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Family Systems Theory and Obesity Treatment:

Applications for Clinicians

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Abstract

Family-based approaches are recommended for the treatment of pediatric obesity, although most of the literature describes programs that only include the identified child and one parent in the treatment process. As a result, the clinical application of research protocols in nutrition settings may be inadequate; multiple representations of a “family” will be encountered in the clinical environment. Mental health professionals, particularly those who work with children, often engage families in psychotherapy. Developing an understanding of their methods may be beneficial to Dietitians and other clinicians who wish to follow a more family-based approach and may present new avenues for effective treatment. In our tertiary care pediatric obesity clinic, we routinely involve multiple family members throughout the treatment process. Here we discuss our experiences and introduce Bowen's Family Systems Theory as a model for translating family therapy principles into nutrition-focused treatment settings.

Keywords

pediatric; obesity; family; theory; treatment

Introduction

Family-based approaches have long been established as the primary mode of treating childhood obesity, beginning with the ground-breaking work of Epstein et al^{1,2} and now as part of current expert recommendations.^{3,4} Successful interventions have been conducted with parents alone,^{5–7} reinforcing the important role of parents in the treatment process. Kitzmann and Beech⁸ reviewed and discussed conceptual issues around family-based obesity interventions and highlighted the efficacy of behavioral-focused parenting programs while indicating a need to view the family more broadly. This approach was particularly important when considering alternative treatment modalities to meet the needs of families who function “less optimally” because they may struggle to engage in traditional caregiver-focused interventions. A careful reading of Epstein's early work indicates that only 1 parent, typically the mother, participated in the intervention.¹ Similarly, many larger studies appear to include only 1 parent as well.^{9–13} It is questionable, however, whether such treatments are truly family based, if others from the household are excluded from treatment.

In general clinical practice, pediatric care providers rarely treat children without a parent involved in the process. However, purposeful engagement of more than one caregiver or of multiple family members (siblings and extended family) seldom occurs, perhaps because of logistical demands of coordinating family members' schedules or the lack of a clear explanation for their participation. In contrast, mental health professionals, such as licensed clinical social workers, licensed marriage and family therapists, clinical psychologists, and licensed professional counselors, often provide services specifically designed to engage and treat families (eg, family therapy). However, these interactions typically occur outside of pediatric offices and have inherently different treatment contexts. Dietitians and others who conduct family-based behavioral treatment of pediatric obesity may benefit from a familiarity with the established approaches utilized by mental health professionals. Effective methodologies and knowledge gleaned from these fields could both improve engagement of families and children in treatment and create new avenues for obesity prevention and treatment.

Objective

Numerous family therapy approaches exist, including Bowen's family systems therapy,^{14,15} structural family therapy,¹⁵ and solution-focused family therapy,¹⁶ among others. Apart from genetic influences, an important factor in the etiology of pediatric obesity is the child's environment, particularly the home, where family habits are known to contribute to a child's nutritional health.^{17,18} This familial link to child behavior indicates the need for family-focused interventions, addressing family behavior patterns that may lead to poor dietary choices and compromised health. In this context, *family-focused* refers to interventions designed to identify and alter how family members interact, communicate, and support each other regarding nutrition behavior and lifestyle changes. Based on our own clinical experience with children and recommendations from other researchers,^{19–21} we chose to focus on Bowen's Family Systems Theory (FST) as a model for applying family therapy principles to pediatric obesity treatment. The objective of this article is to present an overview of FST and describe how the key components of this theoretical model can be applied by registered dietitians and other professionals in pediatric obesity treatment settings. Utilizing principles of this theory and Bowen's application, we have modified and expanded our approach in working with children and families struggling with weight loss.

Family Systems Theory

FST is based primarily on the work of Murray Bowen¹⁴ and encompasses 8 key concepts. Bowen posited that families are not simply groups of independently functioning individuals, but a system, whereby change in one part influences other interrelated parts of the system. Thus, when one family member alters his or her behavior, it often produces heightened tension or anxiety and other family members react, either positively or negatively, to this change. Table 1 outlines the key concepts of FST, describes how each concept can be applied to family-based pediatric obesity treatment settings, and provides a brief clinical example. We introduce Bowen's 8 key concepts below as they relate to nutritional changes in the context of pediatric obesity treatment.

