ANXIETY AND FAMILY THERAPY

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ANXIETY AND RELATED DISORDERS

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Systemic family therapy, the most prevalent model of family treatment today, views the individual as an integral component of a unit of organization —the family. Systems theory postulates that a person cannot be viewed, nor treated, out of the context in which that person is embedded. This context, the family, may be the nuclear family (one generation) or the extended family (three or more generations). Regardless of whether the focus is the nuclear or extended family, the pathology experienced by an individual is viewed as a manifestation of some level of dysfunction in the family system. The identified patient (IP), the individual that the family is presenting for treatment, is expressing the family's conflict through the metaphor of a symptom. The IP may be viewed as the weak link in the system, the family member who is most vulnerable to stress and, therefore, most likely to develop the symptom. Or one might see the IP as the individual who is most attuned and sensitive to the dysfunction in the system and capable of expressing it in order to facilitate resolution. In either case, the individual's symptoms reflect a family dysfunction rather than an intrapsychic phenomenon. Anxiety, traditionally viewed as an internal psychological process signaling danger, can be

examined in the context of the family system.

Nathan Ackerman (1954) was the first clinician to report the treatment of whole families on an ongoing basis. In his effort to clarify the nature of family dynamics and their influence on an individual's psychological functioning, he described the family as a, "conveyor belt for anxiety and conflict. . ." (p. viii). He observed the "contagion of mental illness" that affects all family members with such intensity that no one family member can be immune to its destructive effects. Ackerman observed a process in families in which anxiety shifted erratically from one person to another or from one family pair to another. Although unaware of the impact of his observations on the final direction taken by family theory, his interactive formulations anticipated the current systemic conceptualization of family dynamics.

Like most of the pioneers in family therapy, Ackerman was trained psychoanalytically. This is apparent in theoretical formulations that continuously weave together psychoanalytic concepts and family relational observations in an effort to formulate a separate theory of family treatment. A radical shift took place when Don D. Jackson (1957), also psychoanalytically trained, abandoned the prevailing view of individual psychopathology in favor of the revolutionary belief that pathology did not exist in the individual, but only within relationships. To Jackson, emotional dysfunction and symptomology could be traced to family interaction and pathogenic

relationship patterns. The patient was seen as the individual who manifested the covert pathology of the family. Jackson referred to this member of the family as the identified patient, since the actual patient was the family as a whole. Treatment entailed the use of strategic interventions aimed at altering patterns of interaction within the family. Jackson's total rejection of psychoanalytic constructs in favor of observable family interaction was to have a profound effect on the evolving field of family therapy.

As a result of Jackson's view that family theory and psychoanalytic theory were antithetical, a polarization occurred in the family therapy movement. As noted by Samuel Slipp, Watzlawick, Beavin, and Jackson (1967) saw psychoanalysis as discontinuous with systems theory because of its reliance on energy concepts rather than information and transactional patterns to explain motivation and behavior. Jackson and his colleagues erroneously believed that all schools of psychoanalysis subscribed to drive theory when, in fact, much of psychoanalysis had moved beyond this conceptualization to include relationships and issues of adaptation. "The intrapsychic level is not a closed system, ... but interacts with and determines the interactional level." (Slipp, 1984, p. 34). But the polarization had already taken place. Two models of family systems theory were evolving. One adhered to Jackson's original premise that all psychopathology can be understood within the context of information exchange or transactional patterns. The other incorporated the concept of the family as a system with

the traditional view of the individuals as separate entities possessing an inner life affecting both themselves and the family as a whole.

A TRANSACTIONAL/INFORMATION MODEL

Some of the leading theorists subscribing to the transactional/information model include Salvador Minuchin, Jay Haley, John Weakland, Mara Selvini Palazzoli, and Paul Watzlawick. They rely exclusively on patterns of interaction between family members: behavioral, cognitive, or both. Since dysfunctional processes occur in the relational field, between family members rather than within individuals, affective experience is relevant only to the extent that it manifests itself in dyadic interchanges. Anxiety, as an intrapsychic process, is not applicable to these models of family therapy unless it becomes an observable event between two or more people.

Minuchin (personal communication, February 1992) when asked what is the place of anxiety in Structural Family Therapy, replied, "I do not think structural people recognize anxiety." This is true particularly in structural work where transactional patterns of behavior are the medium through which dysfunctional family organization is expressed. While anxiety can be a target symptom in treatment, it does not have a place in the theory of these models of family therapy.

