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# **SELF SOOTHING: A RECURSIVE INTRAPSYCHIC AND RELATIONAL PROCESS**

## **THE CONTRIBUTION OF THE BOWEN THEORY TO THE PROCESS OF SELF SOOTHING**

### **ABSTRACT**

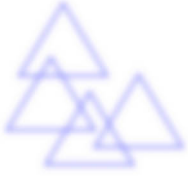
The concept of self soothing originating in the psychodynamic tradition has attracted interest from therapists as a key skill in the managing and regulating of strong affect and emotional discomfort. While a capacity for self soothing is implicit in, and a vital prerequisite to, the process of differentiation, Murray Bowen also predicted that the outcome of increased differentiation is improved emotional equilibrium and a capacity for self soothing, clearly a recursive process. The attention of Bowen Family Systems Theory to both the relational and intrapsychic aspects of human functioning provides a useful framework through which to explore these aspects of the dynamics of self soothing.

This paper describes some of the key processes involved in developing a self soothing capacity within an effort to define a more autonomous self in significant relationships. The author contrasts Family Systems thinking with other theoretical perspectives that speak to the importance of self soothing. Finally the role of the therapist as a facilitator of an environment in which the self soothing resources of clients can emerge is considered alongside suggestions and strategies for how a therapist may contribute to a client's own efforts.

### **INTRODUCTION**

According to Bowen Family Systems Theory a central goal in therapy is to increase one's differentiation in significant relationships, and most importantly, in one's family of origin relationships. This involves the ability to remain emotionally present, engaged and non reactive in emotionally charged situations, whilst simultaneously expressing one's own goals, values and principles. This must be attempted without insisting or expecting that others change, and without being thrown off track by others' disapproving or anxious reactions.

Throughout my own personal effort to define a more emotionally independent self within my family of origin, the most profound feelings of frustration, rejection, disapproval and disappointment have been encountered. This experience is consistent with Bowen's prediction that, while the outcome of increased differentiation is improved emotional



equilibrium and capacity for self soothing, the process of getting there, is in fact anxiety generating. While Bowen Family Systems Theory clearly emphasises that the 'royal road' to differentiation requires an ability to hold on and stay 'on course' while feeling emotionally distressed, the specifics of how one stays on course, have, this author believes, received less attention within the Family Systems literature.

## DEFINING SELF SOOTHING – A BRIEF REVIEW

The term 'Self Soothing' and references to this process can be found in various contexts throughout the psychotherapy literature. Most commonly references to self soothing are found in the more recent, post-Freud psychodynamic tradition where it refers to an individual's efforts or capacity to calm oneself while in a state of emotional distress and during subsequent autonomic nervous system arousal. From this perspective the capacity for self soothing is believed to develop through the internalisation of soothing or comforting experiences during early development. Many of the contemporary psychoanalytic theories and approaches (in particular, self psychology and the inter-subjective /relational theories) would argue, to varying degrees, that deficits in this capacity can be corrected through the appropriately managed transference relationship (Kernberg, 2007).

The Object Relations School has focussed on the role of empathy and the holding environment as it relates to people with deficits in the capacity for self comforting. These approaches propose that the repeated working through of early disruptions and events within the transference relationship and the therapist's cognitive and affective tolerance leads to a greater capacity of clients to sustain empathic failures in their personal relationships. (Mitchell and Black, 1995)

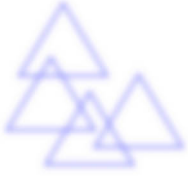
Self Psychology approaches have highlighted the role of validation of subjective experience (mirroring transference). They propose that such an approach strengthens affect tolerance and aids in the development of functional capacities to assist in regulating affects and impulses. Through the transference with the therapist as a new selfobject the patient internalises the therapist as an idealised source of strength and calmness. (Lerner 2008)

The Attachment Theory literature also offers a perspective on Self Soothing. Mikulincer and Shaver (2004) grapple with the question of how secure attachment is related to the development and consolidation of an autonomous self. They cite recent empirical findings which imply that secure attachment is associated not only with support seeking but also with establishing the self as the main executive agency of the mind.

