



Who Are We?

Low Self-Esteem and Marital Identity

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Low self-esteem is a common problem with clients seen by psychiatric mental health nurses in both inpatient and community settings. Gordon (1982) describes the nursing diagnosis of self-esteem disturbance as "negative feelings or conception of self," including social self or self capabilities. Defining characteristics include lack of eye contact, head and shoulder flexion, self-negating verbalizations, expressions of shame or guilt, and evaluations of the self as unable to deal with situations or events. Empirical validation of this nursing diagnosis has recently been provided by Norris and Kunes-Connell (1985).

Stanwyck (1983) incorporates both affective and cognitive components in his definition of self-esteem as "how I feel about how I see myself." He suggests that factors related to the development of self-esteem include interactions with significant others, social role expectations, psychosocial development crises, and communication/ coping styles. Studies have documented a relationship between low self-esteem and physical and mental illness (Antonucci, 1983; Schafer, 1981).

Nursing care of the adult client with low self-esteem has traditionally focused only on the individual. Interventions are typically designed to promote realistic self-appraisal and to change patterns of thought that cause negative feelings and low-esteem (Crouch, 1983). This article describes a family systems nursing approach to assessment and intervention of low self-esteem. A family systems nursing approach purports that individuals are best understood within their relational contexts. The case example demonstrates specific assessment and intervention strategies that can be used when nurses are confronted with this common psychosocial problem.

Context of Clinical Work

The setting of the clinical work de-scribed is the Family Nursing Unit, Faculty of Nursing, University of Calgary. The Family Nursing Unit (FNU) is a unique educational and research unit that provides assessment and intervention to families experiencing difficulties with physical and psychosocial problems (Wright, in press). At the FNU, the family is the unit of care; assessment and intervention are focused at the level of the interactional patterns and beliefs of the family system. The FNU consists of a suite of five interviewing rooms equipped with one-way mirrors and a telephone intercom system to allow observation and supervision of the family interviews.

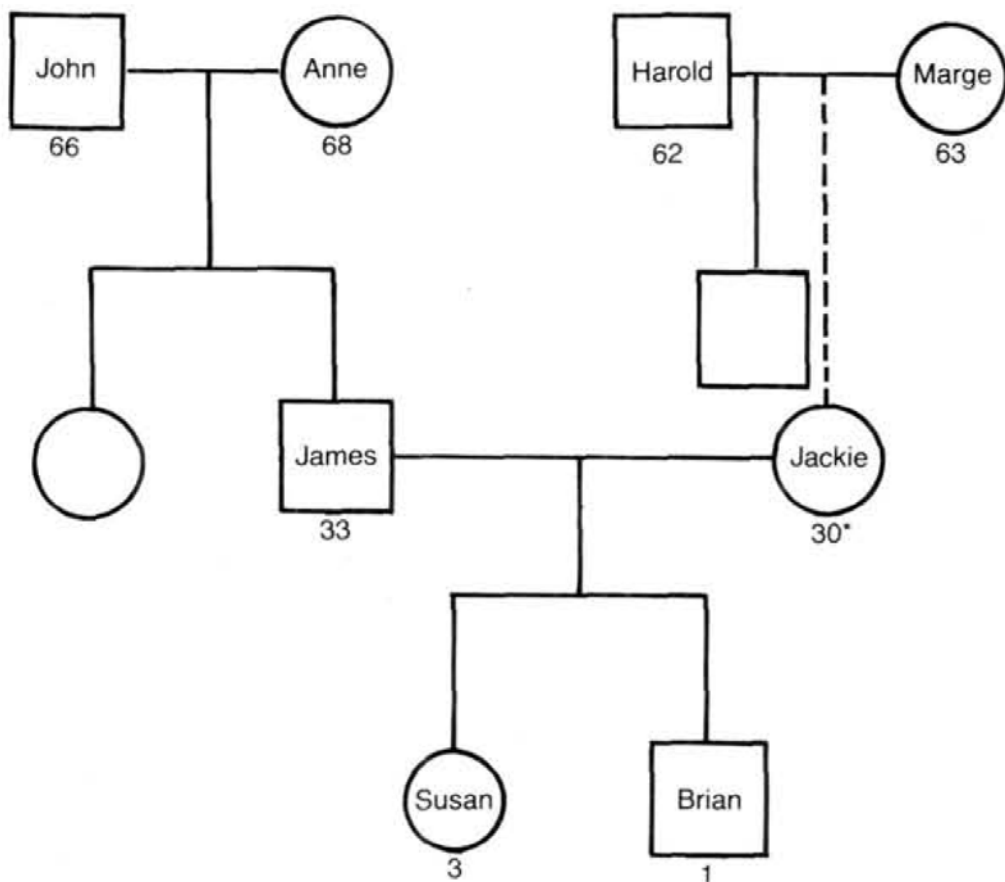
Models and Theory Base of Clinical Practice