AN INDIVIDUAL/RELATIONAL MODEL

Several theorists approach the family systemically without excluding individual intrapsychic processes including Murray Bowen, James Framo, Ivan Boszormenyi-Nagy, and Carl Whitaker. This list is not comprehensive and in this chapter only Bowen's work will be examined in detail. What they all share is the basic belief that an individual, in addition to being influenced by the push and pull of the family, has an inner life that affects and is affected by the system. Boszormenyi-Nagy considers internalization of objects as a key determinant in his theory on patterns of loyalty (Boszormenyi-Nagy & Spark, 1984, p. 25). Whitaker is constantly living and working in his own and the family's unconscious and primary process. Bowen refers to the need for an, "analysis of deeper intrapsychic problems" in the latter stages of treatment (1990, p. 114). While these theorists are fully committed to the belief that all emotional processes are intimately linked to the family system, they also recognize the existence and importance of the individual's inner experience.

The focus of the remainder of this chapter will be on the work of Murray Bowen, including an overview of Bowen theory, a detailed examination of his theory of anxiety and its place in the family system, followed by treatment considerations. Bowen theory assumes that an understanding of human behavior includes the study of the individual and the relational system. For Bowen, the individual can be understood within the context of two

interacting variables: the degree of differentiation of self and the degree of chronic anxiety. Kerr and Bowen (1988) define differentiation as, "the ability to be in emotional contact with others yet still autonomous in one's emotional functioning" (p. 145). This definition refers to a person's capacity to be involved with others in meaningful relationships without experiencing a loss of self; to the person's capacity to manage individuality and togetherness within a relationship system.

Bowen considered individuality and togetherness to be the primary forces that influence the operation of the family emotional system. Individuality is demonstrated in a person's capacity to be distinct; to feel, think, and act for oneself without concern about whether others feel, think, and act in the same way. The responsibility for happiness, comfort, and wellbeing is one's own. Other people are not blamed for one's shortcomings or failures. Bowen called this the "I" position (Bowen, 1990). Togetherness, or the "we" position, reflects an individual's striving to act, think, and feel like others and have others act, think, and feel like themselves. It defines family members' shared beliefs, attitudes, and philosophies. When a person is in the "we" position, there is a tendency to feel responsible for the experiences of others and hold others to be responsible for one's own feelings, thoughts, and actions. The degree of differentiation of self is a function of the balance between the forces of individuality and the forces of togetherness. Higher levels of differentiation typically accompany a greater capacity for

individuality, while lower levels of differentiation correlate with an intolerance for individuality and an excessive need for togetherness. In more practical terms, individuality and togetherness refers to the amount of "life energy" (Kerr & Bowen, 1988) each person invests in a relationship and the amount they direct to their lives separate from the relationship. A state of balance exists and a relationship can develop when each person invests a comparable amount of "life energy" and retains a corresponding amount to direct their own lives. As an outgrowth of this process, people with similar levels of differentiation are drawn to each other and the two people can coexist in a state of relative harmony, with neither feeling too little or too much involvement.

Bowen proposed a scale of differentiation that outlines the qualities of individuals within four ranges of functioning. Before discussing the profiles, a distinction must be made between a person's "basic" and "functional" level of differentiation. Basic level refers to an individual's actual degree of differentiation based on overall assessment of functioning in family relationships, job performance, social relationships, and physical and psychological health over the course of one's lifetime. It can be conceptualized as a person's actual level of differentiation unaffected by external stimuli, not dependent on the relationship process. Functional differentiation is a measure of an individual's current level of functioning and is dependent on the relationship process. It can either be higher or lower than basic level

depending upon several factors. People with low levels of basic differentiation will appear higher or lower on the scale under various conditions. As long as environmental, social, economic, and relational stress is low, they can function quite well. Capacity to adjust is enhanced by available supports. When stress is high, functional level diminishes. A person can also appear to function higher on the scale of differentiation in a relationship in which the partner underfunctions. The effect on the partner, however, is a lower level of functional differentiation. Bowen's scale (Bowen, 1990, p. 366) refers to basic differentiation and is divided into four groups:

1. *Low level of differentiation—0 to 25*: These people live in a feeling-dominated world in which it is impossible to distinguish feeling from fact. They are totally relationship bound and lack a cohesive sense of self separate from others. For this reason, their relationships are usually conflictual and difficult to maintain. They experience high levels of chronic anxiety and strive, above all, to find comfort either in extremely dependent relationships or through some other means such as drugs or religious dogma. Since they cannot effectively differentiate between feelings and thoughts, they are almost totally governed by emotional reactivity to external events. Incapable of making decisions for themselves, their thoughts and actions are usually derived from opinions of others. Responses range from automatic compliance to extreme oppositionalism.

