

11/11/18
 SEPTEMBER DAY 4

*An introduction to family systems theory, which, unlike psychoanalysis, sees human beings—
 young or old, married or single—as elements in a structure of interlocking
 relationships rather than as autonomous psychological entities*

CHRONIC ANXIETY AND DEFINING A SELF

BY MICHAEL E. KERR

EFFECTIVE THERAPY DEPENDS ON ASSESSMENT; IF THE assessment is too narrow in scope, the therapy will probably be ineffective. A physician can repeatedly prescribe a diuretic for a patient with leg edema but fail to recognize that the patient is experiencing chronic heart failure. As a consequence, the edema keeps recurring. A psychiatrist can hospitalize a schizophrenic patient but fail to recognize how the problematic relationship between the patient and his parents has contributed to the hospitalization. The patient may improve and be discharged but be rehospitalized a few months later. A family therapist may treat two parents and their schizophrenic son but not attach importance to the fact that the parents are emotionally cut off from their families of origin. The parents' cutoff from the past undermines their ability to stop focusing on their son's problems; once again, the therapy will be ineffective.

The treatment in each of these situations would have been more successful if the clinician's evaluation of the problems had been broader, had included more sets of variables. Many clinicians have long recognized the importance of assessing variables from many levels of observation, but this has been difficult to do in the absence of an integrative

theory. Although a satisfactory integrative theory does not yet exist, an important step toward the development of one occurred within psychiatry during the 1950s and early 1960s. This step was the development of family systems theory, by Dr. Murray Bowen, a professor of psychiatry at Georgetown University Medical Center, in Washington, D.C. Family systems theory radically departed from previous theories of human emotional functioning, by conceptualizing the family as an emotional unit and the individual as part of that unit rather than as an autonomous psychological entity. Psychoanalytic theory, which had been developed through the study of individual patients,

had been able to see the family only as a collection of relatively autonomous people, each motivated by his or her own particular psychological mechanisms and conflicts. Psychoanalytic theory did have the concept of object relations, which was sometimes invoked to account for what occurred in relationships, but this was not really a relationship concept. It was rooted in the psychology of the individual. Family systems theory did not ignore the psychology of the individual but placed it in a larger context. Traditional psychological concepts were seen to describe, rather than to account for, human functioning.



Family systems theory is based on the assumption that the human being is a product of evolution and that human behavior is regulated by the same natural processes that regulate the behavior of all other living things. A corollary assumption is that clinical disorders are a product of that part of man which he has in common with the lower animals. The human being's elaborately developed cerebral cortex and complex psychology contribute to making him unique in some respects, but despite these specializations, systems theory assumes that *Homo sapiens* is far more like other life forms than different from them.

To begin to view the family as a natural system, one must take a psychological step back from the family, to avoid having one's perceptions engulfed by the myriad details of what various family members say and do. Murray Bowen was able to take this step back and to discover that an order and predictability in human family relationships indeed existed. Bowen was one of several pioneers in family research who began their work in the late 1940s and early 1950s. The contributions of the other researchers, though quite significant, are beyond the scope of this article.

BOWEN'S PROFESSIONAL INTEREST IN THE FAMILY BEGAN when he was a psychiatrist at the Menninger Clinic, in Topeka, Kansas, in the late 1940s. There he treated a wide variety of clinical problems, including schizophrenia, alcoholism, and depression, in both outpatient and inpatient settings. Unlike many of his colleagues, Bowen had considerable contact with the families of his patients. The principles of psychoanalytic therapy discouraged contact between therapist and family members, in order to prevent contamination of the therapist-patient transference relationship. But Bowen became intrigued with the family relationships of his patients and began to study them. Since many of the schizophrenic patients were being treated as inpatients, they were readily available for research study. The families that had a schizophrenic member, therefore, became a primary focus of Bowen's family studies.

One observation about patient-and-family interactions which particularly intrigued Bowen was that when patients had contact with relatives, especially with their mothers, the emotional impact on both sides was tremendous. During the late 1940s and early 1950s a number of other investigators also observed this intense relationship between a schizophrenic and his mother, and they described it as "symbiotic" in nature. Most of these investigators attempted to explain the symbiosis on the basis of psychoanalytic theory—that is, on the basis of the unconscious conflicts and motivations of mother and patient. Bowen, however, having been influenced by years of extensive reading in the natural sciences, attempted to explain the symbiosis in a different way.

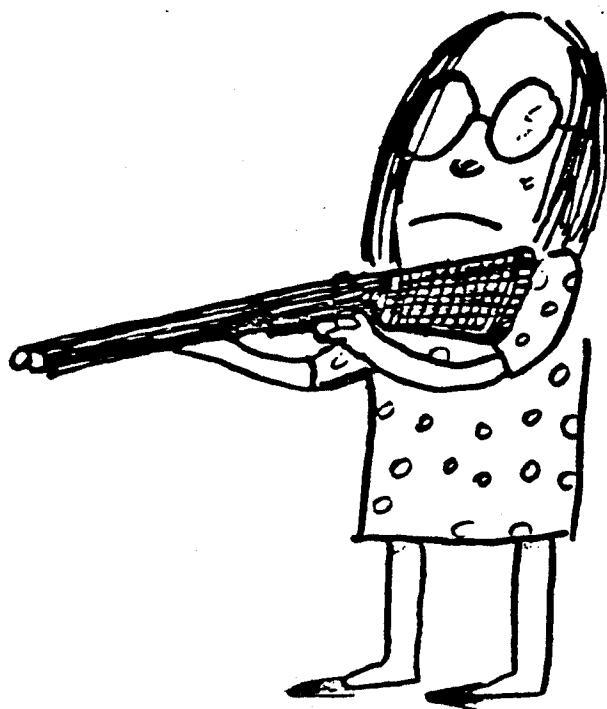
Bowen's reading, which had been concentrated heavily in biology and evolutionary theory, inclined him to think



that symbiotic relationships were a fact of nature and that they had an important evolutionary function. Bowen thought that the mother-patient symbiosis observed in schizophrenia was based on an evolutionarily deep biological process as well as on a more obvious, psychological process. He argued that what was being observed in clinical situations was simply an exaggeration of a natural process; one need not invoke the concept of unconscious motivation to account for it. A mother's intimate involvement with her child during its early years was typical of mammals, and in most instances the young mammal gradually grew away from the mother to become an independent adult. In human schizophrenia, however, the mother-child involvement was much more intense than average and prolonged well into adult life.

In 1954 Bowen left the Menninger Clinic and moved his professional activities to the National Institute of Mental Health. The project he initiated at NIMH ran for five years and involved having entire nuclear families with a schizophrenic member live in an inpatient research unit for periods ranging from a few months to more than a year. The project, which was unique in psychiatric research, was designed to permit more careful study of the interaction between the mother and the schizophrenic patient. But having whole families in the unit provided far more information than Bowen had initially expected. By being able to watch the whole family at once and for an extended period, Bowen and his research group were able to see aspects of family interactions never previously defined.

Two particularly important new observations were made during the first six months or so of the project. First



the emotional intensity of the relationship between the mothers and the schizophrenic patients was much stronger than previously supposed. The mother and her schizophrenic offspring were so involved with each other, so influenced by each other, that it was difficult to think of them as separate people. The second observation, perhaps even more important than the first, was that the intensity of this mother-patient process was not particularly different from the emotional intensity of relationships throughout the nuclear family. The process involved the entire family. The father and the patient's siblings, too, played a part in fostering and perpetuating the problem. Not only was it difficult, therefore, to think of mother and patient as separate people, but it was difficult to think of any family members that way.

A number of aspects of this emotional interdependence among family members led Bowen and his group to the conclusion that the family could be accurately conceptualized as an emotional unit. One frequently observed pattern was that family members functioned in reciprocal relationships with one another. A parent, for example, might feel and act "strong" in response to his or her schizophrenic child's acting "weak" or helpless. The schizophrenic child, in turn, would feel and act weak in response to the parent's acting strong. It was as if one person gained or borrowed strength as another person lost or gave it up. The functioning of one person, therefore, could not be adequately understood out of the context of the functioning of the people closely involved with him.

A way in which this reciprocal process was frequently played out was that one family member would become

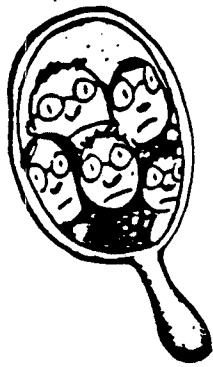
anxious about what he or she perceived as a problem or potential problem in another family member. As this "anxious one" became preoccupied (in fantasies, verbalizations, and so forth) with the appearance and behavior of the person perceived to have a problem, the "problem one" would typically exaggerate the very demeanor, attitude, or appearance that the anxious one was worried about. This exaggeration of the problem would, of course, increase the anxiety of the anxious one. An escalating cycle of anxiety and problem behavior would result in the anxious one's becoming more of a caretaker and the problem one's becoming more of a patient or child.

Each person became an emotional prisoner of the other, and neither was able to change his or her behavior enough to stop the process. Through these interactions the behavior of the family could create as many problems for the patient as the behavior of the patient created for the family. Family members, however, usually viewed their anxiety as being caused by the patient's attitudes and behavior and rarely viewed the patient's behavior as a reflection of their own anxious behavior. The patient, in turn, tended to perceive himself as an inadequate or defective person and as indeed the cause of the family problems.

A number of other reciprocal relationships were observed in the clinical families. Examples include overadequate and inadequate (one did everything right and could cope, and the other did everything wrong and could not cope), decisive and indecisive (one made all the decisions and the other felt incapable of making any decisions), dominant and submissive (one led and the other followed), hysterical and obsessive (one was a fountain of feelings and the other was inexpressive). The degree of polarization that these reciprocal traits reached was influenced by the degree to which family members defined the differences between them as a problem and anxiously focused on "correcting" those differences. In the process of this focusing, each family member would be driven to become a certain way in relationship to another family member which was different from the way he or she was with people outside the family.

This reciprocal functioning could be so precise that whenever a significant personality characteristic was found in one family member, its mirror-opposite characteristic would, predictably, be found in another family member. The two opposite characteristics would so strongly reinforce each other that the intensity of a particular trait in one person could not be understood apart from the intensity of the opposite trait in the other person.