The clinical nursing practice pro-vided by the FNU is defined as family systems nursing (Wright, 1990), a term used to refer to the unique combination of nursing, systems/cybernetic theory, and family therapy concepts on which the nursing assessments and interventions are based (Watson, 1988a, 1988b, 1988c, 1989a, 1989b). Our family systems nursing approach is based on two models: the Calgary Family Assessment Model (CFAM) (Wright, 1984) and Milan systemic family

therapy (Boscolo, 1987; Tomm, 1984). CFAM is a multidimensional framework consisting of three major categories: structural, developmental, and functional. Systemic family therapy offers three guidelines for family systems nursing interviews: hypothesizing, circularity, and neutrality (Cecchin, 1987; Palazzoli, 1980).

Hypothesizing involves generating possible explanations about the family and the problem. Circularity is employed by asking circular questions based on Bateson's idea that "information consists of differences that make a

FIGURE 1
Genogram of the Smith Family



**Identified patient.*

difference" (1979). Circular questions explore relationships or differences. Four types of circular questions are difference, behavioral effect, triadic, and

hypothetical questions (Watson, 1988a).

Neutrality is present when the family perceives the nurse to be equally interested in each member and his or her point of view. The family perceives a neutral nurse to be allied to everyone and no one at the same time. Neutrality also involves being non-judgmental, non-blaming, and non-invested in any particular solution or outcome the family may choose. When a nurse uses these three guidelines, the family interview becomes a therapeutic conversation, which enables family members to discover their own solutions to their problems. For example, when the nurse uses circular questions, the family and the nurse are introduced to a new view of the family and the family is empowered to seek its own solutions to the problem. The family shapes the direction and pace of change based on its new understanding of beliefs, behaviors, and relationships.

Case Example

Family Profile. The Smith family was referred to the FNU by their family physician. The family (Figure 1) consisted of Jackie, age 30, married to James, age 33. They had two children, Susan, 3, and Bryan, 1. Intake information indicated that the presenting problem was the wife's mood swings and volatile behavior. The family received a team approach for five sessions over 5 months. All four family members attended the first session. In completing the family genogram, significant information about the family's structure quickly emerged. It was learned that Jackie was adopted at an early age and perceived herself as having an unhappy childhood. The couple had made several moves since their marriage in 1982; the most recent move 2 years ago had geographically removed them from the previous close proximity to their families of origin.

Problem Identification. To commence problem identification, a difference question was addressed to each member of the family: "What is the problem that is concerning you the most at this time?" This question helped the family to focus their concerns and gave an implicit message that each person's perception was needed and valued. We agree with Epictetus who said, "What concerns me is not the way things are but rather the way people think things are" (cited in vonOech, 1983).

The problem concerning each spouse the most was Jackie's mood swings and volatile behavior. It was then necessary to consistently and persistently encourage the couple to be specific regarding their problem. Linear problem definition questions such as, "How does Jackie show her unhappiness?" and "When did you first notice this problem?" revealed that the mood swings and sudden outbursts of anger were triggered when daily life events were incongruent with Jackie's self-expectations. According to the couple, Jackie's self-labeled need to be perfect was fuel for her angry outbursts.

