

## Intergenerational family patterns in eating disorders families and schizophrenic families

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*The author investigates relations that take place between patients 'with eating disorders and schizophrenic patients' autonomy and their parents' autonomy and the triangulation process in three-generation family system.*

*Key words:* family patterns, individuation, triangulation, eating disorders, schizophrenia

### Introduction

Family factors play significant role in the etiological model of eating disorders. Several characteristics, specific for patients with anorexia and bulimia families are indicated in literature. Affective disorders in eating disorders patients' parents are observed more often than in non-treated group [1]. Communication and emotional expression disturbances, enmeshed family boundaries, difficulties in solving conflicts, strong mechanisms of binding were found [2, 3]. Many authors emphasise, that anorexia and bulimia patients' and schizophrenic patient's dysfunctional family relations result in difficulties in individuation/separation [2, 3, 4, 5, 6].

Defined by researchers hypotheses regarding the autonomy and process of co-individuation in eating disorder families have not been sufficiently verified empirically [3]. The aim of this study is to explore the link between eating disorders and schizophrenic patients' autonomy, family patterns and the level of their parents' autonomy.

### The aim of the study

The study is aimed at:

1. Analysis of intergenerational patterns of relations regarding individuation and intimacy, triangulation in eating disorders and psychotic patients' families, taking into account three-generation family system.
2. Analysis of relations that take place among patient's autonomy, parents' autonomy and triangulation in both examined groups.
3. Describing characteristic patterns of intergenerational relations identified in

these groups.

### Sample

The sample were patients with eating disorders and their parents, comparative group consisted of schizophrenic patients and their parents. All patients were treated in the department of Child and Adolescent Psychiatry, Jagellonian University Collegium Medicum in Krakow from 1995 till 1996, patients suffering from eating disorders were treated in the Out-Patients' Family Therapy Unit, psychotic patients in the in-patient unit. Examined group consisted of 33 patients, 17-21 of age, comparative group consisted of 30 patients, 17-20 of age. Selection criterion of patients' families was psychiatric diagnosis made after psychiatric examination. First group included patients with anorexia nervosa and those bulimic patients in whom in the period preceding bulimic symptoms, clinical level of anorectic symptoms were present. The factor made the group more homogeneous, eliminating those bulimic patients, in whom the onset of the illness did not include anorexia symptoms.

The second group consisted of psychotic patients. Diagnosis was made according to ICD 9. Those persons in whom diagnosis was not confirmed after hospitalisation were excluded from the group.

Comparison of the groups showed that the groups differed for the sake of sex. Eating disorders group consisted almost only of girls, in the group of schizophrenic patients there were slightly more boys than girls (tab.1). In both groups full families prevailed. Psychotic patients' families were more heterogeneous taking into account other types of family structure. Parents average age in both group was similar (differences were statistically insignificant) (tab 2). There were more parents with university education in the eating disorder group (42%) than in psychotic patients group (30% of mothers, 20% of fathers).

**Methods**  
Patient's sex in both groups

Table 1

Eating disorder patients' group No=33			Schizophrenic patients' group No=30	
Sex	No	%	No	%
F	30	90,09	12	40
M	3	9,09	18	60

Table 2

Patient's and their parents age in both groups

	Eating disorder group	Psychotic group
Patients	17,8	17,6
Mothers	44,93	43,23
Fathers	47,40	47,63

## 1. PAFS-Q Personal Authority in the Family System Questionnaire

PAFS-Q Questionnaire is a self-report instrument designed to assess important relationships in the three-generational family system. Designed by Bray, Williamson and Malone as a tool operationalising elements of current intergenerational family theory, including Williamson's concept of personal authority<sup>1</sup> [7, 8]. The Questionnaire describes intergenerational family relations as they are perceived by each family member. Each person assesses his/her current diadic relation with particular family member with reference to family of origin and nuclear family. Theoretical assumptions of the test refer to Williamson's personal authority concept and are based on crucial for the author notions [9, 10]. The first is individuation notion defined as ability to organise and address one's opinions and feelings, irrespective social pressure, take responsibility for the whole of one's experience and life goals. Its opposite pole is the fusion related to both intrapsychic and inter-personal processes meaning melting of emotional and intellectual systems, or loss of *self* in relation to other person. It means lack of one's autonomy, lack of life goals, being governed by feelings and desires of others, inability to take responsibility for life. Fusion/individuation processes are assessed in relation with significant persons such as parents, partner and in case of adolescents – a girlfriend or a boyfriend.

