated themselves from the self of another person. All families have elements of emotional fusion. Patterns of behavior that signify such fusion can exist both inside and outside of the family of origin and denote some form of unresolved emotional attachment, which everyone, even the most well-differentiated person, lives with.⁸ In my efforts to work with students around their unresolved emotional attachments, I simultaneously work on my own. I am aware of the unresolved emotional attachment and fusion that exists between myself and my mother that manifests in my drive for success. Even though I know in my mind I am not my mother and have nothing to prove, there exists an unrealistic drive in me to achieve more. I resonate with students as they engage in the difficult work of exploration, and I have empathy and compassion for them, as well as for those students who may be unable to begin such emotionally challenging work. As an educator, I observe the behaviors and emotional responses students have in the learning environment. I explore with them the areas of difficulty and anxiety, creating safe spaces for them to consider and name the ways they have been shaped by their families. I encourage students to risk vulnerability in sharing their struggles, and I invite them to consider the new insights they receive as a result of this level of exploration.

This was true for MW, and African American female Extended Unit student in her late thirties. While she was presenting a verbatim with me in individual supervision, I was aware of an intense emotional reaction she had toward a patient. Whereas MW is assertive, confident, and secure in her pastoral authority in most cases, she seemed to shrink and become insecure and passive during her interaction with the female patient she was visiting. The patient was very directive and authoritative in ways that I sensed caused significant discomfort and anxiety for MW. Drawing upon Bowen's concept of emotional attachment, I expressed curiosity about MW's response to the patient and remarked on how differently she was behaving in light of my previous experiences with her and of her work with patients. I was aware that my intuition about what was going on inside of MW mirrored the relational dynamic between me and my own mother. MW had not been aware of this dynamic at the time, and neither had I been at various points in my adult life. Therefore, as Bowen explains, she was unable to access her subconscious response to the patient. I then asked if the patient reminded her of anyone. After a few moments of reflecting aloud, MW was able to share that the patient reminded her of her mother, who had a very dominant presence in the family. Through tears, MW shared the parallel process of experiences of her mother and the patient visit. She began to realize in the moment that even as an adult she reverts back to childhood behaviors of submissiveness and passivity when engaging her mother and other dominant women due to a lifetime of patterns of such behavior and the anxiety associated with the experience. MW described this as an "aha" moment and expressed feeling liberated by exploring this encounter.

Very often the emotional reactivity and anxiety outlined above can lead to the formation of triangles. Triangles are a part of life and are all around us. Everyone, regardless of levels of differentiation or autonomy, participates in triangles. The formation of triangles is rooted in relationships. Triangles can be healthy, for example, when formed between a client and a therapist or, as in the case of CPE, the supervisory relationship between an educator and a student. In both cases, individuals may share information about a person or persons in their lives in a therapeutic or supervisory environment. Some of the most common examples of triangles form when individuals within a family talk about another family member in the absence of the person. Triangles can drive disconnection and create more distance between people. Because connection is such an important element

of my theological framework and educational practice, I seek to identify them, name them, and stay out of unhealthy triangles as much as possible in the context of CPE and in my daily life.

When I work with students during individual supervision many triangles are formed. Students initiate triangles by speaking with me about their families, patient situations, staff encounters, and experiences with their peers in the CPE group. As the educator, I am continually making decisions about how to operate within the triangles that are formed, even those I may feel the need to initiate from an educational standpoint. My interventions when working within triangles are to first recognize my position in the triangle and to then draw boundaries around how I engage with the student in the context of the triangle. When FP, a White female Summer Unit student in her mid-thirties, expressed frustration about JL's disengagement in the group process, I immediately recognized the triangle. I sensed a considerable amount of anxious energy being generated within FP regarding this issue. I asked curious questions and invited FP to explore her feelings and the impact of JL's actions on her. Rather than joining FP in the frustration that I also shared concerning JL, I decided to remove myself from the triangle. I did this by inquiring of FP if she perceived any value for herself, JL, or the group in sharing her concerns beyond the confines of individual supervision. While she was unsure and slightly nervous about JL's potential response, she recognized the value in sharing and in so doing created an opportunity for other peers to share similar experiences.

