

Through the Lens #14 — Summer 2014

Roberta M. Gilbert, M.D.
Struggles of Psychotherapists

Presented at the Clinical Conference, June 2014
Bowen Center for the Study of the Family, Georgetown University

Beverly Sills, the opera star, was once asked if she got stage fright before a performance. She replied that she did, even after all these years of singing. “There are so many things that can go wrong!” she explained. The situation is very similar in the psychotherapy consulting room. I would like to think about just a few of these struggles—or things that can go wrong for the therapy/consulting situation this morning.

In searching out a way to think differently about the human phenomenon, Murray Bowen necessarily got to a new way of thinking about psychotherapy/counseling/coaching or consulting—lending a hand-up to others. This new way of doing psychotherapy and being as a psychotherapist, was based in all instances upon the theory he outlined, taught and reiterated. It means that we as therapists/counselors/consultants have our work cut out for us.

That is partly because Bowen also insisted on the necessity of going through professional school (as a psychiatrist, psychologist, social worker, counselor, or pastoral counselor) as a prerequisite for becoming a therapist. That sets us all up for a problem since, with very few exceptions, those careful academic training opportunities are based upon individual-focused views of the human, not on a view based upon the human as a fragment of an organism much larger than self—his or her family. By the time we have finished our education and training in professional school, we are well indoctrinated into seeing the individual as an individual, not as a part of a larger organism. We see the dilemmas as being a problem, syndrome or disease entity within the person (the medical model) rather than the outworking of an anxious relationship system with its tendency to focus anxiety somewhere, leading to regression or symptoms.

So, for the student who attempts to learn and practice Bowen family systems theory in a therapy practice after going through professional school, there is much to unlearn. For the Bowen student who goes through professional school after exposure to the ideas of Bowen family systems theory, the conflict of theories is constant. It produces in some cases anxiety that finds its way to personal conflict with professors, overfunctioning in trying to teach the professors a better way of seeing, underfunctioning in periodic collapse,

distancing in trying not to be involved in group experiences based upon “old theory,” triangling the anxiety into peer relationships, or non-productive gossip.

Assuming the student makes it through these learning experiences, and begins a practice, the beginning therapist has new pitfalls awaiting him/her. *They also await all of us at all times along the way.*

Several common problems in coaching therapists come up often in their work and also that of more seasoned therapists. Some of them are:

- 1. Lack of a research attitude**
- 2. Not making room for others to be a self—in our families, in our work**
- 3. Teaching, writing, attempting clinical work without formal training or coaching in Bowen family systems theory**
- 4. Empathy**
- 5. Thinking old theory**
- 6. Not working on self in our own family relationships, nuclear and extended**
- 7. Taking on the anxiety in the room**
- 8. Inability to moderate our own anxiety**

Let us examine each of these in some detail.

1. LACK OF RESEARCH ATTITUDE

During the educational process, curiosity—the curiosity common to children—is often squelched. This may take place in at least two ways. First, by all the rote memory required to pass qualifying exams. Rote memory sets tend to put a cap on knowledge, so that people end up thinking that in memorizing certain lists, they know all there is to know about a certain area. If one knows all there is to know, why ask questions?

Similarly, the authoritarian attitude with which material is often imparted during the educational process may imply that these data are set in concrete, or that there is nothing more to know about the information. In either case, and probably in many other ways, curiosity is stifled in the learner.

Bowen, on the other hand, thought that a therapist maintaining a research attitude—always wanting to know more about the thinking and factual experiences of the human sitting across from one—was one of the secrets to a good outcome. His story of the “skunk woman” illustrated that. He said that when he asked one of his resident groups at a well-known clinic to volunteer to take on a case that had been turned down by other departments, everyone declined. Declined, that is, until he asked “Doesn’t anyone here want to do

research? If you were trying to see what makes skunks stink, you'd be the first to get to work at the skunk factory in the morning, and the last to leave in the evening." Someone volunteered to be the therapist for that now-famous but unknown lady. Bowen said he got a "perfect result."