FST and Family-Based Obesity Treatment

Triangulation

Triangulation refers to a natural process of interpersonal functioning that occurs whenever anxiety begins to build between 2 people: Inevitably a third person becomes involved as a way to dissipate the anxiety. Triangulation can take place by one of the members of the dyad (2 caregivers, caregiver and sibling, caregiver and grandparent, etc) reaching for support

from the third individual or by the third individual noticing the tension and offering support for one or both members of the dyad. Triangulation may occur when caregivers are not aligned in their approach for addressing their child's obesity. For example, if one caregiver feels that nutritional changes are required to provide healthier family meals but the other does not, the child might align with the caregiver who shares his or her views and resist the efforts of the other caregiver. Such a situation can sabotage even the most well-intended plans for family behavior change and should be of concern to the family's treatment provider(s). Dietitians may address such issues by including all family members in the treatment process to emphasize the importance of a unified front when addressing behavioral goals and encourage family members to support one another.

Differentiation of Self

Differentiation involves 2 processes that develop over time: (1) an individual's ability to distinguish between his or her own thoughts and feelings (intrapsychic) and (2) an individual's ability to recognize that although his or her emotional experiences are intertwined with the emotional reactions of family members, the individual can have personal emotional experiences distinct from those of family members (interpersonal). Families who function more optimally respond more supportively to each other, such as tolerating emotional distress without belittling the emotional expressions of others (eg, "Stop your crying!"). Members of functional families are less likely to be overwhelmed by their own emotions and can remain objective when challenges arise, which facilitates rational decision making. Dietitians can benefit from an awareness of these family functions because they reflect how family members may express emotional distress in the context of obesity treatment. When children are upset with lifestyle changes, dietitians should encourage caregivers to be respectful of their child's emotions, so that the child does not feel that his or her emotions are less valuable. Helping the family remain calm and respectful of each other's thoughts and feelings will aid them as they attempt to set goals together and resolve conflicts.

Nuclear Family Emotional System

Bowen characterized the nuclear family emotional system as the location in families where problems develop during times of heightened anxiety. Bowen described 4 fundamental problem patterns that occur in families during times of stress: (1) caregiver conflict (Bowen used the term *marital conflict*; however, we have chosen the term *caregiver conflict* because conflicts are not confined to marital status); (2) dysfunction in one caregiver (again Bowen used the term *spouse*, which we will substitute with *caregiver*); (3) impairment in one or more children; and (4) emotional distancing. Some examples are evident in pediatric obesity treatment. For example, when families make changes to health behaviors, this may generate tension between caregivers. Or if a child is referred for treatment, a caregiver may be reluctant to make changes and accommodate the child's needs (either because the caregiver does not have a weight problem or does not see the need to modify his or her own habits), and this may result in the child expressing anger over this lack of support. Simultaneously, the caregiver may express similar feelings about first being asked to alter his or her own behavior. Other family members may react emotionally because this response may represent an inability to collaborate and implement new routines. Dietitians should be aware of these potential ripple effects and encourage open, yet constructive, expression of feelings rather than high-intensity conflict or emotional distancing.

Family Projection Process

The family projection process refers to how caregivers project their own problems onto their children. For instance, if 2 caregivers have grown distant in their relationship but one

remains particularly connected with the child, this connection could manifest in overindulgent parenting by the rejected caregiver. In this situation, the caregiver's relationship distress could result in ineffective and inconsistent parenting as it relates to the child's behavioral change needs. Thus, clinicians should ask caregivers about the quality of their relationship and how they are managing changes associated with their child's treatment and encourage them to be consistent in their parenting approaches despite marital discord. Dietitians should not feel that they are offering marital therapy; rather, their participation in the child's obesity treatment can be a vehicle to discuss important systemic elements that likely affect family-based approaches. Should a need emerge for more formal marital intervention, dietitians may consider referring caregivers to couples therapy.

Multigenerational Transmission Process

The multigenerational transmission process assumes that the ways in which caregivers regulate and project their emotions onto their children are related to their own upbringings and how differentiated they were as children. This aspect of FST may be challenging to directly observe in the context of obesity treatment because including multiple generations in treatment may not be possible. However, because family-based treatments most often include 2 generations (child and caregiver), dietitians can inquire about the caregivers' childhood experiences or any history of attempted weight loss within the family. This process may assist dietitians and families in understanding how health behaviors were developed, allowing dietitians to address long-established routines that may require change. If grandparents have a significant role in the child's upbringing, multigenerational transmission of behaviors may be more apparent, because grandparents may exert a direct influence on family meal routines or express opinions/values about the child's health.