When the NIMH project ended, in 1959, Bowen moved to the department of psychiatry at Georgetown University Medical Center. At Georgetown his research was conducted entirely in an outpatient setting and included a much higher proportion of families with problems less severe than schizophrenia. This broadening of the research to include neurotic as well as psychotic problems provided yet another vantage point from which to study families. What



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became apparent was that the relationship processes that had been observed in families with a schizophrenic member were present in *all* families; they were simply exaggerated in the families with a schizophrenic member. Families that had serious clinical problems were quantitatively but not qualitatively different from families that had less serious problems. Bowen has often said that "there is a little schizophrenia in all of us." The schizophrenic person is an exaggeration of what we all are. The psychotic thought processes of a schizophrenic person, which are easily labeled "crazy," are only one aspect of his emotional functioning.

Schizophrenia is present in all of us, and we all function in ways that contribute to the development of schizophrenia in others. We continually make decisions and do things that tend to impair as well as promote the functioning of others. We all belong to groups that function in ways that make participation difficult for certain group members. This process is most obvious in the family, but it can occur in any group. When the process reaches a certain level of emotional intensity (sufficient autonomy has been lost), the stage is set for the emergence of clinical schizophrenia or some other serious problem. Thought of in this way, schizophrenia is not caused by a biological defect (although biological defects may play a role in some manifestations of schizophrenia) or something that has "suddenly" gone wrong. It is, rather, an *outcome*—the outcome of a biologically rooted process that has many participants and that has taken shape over a long period of time. A family does not change from functioning very well to functioning very poorly in one generation.

OF ALL THE THEORIES THAT HAVE ATTEMPTED TO explain human behavior, on an organic, psychological, or magical basis, probably the most influential one, at least on Western civilization, has been Sigmund Freud's psychoanalytic theory.

The atmosphere of the late nineteenth century, when Freud emerged with his extraordinary theory, emphasized organic rather than magical explanations of human behavior. Mental illness was generally considered to be the product of a structural defect in the patient's brain. Freud's assumption that human beings were motivated by unconscious conflicts, conflicts that were a function of childhood experiences, was a bold leap toward a coherent

psychological explanation of human behavior. He proposed that disturbances in brain function rather than brain structure were the basis of most neurotic and psychotic symptoms. He also described the analyst-patient relationship in great detail, showing that many aspects of that relationship reflected a transfer of characteristics from the patient's early relationship with his parents (transference) and a transfer of characteristics from the analyst's early relationship with his parents (countertransference). The understanding of transference and countertransference provided the basis for psychoanalytic therapy. Freud's concepts have proved to be an enormously valuable contribution to the understanding of human behavior and to the treatment of emotional problems.

Family systems theory differs from Freud's theory in two ways. As already noted, first, psychoanalytic theory has to do with the individual, whereas family systems theory pertains to the relationship system. Second, many psychoanalytic concepts seem to have been developed from ways of thinking that emphasize man's uniqueness as a form of life, whereas family systems concepts were developed on the assumption that much of human behavior, competence as well as dysfunctional, is a product of that part of man which he has in common with lower animals.

On the one hand, psychoanalytic ideas regard man as part of all life; on the other hand, the emphasis (in explaining mental illness) seems to be on a conflict between that which makes man unique, his conscious mind, and that which is said to make him an animal, his instinctual urges. This way of thinking is useful in explaining certain aspects of emotional symptoms (psychological mechanisms that may be unique to human beings determine whether a problem is acted out or internalized). However, it emphasizes the role of more recently developed (in the evolutionary sense) psychological mechanisms in mental illness. If the essence of mental disturbance in man is the inability to face his untamed impulses, as one summary of psychoanalytic ideas has it, what is the essence of mental disturbance in the chimpanzee, the gorilla, the whale? Is it the repression of unacceptable impulses by the chimpanzee which leads to neurotic symptoms? A model of human behavior that emphasizes man's uniqueness might ultimately prove to provide the best understanding of man, but Bowen did not think it would. His theory recognized those features that make man unique, but that uniqueness was not the cornerstone of the theory.

Differentiation

EVERY HUMAN BEING ENTERS THE WORLD TOTALLY dependent on others for his well-being. In most instances the dependence is on the infant's mother. The infant begins life in a state of complete emotional fusion, or symbiosis, with the mother. As the years pass, the developing child has the task of becoming an individual in his own right, and the parents have the task of functioning in ways that permit that individuality to emerge.

Family systems theory assumes the existence of an instinctually rooted life force—*differentiation*, or individuality—in every human being which propels the developing child to grow to be an emotionally separate person, with the ability to think, feel, and act for himself. Also assumed is the existence of an instinctually rooted life force—*togetherness*—that keeps the members of a family emotionally connected and operating in reaction to one another. The result of these counterbalancing life forces is that no one achieves complete emotional separation from his family; the early attachment is never fully resolved.

People differ considerably in the degree of emotional separation they achieve from their families of origin.

- ① These differences are linked to two variables: the degree to which the person's parents achieved emotional separation from their families of origin, and the characteristics of a person's relationship with his parents, siblings, and other important relatives. Parents tend to function in ways that result in their children's achieving about the same degree of emotional separation from them that they achieved from their parents. However, not all children of one set of parents separate emotionally to the same degree. The parents' relationship with one child may foster more separation than their relationship with another. So one child may achieve a little more emotional separation from his parents than the parents achieved from their parents, and another child may achieve a little less.

The degree of emotional separation between a developing child and his family influences the child's ability to differentiate himself from the family. A child developing in the "emotional field" of a family becomes entangled in the family relationship process. From infancy onward he is exposed to many things, including the emotionality and subjectivity of those around him. In a well-differentiated family, emotionality and subjectivity are not strong influences on the relationship between the parents or on the relationships between the parents and the children. The low intensity of emotionality, or pressure for togetherness, permits a child to grow to think, feel, and act for himself. He can view his parents, his siblings, and others not just as people with roles in his life but as distinct and separate individuals. His self-image is not formed in reaction to the anxieties and emotional neediness of others; nor do others define the child through their own emotionally distorted perceptions. The child's self is not incorporated automatically from others through emotional pressure they apply to make him seek acceptance and approval. In contrast, be-

liefs, values, and convictions are arrived at thoughtfully and are consistent with one another. The child grows to be part of the family, yet an individual within it.

In a poorly differentiated family, emotionality and subjectivity have a strong influence on family relationships. The high intensity of emotionality, or pressure for togetherness, prevents a child from growing to think, feel, and act for himself. The child functions in reaction to others. A good example is a rebellious adolescent. His rebellion reflects the lack of differentiation that exists between him and his parents. The rebel is a highly reactive person whose self is poorly developed. He operates in opposition to his parents and others; they, in turn, are sufficiently unsure of themselves that they react automatically in opposition to his behavior. Most of his values and beliefs are formed in opposition to the beliefs of others. Based more on emotional reaction than on thinking, the beliefs are usually inconsistent. The parents' emotional immaturities influence their relationship with this child more strongly than they influence their relationship with his siblings. The child, in turn, responds in a more immature manner to the parents than do the siblings. This reinforcing system of interaction transcends blame, although mutual blaming is common. When the child leaves home, he replicates some version of the family relationship patterns with others. He plays his part in fostering the replication, and the others play theirs. Having achieved little emotional separation from his family, he achieves little in other relationships.

THE VARIABLE DEGREE OF EMOTIONAL SEPARATION that people achieve from their families of origin accounts for a variation in their levels of differentiation of self. To describe this variation among people Bowen developed a scale of differentiation. Complete differentiation exists in a person who has fully resolved the emotional attachment to his family. He has attained complete emotional maturity, in the sense that his self is developed sufficiently that, whenever it is important to him, he can be an individual in the group. He is responsible for himself, and neither fosters nor participates in the irresponsibility of others. This level of functioning is assigned a scale value of 100. Complete undifferentiation exists in a person who has achieved no emotional separation from his family. He is a "no-self," incapable of being an individual in the group. This level of functioning is assigned a scale value of 0.

The scale is primarily of theoretical importance. It was not designed for the purpose of assigning people to an exact level. The level to which a person might be assigned is necessarily imprecise, because the evaluation of one person requires a great deal of information about many people. Further, the scale does not define clinical diagnostic categories or what is normal or abnormal. It does, though, serve as a rough measure of a person's ability to adapt under stress. People at any level on the scale, if stressed suffi-

ciently, can develop physical, emotional, or social symptoms. The higher the level of differentiation, however, the more stress required to trigger symptoms.

The characteristic that best describes the difference between people at various levels on the scale is the degree to which they are able to distinguish between the feeling process and the intellectual process. Associated with the capacity to distinguish between feelings and thoughts is the ability to choose between being guided by feelings and being guided by thoughts. The more entangled and intense the emotional atmosphere a person grows up in, the more his life is governed by his own and other people's feelings. People who have achieved the least degree of emotional separation from their families (the most entangled child in a poorly differentiated family) have the least ability to differentiate thinking from feeling. People who have achieved the most emotional separation from their families (the least entangled child in a well-differentiated family) have the most ability to differentiate thinking from feeling. Increasing one's ability to distinguish thinking from feeling, in oneself and others, and learning to use that ability to direct one's life and solve problems is the central guiding principle of family psychotherapy.

One of the difficulties in assigning a person a specific level on the scale arises out of a difference between *basic* and *functional* levels of differentiation. Basic differentiation is not dependent on the relationship process, whereas functional differentiation is. People with widely different basic levels can, under some circumstances, have similar functional levels, and the level at which a person is operating at present is not necessarily his basic level. "Scale level" generally refers to the basic level, and since basic level can be masked by functional level, a basic scale level is often difficult to determine.

The basic level of differentiation is largely determined by the degree of emotional separation a person achieves from his family of origin, the degree of separation being linked to the multigenerational emotional process in the family. Basic level is fairly well established by the time a child reaches adolescence and usually remains fixed for life, although unusual life experiences or a structured effort to increase basic level later in life can lead to some change in it. Clinical experience suggests that a person must be self-sustaining and living independent of his family of origin to be successful at modifying his basic level of differentiation in relationship to his family.

People can function at levels that are higher or lower than their basic level, depending on the relationship system in which they are operating. For example, two people with basic levels of 35 who marry might during the course of the marriage do enough "borrowing" and "trading" of selves that one spouse's functional level rises to an average of 55 and the other's drops to an average of 15. This borrowing and trading process is one way people adapt to one another to relieve anxiety.