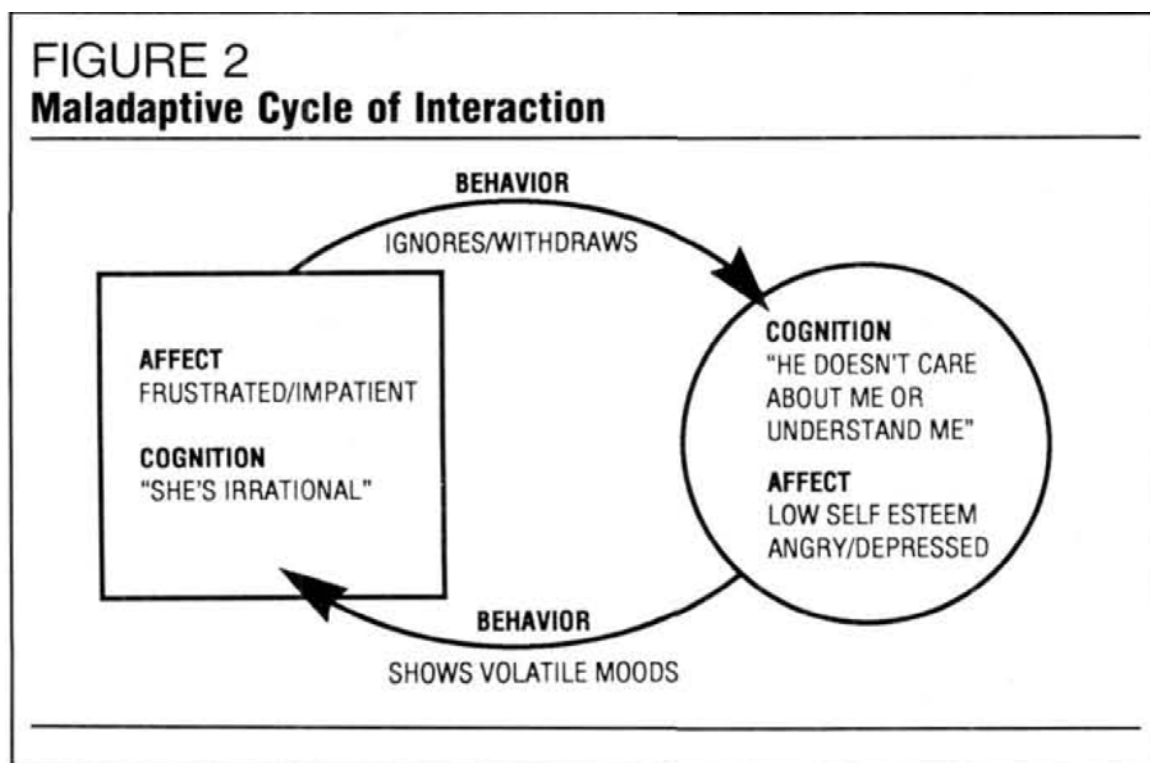
Jackie's mood swings reportedly began with the birth of the couple's first child and had recently increased in frequency and severity. Both Jackie and James described these episodes as unreasonable and illogical. Both spouses believed the episodes were the result of Jackie's low self-esteem.

The couple sought help at this time because James was becoming impatient with his wife's behavior and Jackie was feeling less perfect than she had ever felt. A hypothetical question, "What would happen if the problem were to continue?" prompted Jackie to express her fears that she would eventually physically abuse her children. She was also concerned about the psychological abuse she currently directed toward the children when she was feeling unhappy.

James admitted that he [had recently begun to question his commitment to the marriage.

Pertinent dimensions of CFAM were assessed that allowed for further exploration of the problem and of the family's attempted solutions. Developmentally, the family was in the life cycle stage of families with preschoolers. At this stage, "the demands of dependent children are high, financial resources are low, and parents are heavily involved in early career development. The combination of these factors can be stressful" (Wright, 1984). The couple had become pregnant with their first child during courtship and had never experienced life as a married couple without the responsibilities of parenting. Jackie and James reported rarely spending time together as a couple and rarely went out. Jackie additionally reported a recent loss of interest in sex.

Highlights from the functional assessment revealed more information about Jackie's low self-esteem. Jackie communicated a narrow range of emotions, limited to expressions of unhappiness and angry outbursts. Jackie's verbal communication revolved around the theme of frustration: "Life has not turned out as I expected." James' verbal communication suggested a theme of "I am logical and rational; my wife is emotional and irrational." Jackie's low self-esteem shown through non-verbal behavior in



the first interview included a hunched over position, no eye contact with the nurse and sporadic weeping. "View me as an incompetent person" seemed to be Jackie's message.

Interventive Questions. Circular questions are interventive because they release new information into the family system. These questions invite a family to explore differences and make new connections between ideas, feelings, and events. In this way, the family and the nurse co-evolve a new view of the problem

and of possible solutions (Tomm. 1987a, 1987b, 1988).

The team explored the cognition behind Jackie's tears by asking James, "What do you think Jackie is thinking about that is making her cry?" Jackie interrupted James' response, indicating that her thoughts were typically that she was unhappy with her life but felt she could not change. A behavioral effect question to James asking what he did when Jackie was unhappy or angry helped the team generate a more circular/systemic understanding of Jackie's anger and depression. The question revealed that James responded to Jackie's irrational behavior by becoming frustrated, losing his patience, and ignoring Jackie. When James withdrew, Jackie reported thinking that he did not care about or understand her, which increased her negative feelings. Thus, the maladaptive cycle of interaction continued (Figure 2).