*"It seems that securely attached people can rely on either attachment figures or their own resources and skills when dealing with threats. That is, they can choose to deal with threats autonomously or rely on others without feeling that support seeking implies personal helplessness or vulnerability" (p167).*

They tentatively conclude that security enhancing interactions with attachment figures facilitates the construction of specific soothing processes within the self.

The above perspectives on Self Soothing imply that the development of this capacity may involve, or even depend upon, the validation or soothing from another person, or external source. In contrast, David Schnarch (1997) who draws directly on the work of Murray



Bowen, the originator of the concept of Differentiation, proposes that self soothing involves meeting two core challenges of selfhood - on the one hand, not losing the self to the pressures and demands of others, and on the other, developing a capacity for self centering, that is stabilising one's own emotions and fears. This is achieved through turning inward and accessing one's own resources to regain emotional balance and comfort without excessive indulgence or deprivation.

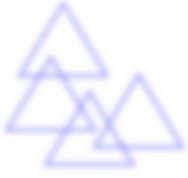
References to self soothing have also been found in the work of Marcia Linehan (1993) in developing the Dialectical Behavioural Therapy approach. Linehan's reference to self soothing is brief, but part of the larger and more comprehensive construct of 'Distress Tolerance' for which the skills include distraction, self soothing, improving the moment, and thinking of the pros and cons. She describes self soothing as comforting, nurturing and being kind to oneself through pleasant activities using the five senses. The aim is to move one's mind away from troubling thoughts, feelings and impulses in order to gain immediate relief from distressing emotional reactions. Related to the broader construct of self soothing as discussed above, Linehan also describes the use of emotion regulation and mindfulness skills as separate and distinct categories.

This summary which is by no means an exhaustive review of the literature on self soothing is included for the purposes of contrasting a Family Systems view.

## **BOWEN'S VIEW OF SELF SOOTHING**

Although the Family Systems literature does not use the term 'self soothing', this essential process is implied in the description of anxiety reduction which is a by-product of increasing one's basic level of differentiation. As a person develops more awareness of, and control over, their emotional reactivity amidst the pushes and pulls of family relationships, the more potential exists for the integration of emotion and cognition within that individual at times of high anxiety. This can assist individuals to participate in their family system as more of a 'solid self'. That is, being more directed by their own convictions and beliefs rather than the emotional climate of the family relational system or the feeling responses of others (which can strongly pull one away from the expression of self toward acting for the harmony and emotional comfort of others). When there is a little more "solid self" to counterbalance the pull of the feeling process less anxiety is generated by, and absorbed from, the relational system in which the individual is participating. Bowen may have deliberately veered away from the term 'self soothing' in favour of the term 'self regulation', in order to emphasise that, while the ultimate effect or outcome of a differentiation effort may be to feel more comfortable internally, the process of getting there is far from soothing, but rather more anxiety provoking.

Bowen Theory suggests that the process of self soothing requires a movement *toward* anxiety, that is, to engage in feeling more discomfort rather than feeling relieved or soothed. Bowen would argue that one's willingness and ability to tolerate the discomfort of emotionally intense situations can promote learning about one's own thinking, feelings, reactivity whilst in the midst of high anxiety. This promotes the development of a new way of thinking about oneself when anxious, which, in turn, can create more objectivity and flexibility in thinking and ultimately a greater range of behavioural options within key relationships during times of high tension. Thus, the path to a greater capacity for self



soothing depends on having the courage to engage in emotionally intense situations repeatedly and to tolerate the anxiety and internal emotional reactivity associated with that engagement (Kerr and Bowen, 1988).

It is important to note that this conceptual position is not unique to Bowen Theory. Many of the psychodynamic approaches would agree that learning to tolerate the discomfort of emotionally intense situations is essential to an individual's growth. However, it is Bowen's contention and contribution to the field of therapy, that it is the tolerance of the anxiety generated by the commitment to, and effort of defining one's own beliefs, principles and convictions within key family relationships, that has the most potential to lower chronic anxiety and thus work toward developing a more enduring, reliable and solid ability to self regulate.