In another context, Bowen referred to the better result he got with his research families as compared with his private clinical families, until he learned to adopt the same research attitude in his practice that he had for the NIH research work.

By emphasizing research as an important attitude for the therapist, Bowen underlined curiosity as an important trait. It is fascinating to watch people come alive when, during the study of Bowen family systems theory, they reclaim their natural curiosity. The curious therapist will, all things being equal, get a better result.

2. NOT MAKING ROOM FOR OTHERS TO BE A SELF

Sometimes clinicians are working so hard on their own efforts toward differentiation of self, that they forget that part of differentiating a self is allowing those around them space to represent themselves as equals. In the clinical setting this can take the form of having all the ideas for people rather than encouraging others to think through their dilemmas, interrupting others' flow of thought with comments or observations, or talking over others' speech. It can show simply as talking too much—not being quiet enough for a thoughtful creative process in the other to take hold.

While humor can be useful in lightening a too intense mood, therapists can overuse it, with over laughing, or too loud laughter, again curtailing the thinking of the consultee.

One remedy for this is to make sure one is thinking of oneself as an equal in the relationship process. While the therapist may know more about Bowen theory, he or she puts it out as an equal to the other, not as an authority for the other.

We are more prone not to leave room for others to be a self when anxious.

3. TEACHING, WRITING, ATTEMPTING CLINICAL WORK WITHOUT FORMAL TRAINING OR COACHING IN BOWEN FAMILY SYSTEMS THEORY

As there is more written about Bowen theory, many clinicians are reading more. They can get the mistaken idea that they understand the new way of thinking fully from their extensive reading. However, though reading is necessary and most useful, it has never been possible to gain proficiency for teaching, writing, or clinical work through reading alone, absent didactic and personal consultation of one's own.

Psychotherapy from a Bowen perspective is rarely a part of formal training programs, and when it is, it is included only briefly. Seldom is there a supervisor qualified in Bowen family systems theory in the university program. Even when Bowen theory does become an accepted part of university training, it will be given short shrift, because there are so many “models” to cover.

So, for the foreseeable future, it will be necessary for those who want to develop any degree of facility in Bowen-oriented psychotherapy, to enroll in a program of didactic teaching where their efforts in their own family and in the consulting room can be presented and thought through with someone who is capable of guiding the trainee in thinking as close as possible to what Bowen himself taught.

People can still learn a lot from reading all they can get their hands on. Reading on one’s own can sometimes be useful in one’s own life, but without formal training one best not put oneself forward as an expert or a professional in Bowen theory, qualified to write on or teach about the subject.

4. OVERUSE OF EMPATHY

Empathy (feeling with the other) is espoused in individual-oriented theories. In training therapists, it is taught, practiced and play-acted. Lack of empathy is thought to be detrimental in bringing up children as well as other important relationships. It is sine qua non in many schools of therapeutic thought.

Bowen thought differently about this. He was interested in getting people in the consulting room to be more thoughtful, less tied up in intense emotion about their life dilemmas. He knew that the two (thinking and strong emotion) interfered with each other. If the goal is thinking through to a resolution, empathy on the part of the (influential) therapist is going to ramp up the emotional atmosphere in the room, thus defeating the thinking-through process.

He talked about it in one meeting by saying, in effect, “Empathy is okay, but only if used sparingly. You had better get in and out of it fast.” Most of us are so trained and over-trained in the special understanding that empathy is supposed to give, that we have a lot to unlearn by the time we get to serious use of Bowen family systems theory in our work.

Feeling others’ feelings is really an over-function, a boundary violation. We are more prone to do it when anxious.