The second essential notion is intimacy in relations meaning voluntary closeness with clear self limits retained. Intimacy is characterised by mutual respect, openness, love, trust and commitment. Lack of closeness in relations with rigid limits will mean isolation, closeness without limits will signify fusion in relations. Scales of the questionnaire assessing intimacy in relations with significant persons depict the process on the axis intimacy/isolation.

The third notion concerns the triangulation phenomenon described by Bowen [11, 12]. Triangles, which essence consist in including the third person in tense, conflict situation between two people, are according the author all emotional systems' basic molecules. They enable transfer of tension, anxiety, anger from the original diada to included "outsider", thanks to which the persons avoids confrontation with the conflict. When the mechanism of triangulation in family is very intense it constitutes an important factor that makes individuation more difficult.

Achieving individuation in relations with significant persons, maintaining close relationships with clear limits, experiencing and treating all people, including parents as equal in existential experience of being human being, creates personal authority. The lack of individuation, matured closeness, presence of hierarchic relations indicate the presence of dependence, anxiety in relation parents – children and is defined by Williamson as intergenerational intimidation.

Initial versions of PAFS-Q were modified in order to achieve high level of accuracy and reliability of scales. Detailed description of procedures and results of the studies

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<sup>1</sup> Williamson's concept of Personal Authority has been thoroughly described by the author in a previous publication – Psychoterapia 3 (114) 2000.

in successive variants were presented by authors [7, 8, 13]. Final version of PASF-Q (version A) includes 132 questions grouped in accordance to results of factor analysis in 8 separate scales.

1. Spousal fusion/individuation (SPFUZ): questions in this scale are aimed at assessing the level of a person's fusion/individuation in relation to spouse or partner.
2. Intergenerational fusion/individuation (INFUZ): measure the level of a person's fusion or individuation in relation to his/her parents.
3. Spousal intimacy (SPINT): assess the level of intimacy and satisfaction in relation to the spouse or partner.
4. Intergenerational intimacy (ININT): the questions explore the level of intimacy and satisfaction in relations with parents (separately with mother and father)
5. Nuclear family triangulation (NFTRI): measure triangulation mechanisms between parents and their children.
6. Intergenerational triangulation (INTRI) : assess triangulation between an adult and his/her parents.
7. Intergenerational Intimidation (INTIM): aimed at measuring level of personal threat experienced in relations to parents.
8. Personal authority (PERAUT): the scale aimed at measuring interactional aspect of personal authority, as it is defined by Williamson (1982b) [10]. The questions refer to subjects of conversations, which require an intimate interaction with a parent while maintaining the individuation position.

It is important to take note, that the scale of authority PERAUT assessing merely the aspect of existence or lack of hierarchical dependencies in the relation children – parents (partnership in relations) is much narrower than the theoretical range of notion consisting of individuation and intimacy aspects. Therefore the question regarding the level of achieved personal authority can be fully answered only if we put the results obtained in PERAUT scale together with results of scales referring to individuation and closeness in relations.

The test was filled in separately by patient's mother and father after the first consulting session.

## 2. Personal authority in family system questionnaire, version for youth and students from 17 to 25 (PAFS-VQC)

The test is a modified version of PAFS for parents [14]. Final version of PAFS-QVC includes 84 questions assessed in the five-grade Likert scale, which in accordance to factor analysis were grouped into 7 scales: intergeneration intimacy (ININT), intergenerational fusion/individuation (INFUZ), personal authority (PerAut), intergenerational intimidation (INTIM), intergenerational triangulation (INTRI), intimacy in peer relation with an opposite sex person (INTROW), individuation/fusion in peer relation with an opposite sex person (INDIV).

Both groups were examined with the questionnaire. Eating disorder patients filled in the scale after the first consulting session, psychotic patients at the moment of

remission.

PAFS-Q and PAFS-VQC were standardised in Poland by Fajkowska-Stanik [15].

