

PLEASE NOTE: The following article is a modified version of a chapter in the book *Family Therapy: An Overview*, by Goldenberg and Goldenberg (1990). This article describes the psychiatrist Murray Bowen’s view of family systems and how individuals and families interact. It offers a theoretical perspective of family dynamics. The article has been updated to include the popular term “codependence” as well as the family dynamics often found in families where there are high levels of fusion and/or substance use. I have liberally highlighted and added language **in red** to hopefully “modernize” the original writing which is sometimes pretty intellectual. I am grateful to the authors for allowing me to use their work.

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Murray Bowen’s Insights into Family Dynamics*

Differentiation of Self *or* How to Get Your Own Life And Not Get Overwhelmed By Your Family

The cornerstone of Bowen’s carefully worked out theory is his notion of the forces within the family that make for **togetherness** and the opposing forces that lead to **individuality, autonomy, and a separate self**. To Bowen, the degree to which a **differentiation of self** occurs in an individual reflects the extent to which that person is able to distinguish between the **intellectual process** and the **feeling process (emotions)** he or she is experiencing. Thus differentiation of self is related to the degree to which one is able to choose between having his or her **actions, relationships and life guided by feelings or thoughts** (**what part of me is running my life – my gut or my brain? Who is in charge - my feelings or my thinking?**).

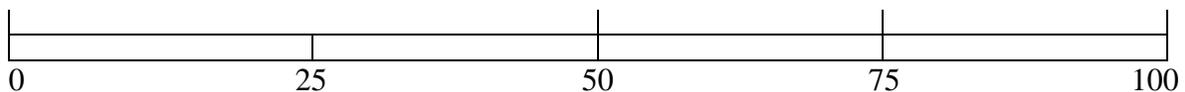
Those individuals with the greatest **fusion** between the two **function most poorly**; they are likely to be at the mercy of involuntary emotional reactions and tend to become dysfunctional even under low levels of stress. *Just as they are unable to differentiate thought from feeling, such persons have **trouble differentiating themselves from others** and thus fuse easily with whatever emotions dominate the family. **This is CODEPENDENCY – one literally can’t tell the difference between their thoughts and feelings and those of another person!***

Bowen introduced the concept of **undifferentiated family ego mass**, derived from psychoanalysis, to convey the idea of a family emotionally “stuck together,” one where “a conglomerate emotional oneness . . . exists in all levels of intensity” (**Your garden variety codependent family!**) For example, the symbiotic relationship of interdependency between mother and child may represent the most intense version of this concept; a father’s

* From Goldenberg, I. & Goldenberg, H. (1990). *Family Therapy: An Overview*. Pacific Grove: Brooks/Cole Publishing Company

detachment may be the least intense. The degree to which any one member is involved in the family from moment to moment depends on that person's basic level of involvement in the family ego mass. Sometimes the emotional closeness can be so intense that family members know each other's feelings, thoughts, fantasies, and dreams. This intimacy may lead to uncomfortable "overcloseness," according to Bowen, and ultimately to a phase of **mutual rejection between two members** (fights, slammed doors, phone hang-ups, etc). In other words, within a family system, emotional tensions shift over time (sometimes slowly, sometimes rapidly) in a series of alliances and rejections. What Bowen had initially characterized in psychoanalytic terms – *undifferentiated family ego mass* – he later recast in systems language as *fusion-differentiation (codependent-healthy separateness)*. Both sets of terms underscore Bowen's insistence that maturity and self-actualization demand that an individual become free of unresolved emotional attachments to his or her family of origin. (If one wants to become an adult they must cut the cords with the other family members. This requires that we establish meaningful contact with important *others* outside of the family, i.e., therapists, 12 Step sponsors, counselors, healthy supportive mentors, etc.)

For illustrative purposes, Bowen proposed a theoretical scale for evaluating an individual's differentiation level. The greater the degree of undifferentiation (no sense of self or a weak or unstable personal identity), the greater the emotional fusion into a common self with others (the undifferentiated family ego mass - codependency). A person with a strong sense of self ("These are my opinions . . . This is who I am . . . This is what I will do, but not this . . .") expresses convictions and clearly defined beliefs. Such a person is said by Bowen to be expressing a *solid self*. He or she does not compromise that self for the sake of marital bliss or to please parents or achieve family harmony, or through coercion. Another example is a parent who will not enable an addict to continue to use drugs or alcohol.