Functional level is influenced by the level of chronic anxiety in a person's most important relationship systems.

When the level of anxiety is low, people are less reactive and more thoughtful. This tends to stabilize individual functioning and to minimize the pressure people put on one another, which can impair someone's functioning. When the level of anxiety is high, people become more reactive and less thoughtful; system functioning is prone to decline.

Functional level can be enhanced or harmed by relationships, drugs, beliefs, cultural values, religious dogma, and even superstitions. It can rise and fall quickly or be stable over long periods, depending largely on the status of central relationships. After a divorce the functioning of one former spouse may rise and that of the other decline. This is a change in functional level, not in basic level. The functional level of a person with a low basic level can rise and fall many times during just a few hours. Functional level may be higher at work than it is at home. A person's functional level may either increase or decrease after the birth of a child. It may drop for a long period following the death of a parent.

Bowen has divided the scale of differentiation into four ranges (0-25, 25-50, 50-75, 75-100) and has defined some of the characteristics of people in each range.

People at the lower end of the scale—0 to 25—live in a feeling world, although in the lower part of this range people are so highly sensitized to the world around them that they have lost the capacity to feel; they are numb. Emotionally needy and highly reactive to others, people in this range have great difficulty maintaining long-term relationships. Most of their life energy goes into "loving" or "being loved," and much energy is consumed in reactions to having failed to get love. Little energy is left for self-directed goals. Trying to achieve comfort is enough. Such people have a high level of chronic anxiety, and finding situations in which they can be truly comfortable is therefore difficult.

People at this level are so responsive to others' opinions and to what others want them to do that their functioning is almost totally governed by their emotional reactions to the environment. Their responses can range from automatic compliance to extreme oppositional behavior. At the very bottom of the scale are people who have given up on relationships. Typically they are in institutions or are existing marginally in society. Hard-core schizophrenic people are in the 0-10 range of differentiation. Chronically schizophrenic people who lead somewhat productive lives are a little higher on the scale. Skid Row alcoholics and incorrigible drug addicts usually have basic levels below 25. A favorable relationship system may have permitted these people to function successfully up to a point in life, but when the system was disrupted, perhaps through death or divorce, they collapsed into permanent impairment. Apart from a dysfunctional person's connecting with a supportive relationship system, the most effective therapy for such a person is usually with other people who are in relationship to him, such as parents, or adult siblings who are functioning on a somewhat higher level and who are motivated to

work on themselves in relationship to the dysfunctional person. If the parents, siblings, or others can stay in contact with the dysfunctional person and maintain their own functioning—for example, by not assuming excessive responsibility for the dysfunctional one—the dysfunctional person will often improve.

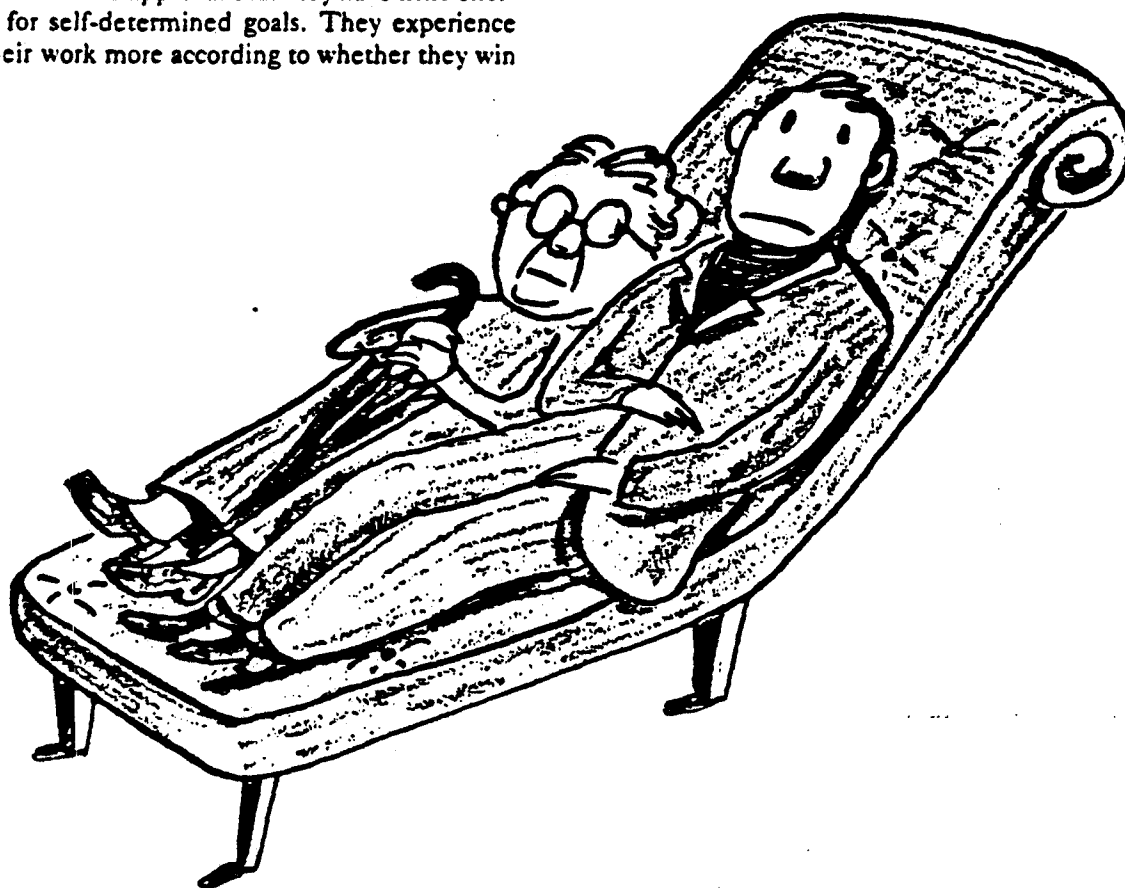
People in the 25–50 range have poorly defined selves but a budding capacity to differentiate. Those in the lower part of this range have many of the characteristics of people lower on the scale. Lacking beliefs and convictions of their own, they adapt quickly to the prevailing ideology. Highly suggestible and quick to imitate others to gain acceptance, they are ideological chameleons. They adopt the viewpoints that best complement their emotional makeup and look outside themselves, to cultural values, religion, philosophy, the law, rule books, science, physicians, and other sources, for support for their positions.

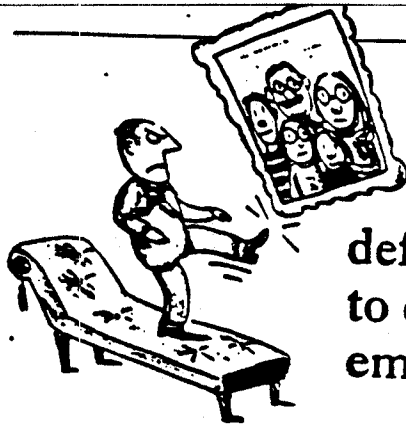
People in the 35–40 range are sufficiently adaptive that they generally do not manifest the impairment and paralysis characteristic of the majority of people lower on the scale. They remain, however, highly influenced by feelings. They are sensitized to emotional disharmony, to the opinions of others, and to creating a good impression. They are apt students of facial expressions, gestures, tone of voice, and actions that may mean approval or disapproval. Their feelings can soar with praise or approval and be dashed with criticism or disapproval. Like people lower on the scale, they direct so much life energy toward “loving” and seeking “love” and approval that they have little energy available for self-determined goals. They experience success in their work more according to whether they win

approval from superiors and whether they develop a satisfying relationship system than according to the inherent value of the work. They are for the most part in lifelong pursuit of the ideal close relationship.

People in the 35–40 range have low levels of *solid self*, an important component of basic differentiation, but reasonable levels of *pseudo-self*, an important component of functional differentiation. *Pseudo-self* refers to knowledge and beliefs acquired from others which are incorporated by the intellect and negotiable in relationships with others. *Pseudo-self* is created by emotional pressure and can be modified by emotional pressure. The principles and beliefs of *pseudo-self* are quickly changed to enhance one's image with others or to oppose others. Although these opinions and beliefs are incorporated by the intellect, they are strongly fused with the feeling process. This fusion is evident when opinions and beliefs are expressed with the authoritativeness of a know-it-all, the compliance of a disciple, or the opposition of a rebel. Conviction is so fused with feeling that it becomes a cause. When composed of beliefs and opinions that are comforting or provide direction, *pseudo-self* can reduce anxiety and enhance emotional and physical functioning. This can be so even if the beliefs conflict with facts.

Pseudo-self is pretend self. People pretend to be more or less important than they really are, stronger or weaker than they really are, more or less attractive than they really





Many supposed attempts at self-definition are really attempts to get others to change or to pry oneself loose from emotionally intense situations.

are. Pseudo-self can also be thought of as a pretend intellect, in the sense that pressure for conformity can cause intellectual principle to be compromised. Feelings lead the person to change his intellectual position rather than risk displeasure by standing firm.

In contrast to pseudo-self, solid self is made up of firmly held convictions and beliefs that are formed slowly and can be changed only from within the self. Coercion and persuasion from others cannot change them. A person who has the courage to stand firm, without insisting that he is "right" and others are "wrong," can have an amazingly constructive effect on an anxious group or family.

People in the upper part of the 25-50 range have higher levels of solid self and many of the characteristics of people higher on the scale of differentiation. In contrast to those in the 25-35 range, who under stress will experience transient psychotic episodes, delinquency problems, and other, similarly intense symptoms, people in the 40-50 range when under stress tend to develop neurotic symptoms. The level of impairment tends to be lower, and recovery after the stress is alleviated tends to be complete.

In people who are above 50 on the scale, the intellectual system is sufficiently developed to make a few decisions of its own. The intellect recognizes that discipline is often needed to overrule the emotional system. At these levels people have fairly well defined opinions and beliefs on most essential issues. In the lower part of the 50-75 range, however, people are still so responsive to the relationship system that they hesitate to say what they believe. While they know there is a better way to live, they still tend to follow a life course like that of people who are below 50 on the scale.

People scoring above 60 are freer to have a choice between being governed by intellect and governed by feelings. They have less chronic anxiety, are less emotionally reactive, and have more solid self than people lower on the scale. With their individuality better developed, they have more freedom to move back and forth between seeking emotional closeness and pursuing independent goals. They derive pleasure and satisfaction from either, and are free to participate in highly emotional situations, knowing they can extricate themselves with logical reasoning when the need arises. They may experience periods of laxness in which they permit the automatic pilot of the emotional system to take full control, but when trouble develops, they can take over, calm the anxiety, and avoid a life crisis.