Family Beliefs. Difference questions that used the family's language of perfection, such as, "In what role do you feel most/least perfect?" revealed that Jackie believed she was least perfect as a mother and most perfect as a part-time employee. James believed he was least perfect as a husband and most perfect as an employee. Both spouses believed that Jackie's adoption and unhappy childhood contributed to her present unhappiness. They also believed that her present low self-esteem and unhappiness were related to her dissatisfaction with her weight and her need to be perfect. A significant constraining belief held by the couple was that the problem was Jackie's individual problem. James did not see himself involved in the etiology, perpetuation, or resolution of the problem. However, he was willing to attend the sessions with Jackie because he felt frustrated and concerned about "her problem."

Team's Conceptualization of Problem

After meeting with the couple for an hour, the team took an intersession break to synthesize the couple's responses to the circular questioning. The intersession discussion focused on developing a systemic conceptualization of Jackie's low self-esteem and angry outbursts and hypothesizing the reciprocal connection between Jackie's symptoms and the marital relationship. Our hypothesizing evolved by discussing information from the session in light of questions such as:

- How do the symptoms (Jackie's low self-esteem and anger) maintain the marital system?
- How does the marital system maintain Jackie's low self-esteem and anger?
- What positive function could Jackie's unreasonable and violent behavior be serving for this couple/family at this time?

The intersession hypothesis was that Jackie's low self-esteem and anger were related to a problem of marital identity and vice versa. We hypothesized that although Jackie and James had a wedding, they had never had a marriage, ie. Jackie and James had no identity as a couple, which invited low self-esteem, anger, and disappointment in Jackie. Jackie's behavioral responses to her experiences of low self-esteem and anger invited James to ignore and withdraw from Jackie. Thus, the distance between the spouses was maintained, decreasing the opportunity for sharing and doing things as a couple and prohibiting the formation and foundation of their identity as a couple.

Highlights of Clinical Sessions

Session One. Based on the intersession hypothesis, we wanted to join the

spouses and reframe the problematic behavior of each spouse as assisting with a larger, more altruistic goal. Therefore, the end of session intervention consisted of commendations and refraining. James was commended for realizing there was "more to life" (his words from the session). His impatience with the situation was reframed as being an important motivator for the couple to come to therapy. Jackie was commended for her sensitivity to the family and for being willing to show unreasonable, volatile behavior to call attention to the problem that the marriage needed improvement.

A behavioral task was also assigned to the couple. Both James and Jackie were asked to monitor the happiest and unhappiest event of each day and rate each event on a scale from 1 to 10.

Session Two. The couple returned to the second session 2 weeks later reporting that Jackie's outlook was more positive. We sought the couple's understanding of the change. Jackie stated they were both making an effort to improve and that James was helping more around the house. James thought Jackie was realizing that she was not responsible for everything. Jackie was surprised at the number of happy events in her life. She had discovered that she could more easily confront James about an unhappy event when she had written the event down. James had been struck by the significant impact a happy home had on his own mood. The intervention had perturbed the system.

In the second session, the lack of couple identity was validated by both spouses, who reported a profound lack of quality time together. The couple presented some concern about their marital issues, but on further discussion they again pointed to Jackie's low self-esteem and her need to be perfect as the root of the problem. Once again, the couple presented a linear cause and effect explanation of unhappiness. They believed that if Jackie's individual issues (ie. low self-esteem because she was adopted) were resolved, they would be happier as a couple.

The team's intersession systemic (circular effect) hypothesis was that Jackie's lack of individual identity as an adopted daughter made her more sensitive to the lack of couple identity; the lack of couple identity, in turn, made Jackie more sensitive to her lack of individual identity. During the end of session intervention, we framed low self-esteem as being particularly problematic for adopted women because of the uncertainty of their identity not only as daughters, but also their identity as wives, mothers, and friends. We further described that these uncertain identities consequently invited adopted women to have exceedingly high expectations of themselves in the many roles they played. The team announced that there were several important steps to be taken to solve the problem, the first of which designed to help Jackie increase her self-esteem by becoming more secure and confident in her identity as a wife.

Building on the odd-day even-day ritual of Palazzoli et al (1978), we "created" the odd-day even-day courting "ritual" to help adopted women increase their self-esteem. On odd days of the week, James was to seek ways to establish the identity of the couple by courting Jackie. On even days, Jackie would reciprocate. Rituals provide clarity where there is confusion (Tomm, 1984). There was confusion for Jackie and James about Jackie's self-identity, the couple identity, and the level of James' commitment to the marriage. The critical questions concerning the spouses were, "Who am I?" and "How long are we together?"