Emotional Cutoff

Bowen suggested that the greater the level of emotional fusion (ie, lack of differentiation) within families, the greater the likelihood for emotional cutoff.¹⁴ Cutoff is often expressed by distance, geographic and/or emotional, from the previous generation. Children and adolescents may react to heightened conflict or emotional expression between caregivers or siblings with a number of coping strategies, such as emotional eating. This reaction may serve 2 purposes: the often solitary activity of emotional eating provides distance from family members, and eating itself can temporarily soothe a distressed child or adolescent. Dietitians could probe for levels of conflict in families and what secondary function a child or adolescent's eating might serve (eg, coping with stress) and provide proper referrals as indicated.

Sibling Position

In families with multiple children, the sibling position of the patient may affect relationships between family members. Although Bowen felt that "sibling position accounts for only part of an individual's personality,"¹⁴ he felt that individuals who share similar sibling positions often exhibit certain common characteristics. For instance, first-born children often assume a leadership role in families, whereas younger children may be less likely to assume leadership roles and grow accustomed to having their needs met by other members of the family. As it relates to pediatric obesity treatment, dietitians should be aware of the patient's sibling position. Family members may be more permissive of the youngest child's behaviors, including food and activity preferences, whereas older children may have more autonomy over decisions that affect their weight.

Societal Emotional Process

The broader social context in which families exist also influences how they process emotions. Bowen believed that distressed communities can spur an increase in the number of undifferentiated families by heightening anxiety that family members express with each other. This is particularly relevant for families struggling with obesity because obesity disproportionately affects families based on socioeconomic status and race/ethnicity.²² In high-crime areas, caregivers' anxiety over allowing their children to leave the home unsupervised can inhibit opportunities for physical activity and, thus, increase sedentary behaviors. Such anxiety may also contribute to emotional eating behaviors as a means to soothe worry about safety or economic instability. Although dietitians and other clinicians are limited in their ability to alter these aspects, acknowledging societal processes can assist them in recognizing barriers to treatment adherence and allow them to form recommendations that accommodate such factors.

Conclusion

Family-based approaches are the gold standard in pediatric obesity treatment, although no formal guidelines have been established to direct dietitians and other clinicians in their interactions with family units. Learning on practices that have been used abundantly by mental health professionals in family therapy settings, dietitians may be able to apply such approaches to pediatric obesity in order to enhance treatment with entire family units. Our own clinical practice has greatly benefited from applying these principles and approaches and informed the scenarios presented here (Table 1). FST provides us with core principles for approaching behavior change with individual families, and given the known influence of the family system on the weight-related behaviors of children, this theoretical framework has implications for improved outcomes in family-based obesity treatments.

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Table 1

Key Concepts of Bowen's Family Systems Therapy.

Key Concept	Definition	Application
Triangulation	<ul style="list-style-type: none"> Occurs when a third person is drawn into a dyad with the intention of stabilizing a conflictual relationship or managing the stress associated with the conflict Typically leads to externalization of the conflict to cover up the dysfunction in the existing relationship 	<p><i>Scenario</i></p> <ul style="list-style-type: none"> Caregivers disagree on nutrition changes. The child acts out at home and school; leads to caregivers joining around disciplinary action while postponing nutrition changes <p><i>Clinician Response</i></p> <ul style="list-style-type: none"> Reflect understanding about implementing nutrition changes in the context of the child's behavioral challenges. Inquire about each caregiver's views on nutrition changes. Search for common ground between caregivers rather than creating a right or wrong caregiver situation. Emphasize caregiver roles of deciding nutrition routines as opposed to deferring to the child or allowing behavioral difficulty to remove focus on healthier routines
Differentiation of self	<ul style="list-style-type: none"> Differentiation is a crucial task in family development Differentiated individuals are able to distinguish between own thoughts and feelings (intrapsychic) and able to think and feel independent from other people's reactions and emotions (interpersonal) Dysfunction occurs when individuals are unable to think objectively or function independently from other family members. 	<p><i>Scenario</i></p> <ul style="list-style-type: none"> Caregivers decide on nutrition changes. Child has hard time adjusting and displays anger and sadness as a result of changes <p><i>Clinician Response</i></p> <ul style="list-style-type: none"> Prior to caregivers implementing new routines, engage family in discussion about possible reactions from child. Discuss how caregivers will react themselves and how caregivers can support each other as they support the child. As the family adjusts to changes, inquire how caregivers have responded to the child's emotional reactions. Support efforts to maintain routine while being supportive of the child
Nuclear family emotional system	<ul style="list-style-type: none"> Patterns that occur in families during times of heightened tension, including (1) caregiver conflict, (2) dysfunction in a caregiver, (3) impairment of a child or children, and/or (4) emotional distancing 	<p><i>Scenario</i></p> <ul style="list-style-type: none"> Caregivers disagree on nutrition changes. The child acts out at home and school. One caregiver expresses frustration with increased tension at home and reacts by isolating self from the family. <p><i>Clinician Response</i></p> <ul style="list-style-type: none"> Inquire about how the family is reacting to new routines. Respond to caregiver who is struggling with empathy about the difficult adjustment. Encourage caregivers to maintain lines of communication during this difficult transition without shutting down or lashing out Practice caregiver communication in regard to nutrition changes during visit. The dietitian guides caregivers in finding nutrition changes that everyone is comfortable with
Family projection process	<ul style="list-style-type: none"> How caregiver conflict is transmitted to their children 	<p><i>Scenario</i></p> <ul style="list-style-type: none"> Caregivers disagree on nutrition changes. One caregiver is struggling with family-wide changes in meals at home and blames the child.