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| Undifferentiated Codependent Alcoholic/Addict Dysfunctional Fused/ Enmeshed Unhealthy Triggered, evoked, "freaking out" Emotionally immature Parent/Child relationships False Emancipation CGAS* 80 or less GAF* 80 or less | Differentiated Codependent in recovery Alcoholic/addict in recovery Functional Self actualized Healthy Rational under stress Emotionally Mature Adult/Adult relationships Emancipation CGAS 81 or higher GAF 81 or higher |
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(* See page 9 for information on CGAS)

People at the low extreme are those whose emotions and intellect are so fused that their lives **are dominated by the feelings of those around them.** ("My child is experiencing difficulty, I need to rush in and save them.") As a consequence, they are easily stressed into dysfunction. Bowen considers them to be expressing a *pseudo self*, which they may deceive

themselves into **thinking is real** but which is composed of the **opinions and values of others (codependency)**. Those far fewer individuals at the **high end** are emotionally mature; because their intellectual or rational functioning remains relatively (although not completely) dominant during stressful periods, **they can take action independent of the emotionality around them**. In the midrange are persons with relative degrees of fusion or differentiation. *Note that the scale eliminates the need for the concept of normality*. It is entirely possible for people at the low end of the scale to keep their lives in emotional equilibrium and stay free of symptoms, thus appearing to satisfy the popular criteria for being normal. However, these people are not only more vulnerable to stress than those higher on the scale, but also, under stress, are apt to develop symptoms from which they recover far more slowly than those at the high end of the scale. According to Bowen, any person's level of differentiation reflects that individual's level of differentiation from the family as well as from others outside the family group. A moderate-to-high level of differentiation permits interaction with others without fear of fusion (losing oneself in the relationship, **becoming "triggered," codependency. "You make me angry" is an example of this loss of self**). While all relationships ranging from poorly to well-differentiated ones are in a state of dynamic equilibrium, the flexibility in that balance decreases as differentiation decreases. **(The more together we are and the more recovery we have result in us being less triggered by others.)**

Bowen's theory assumes that an instinctively rooted life force in every human propels the developing child to grow up to be an **emotionally separate person, able to think, feel, and act as an individual**. At the same time, Bowen proposes that a **corresponding life force, also instinctively rooted, propels the child and family to remain emotionally connected**. As a result of these counterbalancing forces, argues Bowen, **no one ever achieves complete emotional separation from the family of origin**. However, **there are considerable differences in the amount of separation each of us accomplishes, as well as differences in the degree to which children from the same set of parents, emotionally separate from the family**. The latter is due to *characteristics of the different parental relationships established with each child*, as we intend to elaborate later in this section.

Triangles *or* Rather Than Grow Up Ourselves, Let's Try To Fix Someone Else

In addition to its interest in the degree of integration of self, Bowen's theory also emphasizes anxiety or emotional tension within the individual or in that person's relationships. Stress between husband and wife may arise, for example, as they attempt to balance their needs for closeness with their needs for individuation. **The greater their fusion, the more difficult the task of finding a stable balance satisfying to both**. One way to resolve such two-person stress within a family, according to Bowen (1978), is to triangulate – bring in another family member to form a three-person interaction. **(Since talking TO each other is too difficult we will talk ABOUT someone else.)**

The basic building block in a family's emotional system is the *triangle*, according to Bowen. During periods when anxiety is low and external conditions are calm, two persons may engage in a comfortable back-and-forth exchange of feelings. However, the stability of this situation is threatened if one or both participants get upset or anxious, either because of internal stress or from stress external to the twosome **(drug and alcohol abuse create**

tremendous stress). When a certain intensity level is reached, one or both partners will involve a vulnerable third person. (A healthy person would not be interested in someone else's drama!) According to Bowen, the twosome may "reach out" and pull in the other person, the emotions may "overflow" to the third person, or that person may be emotionally "programmed" to initiate involvement (get triggered and jump into the game). This triangle dilutes the anxiety; it is both more stable and more flexible than the twosome and has a higher tolerance for dealing with stress. When anxiety in the triangle subsides, the emotional configuration returns to the peaceful twosome plus the outsider. However, should anxiety in the triangle increase, one person in the triangle may involve another outsider, and so forth. Sometimes such triangulation can reach beyond the family, involving social agencies or the courts (an intervention is such a triangulation).