2. *Moderate level of differentiation—25 to 50*: People in this range

have poorly defined selves, but have the capacity to begin to distinguish between feeling and thought. They continue to be overly influenced by emotional processes and, lacking in beliefs and convictions of their own, are prone to conform to prevailing ideologies. They typically seek outside authorities, such as religion, cultural values, philosophy, rules, the law and politics to define and support their own viewpoints. In the mid-range, 35 to 40, people are sufficiently adaptive and do not manifest the extreme impairment evident in people on the lower end of the scale. Yet they remain highly reactive to emotional stimuli and are sensitized to emotional disharmony. Self-esteem is dependent on others and much energy is invested in the goal of pleasing others in an ongoing effort to receive praise and approval. These people have a well-developed pseudoself based on adaptation to external beliefs, attitudes, and philosophies. It is created by emotional pressure and can be modified by emotional pressure. Nevertheless, it provides the individual with an ability to reduce anxiety and enhance emotional and physical functioning. Although it lacks the foundation of a solid self, it can effectively provide stability in the person's life. People in the 40 to 50 range have a better developed solid self and are less likely to be severely impaired and more likely to recover completely from the effects of stress.

3. *Moderate to good level of differentiation—50 to 75*: In this range, the capacity to think independently is sufficiently developed to allow the individual to function autonomously without being dominated by the emotional system. People are freer to make choices of their own, unrestrained by attitudes and

opinions of others. There is less chronic anxiety and less emotional reactivity. This enables the person to move freely between emotional closeness and selfdirected activity.

4. *High level of differentiation—75 to 100*: Individuals in this range are sure of their beliefs and convictions without the need to be dogmatic and rigid. They can listen to another point of view and modify their own if necessary. This person can listen without reacting and can communicate without antagonizing. Functioning is not affected by praise or criticism and expectations of self and others are realistic. Levels of chronic anxiety are low and most stress is tolerated without becoming symptomatic. For Bowen, the upper ranges of this level are, for the most part, hypothetical.

Level of differentiation determines a person's capacity to adapt to stress and reflects the amount of chronic anxiety experienced in a relationship system. The lower the differentiation, the greater the chronic anxiety. Kerr and Bowen (1988, p. 113) define chronic anxiety as a "process of actions and reactions that, once triggered, quickly provides its own momentum and becomes largely independent of the initial triggering stimuli." In fact, the individual responds to the disturbance in the balance of the relationship, rather than to the triggering event itself. When the relationship is relied on to provide for all of one's social, emotional, and psychological needs, a condition of hypersensitivity is created to the slightest threat to the relationship. A state of chronic anxiety results from the constant fear of change or loss. The level of

chronic anxiety is a function of the person's level of basic differentiation. Kerr and Bowen (1988) offer an explanation for why chronic anxiety increases as differentiation decreases. Since differentiation reflects the extent of one's emotional separation from family of origin, the less differentiated, the greater the anxiety about living independently and becoming a responsible adult. People in the 0 to 25 range of differentiation have achieved minimal separation and are continuously overwhelmed with anxiety. With little access to the intellectual system, anxiety escalates and runs rampant. Those individuals in the 25 to 50 range experience a less intense version of chronic anxiety than people lower on the scale. The anxiety most often takes the form of worry, uncertainty, rumination, anticipating the worst, fear of disapproval, concerns over one's inadequacy, and feeling overloaded with responsibility. Well-differentiated people do not depend on others to provide affirmation nor are they inordinately responsible for the psychological well being of others, which leaves them feeling fairly calm and relatively free of chronic anxiety.

The management of chronic anxiety is a complex process that occurs within relationships and within the individual. A relationship develops when two people with similar levels of differentiation find each other. They bring into the relationship an amount of chronic anxiety related to the degree of their struggle to function independently. Initially a good deal of relief from the anxiety will be experienced as each person focuses on the other and

provides mutual approval and reinforcement. With low and moderately differentiated couples, neither enters the relationship with a complete sense of self and they compensate each other for the missing ingredients. Together they are a whole person. This initial period of bliss, however, is not likely to last. With reduced individual functioning, each person's well-being and freedom from anxiety hinges on the relationship. Any perceived threat to its balance will threaten harmony and unleash their anxiety.