### 3. Morgan-Russell Assessment Schedule

The tool has a form of structured clinical interview relating to significant anorexia and bulimia symptoms and enables assessment of psychosexual and social development elements. It was worked out in Maudsley, London [16].

The interview includes assessment of various aspects of functioning evaluated in 22 sub-scales which afterwards create 7 scales: eating customs, menstruation pattern, psychosexual development, social behaviour, bulimia, general scale assessing symptoms improvement or deterioration. Obtained results can be either present in the profile or average outcome score.

The interview was carried out separately with the patients and his/her parents. The final result is an average outcome of particular scales. Intensity of eating disorders symptoms were evaluated and subtypes of eating disorders separated. Psychosexual development in both groups, social functioning, quality of family relations and the range of psychosomatic respond to difficult situations were evaluated.

### 4. Genogram

Genogram, being a graphic picture of multi-generation family structure, enabled to gather data describing family structure, patient's position in the family, his or her parents' position, other information about family members and important for the family life events [17].

### Results of the study

Chi<sup>2</sup> Independence Test, t-Student for couples, Mann-Whitney Test were used in statistical analysis. Those results of less than 0.05 level of significance were regarded significant. Obtained results revealed many interesting dependencies.

Hypothesis I assuming that the patient's personal authority, consisting in individuation, intimacy and partnership in relations is directly proportional to parents' personal authority has been fully confirmed in the eating disorder group (group 1). 9 significant dependencies between various dimensions of patient's personal authority and mother and father's personal authority were found in the group. In the group of schizophrenic patients (group 2) the hypothesis was confirmed partially. 6 significant dependencies were found in the group of schizophrenic patients, 4 of them of contrary to those assumed (tab. 3). In both groups significant dependencies to some extent included various fields of parents' personal authority (tab. 4, 5, 6, 7).

Pictures 1, 2 (at the end of the paper) graphically represent dependencies obtained in both groups.

Table 3

## Comparison between groups

	The number of significant correlations	In relation between the IP's personal authority (P%) and his/her mother personal authority (P%)	In relation between the IP's personal authority (P%) and his/her father personal authority (P%)
group I ED	0	4	3
group II	4	4	2

Table 4

## Group I ED. Correlation between PI's PAFS-QVC an mother's PAFSQ

	MEPINT	MEPFLEZ	MINTRI	MINFLEZ	MINTRI	MINTIM
MINI	Ch <sup>2</sup> = 6,36 p. = 0,041	Ch <sup>2</sup> = 7,8 p. = 0,02		Ch <sup>2</sup> = 10,4 p. = 0,006		
INFLEZ		Ch <sup>2</sup> = 5,54 p. = 0,018				
INTIM		Ch <sup>2</sup> = 4,23 p. = 0,039			Ch <sup>2</sup> = 4,18 p. = 0,04	
INTRI		Ch <sup>2</sup> = 7,16 p. = 0,007	Ch <sup>2</sup> = 4,56 p. = 0,032		Ch <sup>2</sup> = 3,9 p. = 0,046	Ch <sup>2</sup> = 5,3 p. = 0,02
INTROUJ	Ch <sup>2</sup> = 9,37 p. = 0,009					
INDIV		Ch <sup>2</sup> = 9,43 p. = 0,002				

Table 5

## Group I ED. Correlation between PI's PAFS-QVC an father's PAFSQ

	OSPINT	OSPFLEZ	OINFLEZ	OINTIM	OPERAUT
INTRI			Ch <sup>2</sup> = 6,65 p. = 0,009	Ch <sup>2</sup> = 4,29 p. = 0,038	Ch <sup>2</sup> = 5,32 p. = 0,021
INTROUJ	Ch <sup>2</sup> = 5,72 p. = 0,057	Ch <sup>2</sup> = 4,08 p. = 0,045			
INDIV	Ch <sup>2</sup> = 5,76 p. = 0,055				

Table 6

## Group II . Correlation between PI's PAFS-QVC an mother's PAFSQ

	MS PNT	MS PFLZ	MINFTR	MPERAUT
ININT		Ch <sup>2</sup> = 7,94 p. = 0,018	Ch <sup>2</sup> = 3,96 p. = 0,046	
INFLE				Ch <sup>2</sup> = 4,48 p. = 0,035
PERAUT			Ch <sup>2</sup> = 4,03 p. = 0,044	
INTIM	Ch <sup>2</sup> = 3,94 p. = 0,046			
INDIV	Ch <sup>2</sup> = 4,73 p. = 0,029			Ch <sup>2</sup> = 4,04 p. = 0,044