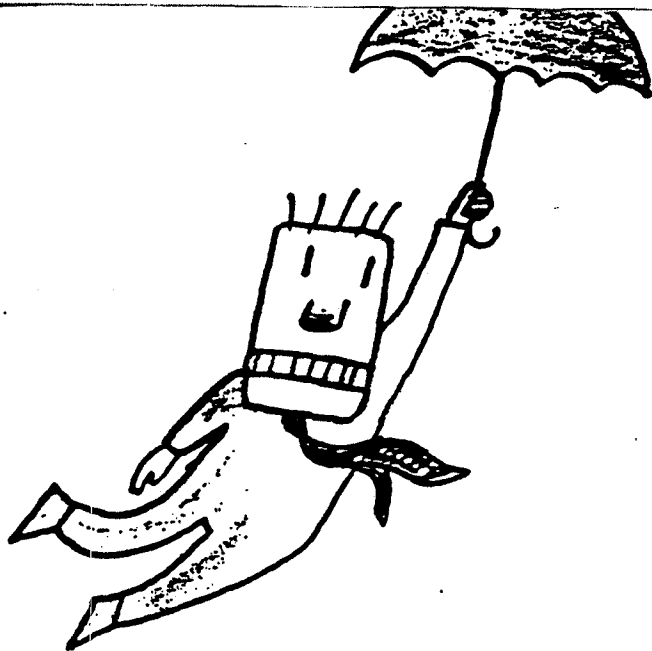
Under sufficient stress people in the 50-75 range can develop fairly severe physical, emotional, and social symptoms, but these symptoms tend to be episodic and the recovery relatively fast. A transient psychotic episode is still possible, but an unusual degree of stress is required.

Not many people appear to function in the 75-100 range of differentiation of self. Bowen has left the 95-100 range as hypothetical or theoretical, believing that no one is likely to have all the characteristics of 100 on the scale. Those rare people in the 85-95 range would have most of the characteristics.

A person who functions in the 85-95 range is principle oriented and goal-directed. He begins growing away from his parents in infancy and becomes an "inner-directed" adult. While always sure of his beliefs and convictions, he is not dogmatic or fixed in his thinking. Capable of hearing and evaluating the viewpoints of others, he can discard old beliefs in favor of new ones. He can listen without reacting and can communicate without antagonizing others. He is secure within himself, and his functioning is not affected by praise or criticism. He can respect the identity of another without becoming critical or emotionally involved in trying to modify that person's life course. Able to assume total responsibility for himself and sure of his responsibility to others, he does not become overly responsible for others. He is realistically aware of his dependence on his fellow man and is free to enjoy relationships. He does not have a "need" for others that can impair functioning, and others do not feel used by him. Tolerant and respectful of differences, he is not prone to engage in polarized debates. He is realistic in his assessment of himself and others and not preoccupied with his place in the hierarchy. His expectations of himself and others are also realistic. He tolerates intense feelings well, and so he does not act automatically to alleviate them. His level of chronic anxiety is very low, and he can adapt under most stresses without developing symptoms.

Defining a Self

A GREAT DEAL HAS BEEN LEARNED ABOUT THE CONCEPT of differentiation by observing the obstacles that people encounter in trying to raise their basic level in the course of family psychotherapy. A person with the ability and the motivation can, through a gradual process of learning that is converted into action, become more



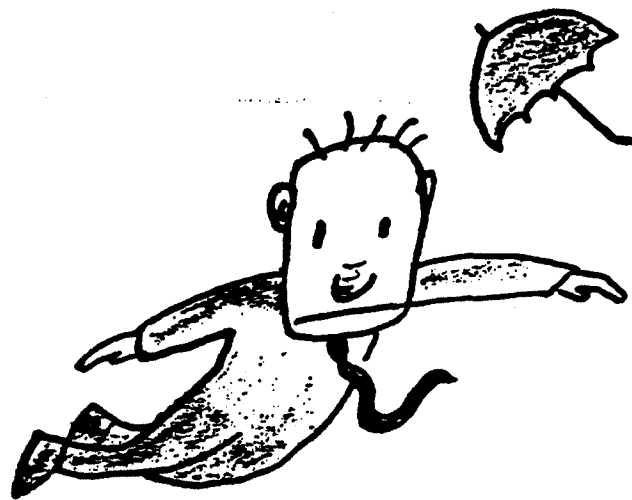
of a self in his family and other relationship systems. This process of change has been called *defining a self*. A change in basic level can be achieved while in relationship to emotionally significant others, but not when others are avoided or when one's actions disrupt a relationship.

Most people want to be individuals, but not everyone is willing to give up togetherness to achieve more individuality. People frequently are willing to be individuals only to the extent that the relationship system approves and permits it. Giving up some togetherness does not mean giving up emotional closeness. It means that one becomes less dependent on the support and acceptance of others. Some degree of rejection predictably occurs when a person embarks on a path that his spouse, parents, colleagues, or others do not approve of. The rejection, which is triggered by the threat to the relationship balance, is designed to restore the balance. When a person attempts to be more of a self in a relationship system, the absolutely predictable response from important others is "You are wrong; change back; if you don't, these are the consequences!" In fact, if such responses do not occur, one's efforts to define more of a self are probably inconsequential. To navigate through the emotional quagmire requires a well-thought-out direction and a tolerance for intense feelings that might incline one to give up the effort and restore relationship harmony.

A difficult question to resolve when attempting to be more of a self is whether one's effort is based mostly on emotional reactivity to others (undifferentiation) or mostly on a thoughtfully determined direction for oneself (differentiation). Everybody proclaims the importance of being a self, but much of what is done under that rubric is selfish and fails to respect others. Many supposed attempts at self-definition are really attempts to get others to change or to pry oneself loose from emotionally intense situations. Some pronouncements, along the lines of "I am not going to get into your problem," are mostly efforts to avoid responsibility. The person who makes such a statement is

probably so vulnerable to getting emotionally overinvolved that he must invoke a rule to control himself. An effort to increase one's level of differentiation does not require others to change and is not contingent on anyone's cooperation. More important, it is not fueled by anger. Anger can sometimes be a stimulus to clarify one's thinking, but it is not a reliable guide for action. When someone angrily and dogmatically claims to be a self, he is usually unsure of his position and is blaming others for his plight.

Differentiation is a product of a way of thinking that translates into a way of being. It is not a therapeutic technique. Techniques are born of efforts to change others. Trying to achieve a higher level of differentiation and more solid self means increasing one's capacity for emotional detachment or neutrality. Increasing one's capacity for detachment or neutrality depends on changes in one's thinking. Such changes are reflected in the ability to be in emotional contact with a difficult, emotionally charged



problem and not feel compelled to preach about what others "should" do, not rush in to fix the problem, and not pretend to be detached by emotionally insulating oneself. Improving one's ability to contain these emotionally driven urges requires developing a way of thinking that can counterbalance them. One must have enough confidence in an alternative way of thinking and being that one's feelings do not automatically dictate one's actions.

The process of trying to be more differentiated requires more awareness of the influence of anxiety and emotional reactivity on one's actions and inactions, and it requires some re-examination of one's basic assumptions about behavior and the origin of human problems. A common assumption about people with emotional problems, for example, is that they did not receive enough "love" or support from their families. Many people have an attitude that if only they could get more "love" and attention, they would feel and function better. The concept of differentiation places this assumption in a broader context—na

ly, that the neediest people have achieved the least emotional separation from their families of origin. The broader context can provide a guiding principle for an approach to human problems that runs counter to the feeling and subjective process. An approach based on the feeling process is one that says people who feel unloved need more love.

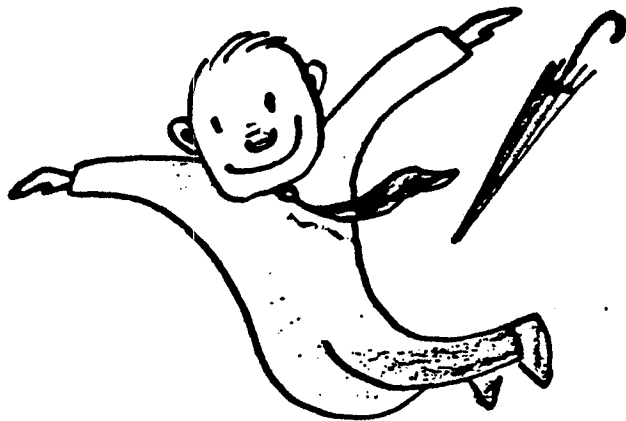
In contrast, an approach based on a systems principle is one that says people who feel unloved are addicted to love.

An intense and nonthreatening relationship may relieve the person's symptoms, but it will do so by replicating what once existed in the early parent-child relationship (in reality or fantasy), not by meeting a need that was never before met.

Chronic Anxiety

DIFFERENTIATION OF SELF IS ONE OF TWO MAIN variables defined by family systems theory to explain level of functioning; the other is chronic anxiety. The lower a person's level of differentiation, the less his adaptiveness under stress. The higher the level of chronic anxiety in a relationship system, the greater the strain on people's adaptive capabilities. A person's adaptiveness has been exceeded when the intensity of his anxious response to stress impairs his own functioning or the functioning of those with whom he is emotionally connected. The functional impairment can range from mild to serious physical, emotional, or social symptoms. Whether or not symptoms develop, therefore, depends both on the amount of stress and on the adaptiveness of the individual or family under stress.

A distinction needs to be drawn between *acute* and *chronic* anxiety. Acute anxiety generally occurs in response to a real threat and is experienced as being of limited duration. People usually adapt to acute anxiety fairly successfully. Chronic anxiety generally occurs in response to imagined threats and is experienced as having no end in sight. Chronic anxiety often strains or exceeds people's



ability to adapt. Acute anxiety is fed by fear of what is; chronic anxiety is fed by fear of what might be. While there are inborn and learned elements in both acutely and chronically anxious responses, learning plays a more important role in chronic anxiety. While everyone experiences acute and chronic anxiety, the difference between people in the amount of chronic anxiety they experience seems to be based primarily on learned responses.