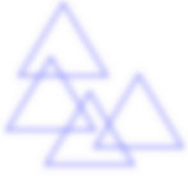
A further point of distinction lies in Bowen's view of the position of the therapist and the role of the therapeutic relationship in such an effort. Rather than the therapy room being the site of the healing of past emotional 'wounds', through the transference relationship with the therapist, it is the place for thinking, exploration and further understanding of the processes at work in the clients' family system, This helps clients to go back into the real world of their own relationships and family to work out their emotional difficulties. Both therapist and client use the theory as a lens through which to observe relationships with family of origin, with spouse and with children and with others to see how everyone's emotional immaturity plays out in the system and to observe how people function in relation to each other, to see triangles and the other elements the theory describes. (Kerr, 2005).

Systems Theory does not discount the importance of understanding one's feelings, however it does not assume that clients 'getting their feelings out' will solve very much except perhaps in the short term. Experiencing and understanding one's own feelings is a vital component of self soothing, but only if one can use them as a source of information to be considered in determining the best way to act for self and to meet one's own needs. This is in contrast to experiencing one's feelings as an overwhelming demand for action or a potentially harmful irrational force that must always be regarded with suspicion.

## A Family Systems understanding of anxiety

The process of self soothing within a Family Systems Approach cannot be understood separately from the concept of *chronic anxiety*, which Bowen argued is a key variable in the development of the symptoms that block our learning and growth, thereby creating the need for self regulation.

In Bowen Theory anxiety can be defined as the arousal of the organism upon experiencing a real or imagined threat. When so aroused the emotional system of the anxious individual tends to override the cognitive system and behaviour becomes increasingly automatic. Subjective decisions based on internal feelings or affect predominate (Papero, 1990). It is vital to bear in mind that for Bowen the concept of the *Emotional System* is distinct from, and not limited to, feelings or affect. Bowen used the term 'emotion' or 'emotional system' to refer to the automatic processes governing life on all levels, from the cellular to the societal. It includes the force that biology would define as instinct, reproduction, the automatic activity controlled by the autonomic nervous system, subjective emotional and



feeling states, and the forces that govern relationship systems (Bowen, 1978). The emotional system is counterbalanced by an intellectual system that enables clear thinking, focuses on objective facts and evaluates options for responding. Individuals vary in their ability to be guided by the intellectual system in the face of emotional intensity. This key difference among individuals forms part of the basis for Bowen's concept of a continuum of Differentiation of Self.

Bowen distinguished two types of anxiety existing in complex relationship with each other. The first is *acute anxiety* which generally occurs in response to real threats and is experienced as time limited. Adaptation to acute anxiety is usually fairly successful, partly because the focus for response or action is clearly defined. The second is *chronic anxiety*, which occurs in response to perceived threats, is not experienced as time limited and exists in all individuals to a greater or lesser degree.

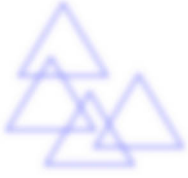
## Chronic Anxiety

Chronic anxiety is influenced by many things but not caused by any one thing. The principal generator of chronic anxiety is the degree of an individual's sensitivity to real or perceived changes /disturbances in the balance of their relationship systems. Such sensitivities and subsequent anxiety reactions are generated and fuelled by the inherent relational instability set up by the dual human need for togetherness, belonging and acceptance on the one hand, and for personal autonomy and individuality on the other (Kerr 2007). The higher the level of chronic anxiety within an individual or relationship system (that is, the greater the sensitivity to relational forces) the less adaptive individuals are to episodes of acute anxiety.

Chronic anxiety can result in a sustained and generalised state of arousal within the individual and involves responses in both the autonomic and central nervous systems. Once triggered, chronic anxiety sets off a cascade of instinctual responses, actions and reactions that quickly gather momentum and become largely independent of the triggering stimuli.