As differentiation decreases, couples become highly reactive when faced with anxiety. They do not have the capacity to problem solve in a thoughtful manner and must resort to one of several methods to bind the anxiety: adaptation, distancing, conflict, and triangulation. Through the process of adaptation, one or both people accomodate to the relationship with the goal of restoring harmony. When each one accomodates, they give up some individuality to temporarily reduce the threat to togetherness. The price they pay is a further reduction in separateness and decreased flexibility of the relational system. The temporary gain of reduced anxiety is offset by the increased risk of further deterioration of the relationship. When only one person accomodates and sacrifices personal functioning to preserve harmony, they conform to the perceived wishes of the other. In the process, they lose self to the relationship while their partner gains self. This will be reflected in levels of functional differentiation. The one who adapts will underfunction while the other will overfunction.

The creation of distance provides people with emotional insulation from each other. As distance increases, anxiety decreases. While this is an effective strategy to manage chronic anxiety in a relationship, the price is a loss of emotional closeness. Conflict, while creating the appearance of distancing, is actually a more complex process in which the intensity of interaction provides emotional contact while the anger facilitates emotional distance. The basis of the conflict is each person's attempt to control how the other person thinks and acts while simultaneously resisting the attempts of the other to do the same. In other words, they both push for more togetherness while tenaciously holding on to individuality. The anxiety is absorbed in the ongoing conflict. Since it is the process rather than the content of the conflict that is important, the relationship, if sufficiently undifferentiated, will remain chronically embattled.

Triangulation is a process whereby the anxiety generated within a two-person relationship is diluted by the addition of a third party. Anxiety is reduced in the following way (Bowen, 1990, p. 478), "As tension mounts in a two-person system, it is usual for one to be more uncomfortable than the other, and for the uncomfortable one to 'triangle in' a third person by telling the second person a story about the triangled one. This relieves the tension between the first two and shifts the tension between the second and third." The original two people, the 'insiders' of the initial relationship, pull in the third person, the 'outsider,' who now becomes an 'insider' thereby reducing

the intensity between the first two. Triangles are repetitive and become very predictable with each family member filling their role as “anxiety generator,” “anxiety amplifier,” and “anxiety dampener," (Kerr & Bowen, 1988, p. 142). The “generator” sets the emotional tone, gets nervous about a problem, and is often accused of upsetting people. Due to an inability to remain calm, the “amplifier” adds to the problem by exaggerating its urgency and paves the way for the "dampener” to introduce emotional distance in order to control reactivity. While in the short run this will maintain a degree of calm, in the long run, the process of triangulation is perpetuated since no one in the triangle assumes responsibility for their own anxiety. A commonly encountered triangle in clinical practice is father-mother-child. Tension between the couple, in which the father is usually the detached, uninvolved “outsider,” is detoured through the child who develops an intense relationship with mother; either conflictual or overly intimate. Mother and child are now the “insiders” and the original dyad, the marital couple, are no longer faced with the intolerable tension.

Although relationships are the most effective anxiety-binders, individuals have other alternatives. People with low levels of differentiation are highly reactive to others and can reduce their anxiety through avoidance of relationships. However, since undifferentiated people also have great emotional need for others, becoming a loner is rarely the preferred option. Substance abuse (including alcohol, tranquilizers, and illegal drugs) is a

popular anxiety-binder. The drug not only anesthetizes the user, but also provides the family with a controversial subject to focus on while overlooking more stressful emotional issues. Overeating and undereating serve similar functions for the individual as well as the family. Somatization and hypervigilence to bodily functions are also effective ways to insulate oneself from anxiety. The list is endless and can include overachievement, underachievement, over-spending, gambling, compulsive collecting, perpetual pursuit of academic degrees, and a host of personality characteristics such as pessimism, idealization, indecisiveness, impulsiveness, passivity, aggressiveness, and procrastination. Any action or trait that helps the person avoid conflict or creates a false sense of security will provide insulation from the experience of chronic anxiety in relationship systems.