While I resonate with family systems theory as a person and as an educator, there are areas of limitation that I find in the theory. As much as family systems theory instantly resonated with me and enabled me to shake off many chains of bondage in my own life through understanding my family of origin, a limitation that I find in the theory is that it does not adequately address how issues of race, society, and culture can shape personality throughout the life cycle. In addition, the notion of autonomy is a particularly Western ideal that does not necessarily have strong resonance in many communities of color. Such communities largely value and need complex networks of interpersonal relationships across generations and very often depend on one another for guidance and support in a variety of areas due to cultural norms and a plethora of socioeconomic realities. I would not consider individuals in such situations poorly differentiated, which the theory may suggest. For example, the value that is placed on autonomy in the con-

text of making decisions for one's life, for example, is often not an individual process but is rather is familial and communal in communities of color.

These areas of disconnect caused me concern about using family systems theory, particularly when working with students of color. This concern led me to draw upon relational cultural theory (RCT) as critical purchase. Jean Baker Miller, who developed RCT, asserted, along with several other multicultural and feminist theorists of the time, that there was a significant lack of understanding of the contextual and relational experiences of marginalized communities. As a result, women, people of color, and marginalized men were often pathologized by mental health professionals rather than given consideration for how their contextual and relational experiences shaped who they were. Relational cultural theory identifies how contextual and sociocultural challenges impede individuals' ability to create, sustain, and participate in growth-fostering relationships in therapy and life and illuminates the complexities of human development by offering an expansive examination of the development of relational competencies over the life span.⁹

My use of RCT as critical purchase was affirmed in my work with GL, a Muslim male Extended Unit CPE student from Turkey in his early forties. He received consistent feedback from his peers and from me that he seemed to struggle with risking vulnerability in sharing his emotions. In addition, in reviewing his verbatims, GL seemed to be emotionally distant and unavailable during patient encounters. Recognizing this, and considering the very diverse group (an African American male, an African American female, and an Asian American male), my cultural consciousness and intuition were raised. I decided to be flexible and modify the mid-unit evaluation to include the following questions: "With consideration of your unique cultural background, describe what your experience of CPE has been like. What is your understanding of how your cultural background and identity informs your pastoral functioning, interpersonal relationships, and learning process?" In answering this question, GL shared that CPE was challenging for him given the reality that feelings were rarely expressed or discussed in his family of origin. This was not merely a family systems dynamic but was also very much woven into the fabric of his Turkish and Muslim culture. GL also took a big risk and shared that a large part of his anxiety in the clinical environment stemmed from his identity as a Muslim man in the post-9/11 era. He did not always feel safe in the clinical environ-

ment and was unsure how he would be received by patients, families, and staff. His Turkish accent and limitations in using English also exacerbated his anxiety. By including this question in the mid-unit evaluation, the door was opened for GL to share his anxieties and fears with the group, which up to this point he had not done. I validated GL's cultural experiences and affirmed his risk-taking and vulnerability in sharing. The group then risked vulnerability in acknowledging the ways that, though they were ethnic minorities, as Americans they had not always been sensitive to GL's struggles. He received empathy and support from the group with an ongoing invitation to share his anxieties and challenges with them.

Another limitation with family systems theory is, as the theory posits, that not everyone is ready, has the capacity, or wants to do family systems work. BS, an African American woman in her mid-forties, had difficulty connecting with the core concepts of family systems theory. She was not emotionally ready to "go there" in learning more about her family of origin's impact on her formation. She did not see how re-examining the past could be valuable. I was able to meet BS where she was and chose to remain connected to BS through my use of relational cultural theory. In working with BS, I focused on the ways in which systems of oppression and injustice resulted in bondage, limitation, and disconnection in her life, which she could understand and connect with. Having shared experiences as African American women also contributed to the connection and to BS's openness to engage the liberative learning process.

In addition to using relational cultural theory as critical purchase, I also draw upon the Myers-Briggs Type Indicator in order to understand the ways in which certain behaviors and perspectives are hardwired within individuals. Understanding the personality dimensions of introversion/extroversion, sensing/intuition, thinking/feeling and judging/perceiving¹⁰ helps guide how I engage and assess students. In knowing my own Myers-Briggs type, ISTJ, I understand the struggles that many introverted students have as their energy is naturally distributed inwardly and they are asked to expel energy outwardly during the CPE group process. Such students often have difficulty initiating in the peer group, sharing in the moment, and offering timely feedback to their peers. Identifying their personality type and exploring the indicators in relation to student behaviors has added much value to my supervisory practice and student engagement in the CPE process. LY, a White female Extended Unit student in her mid-twenties, was a

high introvert and thinker who was often quiet and inactive during the first half of the CPE unit. As the unit progressed, she began to receive more invitations from her peers, and from me to share more of herself with the group. When working with LY during verbatim presentations, interpersonal group sessions, and individual supervision, I often commented on how quiet she was, would inquire about it openly, and would invite group members to share the impact of her lack of participation on the group process.