Chronic anxiety is subtle and pervasive and runs like a silent undercurrent guiding all human relationships (Ferrera 1999). The physical manifestations of anxiety are possibly the most well known and can range from tightened muscles, shallow breathing, increased heart rate, and changes in skin temperature to churning nausea, dizziness, suffocation and gripping pain. Chronic anxiety also affects the way we think and influences how we perceive the circumstances of our lives. It can determine our beliefs, organise our behaviour, influence our personality and hijack our emotions. More often than not, we may not be aware that our thinking, feeling and behaviour are anxiety driven. Thus, chronic anxiety is a much broader concept than, for example, an anxiety disorder or an episode of acute anxiety symptoms. Although it may never manifest as a disorder or an acute episode, it can certainly include these.

Bowen Theory proposes that chronic anxiety exists in all individuals and in all relationship systems. It is not the exclusive domain of the clinical population. However, what does vary between people is the degree of chronic anxiety which can range from high to low. The level appears to be based primarily on learned responses in one's first family. This, Bowen proposes is a transgenerational phenomenon. That is, one has little or no control over the



amount of chronic anxiety one is born into, however, one does have control over the way one plays the 'hand of cards' one is dealt. This forms the basis of Bowen's focus on changing the self in order to experience oneself as more solid in relation to important family members. This is in contrast to changing one's own behaviour in the hope of a change in another's response to you.

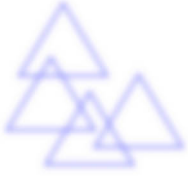
Throughout my own differentiation efforts Bowen's concept of chronic anxiety has been most influential and helpful in developing my own ability to self soothe. Understanding that the effects of this type of anxiety are often very subtle, pervasive and more often than not out of conscious awareness, provides a way of making sense of the relational sensitivities underlying my thinking patterns, as well as my behavioural and physiological reactions. Understanding this aspect of my functioning as a transgenerational 'inheritance' similarly grappled with, consciously or unconsciously by my ancestors and not the 'fault' of any one family member, helps me to feel compassionate and respectful of my situation and efforts. I am able to remind myself that these imperfections are not a weakness or defect in character, but a feature of the human condition. This in turn is soothing, liberating and helps me continue to take action in my differentiation efforts no matter how small the progress.

## **PROCESSES INVOLVED IN DEVELOPING SELF SOOTHING CAPACITY**

From a Bowen perspective, working to lower one's level of chronic anxiety is, in essence, a self soothing project. Lowering chronic anxiety is a recursive process involving attention to both intrapsychic factors and the way one functions as part of the interactional dynamics of family and other key relationships. Understanding and modifying both the position of the self in the system and the way the system manifests inside the self.

Extensive research led Bowen to theorise that the level of chronic anxiety within an individual is related to the degree to which that individual's emotional position in their family of origin functions to regulate tension in the parental relationship (Bowen, 1978). Thus his approach to sustained emotional growth is based on an individual carving out - or more accurately 'chipping away' at - a different emotional position in their family system. A position based more on one's own needs, beliefs and principles, as opposed to the emotional demands of the system, that is, the push for harmony, approval, 'oneness' or relief from the tension of differences. This must be continued within an ongoing connected relationship despite the predictable disapproval, criticism - or worse! - that it might generate. Such an effort, Bowen argues, if maintained consistently over time and throughout many interactions, will ultimately decrease the level of chronic anxiety within that individual and, conversely, increase their level of differentiation. This is consistent with my personal experience.

Clearly, taking action to define oneself more authentically in one's family of origin may not be possible for, or even the choice of all clients. However, I think it important to highlight what I believe a Bowen Theory approach has to offer even the most fragile and vulnerable of clients in their efforts to develop a more solid self. A Bowen therapist does not direct a client to confront their family or to behave differently toward family members, but invites a client to learn about and to understand the predictable and observable patterns of



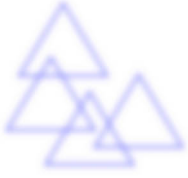
emotional process in the family which they are a part of and contribute to. This involves using the real life relationships of the client as the site of observation and research. The data which the client collects on these habitual patterns is brought back into the therapy room for analysis through the lens of Systems Theory. This gentle process encourages reflection upon and thinking about one's own functioning, especially under pressure, in response to important family members. It includes observation of sensitivities and vulnerabilities of self and others, the instinctual and automatic reactions of self and other family members when anxious and the reciprocal and co-created interactional patterns that repeat between family members. A therapist's curiosity about these patterns and how a client differentiates between reactive (emotional) and rational thinking responses invites a client's curiosity about this for themselves. This can stimulate a type of thinking that itself provides a powerful antidote to overwhelming emotional states.