Table 7

## Group I I . Correlation between PI's PAFS-QVC an father's PAFSQ

	ONFTR	OPERAUT
INDIV	Ch <sup>2</sup> = 4,21 p. = 0,043	Ch <sup>2</sup> = 4,81 p. = 0,028

Hypothesis II assuming, that patient's personal authority is lower when triangulation is more intense in family was:

1. Not confirmed in group 1
2. Confirmed in group 2. It was affirmed that 3 significant dependencies taking place between parents' triangulation and psychotic patient's personal authority (tab. 6, 7, pic. 4)

Despite not confirming the hypothesis regarding the dependence between patient's autonomy and parents' triangulation in group I, we observed several significant dependencies that prove the influence of patient's parents and triangulation in patient's family of origin on presence of triangulation in patient's family (tab. 4, 5). Obtained results are presented in pic. 3.

Hypothesis III assuming, that in psychotic families triangulation in family and fusion in family relations is more intense than in families of patients' with eating disorders was confirmed within one limit: fusion in psychotic patients' fathers relationship with their parents was higher than fusion in eating disorders patients' fathers with their parents (tab.8).

### Conclusions

The aim of this study was to explore intergeneration relationships in families of

**Intergenerational triangulation in the mother's family of origin – Comparison between groups**

test U Mann-Whitney (A)

A	ED group	Schizophrenic group	Z	p.
MINTRI	853,0	1033,0	- 1,99	0,04
OINFUZ	840,5	590,5	-2,14	0,03

test t-student (B)

B	ED group	Schizophrenic group	t	p.
MINTRI	26,78	33,25	-2,89	0,005
OINFUZ	28,43	26,16	2,04	0,04

eating disorders patients and schizophrenic patients. Obtained results allow formulation of the following conclusions:

1. In both groups patient's autonomy was directly correlated with patient's mother's autonomy (there were more significant dependencies between patients and mothers than patients and fathers). Significant for IP's autonomy were mothers' spousal relationship and mothers' relationship with their parents.
2. In both groups the influence of father's autonomy was observed only in the area of patient's individuation and close relationship with opposite sex.
3. Results obtained in both groups indicate the importance of parents' spousal relationship for patient's individuation and ability to maintain close relationships with significant people, it is noteworthy to say, that this dependency was more intense in families of the patients with eating disorders.
4. Analysis of triangulation mechanism revealed important differences between the groups. In eating disorders group dependencies illustrated the complexity of triangulation mechanism, indicated the level in which low parents' autonomy and triangulation in parent's families of origin influenced the presence of triangulation in patient's family. The results showed that triangulation in grandparents generation of a patient with eating disorder was more intense than in families of psychotic patients. It is interesting that triangulation in family relations in the group did not significantly influence the development of patient's autonomy, as it took place in the group of psychotic patients. In this group (schizophrenic group) father's triangulation made patient's psychosocial functioning more difficult and weakened the individuation process in relation with the opposite. Mother's triangulation constrained patient's ability to individuate in relation with the parents.