Key Concept	Definition	Application
		<p>Such caregivers do not participate in change because they see change as the child's fault</p> <p><i>Clinician Response</i></p> <ul style="list-style-type: none"> Acknowledge difficulty with transition for whole family while encouraging caregivers to view these changes as their efforts to provide a healthy environment for their child and for themselves. Remind families that these changes benefit everyone, not just the child
Multigenerational transmission process	<ul style="list-style-type: none"> Processes such as level of differentiation that occurs within the nuclear family that becomes transmitted from generation to generation 	<p><i>Scenario</i></p> <ul style="list-style-type: none"> Father grew up in a family where food was used as a way to show love and to help cope with unpleasant emotions. Caregivers decide on nutrition changes, but father tends to give in to the child's request for special foods when the child is upset or having a bad day <p><i>Clinician Response</i></p> <ul style="list-style-type: none"> Inquire about extended family's messages about food and the importance of food as a means of coping and showing love. Help the family identify ways to show love and to teach the child to cope with emotions using coping skills instead of food
Emotional cutoff	<ul style="list-style-type: none"> How people manage upbringings in which the process of differentiating was problematic and results in an individual disconnecting either physically and/or emotionally from their family 	<p><i>Scenario</i></p> <ul style="list-style-type: none"> Caregivers decide on nutrition changes. Child acts out at home and school. Extended family disagrees with changes and is not providing support <p><i>Clinician Response</i></p> <ul style="list-style-type: none"> Invite extended family to appointments, if not already involved, to answer questions and/or address concerns. If extended family is not interested in attending an appointment, help caregivers find ways to communicate the importance of changes to these family members. Regardless, provide support for caregivers for making difficult and unpopular decisions for the health of their child
Sibling position	<ul style="list-style-type: none"> Fixed personality traits based on sibling position. Not as simple as first born are like X and middle children are like Y. Much is dependent on triangles that form with caregivers 	<p><i>Scenario</i></p> <ul style="list-style-type: none"> Caregivers decide on nutrition changes, primarily focused on youngest child. Youngest child struggles with adolescent sibling having more freedom around food choices <p><i>Clinician Response</i></p> <ul style="list-style-type: none"> Discuss differential needs in the children and thus different caregiver decisions. Look to engage the adolescent if possible to help support and understand changes for the younger sibling. Help families recognize that changes will benefit the entire family and are not made to pinpoint one child out from another
Societal emotional process	<ul style="list-style-type: none"> Emotional processes in society influence the emotional processes in families. Community-wide anxiety can serve as a backdrop for how 	<p><i>Scenario</i></p> <ul style="list-style-type: none"> Caregivers are supportive of nutrition changes; however, the community has limited resources in terms of healthy food choices <p><i>Clinician Response</i></p>

Key Concept	Definition	Application
	differentiation unfolds in families of the said community	<ul style="list-style-type: none">• Reflect on the particular challenge the caregivers face and affirm importance for them to provide a healthy environment for their child. Assess their knowledge about healthy cooking approaches and provide relevant referrals or educational materials. Help families identify what choices are available in their environment and how to make these food choices fit with their goals