Above all, the emphasis is on a client understanding and thinking about their situation differently. Clients work toward developing clarity about the part self unwittingly plays in the maintenance of the problem. This can be undertaken at the varying levels of emotional maturity that clients bring into therapy. Even in the earliest stages of learning about Family Systems principles, a client can potentially develop an awareness and understanding that is perhaps one of the greatest tools for self regulation, as it can help them to make sense of the most difficult and inexplicable behaviours and relationships.

When an individual understands and objectively observes the system they are part of they can see that it is beyond the effort of the individual and that others' reactions are their own anxiety in the system response. This helps them to contain responsibility to their own reactions rather than taking the brunt of the systems' reactions. It provides a view to all participants' behaviour through the lens of systems ideas. The individual can become more objective about others' behaviour and thus experience it less personally. When one can see their own and other family members' position in the system and what each person, including themselves are up against, they are less likely to blame others or see 'villains and victims', hence viewing the situation more realistically. For example, through this work, I am now more able to view my own parents as fellow travellers on the planet, struggling with similar human predicaments and challenges as myself.

A sustained effort to research and understand one's family system and one's own part in it can promote a capacity to recognise and normalise the 'change back' reactions of others, that is, their attack, defensiveness or withdrawal of support. When these reactions can be seen as a predictable part of the journey to define self rather than as a crisis that needs to be smoothed over, one can better resist the understandable urge to abandon the mission. A Family Systems understanding enables one to predict others' reactions and thus assist one to prepare a response from a position of a solid self as opposed to a reactive self.

Bowen emphasised that taking action to express oneself differently in key family relationships will generate an increase in anxiety and discomfort in the short term, as any attempt from one family member to rise up out of the emotional togetherness will attract vigorous disapproval from the group (Bowen, 1978). Clearly this is no easy road and simultaneously requires the development of skills to regulate physiological arousal, tolerate strong feelings, calm and examine the mind in order to integrate affect with more rational thinking. I believe that this is where other therapeutic approaches that detail methods for regulating arousal fill a gap left by Bowen. Cognitive Therapy (Beck, 1976),



The Mindfulness approach (Kabat-Zinn, 1993) and Acceptance and Commitment Therapy (Harris, 2008) amongst others have worked extensively in this area. Knowledge of, and proficiency with these strategies and practices is a helpful skill set for a Bowen theorist /therapist.

Emotion Focussed Therapy (Greenberg, 2002), although quite different from Bowen in how it achieves affect regulation, provides detailed and useful descriptions of ways in which emotions can be understood and used intelligently. For example to learn about self, monitor the state of one's relationships and as a source of information to decide upon reasoned action. Additionally there are valuable resources to draw on to assist with regulating physical arousal pertaining to the physiology and psychobiology of stress (Sapolsky, 1994), relaxation and yoga therapies (Paramhans Swami Maheshwarananda, 2000), and recent advances in Neurobiology (Allman, 1999; LeDoux, 1996; Panksepp, 1998)

It must be emphasised however, that it is the way in which such resources are used and applied that distinguishes an effort toward the longer term goal of differentiation from a delaying mechanism for immediate relief and distraction from overpowering feelings and impulses.

*“The process by which a person can reduce his level of chronic anxiety depends primarily on learning. The learning depends on having the courage to engage in emotionally intense situations repeatedly and to tolerate the anxiety and internal emotional reactivity associated with that engagement. This is anxiety associated with trying to become more of a self, an **anxiety of progression rather than regression**”* (Kerr and Bowen, 1988 pp130-131).