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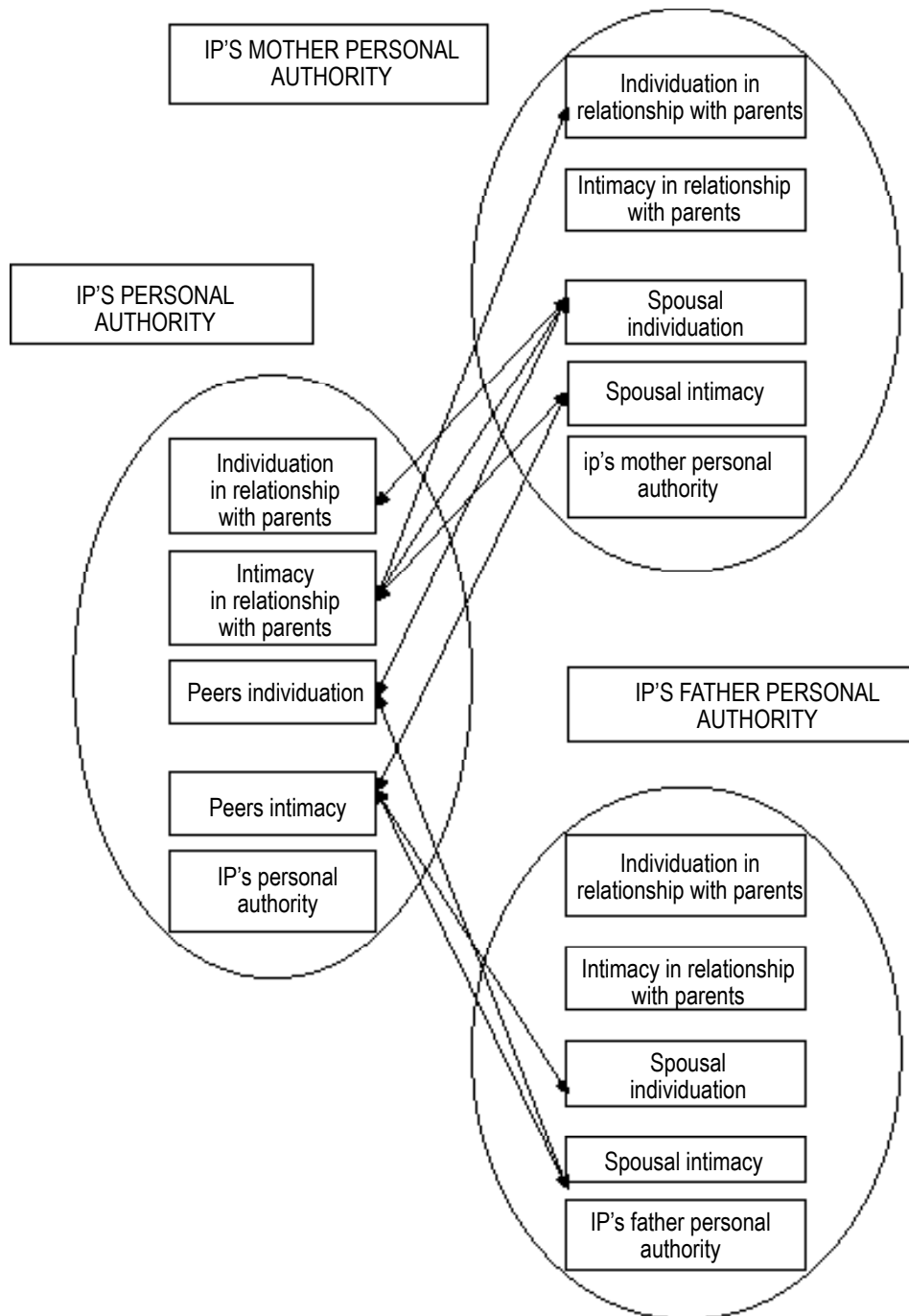
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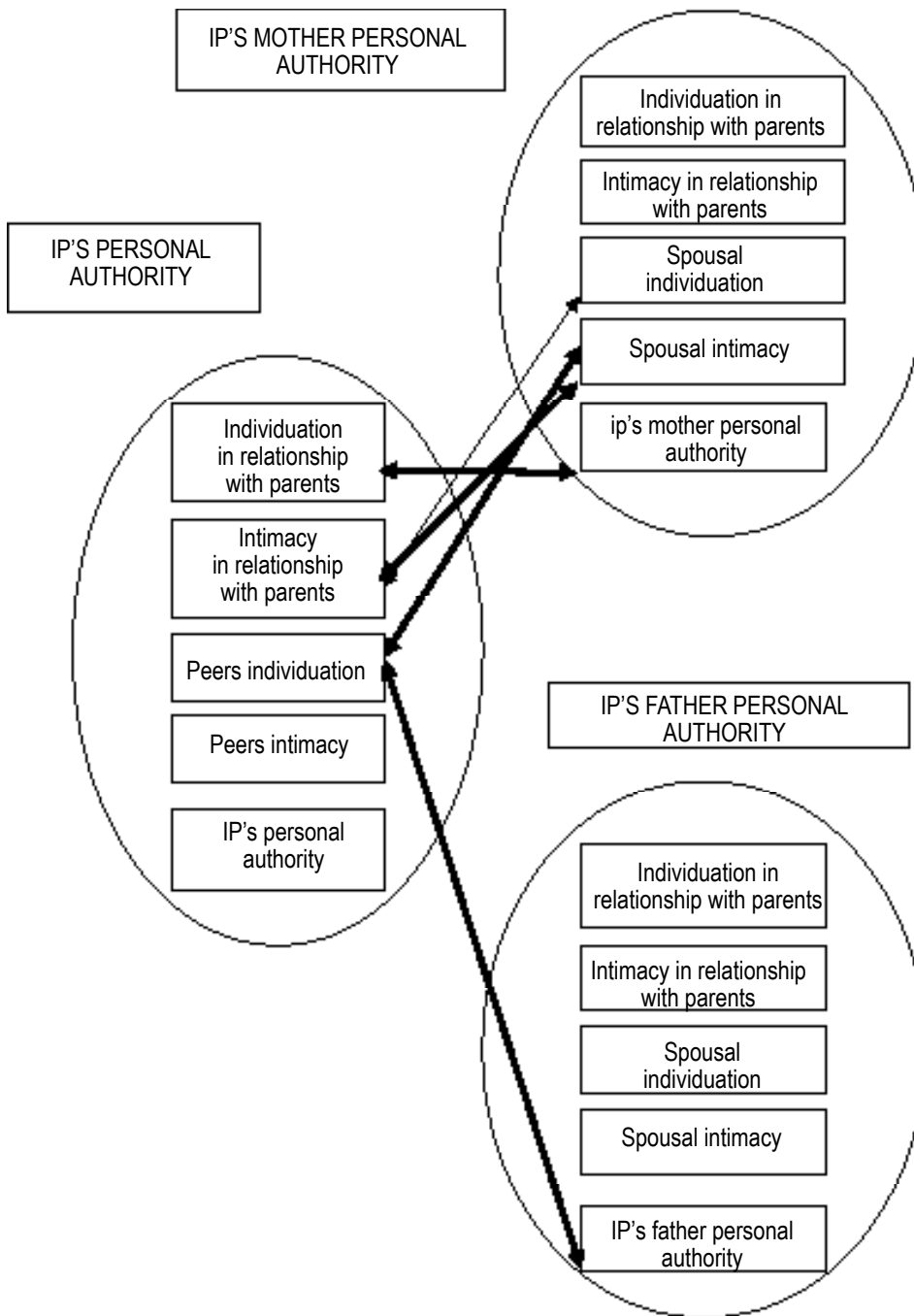
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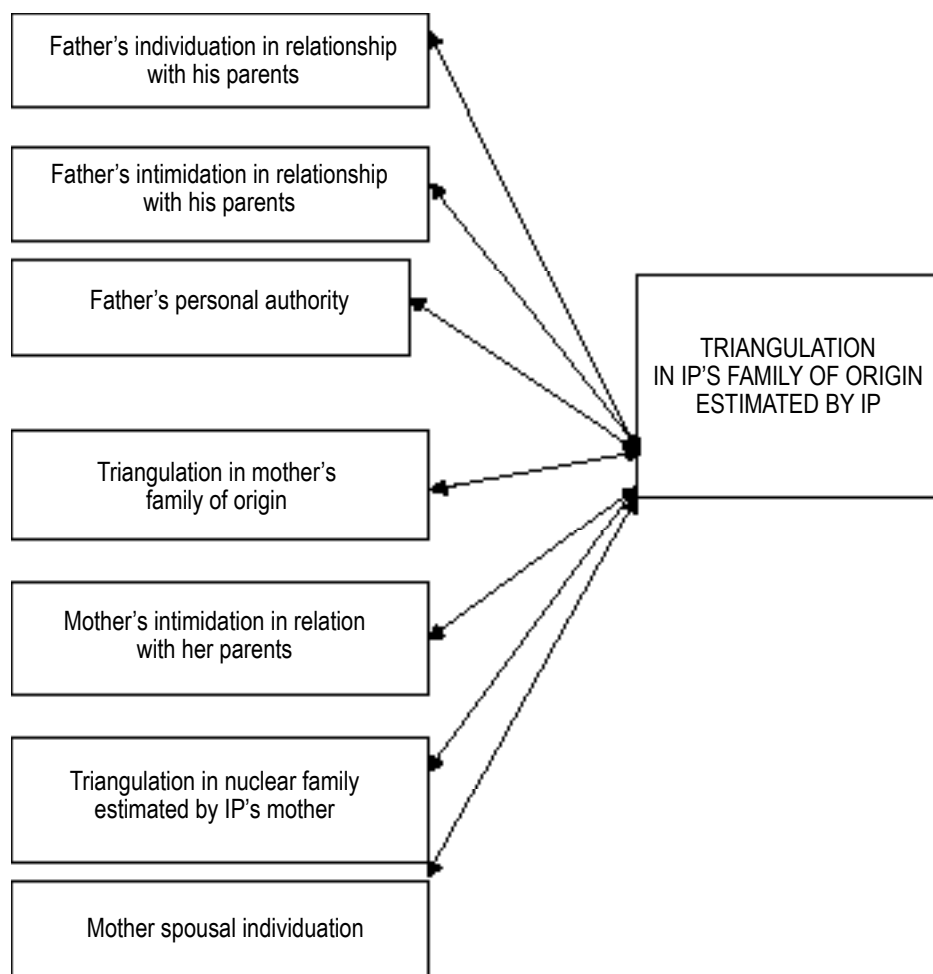