5. THINKING “OLD THEORY” INSTEAD OF THINKING SYSTEMS

Individual-based theories where the individual, rather than the larger organism—the family—is the focus, derived a psychotherapy process that is very different from that of Bowen family systems theory. These theories are ingrained by years of training, however. Also, they are easier to comprehend and may seem

simpler than thinking systems. It is identified by cause and effect thinking. Most of us think cause and effect by default. These theories and this way of thinking are, to a large extent, a part of the culture, so taken as axiomatic.

When we learn to understand the value of thinking systems, then our work is cut out for us. “Systems thinking” is difficult, and it takes time to master to any degree. It is more than worth the time and effort, however, but along the way, therapists often tend to run into their traditional ways of thinking.

It can be evidenced in an exploration of feelings and emotions, a hallmark of individual-based theories. One of Bowen’s major interests was in getting psychotherapy out of being hostage to feelings and their importance. He saw feelings as brain states that would come and go, not with any deep unconscious (there is no unconscious mind in Bfst) significance. Emotions in the new theory are the automatics in life. They are necessary to life, and we must understand a great deal about them, if we are not to be enslaved to them when they become patterned into inefficient or useless, repetitious loops.

But for a lasting effect, and to find the way out of most dilemmas presented, thinking rather than feelings and emotions will show the way. Many beginning therapists have been so over trained in the feelings-exploration process that they reflexively ask, “How does that make you feel?” at every turn, without thinking themselves.

Many also seem to have accepted that there is some value in catharsis—getting the feelings out. In spite of evidence that catharsis only makes feeling states more intense, therapists will go for what they see as that gold without seeing the clash with the systems thinking they are trying to develop.

Then too, we often spend far too much time focusing on the person in the room, neglecting exploration of the bigger picture of the nuclear family relationships, let alone the generations. This is not archeology. It has everything to do with present family relationships. It is always interesting to see how present patterns can be seen in the generations, present and past.

In addition, we still see trauma as the problem, rather than the useless emotional and relationship patterns, internal and inter-relational that have been set up after/during events. Emotional and relationship patterns can be worked with, retrained, redone. Emotional “scarring” (from the “trauma” part of traditional theory) is much harder to think about changing.

6. NOT WORKING ON SELF TO IMPROVE ONE’S OWN RELATIONSHIPS IN ONE’S OWN FAMILY

Whatever relationship patterns we are doing at home, we are probably doing in our work as well. It usually works out the same way in both places.

7. TAKING ON THE ANXIETY OF THOSE IN THE ROOM

Anxiety is more contagious than the common cold.

8. INABILITY TO MODERATE OUR OWN ANXIETY

Most of the foregoing dilemmas that therapists step into can be subsumed under the heading of ‘the anxious therapist.’

Until we come to terms with our own tendencies to distance, and all the devious ways we encourage it in our relationships (distance is in all four of the relationship patterns) the consultations over which we preside will be less efficient, effective and to the point than might be possible.

In the consultation room anxious therapists often laugh too much, or too loudly or both. Ever get stuck in a room next to one of these? I have come to think of this as simply a habitual anxiety-relief attempt. It is far better to address the anxiety directly, for the most part.

Muscular tension, like relaxation, is communicable. If the therapist is tense, everyone in the room tends to catch it, elevating the anxiety and reducing ability to think reliably.

Therapist anxiety can also show up in asking too many questions intrusively, interrupting thinking of the consultee. Sometimes our questions are impulsive and ill-thought-through—they might be stated a better way. Or they might be better left unsaid. All the forms that anxiety can take tend to impede the progress of the person sitting with us.

In our personal lives, too, where we obtain the most differentiation of self, we often let anxiety take the lead. We may take what we see as an “I position” or a “stand,” trying to define self with someone important to us. Often what we hope to be a move toward more self is really just distancing, conflict or overfunctioning (triangling can get in as well) in our relationships rather than actually working out a differentiating definition of self.

As Beverly Sills so well said, *“there is so much that can go wrong.”*

If you have a question or comment you would like addressed in this column,
please email Dr. Gilbert at rgoffice136@gmail.com