Generally, speaking, the higher the degree of family fusion (alcoholic and drug addicted families are highly fused), the more intense and insistent the triangulating efforts will be; the least well-differentiated person is particularly vulnerable to being drawn in to reduce tension. Beyond seeking relief of discomfort, the family relies on triangles to help maintain an optimum level of closeness and distance between members while permitting them the greatest freedom from anxiety. The alcoholic family can spend years talking about the problem instead of actually doing something to "grow up" and become functional.

Bowen refers to the triangle as the smallest stable relationship system. By definition, a two-person system is unstable and forms itself into a three-person system or triad under stress, as each partner attempts to create a triangle in order to reduce the increasing tension of his or her relationship (even partners in healthy marriages seek outside counsel at times). As more people become involved, the system may become a series of interlocking triangles, in some cases heightening the very problem the multiple triangulations sought to resolve. For example, a distraught mother's request for help from her husband in dealing with their son is met with withdrawal from the father. As the mother-son conflict escalates, she communicates her distress to another son, who proceeds to get into a conflict with his brother for upsetting their mother. What began as a mother-son conflict has now erupted into interlocking conflicts – between mother and son, brother and brother, and mother and father. The alcoholic and drug addicted family often has dozens of involved individuals.

Thus triangulation does not always reduce tension. Bowen points out that triangulation has at least four possible outcomes: (1) a stable twosome can be destabilized by the addition of a third person (for example, alcoholism, drug addiction); (2) a stable twosome can be destabilized by the removal of a third person (marital conflict follows after an alcoholic, addict or codependent seeks treatment, and thus is no longer available to be triangulated into their conflict); (3) an unstable twosome can be stabilized by the addition of a third person (seeing a therapist, recovery); and (4) an unstable twosome can be stabilized by the removal of a third person (conflict is reduced by setting a boundary and eliminating an addict/alcoholic from one's life).

To give another familiar example, note that conflict between siblings quickly attracts a parent's attention. Let us assume that the parent has positive feelings toward both children who, at the moment, are in conflict with each other. If the parent can control his or her emotional responsiveness and manage not to take sides while staying in contact with both children, the emotional intensity between the original twosome, the siblings, will diminish. (A parallel situation exists when parents quarrel and a child is drawn into the triangle in an attempt to dilute and thus reduce the strain between the combatants.) Generally speaking, the probability of triangulation within a family is heightened by poor differentiation of

family members; conversely, the reliance on triangulation to solve problems helps maintain the poor differentiation of certain family members. (Substance dependent/codependent families not in recovery always get worse.)

As we discuss later in this chapter when we describe Bowen's therapeutic technique, a similar situation exists when a couple visits a marital/family therapist. Following from the theory, Bowen contends that if the therapist – the third person in the system – can remain involved with both spouses without siding with one or the other, the spouses may learn to view themselves as individual, differentiated selves as well as marital partners. However, if the third person loses emotional contact with the spouses, the twosome will proceed to triangulate with someone else. (If all family members seek recovery then differentiation occurs. Those who do not seek recovery will find other addicts or codependents to hook up with.)

Nuclear Family Emotional System *or* We Are All Stuck Inside The Egg

Bowen contends that people choose mates with equivalent levels of differentiation to their own. (We seek people at a similar level of development). Not surprisingly, then, the relatively undifferentiated person will select a spouse who is equally fused to his or her family of origin (equally sane or equally crazy). It is probable, moreover, that these poorly differentiated people, now a marital couple, will themselves become highly fused and will produce a family with the same characteristics (a bunch of sane kids or a bunch of crazy kids). According to Bowen, the resulting **nuclear family emotional system** will be unstable and will seek various ways to reduce tension and maintain stability (alcohol, drugs, and codependency work pretty well!). The greater the nuclear family's fusion, the greater will be the likelihood of anxiety and potential instability, and the greater will be the family's propensity to seek resolution through fighting, distancing, the impaired or compromised functioning of one partner, or banding together over concern for a child. This may result in a greater need to relieve the stress via substances.

