

Chronic Anxiety in Physical Illness (Bowen Lecture Series Tape 1, Segment 2 abt 1978)

Note – this is a transcript of talk given by Dr. Bowen at a conference on Cancer in about 1978. The original audio is available on request. This transcript may have some punctuation missing but any incorrectly transcribed words have been corrected. The time stamps mark the time on the original tape which has other presentations on it.

Tape 1, Side A, Segment 2.

32:20 Start of Segment Ability to Think Systems

The bottom line of what I have to say today is what I've been saying for a long time, would go something like this, turn up the anxiety high enough and leave it for long enough and the weakest link in the individual will give way to symptoms. Which I believe about cancer, the whole spectrum of human problems. That means it's one, just one of the elements that go into the illness. Most of the study of anxiety has been directed to anxiety as a phenomenon in the individual whether it be manifested in emotion, directly emotions or physiological manifestations. The study of the family as a unit in psychiatry goes back to the beginning of family research in the mid 1950s. We've learned a lot in these 25 years, but the study of the family is still in its infancy. Experienced family psychiatrists talk glibly about the study of the family as a unit. The term family systems has come to sort of replace the term the family as a unit and even though we're talking glibly I seriously doubt if even the most experienced family researcher, therapist, can think and act systems more than a fraction of the time. It's common for family therapists to proclaim they think systems theory when they might have a few systems theory thoughts during a day intermingled with hundreds Have conventional individual type thoughts. And so this is one of the basic facts about the way the human animal deals with theoretical concepts. Meanwhile, an overwhelming majority of psychiatrists thinks and thinks in terms of the dynamic forces that operate in the individual. And medicine does the same thing. Fortunately, in the past few years, we've been thinking much more of factors outside the individual. we've coined this term psychosocial, which is a kind of a broad general term. Which sure includes a lot of different things.

36:03 Stress and Anxiety defined

In recent years, there has been so much talk about anxiety and stress, that it's hard to separate the two. For working purposes at Georgetown we've recently defined anxiety as the emotional reactivity of the organism, either the individual or the total family organism to real or imagined stress. The stress is the stimulus, the anxiety is the reaction to stress.

36:44 Family as a Unit - Person A reacts to stress on Person B.

There's some facts about the human condition that we learned from the study of the family for the unit.

Number one, when you're thinking of the unit, and you see the anxiety flow around, the emotional forces, call it what you will, from one person to another in the family it's possible for one person to be responding to a stimulus in another person or a threat in the other person. This gives us a brand new thinking frame of reference. (2) There is another is that anxiety is infectious. It can build up so fast in a family starting from one stimulus into several people and stir up the whole family.

38:04 Physical Illness and family reactions

(3) So that the anxious person might not be the sick person. (4) Another the family reacts to physical illness, certain identical ways. This contradicts way of thinking which was first developed about 30 years ago, that implies an emotional forces to be Organ or disease specific. It would say that there are one set of dynamism that feed into heart problems, another into asthma, chest problems, another into intestinal problems, and on and on. Medical researchers have spent years defining the personality profiles of people with specific disease entities. There's some fact to this but such a focus misses some critical points.

39:16 Family reacts the dysfunction/ perceived threat vs the disease entity

In my early years in family therapy, family research, I tended to get over involved in the pursuit of individual symptoms. Over time, this becomes terribly involving and not very productive. Then I discovered that the family is reacting to dysfunction rather than to a disease entity or reacting more to the dysfunction than to the disease entity. If one can get beyond the nitpicking at microscopic differences, there is no major difference between the way a family reacts to cancer and heart disease as long as they have about equal degrees of life threatening threats for the future.

40:33 All illness is a dysfunction (emotional reactiveness)

There are some exceptions to this. But from the standpoint of family therapy, there is much to be gained in treating all illness as a dysfunction, and avoiding specific implications of each disease entity. This had to do with me selecting the title for this today. This is a conference devoted primarily to cancer. But to avoid this specific focus on cancer, and to help point out that the emotional reaction to cancer is similar to the emotional reaction to any other disease.

41:25

That led to my choice of this title. To have made it still I could have said emotional reactiveness and physical illness and emotional illness and social illness.

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41:48

===== Start of Tape 1 Side 2 =====

42:41 Chronic vs. Acute Anxiety Stress and Anxiety (stimulus and response)

I'd like to make a distinction between chronic anxiety and acute anxiety. But first, I'd like to focus on one simple variable, stimulus and response or stress and anxiety or stress and reaction. It has to do, one, there are variables and each end of this stimulus response thing. For instance, the kind of stress or the degree of stress. There are all kinds of variables in there. And then on the response end of it, there are many variables

43:33

for instance The way the organism reacts to stress it can vary all the way as Dr. Wolfe was showing all the way from extreme under reaction to extreme overreaction. You see families that make mountains out of mole hills and others that make mole hills out of mountains.

44:07 response, the anxiety varies for the same stress (stimulus).

And yet, in medicine, we make a great deal out of these simplistic things. For instance, it's easy to hear about the reaction to adolescence. Reaction to menopause reaction to the this newfangled thing called the empty nest syndrome. The reaction to all kinds of things which can be a physical things in it and also emotional things from the environment and go beyond that. You can describe the characteristics of man And women are Blacks. Of all of these things, we get characterized. Now, there's some some value to this, but we carry it too far. In other words, we tend to make this a lot more simplistic than it is. And then our thinking gets programmed.

Another one the characteristics of mourning are. Well, there's many reactions to that there's a broad spectrum of reactions, if you treat mourning as a thing, then you've missed this long spectrum of different kinds and intensity of reactions to it.