LY was most comfortable with processing, checking and rechecking responses in her head before offering a response, if she ever responded at all. At the mid-unit evaluation, LY received direct feedback from each peer and from me about the impact of her lack of engagement in the group process. LY expressed sadness and regretted being unaware of the impact of her silence on the group. Once she realized how the behaviors she associated with introversion were keeping her from being known to her peers and educator and that the group genuinely wanted to be more connected to her, she became empowered to move beyond her comfort zone to take more risks in sharing herself with the group. Her natural tendency to stay to herself remained, but her awareness of how her way of being impacted her peers and educator moved her to initiate and engage in more openness and vulnerability.

The dilemma of head and heart that I have experienced in learning to risk sharing my feelings as a thinker by nature enables me to be empathetic as I see many students, LY and others, wrestling with the same issue, even as I challenge them beyond the natural default of thinking to incorporating more feelings into their reflections and connections with others. I also learn from the students, Certified Educators, and Certified Educator Candidates who have personality types in the areas of feeling and intuition. In interacting with my ACPE colleagues, I am often empowered to share my feelings in the moment, which is not my natural default. I have developed a greater appreciation for God's creation of persons with a variety of textures and multi-layers of complexity, as demonstrated by differences in personality. I see the beauty in diversity through personality, as well as the challenges that can arise in the context of how people perceive the world and operate within it. I have learned through my work with students to better see how my unique personality type, in addition to my family system, influences the way that I educate and relate to them.

In conclusion, the more I learn about students the more I want to learn about myself. I have come to value my belief, rooted in family systems theory, that the most beneficial way for me to do this is to go back to the place where it all began—my family of origin. In doing this work, I've learned to be more open and more gracious to members of my family, my students, and myself. As Bowen writes, "Gaining more knowledge of one's distant families of origin can help one become aware that there are no angels and devils in a family: they were human beings, each with their own strengths and weaknesses, each reacting predictably to the emotional issue of the moment, and each doing the best they could with their own life course."¹¹

NOTES

- 1 Daniel V. Papero, *Bowen Family Systems Theory* (Boston: Allyn and Bacon, 1990), 5.
- 2 Murray Bowen, "Family Therapy after Twenty Years," in *American Handbook of Psychiatry: Volume 5—Treatment*, ed. Silvano Arieti (New York: Basic Books, 1966), 360–65.
- 3 Murray Bowen, "The Use of Family Therapy in Clinical Practice," *Comprehensive Psychiatry* 7 (1966): 345–74.
- 4 Ronald W. Richardson, *Creating a Healthier Church: Family Systems Theory, Leadership, and Congregational Life*, Creative Pastoral Care and Counseling Series (Minneapolis: Augsburg Fortress Press, 1996), 29.
- 5 Murray Bowen, *Family Therapy in Clinical Practice* (New York: Jason Aronson, 1978), 373.
- 6 Murray Bowen, "Family Therapy after Twenty Years," 367–92.
- 7 Murray Bowen, "The Use of Family Therapy in Clinical Practice," 345–74.
- 8 Ronald W. Richardson, *Becoming a Healthier Pastor: Family Systems Theory and the Pastor's Own Family* (Minneapolis: Augsburg Fortress Press, 2005), 13.
- 9 Judith V. Jordan, Maureen Walker, and Linda M. Hartling, eds., *The Complexity of Connection: Writings from the Stone Center's Jean Baker Miller Training Institute* (New York: Guilford Press, 2004), 1–6.
- 10 Isabel Briggs and Peter B. Myers, *Gifts Differing: Understanding Personality Type* (Palo Alto, CA: Consulting Psychologists Press, 1980).
- 11 Murray Bowen, *Family Therapy in Clinical Practice*, 492.