Chronic anxiety, which is assumed to have manifestations on levels ranging from intracellular systems to societal processes, is influenced by many things, but it is not *caused* by any one thing. It is most accurately conceptualized as a system or process of actions and reactions that, once triggered, quickly provides its own momentum and becomes largely independent of the initial triggering stimuli. Whereas specific events or issues are usually the principal generators of acute anxiety, the principal generators of chronic anxiety are people's reactions to a disturbance in the balance of a relationship system. Real or anticipated events, such as retirement or a child's leaving home, may initially disturb or threaten the balance of a family system, but once the balance is disturbed, chronic anxiety is propagated more by people's reactions to the disturbance than by reactions to the event itself. A child's leaving home, for example, may result in changes in the parents' relationship. The child may have functioned as a buffer for parental conflicts. After he leaves, the equilibrium in the parents' relationship is disturbed and their dissatisfactions and frustrations with each other intensify. The increased reactivity of the parents to each other usually generates more anxiety than their reactions to the absence of the child.

It follows that when people can maintain comfortable contact with emotionally significant others, they are more likely to adapt successfully to events that are potentially stressful. An example of this is what may occur during a pregnancy. The relationship of the couple may be in harmony and contributing to the emotional well-being of both people until the wife gets pregnant. The anticipated birth can sufficiently disturb the emotional equilibrium in the marriage that one of the two parents-to-be gets into an unfavorable position emotionally. The woman may feel overloaded by the anticipated responsibility for the infant and want to lean on her husband for more emotional support. The husband may react to his wife's neediness by becoming critical of her and pulling away. His distancing isolates the wife, which further increases her anxiety and yearning for support. Her level of anxiety may remain high for many months, until the family system establishes a new equilibrium that includes the child. Had the husband and wife not been so reactive to each other, they could have adapted to the pregnancy more successfully.

In a poorly differentiated system, after system equilibrium has been disturbed, to restore that equilibrium may not be possible without the introduction of a chronic symptom. For example, the mother in this case could develop chronic alcohol problems following the birth of the



An individual can stabilize his emotional functioning around a chronic physical problem, and a family can stabilize its functioning around a chronically ill person.

baby. The reactivity of the parents to each other precludes reduction of anxiety through support provided by the marital relationship. In lieu of such support, drinking can provide some relief from anxiety. If the husband and wife both assume that the problem is her drinking and not their relationship, this takes pressure off the marriage and allows equilibrium to be restored. It may be "easier" (it may provide an illusion of marital harmony that is attractive to both people) for each spouse to define the problem as drinking rather than the relationship. In actuality the wife's drinking is strongly influenced by the way both spouses function and not, as is often assumed, evidence that her character is more defective than her husband's.

The level of chronic anxiety varies among individuals and within an individual over time; it also varies among families and within a family over time. The average level of chronic anxiety in a person and in a nuclear family parallels the basic level of differentiation of that individual and family. The lower the basic level of differentiation, the higher the average level of chronic anxiety. This component of a person's chronic anxiety level has little to do with his extant life situation; it is learned during the developmental years and carried through life.

The average level of chronic anxiety developed by children growing up in the same nuclear family is not equal. This is because not all the children from one set of parents separate emotionally from the parents to the same extent. The child who is the most caught up in the family's emotional problems separates the least, is the most relationship-dependent of the siblings, and "inherits" the most chronic anxiety. The child who is the least involved in the family's problems separates the most, is the least relationship-dependent of the siblings, and inherits the least anxiety.

The Binding of Anxiety

AN INDIVIDUAL MANIFESTS ANXIETY IN SEVERAL WAYS, depending on the specific way that anxiety has been "bound," or integrated into that person's life structures. The binding of anxiety in one part of a system reduces it in the system as a whole. Relationships are by far the most effective anxiety-binders. Even a "lost soul" can derive significant emotional well-being from the "right" relationship; the problem is maintaining the relationship. People who deny their need for attachment to others can

be just as relationship-dependent as those who constantly seek a relationship. Loners can bind just as much anxiety by avoiding people as people who constantly seek social contact can bind through that contact. Poorly differentiated people who are loners usually are labeled "schizoid." Poorly differentiated people who are consistently involved in tumultuous relationships usually are labeled "hysterical." Schizoid people and hysterical people are dealing with the same basic problem: a high degree of emotional need for and reactivity to others. The lower the level of differentiation, the more intense the process.

Drugs are another major binder of anxiety. Alcohol, tranquilizers, and illegal drugs can bind anxiety for an individual and for a family. The more the family can focus on alcohol as the problem, the more other potential problems can be overlooked. Excessive alcohol use, of course, can also threaten a family and be a source of anxiety. Overeating to the point of extreme obesity, or bulimia, an undereating to the point of anorexia are other manifestations and binders of anxiety. So are overachievement and underachievement. Overachievers are approval-oriented and bind anxiety with their successes. Underachievers are also relationship-oriented, but they bind anxiety by promoting the involvement of others in their failures and by thwarting others' efforts to change them. Preoccupation with physical health and physical symptoms can be another anxiety-binder. An individual can stabilize his emotional functioning around a chronic physical problem, and a family can stabilize its functioning around a chronically ill person. Homosexual fantasies can be a manifestation of anxiety—the higher the level of anxiety, the more intense the fantasies—and the acting-out of homosexual impulses can bind anxiety as well as be a source of it. Gambling, hoarding, and overspending money can also be anxiety binders.

Personality traits such as obsessiveness and hysteria, impulsiveness and indecisiveness, passivity and aggressiveness, shyness and obtrusiveness, procrastination, perfectionism, paranoia, grandiosity, optimism and pessimism can also serve as anxiety binders. A moralist can bind much anxiety by persuading others to live a moral life as an immoralist can bind by resisting others' attempts to reform him. Temperance can bind as much anxiety as indulgence. The idealization and romanticization of people, places and activities can bind anxiety. Undervaluing the self can contribute to a person's sense of well-being, by reducing

the person's expectations of himself. Undervaluing others can also contribute to a sense of well-being, by fostering a feeling of superiority.

When people become more anxious, the pressure for togetherness increases. During high-anxiety periods human beings strive for oneness through efforts to think and act alike. It is ironic that this striving for sameness increases the likelihood that a group will become fragmented into factions. These are a product of the pressure for oneness and the intolerance of differences which is associated with it. Fragmentation and emotionally determined alliances reflect the loss of differentiation in a group.

As the level of anxiety increases, people experience a greater need for emotional contact and closeness and simultaneously, in reaction to similar pressure from others, a greater need for distance and emotional insulation. The more people's responses are based on anxiety, the less tolerant those people are of one another and the more they are irritated by differences. They are less able to permit one another to be what they are. Anxiety often increases feelings of being overloaded, overwhelmed, and isolated—feelings that are accompanied by the wish to have responsibility lifted.

When some people become anxious, they become more intent on getting others to do things their way. The more anxious they are, the surer they are that they know what is right or best. Frustration with others who resist their efforts often leads to disappointment and anger, sometimes even to giving up and withdrawing. The mirror image of the bossy person is a person who becomes more helpless when he gets anxious.

Efforts to get others to change can escalate to prob-

lematic levels through cycles in which each person in turn feels criticized, grows defensive, and counterattacks. The flames are fanned when each blames the other for the escalation. The process is automatic and, in a sense, mindless, the product of emotional reactivity and subjectivity. The process often begins when one person feels rejected or ignored (for real or imagined reasons) and wants more response from the other. The second person, responding to the perception of a certain tone in the other's voice, may feel the first has an insatiable need for attention and confrontation, and may "not want to get into it." This reluctance increases the unhappiness of the first person, who then pushes for a more acceptable response. The second person, generally oversensitive to disharmony and confrontation, may attempt to withdraw or at least show a surface reaction. This withdrawal or apparent lack of response angers or "hurts" the first person, whose next series of prodding statements can result in the second person's finally exploding. At that point both people are out of control. This is a wearing and energy-consuming interaction, but an out-of-control response is considered preferable to no response, to being "ignored" or "discounted."

When a family is stressed, either by an event that has impact chiefly on one member (such as a work- or school-related problem) or by an event that affects several family members (such as an illness in a close relative), anxiety begins to rise. Up to a point one person in a family may be distressed without the others' becoming too uncomfortable or reactive. This is ideal. The low level of reactivity allows the person who is feeling upset and unsettled



to communicate his feelings and thoughts freely, unencumbered by a fear of unduly upsetting others or by an apprehension that others will respond by sermonizing or withdrawing. Such circumstances provide maximum emotional support for people.

Many attitudes and reactions, all of which are related to undifferentiation, work against the perpetuation of the ideal situation. One attitude is that others should have an answer for one's distress and should alleviate it. Attempts to communicate about problems may be so colored by this sort of emotional neediness that the manner of communication stirs up considerable reactivity in others, who usually experience this sort of expectation as a burden. Another obstacle to realizing or maintaining the ideal is a concern about how others might respond so great that it is easier to hide the problem, even deny its existence to oneself, than to talk about it. Worry about how others will respond can range from perceiving them as too fragile to be burdened to fearing their criticism of one's inadequacies.

Other obstacles to comfortable communication about emotional issues stem from the reactivity of family members to the one who is distressed initially. This reactivity can be manifested in withdrawal, predictable lectures, guilt-induced efforts to placate the troubled one, frenzied attempts to alleviate distress, and acting out in response to the upset. For example, a wife becomes upset about her husband's reluctance to talk openly about his mother's recent diagnosis of cancer, and within days their youngest son, reacting to his parents' anxiety, is suspended for fighting in school. Efforts to get people to "open up" and maneuvers to escape from the pressure to do so are a frequent component of anxiety escalations in families. Much of what is done in the name of helping others—getting others to "express their feelings," for example—reflects the inability of the "helper" to tolerate his own anxiety.

Anxiety that begins in one person can eventually infect the whole family. Distress that begins in the mother about some event in her personal life may lead first to a reaction by her most undifferentiated child, perhaps her daughter. As the child becomes distressed, her behavior may be affected in a way that troubles the mother. The daughter's behavior may be interpreted by the mother as a sign of depression. This adds to the mother's anxiety, which may then shift from that which distressed her initially to the child's emerging problems. The father may maintain some emotional separation from his wife's anxiety for a time, but his apprehension about being criticized for not being sufficiently supportive, coupled with his concern that his wife feels overwhelmed, results in the quick evaporation of any separateness. Then he acts more according to his feelings (oversensitivity to anger and conflict with his wife and feeling responsibility for alleviating her distress) than according to what he thinks (perhaps that his wife's anxious focus on the child is intensifying the child's symptoms).