46:25 Differentiation of Self

Which has to do with my concept of differentiation of self, which I believe probably may turn out to be my major contribution to anything, if I ever make a contribution would be this notion of differentiation of self, which is weighed characterize all people on a continuum, from one extreme to the other. This would have to do with the functional integrity of the person. This is clear enough that we can see all kinds of problems and

defining and using differentiation of self. But at least it implies that we're all that we're different from each other and they're all gradations of this.

General reactivity to the environment

Now, on an operational level, the person with the lower, lowest or lower levels of differentiation of self are more responsive to anxiety, as a group. They are more fused into the group and society. They're more responsive to anxiety that goes on in society, and then comes in to the central family organism. And the people with the better levels of differentiation, I say better, because you just sort of tried to improve this a little bit in the course of a lifetime, are less vulnerable to all of these things. If you could ever have a person with a very, very high level of differentiation, he would be able to react realistically to his environment. His reaction to the environment would be consistent with the reality of the stress threat. And I've amplified and re amplified and mixed up with all the others.

So there are a number of variables that get into this. I do believe the differentiation of self concept, or some kind of a concept that does the same thing. I'm not devoted to it the way I've tried to spell it out, but something that does this something that would try to get at the integrity of the organism, the integrity of the organism in relationship to others, what have you. So that's one of the I think that one variable makes these things a little easier to understand and conceptualize.

Impact of Cutoff

So now, what are the variables that apply in chronic and acute anxiety? The first has to do with the differentiation of self the level in people. Associated with that is the degree to which the person is emotionally isolated or cut off from extended family. We do know that the more people are cut off and isolated from the family, the more vulnerable they become to life stresses too serious reaction.

50:08

Okay, so that's a major factor is the level of differentiation of self. Which says a lot about how this organism is going to deal with life in the future.

Self in relationship to the environment

Another variable has to do with the way he maintains self with his environment with his extended family, and with the old people important to him. A poorly differentiated person can manage this, these are things that can be used in therapy, and we do all the time or poorly differentiated person can put a little work into maintaining the environmental system and shore up one's own life.

Level of Differentiation of Self and Chronic Anxiety

The degree of differentiation provides a reading on the level of chronic anxiety in a life. We all live in a certain amount of chronic anxiety. The degree to which the organism is poorly differentiated. And the intensity of the environmental anxiety, these are the reality things to which the organism is responding, plus the way it's elaborated, which is all the same thing. Take a poorly differentiated person and put them in a calm environment, and the symptoms go down. Put them in an intense environment and the symptoms go up. So we've got all these different levels of differentiation, the better differentiated person can live in that environment, without reacting too much to it. The poorly differentiated person is caught.

52:54 Impact of Chronic Anxiety

Now, the degree to which a person lives in this chronic anxiety field and you're in a chronic anxiety field when you have a worrisome scared family. An automatic reaction of the organism is to get free of the pain of anxiety. We avoid the things that make us anxious. That's an automatic reflex in the organism. So we have all these ways of controlling that. One of the ways has to do with the intensity of chronic adaptive mechanisms these are things that don't impair life, I mean they've been incorporated into life we live life according to quotes our principles.

53:57

The Chronic things can be old phobias, any kind of a chronic adaptive ???, religiosity, obsessiveness all kinds of these personality characteristics become binders of the chronic anxiety. The more the chronic anxiety is present and more the organism is lost its flexibility and adaptability, the less it's able to handle acute anxiety when it comes along.

54:49

Now to the thing which has to do with say with cancer. I like the things that socio biologists have been writing about. Something may emerge from this. And incidentally, I would go along with some of Dr. Steven Gould comments, when he attacks Wilson. Wilson is one of the main ones who has postulated a genetic origin of these characteristics. Personally, I don't think it makes much difference how you do it I, in the past, I've spoken of the way people were programmed out of the past. If we're going to speak in terms of how they DNA was one of the things that has contributed more to society probably than any other discovery of the century. I believe we'd haven't scratched the surface on this yet. I mean, it is rewritten the bottom line of a lot of the physiological studies natural sciences. And when you think of upwards of 100,000 genes in a cell,

56:20 Programming from the Past "genetic like"

it's is it's is it's mind blowing. However, we think of it in the past, I've called it programming. The assumption being that this is a product of some kind of programming that comes out of the multi generational past and then comes to be in us. There's so many things in us that are like the past, every gets there. It is genetic, like, in it's fixedness. And the way it lasts for life. So how anyone thinks of genes or programming, the person comes in to life with this programming, this vulnerability, this weakness of cellular systems or whatever, I will take this person toward either physical illness, emotional illness, or social acting out. On a very broad level, the difference between these people is so slight, you can find some differences, but on broad levels there hard to find.

57:36 Emotional Programming out of the past.

So I thought in terms more of emotional programming out of the past, which is fixed, then put this person in a life situation, and then expose them to enough chronic stress and then add more stress on it. And then have that tend to become chronic. The organism deals very well with acute anxiety, with acute stress. It has to go on and on and on before it gets worked into the chronic stress. And thinking about this, I was thinking last week I saw this play at the Krieger on radio 1940 fascinating little thing. It was a play based on a radio programme from December 1942. With society trying to hook it up on the one side and be a war where that war out there. And we're hoping this war is going to end this year. And we will get out of all of this, which made me think how I'm not so sure that a thing like a war is not acute anxiety, more than chronic. If he kept up and repeated, then it would work his way into these chronic things which are over here and which are separated from the acute.

Acute Anxiety has an end that can be understood.

It's still acute, as long as the organism sees light at the end of the tunnel. If there's no light, then it becomes part of these chronic mechanisms. So I would say then that physical illness which the individual has been programmed out of the past, and is part of the makeup with the individual will surface in enough chronic anxiety for long enough with superimposed acute anxiety. Thank you

59:54