This discussion of treatment will not focus on anxiety as a target symptom, but rather on the reduction of chronic anxiety as it relates to levels of basic differentiation. As level of differentiation increases, chronic anxiety decreases. Kerr and Bowen (1988, p. 79) state it succinctly, “Focus on self, an awareness of the emotional process in the family, and the ability not to be governed by anxiety and emotional reactivity are all components of a long-term effort to increase one’s level of differentiation." The positive outcome of any treatment that results in a change in the individual's personality or character structure, whether the technique is psychoanalytic or systemic, will include an increase in level of basic differentiation. Bowen (Carter &

McGoldrick, 1989) used the term “coaching” to describe the treatment process in family of origin work. He directed his therapeutic efforts to that portion of the family that was most motivated and capable of change. This usually meant seeing one or both parents, but rarely the identified patient who is least likely to derive direct benefit from the coaching process (Bowen, 1990). This clinical philosophy is based on Bowen's belief that when one person in a triangle can reduce emotional reactivity while remaining in emotional contact with the other two people, the tension in the triangle, as a whole, will subside. When the central triangle in a family has been altered, other family triangles are automatically modified without the involvement of other family members in treatment. Based on this theory, coaching usually involves therapeutic work aimed at elevating the level of differentiation of one person that will reduce the chronic anxiety of that individual as well as the level of chronic anxiety in the family.

Coaching consists of working with an individual to emotionally separate from family of origin by examining multigenerational dynamics, the individual’s place in the system and strategies to normalize relationship patterns and respond appropriately to emotionally toxic issues. It is important to distinguish emotional separation from physical separation. Physical separation, in the form of avoidance of contact or cut-offs [extreme disengagement and distance to the point of no involvement] are merely methods to bind anxiety through distancing. It does not facilitate growth. In

fact, coaching attempts to reverse patterns of cutoffs, enmeshment [extreme emotional overinvolvement] and triangles (Carter & McGoldrick, 1989). These dysfunctional patterns of interaction are replaced by increased sharing of self with decreased reactivity. Carter and McGoldrick (1989) outline four stages in coaching: (1) *Detriangling*, which involves the capacity to remain in emotional contact with one's parents without reacting to the traditional demands of the triangle, such as over affiliation with one parent and distancing from the other. (2) *Person-to-person contact*—in which opportunities are created for individual sharing and exchange with family members in order to move from extreme distance or closeness to genuine intimacy. (3) *Reversals* are prescriptions to behave in the opposite fashion of the family's expectation and thereby facilitate new behavior and alternate patterns of interaction. This might include responding with humor rather than anger and defensiveness, or being playful instead of serious. And finally, (4) *Reconnecting*—establishing or enhancing nuclear or extended-family relationships in order to expand relationship options and become more involved in the larger system, including family history.

Since emotional reactivity undermines emotional autonomy, improving one's level of differentiation and reducing chronic anxiety requires a person to develop more awareness of and control over emotional reactivity. Kerr and Bowen (1988, p. Ill) consider treatment to be based on "an intellectual decision to engage people and situations one prefers to avoid and a decision

to tolerate the anxiety associated with not doing things one normally does to reduce anxiety in oneself in those situations." It is a slow and arduous process that usually takes several years to accomplish. But the benefits are significant; for the individual in treatment, for their nuclear and extended families, and for future generations that will have the opportunity to develop greater autonomy and independence.

REFERENCES

Ackerman, N. W. (1958). *The psychodynamics of family life.* p. viii. New York: Basic Books.

Boszormenyi-Nagy, I., & Spark, G. M. (1984). *Invisible Loyalties* (3rd ed.). p. 25.

New York: Brunner/Mazel.

Bowen, M. (1990). *Family therapy in clinical practice* (4th ed.). p. 114, 366, 478. New York: Aronson.

Carter, B., & McGoldrick, M. (1989). *The changing family life cycle* (2nd ed.). Lexington, MA: Allyn and Bacon.

Jackson, D. D. (1957). The question of family homeostasis. *Psychiatric Quarterly (Suppl.) 31,* 79-90.

Kerr, M. E., & Bowen, M. (1988). *Family Evaluation.* New York: Norton. Minuchin, S. Personal communication. February 1992.

Slipp, S. (1984). Object relations—a dynamic bridge between individual and family treatment, p. 34. New York: Aronson.

Watzlawick, P., Beavin, J. H., & Jackson, D. D. (1967). *Pragmatics of human communications.* New York: Norton.

Whitaker, C. Personal communication.