When the father gets anxious, he may direct his efforts toward trying to get the child to "be happy," even though he may think that the problem is not solely in the child but

in his wife, too. The father's approach may relieve some family anxiety in the short run, by reassuring his wife that something is being done and that she is not alone with the problem, but it complicates the situation for both him and the family in the long run. His being a no-self in the situation—functioning in reaction to others' anxiety and subjectivity—allows his anxiety, his wife's, and their daughter's to direct the course of events. In time even the slightly better differentiated siblings will get caught up in the problem; when they do, no one will have much control. A sibling's reactivity may be manifested in criticizing his parents for catering excessively to his sister or criticizing his sister for "causing" their parents to be so upset. All this focus on others, which is fed by anxiety, emotional reactivity, and subjectivity, pushes the family into a less functional state, a regression. The regression deepens as anxiety feeds on anxiety. Anxiety converts feared or imagined problems into real ones (the daughter does become quite depressed), the appearance of which are then used to justify all the worry.

Although anxiety-driven regressions in families and other social groups can last from days to years to lifetimes, any relationship system will regress only so far. At some point the discomfort associated with habitually taking the easy way becomes greater than the discomfort anticipated if one tries to recover some semblance of individuality. At the emotional nadir someone might say, "We are getting nowhere here and I must do something about me. If I keep worrying about you, we will all go under." Even if that person takes a dogmatic and overly authoritarian stance, if the emphasis is on himself and not the other, it can break the anxiety spiral and stem the regression. If somebody runs away or dies, that can stop it too. Deaths and serious illness are possible complications of protracted regressions. Regressions can end without a leave-taking or a death, however, if one person can develop some direction not dictated by trying to relieve the anxiety of the moment. Sometimes just seeking help can reduce anxiety and, consequently, symptoms. As anxiety subsides, each person recovers some ability to act on thinking, the emotional boundaries between family members gradually return to baseline level, and symptoms diminish or disappear.

REDUCTION OF ANXIETY IS AN IMPORTANT COMPONENT of nearly all psychotherapeutic methods. The approach to anxiety based on the principles of family systems theory is indirect, in the sense that the reduction of chronic anxiety is a by-product of an increase in one's basic level of differentiation. If one family member, through a structured long-term effort, can increase his basic differentiation while in relationship to emotionally significant others, he will reduce not only his own level of chronic anxiety but also the level of chronic anxiety in all the relationship systems in which his functioning has a significant emotional impact on others.

Of course, anxiety can be reduced in many ways that do

not depend on the development of more of a self. For example, physical distance from emotionally significant others or denial of one's responsiveness to them can provide emotional insulation from people and situations that are difficult. Projection of one's feelings and attitudes onto others can also relieve anxiety within oneself, by allowing one to view the other people as the problem. These are very common psychological mechanisms for dealing with anxiety. When people have difficulty dealing with family or other relationships, contacts are frequently kept brief and superficial to reduce the discomfort. When people deal with difficult emotional situations in this way, however, they are prone to become so emotionally invested in the success of new relationships that they easily lose perspective and re-create in the new relationships a version of the problems they thought they had escaped by running away. In addition, when people use distance or denial to manage anxiety, they may lower the level of it in themselves but raise the level in others. One may become more comfortable oneself but increase the level of anxiety in those to whom one is emotionally connected. Such an outcome is a mixed blessing.

A number of therapeutic techniques have been developed to reduce chronic anxiety, including biofeedback, transcendental meditation, yoga, jogging, and other "stress management" activities. These approaches are primarily designed not to increase the basic level of differentiation of self but to help people become more aware of the physiological manifestations of anxiety and to learn techniques of self-control and relaxation. These techniques can be useful adjuncts to working on improving one's level of differentiation. Sometimes, however, the effectiveness of these approaches appears to be based more on the relationship with the therapist or teacher (or with one's fellow learners) than on any new awareness of anxiety or greater ability at self-control. The therapist and the group become a support system. The problem with using a group in this way is that improvements in functioning may depend on maintaining the relationships.

Side effects may result from stress-management approaches that ignore family process. After a symptomatic family member makes a firm commitment to biofeedback, extensive jogging, or perhaps individual psychotherapy, and his functioning begins to improve, another family member may develop problems; the anxiety is unloaded from one person onto another. In these instances the relationship process that contributes to the development of symptoms is overlooked in the pursuit of symptom relief. One person achieves comfort at the expense of another.

This "exchange" of anxiety and undifferentiation between family members may sound almost mystical in nature. While exactly *how* this exchange occurs is unknown, it is assumed to depend on the transfer of information through the standard sensory modalities. People are keenly responsive (not necessarily consciously) or sensitive to one another's emotional states and make automatic adjustments in response to the information received. This pro-

cess allows anxiety that begins in one person eventually manifest itself in a physical, emotional, or social symptom in another person. The emergence of the symptom in the other can, in turn, reduce the anxiety of the first person. He begins to minister to the now symptomatic one. The alleviation of anxiety in the first person can also have a calming effect on the symptomatic one; it is often easier on an emotional level, to be symptomatic than it is to tolerate one's internal reactions to another's distress. One allows oneself to be taken care of because it makes the caretaker feel better and, in some respects, easier to deal with.

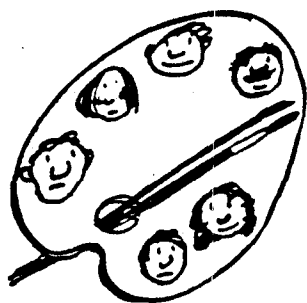
Differentiation of self, however, can reduce anxiety and symptoms in one person without symptoms' resurfacing in another, except perhaps temporarily. When one family member can become more aware of his own part in whatever problems exist, become more willing to assume responsibility for that part, and become more able to act on that basis, improvements in his functioning will not be contingent on someone else's "absorbing" his share of the family's immaturity or undifferentiation. It is a change in functioning which does not lead to a seesaw effect.

Triangles

THE RELATIONSHIP SYSTEM IN FAMILIES AND OTHER groups consists of *interlocking triangles*. The triangle is the basic molecule of an emotional system. It is the smallest stable relationship unit.

The thinking on which the concept of a triangle is based illustrates the thinking on which all of family systems theory is based. This theory is an attempt to define the facts of functioning in human relationships—facts that can be observed over and over, so consistently that the pattern becomes knowable and predictable. What and how, when and where are facts about a relationship that can be observed. Conjecture about why something happens is not a fact, and so the inclusion of such conjecture in the theoretical concepts was avoided as much as possible. Triangles have to do with the what, how, when, and where of relationships; they are simply a fact of nature. To observe them requires that one stand back and watch the process unfold. Conjecture about why a person says or does a particular thing immediately takes the observer out of a systems frame of reference. The assignment of motive is necessarily subjective and not verifiable; the assignment of function can be objective and potentially verifiable.

The triangle is a paradigm for describing the dynamic equilibrium of a three-person system. The major influence on the activity of a triangle is anxiety. When the level of anxiety is low, a relationship between two people can be calm and comfortable. However, since a relationship is easily disturbed by emotional forces within it and from outside, it usually does not remain completely comfortable very long. Inevitably some increase in the anxiety level disturbs the equilibrium of the relationship. A two-person system may be stable as long as it is calm, but since t



Three interconnected relationships can contain more anxiety than three separate relationships can, because pathways are in place that allow anxiety to be shifted around the system.

level of calm is very difficult to maintain, a two-person system is more accurately characterized as unstable. When the level of anxiety increases, typically a third person becomes involved in the tension of the twosome, creating a triangle. This involvement of a third person decreases anxiety in the twosome by spreading it among three relationships. Three interconnected relationships can contain more anxiety than three separate relationships can, because pathways are in place that allow anxiety to be shifted around the system. This shifting reduces the possibility that any one relationship will emotionally overheat. The ability to spread and shift tension, as well as to contain more of it, means that a triangle is more flexible and stable than a two-person system.

Triangles are forever—at least in families. Once the emotional circuitry of a triangle is in place, it usually outlives the people who participate in it. If one member of the triangle dies, another person usually replaces him. The actors come and go, but the play lives on through the generations. Children may act out a conflict that was never resolved between their great-grandparents. So a particular triangle was not necessarily created by its present participants; nor do triangles form anew or completely dissolve with the ebb and flow of anxiety.

When anxiety in the emotional field of a triangle is low, two people, the *insiders*, are comfortably close and the third is a less comfortable *outsider*. This is not a static system. Both insiders continually make adjustments to preserve their comfortable togetherness, lest one become uncomfortable and draw closer to the outsider. The outsider does not idly stand by but continually attempts to draw closer to one of the insiders. All the participants make predictable moves to achieve their ends. Here is an example: A husband, on the outside (in fact or fantasy) of the relationship between his wife and his oldest daughter, becomes sullen. The wife predictably reacts to his sullenness by focusing more on him and attempting to cheer him up. The daughter, in reaction to being on the outside in relation to her two parents, becomes overly solicitous toward her father. The mother, reacting to being on the outside in relation to her husband and her daughter, criticizes the daughter's physical appearance. The daughter responds defensively, and she and her mother have a long discussion to resolve their differences. The system is never still. So in calm periods the insiders are trying to preserve what they have and the outsider is trying to break into it.

There are several ways a twosome can incorporate a third person into its tension. The uncomfortable insider (A) can pull the outsider (C) into the situation through complaints to him about the other insider (B). If C responds sympathetically, taking sides with A, a comfortable closeness (based on undifferentiation) is established between A and C. B is the new outsider. The key element is side-taking. A and C blame B for the problems in the relationship between A and B. A twosome can also involve a third person in its conflict simply by allowing this person to be within earshot. The problem overflows onto him. Or the third person may play a very active role in getting himself into the middle of a problem between two others. Through years of training, such a person has learned to gravitate to the disharmony he senses in others, regardless of whether an invitation is actually extended. A poorly differentiated child often occupies this position relative to his parents. He predictably makes himself a problem whenever tension between his parents reaches a certain level. This draws one or both parents' focus to him, thus reducing the tension between them.