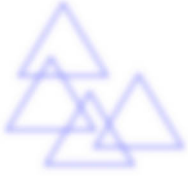
I believe Bowen Theory adds a vital component to the tools an individual can use to manage anxious arousal in order to function more authentically. Bowen clearly outlines the patterns of fusion, emotional cutoff, triangling and over /under functioning that occur in varying degrees in all families during times of stress. This knowledge enables an individual to soothe their anxieties by understanding what is going on in their family system and appreciating the normality of these patterns. The more our family patterns are known to us, the less threatening they become.

## **HOW CAN A THERAPIST CREATE AN ENVIRONMENT FOR CLIENTS' SELF SOOTHING RESOURCES TO EMERGE?**

With differentiation of self as the goal in Bowen Family Systems Therapy, the therapist invites the client to direct their own learning. The following principles outline how an increase in a client's awareness of self can be facilitated.

Invite responsibility for self as opposed to the therapist directing the work

The therapist uncovers, draws out and accesses client motivation through questions that elicit goals for SELF, not only goals for a change in situation. For example:” *How would you like to experience yourself differently in this relationship?, How would you like to be able to respond in those particular situations?, What effect would that have?, What would*



*be the significance to the way you think about yourself should such a change occur?, What would YOU want to work on in yourself to contribute to the kind of relationship you'd like?"*

Through such questions, clients are encouraged to focus on their internal functioning rather than their perceptions or descriptions of the external stressors. Additionally through asking clients to share with you their own thinking and ideas about the most helpful starting point for them, a therapist can invite a client into more responsibility for self.

Invite empathy for self as opposed to the therapist being the key source of the empathy

The therapist enquires about clients' own initiative in ways to calm themselves and interrupt the anxiety cascade, what has prevented them acting on their own wisdom and what, if any, assistance they might need to implement their ideas. For example: *"If you were listening to yourself telling your story, what reactions or thoughts might you have about your own resilience / courage / wisdom?"* or *"What do you need to do or obtain in order to observe and pay better attention to your own reactions and anxiety indicators"?*

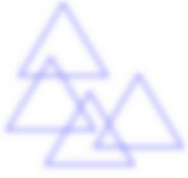
Invite clients to be researchers of themselves in their relationship systems

During each session, the therapist enquires about the client's own initiatives and efforts between sessions. For example: *"What have you been working on? How have you been doing this? What ideas have you found yourself thinking about following our last session? What did you take away from the last session? What are you aware of trying to do differently? What have been the successes and setbacks in your efforts? What have you learnt from this? What have you been noticing about yourself – Is this a new or an old pattern?"*

Create a "learning about self" environment

The therapist develops questions and experiments which invite a client to reflect on themselves and their own functioning (all aspects including physiological, emotional, behavioural etc) rather than inviting description and articulation of feelings. "The expression of intense feeling tends to activate the emotional chain reaction in the clinical session, to interfere with the participants ability to think clearly about the situation and to reinforce the very processes and patterns that clients find troublesome" (Papero 2000). Feelings are more helpfully expressed when clients have more capacity to understand and use their feelings helpfully as opposed to being at the mercy of them

Ask questions about clients' physiological response. For example: *"What do you notice happening in your body as you speak about his event? What is the first thing you notice? How long does it last? How does it dissipate? If you didn't act immediately to banish this sensation how long do you think it would take to dissipate naturally? How do you imagine you would be able to tolerate it if you were to decide to experience the sensation for a short time? What is happening in your mind when this sensation begins?"*



Ask questions which invite thinking about feelings and reactions (as opposed to the expression of feelings and reactivity). For example: *“When you experience that gripping fear, how do you express it? Who to? How do they respond? How does this way of expressing yourself when you are scared /angry help you in the achievement of your goal of feeling a closer connection with you partner? What were you trying to achieve? Can you see any alternatives to..... when you feel that bad? As I see how intensely you are experiencing this grief /pain, can you work out what your strong feelings are telling you about how you wish to be treated in your relationship? How could you express this while at the same time acknowledging the value of your relationship?”* Invite a logical and factual description of process i.e. the what, who, and where of situations.