Session Three. Two weeks later, Jackie's appearance was dramatically

improved. Her dress, hair, and makeup bespoke a woman who liked her self. The couple reported an increase in discussion time. During the session, the couple discussed Jackie's concern about her weight and her lifelong desire for approval. We wondered if Jackie's overeating was reflective of her hunger for approval. James' preoccupation with matters outside the marriage and consequent non-attention to Jackie provided the team with a more systemic understanding of Jackie's problem of low self-esteem.

To interrupt the maladaptive cycle of interaction (Figure 2) and therapeutically affect the couple's system, we created the second step for helping adopted women deal with their self-esteem: Jackie was to ask James twice weekly for feedback about herself that would increase her self-esteem.

Session Four. At the commencement of the fourth session, 8 weeks later, the couple described Jackie as being increasingly happy. Jackie had lost weight and changed her expectations about herself. She was eager to report she now believed that she did not need to wear a particular size to like herself. In addition, Jackie was looking for opportunities to be more assertive. James found himself increasingly eager to return home from work each day. He had noted a remarkable decrease in the intensity and duration of Jackie's angry episodes. James' resentment toward Jackie had decreased and he was feeling closer to her. In addition to all the individual, spousal, and couple changes, James and Jackie reported with pleasure that Susan was behaving better and Bryan's toilet training improved. An axiom of systems theory—a change in one part of the system affects other parts of the system—was clearly illustrated by these reported changes.

The team hypothesized that the increasing couple identity was increasing Jackie's self-esteem and reducing the need for angry outbursts; and that, conversely, the increasing self-esteem and reducing angry outbursts were increasing the marital unity and couple identity. The reciprocal influence of the marriage identity and Jackie's identity and self-esteem was being validated.

As a team, our function is to perturb the system and then remove ourselves. We want to avoid constraining the family from continuing to find its own solutions. Our end of session intervention thus commended the family for the changes they had made and offered a split-opinion about the team's further involvement in their lives. One part of the team believed that the couple should return for a continuation of therapy. The other part of the team, because of the changes they had made, told the couple to return for follow-up sessions to report their continued progress.

Follow-Up Session. The couple returned 3 months later for a follow-up session eager to report a "tremendous vacation taken without the children." The volatile mood swings had disappeared. Jackie was showing more self-confidence, asserting herself more, and accepting herself and her weight. The couple identity was strengthening with more laughter in the marriage and more time together. James was expressing significantly more appreciation to Jackie, not taking her for granted, and happily helping out more at home. Jackie described James as sensitive and supportive; James described Jackie as lively and dynamic. These new descriptions were consistent with the other evidence of Jackie's increased self-esteem. One of the most striking changes reported in the follow-up session was James' and Jackie's confirmation of the reciprocal influence between the strength of the marriage and the strength of Jackie's self-esteem.

The end of session intervention for the follow-up session took the form of a

commendation, a caution, and a task that again clearly put the couple in the expert position. Initially, the couple's strengths and similarities were enumerated, as were the changes they had made and the new ideas they had learned. Next, the couple was cautioned that they would now be entering a balancing phase, a time to recalibrate all the changes they had made. For Jackie, finding solutions to problems would need to be balanced with seeking out problems to offset boredom. James' challenge would be to find a balance between individual, couple, and parenting time. Finally, it was recommended that the couple give themselves a gift. Since Jackie and James had worked so diligently and had learned so much through their efforts, they should write two books: *How To Feel Good About Yourself* and *How to Have a Happy Marriage*.

Outcome Evaluation

It is our practice to conduct an evaluation interview 6 months after the final session with each family. This outcome evaluation is conducted by a re-search assistant who has not previously been involved with the family. During the evaluation interview, the couple reported that the presenting problem of Jackie's anger and unhappiness continued to be much improved. James said that the marital relationship was easier emotionally, and Jackie reported they were doing more as a couple and were better able to parent their children. When asked what they had learned by coming to the FNU, James said he had learned to communicate more with Jackie and Jackie reported she had learned that her feelings were similar to those of other adopted women; she had experienced validation. The synergism between the couple's identity and the wife's identity was continuing to strengthen the whole family system.

Conclusion

Low self-esteem is frequently presented as an individual problem. This article illustrates a family systems nursing approach to this problem. Assessing the reciprocity between low self-esteem and the context in which it occurs (eg, the family system) increases the therapeutic leverage for the nurse. Using the language and beliefs of the family regarding the wife's lack of individual identity, interventions were developed that facilitated couple interaction. A new couple identity emerged, dramatically increasing the wife's self-esteem.

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