At moderate levels of tension the outcome of this shifting process in a triangle is one uncomfortable or conflicted relationship (between the outsider and one of the insiders) and two fairly comfortable ones. The discomfort or tension may shift from relationship to relationship, but at moderate levels of tension it can usually be contained within one relationship at a time. In the earlier example, the discomfort between A and B might have shifted to C and B, with C becoming angry at B and blaming B for A's unhappiness. When C assumes the function of being angry at B, this can allow A to become more comfortable with B.

This pattern is exceedingly common in families. For example, as long as an oldest daughter and her father are in conflict, harmony can be preserved between the parents and between the daughter and her mother. The process works in the following way: The mother adapts (on some issues) to the father to keep peace, which maintains harmony in the marriage. The daughter sympathizes with her mother's attitude that her husband treats her like a "doormat." The sympathy keeps the mother-and-daughter relationship in harmony. The marital tension does not disappear, however; instead, it is acted out as conflict between father and daughter. So the triangle still has two positive sides and one negative side. A calm two-person relationship between mother and daughter or husband and wife,

in other words, may actually be a calm side of a triangle. The calmness is maintained at the expense of having a negative relationship in another side of the triangle (between father and daughter).

During high-stress periods the emotional process in a triangle assumes new characteristics. Now the outside position is the most comfortable and desired. Each member of an overly intense two-person relationship works to get an outside position in a triangle to escape the tensions of that relationship. A mother, caught in intense conflict with her son, may actively recruit the father to deal with the son. When the father attempts to do so, conflict erupts between him and the son and the mother, and the mother withdraws. The son may counter this move by attempting to precipitate conflict between his parents. He may plead with his mother to get the stern father off his back. When the anxiety subsides, the mother and son again get close and the father is excluded from their togetherness. Another example is a husband who, wanting to avoid a fight that would disturb his relationship with his mother, triggers conflict between his wife and his mother by complaining to his wife about his mother. The relationship between his wife and his mother is then regarded as the problem. This is not necessarily a diabolical scheme by the husband to make his wife and his mother miserable. It is often done without much awareness of what is happening. When tension decreases, the wife may again be pushed to the outside of the mother-son relationship. She then makes predictable moves to gain an inside position, perhaps saying, "You care more about your mother than you care about me!"

Interlocking Triangles

IT IS NOT ALWAYS POSSIBLE FOR A PERSON TO SHIFT THE forces in a triangle. When it is not possible, the anxiety spreads to other, interlocking triangles. For example, a father may withdraw in response to his wife's effort to involve him with their rebellious son. This exacerbates the tension between mother and son. The mother may then communicate her anxiety and frustration to another child, which involves that child in the tension. Conflict erupts between the two siblings when the newly involved one attempts to get the other to behave. Meanwhile the mother achieves an outside position. So in this situation, when the members of one triangle failed to solve the problem, the tension spilled over into another. Another example of interlocking triangles involves a father who, in response to his wife's distress, gets into conflict with the son. As tension mounts between father and son, the wife withdraws. The father now involves another child, and conflict shifts from the father-son relationship to the sibling relationship.

In a calm family, anxiety can be contained mostly in one central triangle. Under stress, however, the anxiety spreads to other family triangles and to triangles outside the family, in work and social systems.

Understanding the processes of triangles and interlocking triangles depends on seeing each corner of a triangle as

a functioning position. What a person thinks, feels, says and does is—to an extent that depends on his level of differentiation and level of anxiety—a product of his functioning position in a triangle. Similarly, what a person thinks, feels, says, and does has a function in promoting the process of the triangle. An example of the interplay between functioning position and intrapsychic state is a person's moving from an outside to an inside position in a triangle and experiencing a marked increase in his sense of well-being and a decrease in fantasies of self-destruction and anxiety-laden dreams. An example of the interplay between intrapsychic state and the triangling process is the following: If person A expresses to person C that he is angry at person B, this communication functions to draw B and C closer together. If C responds sympathetically to the response also functions to draw A and C closer. In addition, A's anger at B functions to maintain distance between A and B, thereby reinforcing the togetherness between B and C.

People often have pretty inflexible roles, or function positions, in triangles. These positions may dictate their behavior to the extent that it can be easily characterized. Sometimes one person can be characterized as the anxiety "generator," a second person as the anxiety "amplifier," and the third as the anxiety "dampener." The generator is typically accused of setting the emotional tone for the triangle (and family) and upsetting the other members, though the generator may be the first person to get involved about potential problems, he is not the cause of anxiety that circulates in the triangle. The amplifier is to the problem by his inability to stay calm when the generator is anxious and by exaggerating the severity of the problem. The dampener uses emotional distance to control his reactivity to the others, but at a certain level of tension he can be relied on to become overly responsible for the others in order to calm things down. By performing this function, the dampener may reduce symptoms, but he reinforces the relationship process (the triangle). The pressure continually shifts, and no one in the triangle assumes responsibility for managing his own anxiety.

Another common example of fairly inflexible functioning positions is a triangle of two parents and a child in which the child functions as an emotional appendage to the parents. He chronically adapts his thoughts, feelings, and behavior to reduce tension in the parents. The child lacks control over his own life to such an extent that as an adult he becomes quite dysfunctional and is totally dependent on the parents. Nonetheless the child may appear to have more control over what happens than his parents. Often the child or young adult is able to manipulate the parents into giving him what he wants. As a result of these manipulations he is characterized as "selfish and demanding." Observing the pressure he puts on the parents, the parents often feel sorry for them and blame the child. In deed, the parents may forsake many of their interests and goals to devote more time, energy, and money to the child. The parents do give up self in relationship to the child.



they do not give up as much as the child does. It is the child's functioning that is most seriously impaired, which is evidence that he is exerting the least amount of control. He wins battles but loses wars.

Parents never want such an outcome for any of their children. For the most part, they dedicate themselves to preventing it. However, their anxiety that things go well may obscure their ability to see that they are acting in ways that foster the very outcome they most want to prevent. As the child grows, the parents are increasingly in the position of acting stronger than they really are and the child is increasingly in the position of acting weaker than he really is. The nature of this functional reciprocity becomes evident in situations where one or both parents become dysfunctional and the child's functioning improves dramatically. A chronically schizophrenic person, previously bogged down in his delusions and hallucinations, may put them "on the back burner" in order to do what is necessary to take care of his parents. Many of the delusions may actually disappear. It is not necessary, or useful, to tell the schizophrenic person to do this; he does it automatically.

Triangles and Symptom Development

A BASIC TENET OF FAMILY SYSTEMS THERAPY IS THAT the tension in a two-person relationship will resolve automatically when contained within a system of three persons, one of whom is emotionally detached. In other words, despite togetherness urges to the contrary, a

problem between two people can be resolved without the well-intentioned efforts of a third person to "fix" it. A resolution requires only that the third person be in adequate emotional contact with the other two and able to remain emotionally separate from them. The process of being in contact and emotionally separate is referred to as *detriangling*. If the twosome does not bring in a fourth person who is not detached but instead continues to relate primarily to the third person, who is detached, the twosome will bring their relationship back into equilibrium. This phenomenon has important implications for understanding symptom development.

A relationship between two moderately differentiated people provides a good illustration of the role of triangles in symptom development. The scenario may be played out as follows: The initial tension develops in the marriage. The wife, oriented to adapt to preserve harmony, internalizes the anxiety and becomes the uncomfortable member of the twosome. Her distress eventually becomes so great, however, that it overrides her automatic urge to avoid conflict, and she attempts to talk to her husband about her unhappiness. By the time she attempts to talk about it, she and her husband are both so upset and reactive that the discussion disintegrates. Further unproductive exchanges like this one gradually incline both people to avoid bringing up unpleasant subjects.

The emotional distance in the marriage makes escalations of tension less likely, but it does not relieve the wife's basic discomfort. She begins to talk about her unhappiness

to her mother, and when her mother responds sympathetically, the wife begins to rely on her more and more for emotional support. The mother accepts the daughter's view that the husband is cold and unfeeling. Her anger at her daughter's husband supports the daughter's use of emotional distance to deal with the problem and accentuates her distancing behavior. The mother does not necessarily want to be a wedge in her daughter's marriage, even though she may act in such a way as to have that effect. Whenever motives are assigned to the behavior of any person in a triangle, awareness of a process that transcends the motives of individuals is lost.

As the daughter invests more emotional energy in the relationship with her mother and increases her distance from her husband, the husband, previously comfortable with a certain amount of marital distance, becomes quite reactive to what is now experienced as "excessive" distance. Feeling emotionally isolated and now more distressed than his wife, he pressures her to be more involved with him. He comes across as so needy and demanding, however, that his wife is prompted to distance herself further. Unsuccessful in his attempts to restore a comfortable level of togetherness, the husband starts drinking more. A certain amount of drinking can relieve some of these relationship anxieties and provide stability. If the drinking begins to impair the husband's functioning, however, it can seriously threaten the wife, because of her dependence on him. The wife becomes increasingly anxious about an actual or potential impairment of his functioning.

The wife's anxiety about her husband's symptoms directs more of her energy back into the marital relationship, but the focus is different from the one that existed prior to the increase in marital distance and the development of symptoms. The togetherness is now symptom-focused, with the underlying anxieties about the relationship largely obscured. The husband reacts to his wife's anxious focus on the drinking by using drinking for emotional insulation—a behavior that intensifies the whole cycle. The wife may sense that the anxiety-driven pressure to change that she exerts on her husband is making the problem worse, and she may try to back off. In her continuing talks with her mother, however, her mother's anxieties, accentuated by having had a father who "drank himself to death," infect the daughter, increasing her preoccupation with and need to do something about her *husband's* problem.

If the wife, when she became sufficiently uncomfortable to involve a third person in the marital problems, had encountered someone who could have remained objective and emotionally detached, the outcome might have been significantly different. A third person who can maintain differentiation in the face of emotionally charged communications from others does not permit the problem to be triangled out of the relationship. The effect of an involved but detriangled third person is to nudge the marital partners toward accepting more responsibility for the problem and attaching more importance to working it out *between* them. Acceptance of responsibility for one's own problems

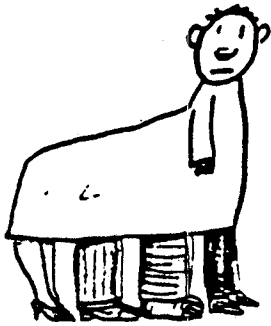
and motivation to work out those problems within the relationship where they have surfaced appear to be the ingredients necessary to override the tendency to allow feeling and subjectivity to govern interactions.