More specifically, Bowen regards three possible symptomatic patterns in a nuclear family as the product of the intense fusion (high levels of codependency) between partners. Each pattern is intensified by anxiety and when the intensity reaches a sufficient level, results in a particular form of symptom development. The person (or the relationship) who manifests the specific symptom is largely determined by the patterns of emotional functioning that predominate in that family system. The three patterns are as follows:

1. Physical or emotional dysfunction in a spouse, sometimes becoming chronic, as an alternative to dealing directly with family conflict; the anxiety generated by the undifferentiated functioning of every family member is being absorbed disproportionately by a symptomatic parent.
2. Overt, chronic, unresolved marital conflict, in which cycles of emotional distance and emotional overcloseness occur; both the negative feelings during conflict and the positive feelings for one another during close periods are likely to be equally intense in roller-coaster fashion; the family anxiety is being absorbed by the husband and wife.
3. Psychological impairment in a child, enabling the parents to focus attention on the child and ignore or deny their own lack of differentiation (It's the kid, stupid!); as the child becomes the focal point of the family problem, the intensity of the parental

relationship is diminished, thus the family anxiety is being absorbed in the child's impaired functioning; the lower a child's level of differentiation, the greater will be his or her vulnerability to increases in family anxiety and thus to dysfunction.

Dysfunction in one spouse may take the form of an **overadequate-underadequate reciprocity**, in which one partner takes on most or even all family responsibilities (earning a living, caring for the children, cooking, shopping, and so on) while the other plays the counterpart role of being underresponsible. **Codependents enable dependents to under function.** Fused together, the two-pseudo selves develop an arrangement in which one partner increasingly underfunctions while the other takes up the slack by assuming responsibility for them both – **codependency!** When the tilt gets too great the one giving up more pseudo self for the sake of family harmony becomes vulnerable to physical or emotional dysfunction **chemical dependency, other addictions, illness!**

In some cases, the pattern intertwines with marital conflict, the under adequate one (**alcoholic**) complaining of dominance, inconsiderateness, and so forth from the spouse. The overadequate one (**codependent**) is more comfortable with the arrangement until the underadequate one complains or becomes so inadequate as to cause difficulties for the overadequate one. When this occurs, the problem is likely to be seen as belonging to the unhappy underadequate spouse, rather than as a relationship problem for which both need help – **“the alcoholic is the problem, not me!”**

Almost every family has one child who is more vulnerable to fusion than the others, and thus likely to be triangulated into parental conflict. Any significant increase in parental anxiety triggers the child's dysfunctional behavior (in school, at home, or both), leading to even greater anxieties in the parent. In turn, the child's behavior becomes increasingly impaired, sometimes turning into a lifelong pattern of poor functioning.

The nuclear family emotional system is a multigenerational phenomenon. Individuals tend to repeat in their marital choices and other significant relationships the style of relating learned in their families of origin, and to pass along similar patterns to their children. To Bowen, the only effective way to resolve current family problems is to change the interactions with the families of origin (**recovery, psychotherapy, education, workshops**). Only then can differentiation proceed and the individuals involved become less overreactive to the emotional forces sweeping through the family - **and give future generations a better shot at producing functional families.**

Family Projection Process *or* Let's Agree That This Kid Is Good, That One is Bad, This One Smart, That One Is Not!

As we have just observed, parents do not respond in the same way to each child in a family, despite their claims to the contrary. (**Typical roles in dysfunctional families are the Hero, Scapegoat, Mascot, Lost Child, Parentified Child and Little Helper**). Differences in parental behavior make for significant differences in how each child functions. Children who are the object of parental focus tend in general to develop greater fusion to the family than their siblings and consequently remain more vulnerable to emotional stresses within the family. The fusion-prone, focused-on child is the one most sensitive to disturbances and incipient signs of instability within the family. Bowen believes that the parents, themselves immature, select as the object of their attention the most infantile of all their children, regardless of his or her birth order in the family (**“There's the problem; it's certainly not**

my alcoholism, codependency, affairs, gambling, porn, etc.!") Bowen calls this the **family projection process**.