Ask questions which assist clients to make connections and distinctions between different aspects of a client’s functioning. For example: *“how do you decide how to respond to your partner’s expression of discontent? When grappling with this dilemma how much of your thinking is influenced by the facts of the situation compared with your assumptions and fears? What ideas guide you when making such decisions?”*

Encourage an awareness of relational patterns. For example: *“I know you have learnt to speak for X’s feelings, but what would you say, just this once, if you could speak for your own needs? When, do you think, did you start to take X’s symptoms so personally, as if they were directed at hurting you? How do you think this way of thinking about it, impacts upon the way you relate to X?”*

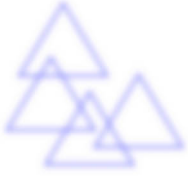
### Share information without prescription

Share information about human functioning, especially the nature of and pervasiveness of anxiety, along with Family Systems principles.

Share information about the possibilities (techniques) for calming one’s body and mind, as well as your thinking about the value of such endeavours but only after the client has communicated their own concern for a particular symptom or desire to make a particular change, not in response to the therapist’s anxiety increasing in response to the client’s situation. The therapist must do this with care, in order for the client to grapple with the options and make their own choices and decisions around these.

### Relentlessly observe, question, evaluate and understand your own role as therapist in the client’s journey

My own efforts to learn and apply the complexity of Bowen theory, both personally and in clinical work, have provided increasing clarity about the role of a therapist. This is not to relieve a client’s suffering or distress, but as Bowen would say, to assist a person to make a research project out of their own life (Bowen, 1978). This means inviting clients to sit with themselves, know themselves, observe and report on themselves, to understand their functioning and responses. To consider their own resources and initiatives, desires, goals and options and to develop compassion for themselves.



## What does this ask of a therapist?

Firstly, the ability to stay in contact with the problem without becoming part of it, or cutting off from it. Sounds simple enough, but in practice it is not that simple, because the doing of therapy does not only involve the intellectual system. The emotional system of the therapist is easily activated, as sympathy and the desire to help one's fellow in distress are instinctual human responses that are well (and maybe even overly) developed in most therapists.

Secondly, the ability to define oneself clearly and consistently to the client. In practice this means providing a stable and consistent source of information about, and modelling of knowing the self, expressing self (without desiring change in others) and having the courage of one's convictions despite any disharmony or disapproval this might create.

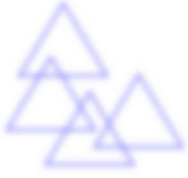
Finally, to facilitate a learning process for the client that is not solely dependent on the therapist or therapeutic relationship, but instead, privileges their own relationships with key family members and the relationship they have with themselves. This is possibly Bowen's most radical departure from his psychoanalytic roots, his hypothesis that a soothing or containing experience with the therapist will not necessarily be transferred by a client into their life outside the therapy room.

## CONCLUSION

When a therapist or therapeutic relationship becomes the most important part of a client's self soothing effort, not only can it drain a therapist but it can also be counterproductive to the client's own journey. In fact, a therapist's over-involvement in soothing a client through empathy, validation, affirmation and lending ego may well undermine a client's own efforts by encouraging reliance on other validation or soothing. If coming to therapy temporarily relieves them of discomfort and anxiety, then how can they learn to rely on their own resources? Bowen expressed this in the following way: *"When the therapist allows himself to become a 'healer' or 'repairman' the family goes into dysfunction to wait for the therapist to accomplish his work"* (Bowen, 1978 p 157-158)

Rather than trying to teach self soothing the therapist can seek to create an environment in which a client's self soothing resources may emerge and develop. The most important contribution a therapist can make is to work toward reducing their own importance in the clinical process in the face of the anxious client's push to define them as the expert who can fix the problem.

For me, this requires an ongoing focus on the development of my own capacity to self regulate, because sitting with human need and distress activates my own emotional orientation to caretaking and problem solving. When I can restrain my impulse to step in and soothe the client, I am, paradoxically, more able to engage compassionately with another's suffering without feeling the need to relieve them of it. I believe that this involves no less compassion, but rather, compassion held hand in hand with an acceptance of and ability to tolerate the inevitability and inescapability of human pain and suffering.



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