Another kind of triangle in which anxiety may be played out is that of a mother and two children. The mother may be anxious lest her children feel they are not being given equal attention, equal "love." Her anxieties are translated into actions that communicate that she is assuming responsibility for making the children feel they are being treated equally. In response to this, each child grows up feeling that his mother *is* responsible for making him feel equal "loved" and for correcting any perceived deficits in his treatment. Each child becomes highly sensitive about the amount of attention he thinks he receives relative to the amount the sibling receives. This can result in continuing fighting between the siblings and mutual dislike, an outcome the mother had dedicated herself to preventing. This sibling conflict, while often explained on the basis of "sibling rivalry," is actually just one side of a triangle—the side where the triangle's tensions are usually acted out. The process of the triangle of the mother and two children cannot be adequately understood, of course, out of the context of the way this triangle interlocks with others in the family. For example, the father may criticize his wife for not treating the children equally. When he does this, the triangle consists of the mother at one corner, the father at the second corner, and the two children at the third corner. In a nuclear family of two parents and two children there are four *uncomplicated* (one person at each corner) triangles. With the addition of just one more child, the number of triangles jumps to ten! Some of these triangles are barely active; others are very active. The active ones strongly influence one another.

Detriangling

THE PROCESS OF DETRIANGLING DEPENDS ON recognizing subtle as well as more obvious ways in which one is triangled by others and in which one attempts to triangle others. If one's father says, "My mother has treated me unfairly and you, as my son, should do nothing more to do with her," it is not difficult to recognize that this is a triangling remark. If triangling were always this obvious, relationships would be considerably easier to understand and manage. Subtler triangling messages are communicated by facial expressions, tones of voice, changes in body posture, and other nonverbal signals. What is actually said is important, but words expressed in one tone of voice may activate a triangle while in another tone of voice they may not.

Detriangling is probably the most important technique in family systems therapy. If it is learned simply as a technique, however, detriangling maneuvers are not likely to accomplish their intent. The outcome of a detriangling comment or action is more predictable when the comment is made or the action taken on the basis of a way of



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ing rather than as a technique the person has been taught by someone like a therapist. This way of thinking is a systems conceptualization of human behavior, in which the cause of a problem is not ascribed to a person or an event but rather to the emotional process that links people and events. The ability to see systems or process seems to foster a more emotionally neutral attitude about human behavior and clinical dysfunctions than that fostered by cause-and-effect thinking. The more one can be emotionally neutral about the relationship process between others, the more effective will be a detriangling maneuver.

Emotional neutrality does not mean a refusal to approve or disapprove of particular aspects of human behavior, and it does not mean making rules for oneself about not passing judgment on people's actions. A person who adheres to rules usually appears to be more neutral than he actually is. Nor does neutrality mean straddling fences or being wishy-washy. One can have a very clear position with respect to what occurs in a family and in society and still be emotionally neutral. Dogmatic positions, a lack of position, and efforts to change others all betray the absence of emotional neutrality. In essence, neutrality is reflected in the ability to define self without being emotionally invested in one's own viewpoint or in changing the viewpoints of others.

If a person can achieve more neutrality, or detachment, while in contact with the triangles that he is most connected to emotionally and then act on the basis of that neutrality, the tensions between the other two members in each of the triangles will be reduced. Emotional neutrality is reflected in a number of ways, two of which are especially relevant to triangles: first, the ability to see both sides of a relationship process between two others, and second, the ability not to cloud one's thinking about that process with notions about what "should" be. For example, it is important (for purposes of differentiation and detriangling) to be able to see the parts both people play in promoting an intense symbiosis between a mother and a schizophrenic son, and it is equally important to be able to be in contact with such a relationship without defining it as sick or abnormal or bad or pathetic—as something that "should not" be. Intolerance of aspects of the human process is a manifestation of being triangled into it.

Seeing both sides of a relationship problem can be very difficult, for one person often appears to be causing the other's distress: One person seems a victim, the other a

victimizer. One person appears to be sick, and the other trying to make the best of a difficult situation. A teenager on drugs appears to be the main cause of a family's turmoil.

An important aspect of understanding triangles and detriangling is being able to recognize a communication as reflecting the activity of a triangle rather than being a straightforward comment by one person to another. A brief clinical example, from a nuclear family that consisted of the two parents and four daughters, can illustrate this.

The father died after all the children were grown. The youngest daughter (F) remarked to the next-to-youngest daughter (E), "Why were you so nasty to me when we were kids?" The nonverbal signals that F delivered with the remark indicated that a pretty intense degree of emotion was attached to it. In addition, the intensity of the anger and guilt in E's feeling response to the remark indicated that she was still strongly involved in a process that went back more than twenty-five years, to childhood. E's automatic response was to defend herself and to criticize her younger sister for "acting like a child." Exchanges of this nature in the past had resulted in the two sisters' not speaking to each other for extended periods and the mother's attempting to serve as mediator in "their" conflict.

The triangle involved here (although, again, every triangle interlocks with others) is that of the mother (B) and the two sisters. The youngest sister, F, achieved the least emotional separation from her parents. Her mother was heavily involved in her life and greatly concerned with the older sisters' attitudes toward her. The older sisters were often critical of the youngest, reacting to how much time and attention she received. The mother interpreted the older daughters' attitudes toward the younger one as "sibling rivalry" and repeatedly tried to get them to change those attitudes. The mother responded to the younger daughter's complaints about the treatment she received from her sisters with comments like "They are just being mean." The mother was locked into the process just as the daughters were, and, for the most part, unwittingly reinforced it with her actions and remarks.

E's attitude when she left home was that she had not been given all the love and attention she needed. She viewed herself as a somewhat deprived person, a victim of a situation in which another child was the favorite. Not surprisingly, E left home with a tendency to overmother seemingly helpless and needy people, reflecting her fu-

sion with her mother's attitudes and feelings. She married, and focused most of her energy on her new family, which soon included two children. She maintained superficial contact with her mother and very little contact with her younger sister. When F left home, she cut herself off from the family even more than E had done and had more problems managing her life than the other sisters did. F's cutoff from her mother was presumably related to wanting to avoid the childlike role she characteristically assumed whenever she spent even a few days with her. The mother's reluctance to bridge the cutoff from F presumably reflected her own anxieties about dealing with her.

In an effort to work on some problems she had encountered in her nuclear family, E began to renew her contacts with her family of origin. Part of her effort was to have more contact with her younger sister. In her contacts with F, E observed a tendency to feel sorry for her and the necessity to restrain urges to treat her like a child (an obvious replay of one aspect of the childhood triangle). E also increased her contact with her mother. Her sister and her mother, however, did not have more contact with each other. Distance was maintained, and each attempted to use E as a source of information about the other.

A major change occurred after the youngest sister gave birth to her first child. Soon after the birth, B went to visit F for the first time in several years. It was a long visit and "just like old times." Perhaps related to the presence of the new baby, a harmonious closeness was rekindled between the two. The mother was once again the daughter's protector, and the daughter leaned on her for support. Potential problems were averted by focusing on the new baby. It was after that visit that the youngest daughter, previously appreciative of E's renewed efforts to be in contact with her, accused E of having been nasty to her and demanded an explanation. It was a fascinating reactivation of the triangle.

Because E has failed to recognize that F's accusations are part of a long-standing triangle and has responded angrily and defensively, the tension of the triangle is renewed between the two sisters. To detriangle effectively, E has to accomplish several things. First, she has to see the process of the triangle fairly accurately. Second, she must overcome an attitude that has colored much of her behavior previously—the attitude that her emotional lot in life would be better if her mother had given her all the attention she felt she needed when she was growing up. E's anger about this and her feeling that she was treated unfairly was an undercurrent in many of her interactions with the family. To detriangle, E also must recognize the influence of feelings and subjectivity on her behavior and gain some control over automatic responses based on them.

Guided by an understanding of the process of triangles, E could make a detriangling remark to her sister, such as, "Yes, I have been nasty to you. It's my jealousy over the fact that you could always meet Mother's needs better than I could." This response avoids a fight with F and is

positive about the togetherness that exists between the youngest sister and the mother. In addition, rather than emphasizing the mother's involvement with the sister on this highly charged emotional issue, the response emphasizes the sister's automatic tendency to adapt to relieve the mother's anxiety. The level of togetherness that exists between mother and youngest daughter serves a function in the mother's life as well as in the sister's life. Having communicated to her sister in a way that encourages togetherness between her and her mother, E could then send her mother a note emphasizing how much the mother's recent visit had boosted F's spirits and encouraging more visits in the near future. E could conclude by saying, "Mother, nobody can make my little sister feel more secure than you." The remark highlights the togetherness between the mother and F, exaggerates it, and encourages it.

It would be simpler if one could talk straightforwardly to people who are attempting to triangle one into their problem. It would be simpler if E could say to her sister, "You are acting out one side of a triangle." The problem is that F may not see it that way. It was difficult enough for E to see it that way. Triangles are governed by what might be called an emotional logic, and they respond to comments and actions directed at that emotionality. People acting in the process of a triangle have an amazing ability to ignore the most rational and well-represented explanations of what is occurring. Another reason for not instructing or enlightening the family about what one thinks others are doing is that it is usually an attempt to influence the family which runs counter to differentiation of self.

Triangles are everywhere, reaching out to envelop the problems of others. Anyone can be triangled, and anyone can triangle others. Maintaining one's differentiation keeps the problem in the relationship from which one is attempting to escape. Maintaining one's differentiation keeps one's own problems from infecting others in ways that interfere with the resolution of relationship issues. Maintaining one's differentiation and detriangling is not an attempt to manipulate or control others but a way of dealing with others' attempts to manipulate and control oneself. If one's efforts to detriangle are reasonably effective and if one stays in adequate contact with the two other members of the triangle, some stabilization and improvement in their relationship will occur. When one member of a triangle assumes more responsibility for his own functioning, the others will follow suit. Each member of a twosome will raise his functional level of differentiation in response when a detached third person maintains a higher level of differentiation than either member of the twosome.

Understanding the forces that make the family an emotional unit, triangles being the "molecules" of that unit depends on viewing human behavior in the context of the emotional forces that govern all life. Human beings are unique, however, because their intellectual system enables them to modify the influence of the emotional system on their behavior. Man has a choice. □