The projection process operates within the mother-father-child triangle; the transmission of undifferentiation occurs through the triangulation of the most vulnerable child into the parental relationship. Bowen stresses the sibling positions of the parents in their family of origin as possible clues to which child *will be chosen* in the next generation. As the child most emotionally attached to the parents of all the children within a family, he or she will have the lowest level of differentiation of self and the most difficulty in separating from the family (**i.e., still getting support from parents when they are adults**). Moreover, Bowen believes that the greater the level of undifferentiation of the parents and the more they rely on the projection process to stabilize the system, the more likely it is that *several children* will be emotionally impaired. This process of projecting or transmitting parental undifferentiation may begin as early as the initial mother-infant bonding. Codependency and dependency typically can be traced back for generations.

The intensity of the family projection process is related to two factors: the degree of immaturity or undifferentiation of the parents and the level of stress or anxiety the family experiences. In one triangulating scenario, the child responds anxiously to the mother's anxiety, she being the principal caretaker; the mother becomes alarmed at what she perceives as the child's problem, and becomes overprotective. Thus a cycle is established in which the mother infantilizes the child (**even in adulthood – called “enabling”**), who in turn becomes demanding and impaired (**becomes addict/alcoholic, underemployed, etc**). The father, who is sensitive to his wife's anxiety and, by attempting to calm her, plays a supporting role to her in dealing with the child, supplies the third leg of the triangle. As collaborators, the parents have now stabilized their relationship around a “disturbed” child (**scapegoat**), and in the process perpetuated the family triangle.

Emotional Cutoff *or* I'm Going To “Pretend” That We Are Not In A Relationship

Children less involved in the projection process are apt to emerge with a greater ability to withstand fusion, to separate thinking and feeling, **to know the difference between themselves and someone else**. Those who are more involved try various strategies upon reaching adulthood, or even before. They may attempt to insulate themselves from the family by geographic separation, through the use of psychological barriers, or by the self-deception that they are free of family ties because actual contact has been broken off. **Drugs and alcohol are very effective at making challenges disappear, for the moment**. Bowen considers such supposed freedom an **emotional cutoff**, a flight from unresolved emotional ties, and not true emancipation. Avoidance of attachments may simply represent denial of unresolved conflicts and mask unexamined fusion. **Emotional cutoff reflects a problem (underlying fusion between generations), solves a problem (reducing anxiety associated with making contact), and creates a problem (isolating people who might benefit from closer contact)**.

Cutoffs occur most often in families in which there is **a high level of anxiety and emotional dependence (drug and alcohol dependence and codependence)**. As both increase and greater family cohesiveness is expected, conflicts between family members may be **disguised and hidden**. Should the fusion-demanding situation reach an unbearable stage, some members may seek greater distance, emotionally, socially, **chemically**, perhaps

physically, for **self-preservation**. When communication is demanded, it is apt to be **superficial, inauthentic, and brief**. Bowen has suggested that when emotional cutoffs exist between parents and grandparents, then a cutoff between parents and children of the subsequent generation increases in likelihood.

Bowen insists that adults must resolve their emotional attachments to their families of origin. In a very revealing paper about his own family Bowen delivered in 1967 to a national conference of family researchers and therapists (“Towards,” 1972), he openly described his personal struggles to achieve a differentiation of self from his own family of origin. Without this differentiation, Bowen argues family therapists may unknowingly be triangulated into conflicts in their client families (much as they were as children in their own families), perhaps overidentifying with one family member, or projecting onto another their own unresolved difficulties. In general, the therapist is vulnerable to the client family’s effort to resist change and retain homeostasis. Family therapists need to get in touch with and be free of their own **internalized** family so that unfinished business from the past does not intrude on current dealings with client families.

Here is a visual example of what we have been talking about. Imagine that you are a flea on a horse. The horse is galloping in a southward direction. You and a fellow flea get together and make a decision to have the horse change direction. You firmly announce, “Horse, go north!” After a while you realize the horse did not change direction so you gather some more of your family members together with the goal of getting the horse to “go north.” Sadly, the horse does not and never will pay attention to the fleas. The only way that the fleas can fulfill their own desires is to get off the horse and go north themselves.

The horse in every family is composed of the following: the conscious and unconscious values, norms, rules, and expectations. Additionally, we have seen how lack of differentiation clearly takes away our ability to make decisions in our own life because we are often being directed by another person’s emotions. Or, we unconsciously agree to meet the expectation of other family members (there is a problem here and you are it).