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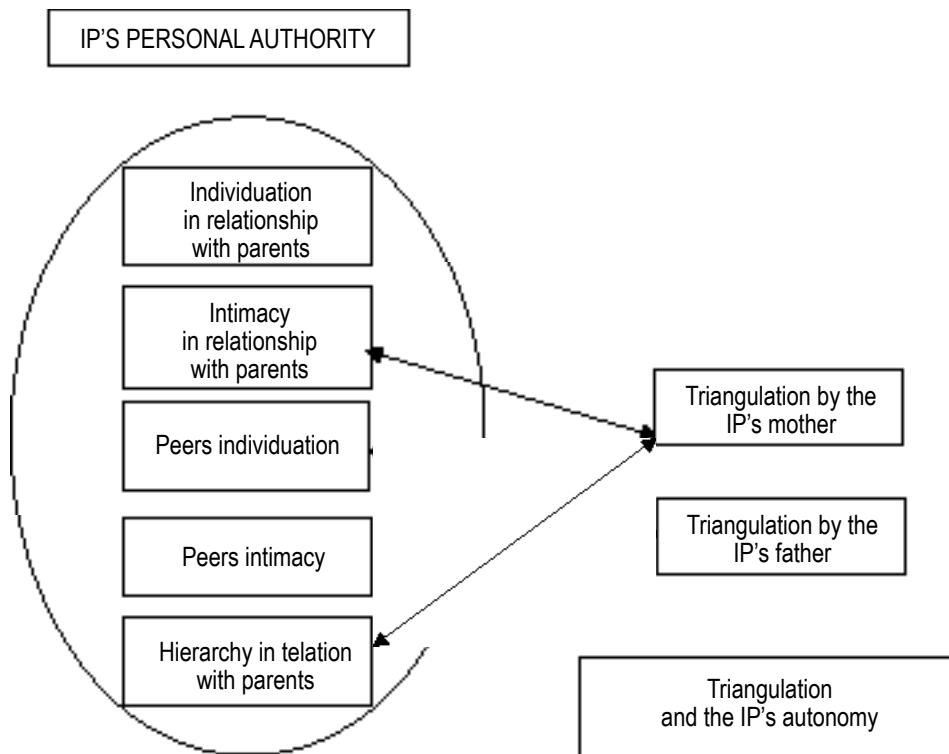
Picture 1 Correlation between IP's personal authority and her/his parent's personal authority. The eating disorders group



Picture 2 Correlation between IP's personal authority and her/his parent's personal authority. The schizophrenic group



Picture 3 **Triangulation in IP's family of origin. The eating disorders group**



Picture 4 Correlation between the IP's autonomy and triangulation in his/her family of origin. The schizophrenic group