Therefore, from a psychological perspective, unless we do the necessary work we are at the mercy of our past and we will never, ever, truly get authorship of our own life. We may continue to be dependent on chemicals and never emotionally or psychologically advance beyond the age we began our substance use, and die an early and messy death. Or our codependency may cause us to be fixated on another’s behavior causing us to relentlessly “parent” them into adulthood and beyond and thereby both prevent them from ever growing up and ourselves from ever having a fulfilling life. Or we may be the victim of those poorly differentiated souls and never psychologically let go of the breast, or decide to change, or make a decision to reach out for help, suck it up, and get a life. What is the necessary work to “get a life”? This is the question that those who want a full, functional life and wonderful, fun, and juicy relationships will spend the rest of their lives answering. This is the question we will be asking each of you to ask yourself over and over.

“God, grant me the serenity to accept the things I cannot change (**Like anyone else**),
The courage to change the things I can (**Like myself**),
And the wisdom to know the difference between myself and another person (**Which is sometimes impossible**).”

Global Assessment of Functioning

How functional is our child and how functional are we. One way to understand “Recovery” is to do what is necessary to raise our level of functioning.

Children

The **Children's Global Assessment Scale** (CGAS) is a numeric scale (1 through 100) used by mental health clinicians and doctors to rate the general functioning of children under the age of 18.

100-91 Superior functioning in all areas (at home, at school and with peers); involved in a wide range of activities and has many interests (e.g., has hobbies or participates in extracurricular activities or belongs to an organised group such as Scouts, etc.); likeable, confident; ‘everyday’ worries never get out of hand; doing well in school; no symptoms.

90-81 Good functioning in all areas; secure in family, school, and with peers; there may be transient difficulties and ‘everyday’ worries that occasionally get out of hand (e.g., mild anxiety associated with an important exam, occasional ‘blowups’ with siblings, parents or peers).

80-71 No more than slight impairments in functioning at home, at school, or with peers; some disturbance of behaviour or emotional distress may be present in response to life stresses (e.g., parental separations, deaths, birth of a sibling), but these are brief and interference with functioning is transient; such children are only minimally disturbing to others and are not considered deviant by those who know them.

70-61 Some difficulty in a single area but generally functioning well (e.g., sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft; consistent minor difficulties with school work; mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behaviour; self-doubts); has some meaningful interpersonal relationships; most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.

60-51 Variable functioning with sporadic difficulties or symptoms in several but not all social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.

50-41 Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor to inappropriate social skills, frequent episodes of aggressive or other antisocial behaviour with some preservation of meaningful social relationships.

40-31 Major impairment of functioning in several areas and unable to function in one of these areas i.e., disturbed at home, at school, with peers, or in society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behaviour due to either mood or thought disturbance, suicidal attempts with clear lethal intent; such children are likely to require special schooling and/or hospitalisation or withdrawal from school (but

this is not a sufficient criterion for inclusion in this category).

30-21 Unable to function in almost all areas e.g., stays at home, in ward, or in bed all day without taking part in social activities or severe impairment in reality testing or serious impairment in communication (e.g., sometimes incoherent or inappropriate).

20-11 Needs considerable supervision to prevent hurting others or self (e.g., frequently violent, repeated suicide attempts) or to maintain personal hygiene or gross impairment in all forms of communication, e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.

10-1 Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behaviour or gross impairment in reality testing, communication, cognition, affect or personal hygiene.

Adults

The Adult Global Assessment of Functioning (GAF) is a numeric scale (0 through 100) used by mental health clinicians and physicians to subjectively rate the social, occupational, and psychological functioning of adults, e.g., how well or adaptively one is meeting various problems-in-living. The scale is presented and described in the DSM-IV-TR on page 32.

91-100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms

81-90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members)

71-80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social occupational, or school functioning (e.g., temporarily falling behind in schoolwork).

61-70 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social occupational, or school functioning (e.g., occasional truancy or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

51-60 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).

41-50 Severe symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational or school functioning (e.g., no friends, unable to keep a job).

31-40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

21-30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends).

11-20 Some danger of hurting self or others (e.g., suicidal attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).

1-10 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

(Source: Wikipedia 2010)