# The Family Journal

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# Using Bowen Theory to Examine Progress in Couple Therapy

## Suzanne Bartle-Haring[1] and Arpita Lal[1]

## Abstract
The purpose of this investigation was to test whether differentiation of self in couple members affected the trajectories of marital satisfaction, marital commitment, and individual well-being across the early sessions of therapy while taking into account the level of distress the couple was experiencing. The sample consisted of 127 couples seeking services at an on-campus couple and family therapy clinic. A latent growth curve modeling approach was used for data analysis. Even though differentiation of self or distress levels were not found to be predictive of change in marital satisfaction, commitment, or well-being, for both husbands and wives higher levels of differentiation were predictive of lower distress scores and higher baseline scores for well-being. Higher levels of distress were associated with lower levels of marital satisfaction for both husbands and wives. When there was a change in commitment, both husbands and wives seemed to change together. Implications of the results for clinical practice and future research are discussed.

## Keywords
Bowen family systems theory, differentiation, marital satisfaction, marital commitment

The purpose of this investigation was to test one aspect of Bowen's family systems theory (Bowen, 1978) as described by Friedman (1991). Friedman (1991) suggested that differentiation of self or of the system in essence provides the context within which conditions or stressful life events are experienced. That is, from a Bowenian perspective, knowing what the stressor is tells us very little about the impact of that stressor on the organism (individual and/or system) and very little about how quickly the organism will recover from the stressor event. The only way to predict the impact and the rate of recovery is to know the level of differentiation of the organism. The damage done by a stressor event and the rate of recovery from that stressor event would be proportional to the level of differentiation in the system (Friedman, 1991). This is an important area of interest for clinicians as they work with couples. Knowing that one member of a couple has had an extramarital affair does not provide enough information about whether the couple will recover from this. As a clinician, we might say that "it depends." This is also the case when couples present problems with communication or intimacy or sexual dysfunctions. Their rate of recovery or progress in therapy seems to depend. What it depends on is probably related to the clinician's theoretical perspective but also on some of the initial factors that clients contribute, therapeutic alliance, and to some extent the techniques used in therapy (Reed, 2006).

In this investigation, we used clients' initial levels of differentiation, their self-reported sense of distress about the event that brought them to therapy, and then followed their progress across the early phase of therapy. We do not include

therapeutic alliance or therapist model in this investigation, and we acknowledge the limitations in doing so. This is not an investigation about therapeutic effectiveness as much as an investigation about what it is about clients that may make therapy more or less effective.

## Differentiation of Self

We begin with a definition of differentiation from Bowen's family systems theory. Bowen (1978) suggested that a differentiated self is "one who can maintain emotional objectivity while in the midst of an emotional system in turmoil, yet at the same time actively relate to key people in the system" (p. 485). Friedman (1991) describes differentiation as "the capacity to be one's own integrated aggregate-of-cells person while still belonging to, or being able to relate to, a larger colony" (p. 141). Differentiation of self is defined as the ability to balance two factors: (a) emotional and intellectual influences in cognitive functioning and (b) intimacy and autonomy in relationships (Bowen, 1978). Thus, the differentiated self is one who is able to be an autonomous self while maintaining significant

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relationships, even when those significant relationships involve high levels of emotion and pushes toward togetherness or fusion.

Bowen proposed an association among differentiation of self, stress, and well-being. Kerr and Bowen (1988) observed that people at any level of differentiation can develop physical, emotional, or social symptoms if they are sufficiently stressed. However, the higher the level of differentiation, the higher the level of stress required to trigger the symptom. Thus, differentiation and stressful life events form a ratio. The denominator (differentiation) can reduce the power of any numerator (stressful life event), however, as the denominator approaches 0, no matter how small the numerator "the toxicity takes on infinite proportions" (Friedman, 1991, p. 143).

It is this conceptualization that we test in this investigation. We hypothesize that couple members with higher levels of differentiation will recover more quickly during the course of couple therapy, while controlling for or taking into account the amount of distress they are experiencing due to their presenting problem.

There is some empirical evidence that supports this conceptualization, but very few studies have been conducted using clinical samples, and even fewer have been longitudinal. Williamson and Bray (1985) suggested that individuals who experience more differentiation from their family and peer relationships are more likely to take personal responsibility for their well-being. More differentiated persons should be more likely to engage in health-enhancing behaviors, to cope more effectively with life's stresses, and be less likely to experience dysphoric reactions to stress. In support of the theory, Harvey and Bray (1991) found that differentiation within family and intimate peer relationships was related to the individual's life stress, psychological distress, health-enhancing behaviors, and health distress. Bartle-Haring, Rosen, and Stith (2002) demonstrated that higher levels of emotional reactivity, one aspect of differentiation of self, toward mother and toward father was predictive of higher levels of stressful life events and higher levels of psychological symptoms in a sample of college students. Bartle-Haring and Probst (2004) found that for reactivity to mother, passive reactivity predicted psychological symptoms, but not stressful life events, while for reactivity to father, passive and active reactivity predicted psychological symptoms in a clinical sample. Bartle-Haring and Gregory (2003) also found that higher levels of differentiation in the participant and the study partner were associated with less stress and distress experienced with genetic counseling and/or testing for cancer. They concluded that differentiation of self might provide a buffer against the stress that may accompany genetic counseling and testing and thus result in less psychological distress.

Murdock and Gore (2004) expanded on the work done previously. They point out that the study done by Bartle-Haring et al. (2002) used a mediation model where stress mediated the relationship between differentiation of self and psychological functioning. Murdock and Gore (2004) proposed that differentiation of self moderates the relationship between stress and distress. The authors demonstrated that the interaction of perceived stress and differentiation of self predicted variance in psychological functioning beyond that explained by stress or coping strategies.

## Progress in Couple Therapy

To test whether differentiation would have an impact on the rate of recovery, we defined progress in couple therapy with three variables: relationship satisfaction, relationship commitment, and individual well-being. Differentiation of self is considered fundamental to long-term intimacy and mutuality in marriage (Bowen, 1978; Kerr & Bowen, 1988). Skowron and Friedlander (1998) reported that individuals who displayed less emotional reactivity and emotional cutoff, and greater differentiation of self reported significantly greater satisfaction with their partners.

Skowron (2000) explored the role of differentiation of self in marital adjustment. She found that 74% of variance in husbands' marital adjustment scores and 61% of variance in wives' marital adjustment scores were accounted for by the couple members' differentiation of self scores. Greater husband emotional cutoff uniquely accounted for husband and wife marital discord. Adams (2004) found significant correlations between differentiation of self, marital satisfaction, and sexual satisfaction when using husbands' and wives' scores. Mccullough (2006) found that higher levels of differentiation of self were significantly related to higher levels of dyadic adjustment in a sample of 210 partnered or married Latino Americans.

Researchers have found some gender differences in the relationship between differentiation of self and marital satisfaction. Lim and Jennings (1996) found that highly differentiated individuals experience greater marital satisfaction whereas undifferentiated persons experience higher levels of marital distress, and the impact of differentiation on marital satisfaction is stronger for women than men. Similarly, Adams (2004) found that the wives' differentiation of self and marital satisfaction were significantly related, while the husbands' were not. However, Kwon (2001) found that while differentiation was a significant, positive predictor of marital satisfaction for husbands, it was a significant, negative predictor for wives, contrary to theoretical prediction.

## Change Over Time

Thus, previous research has established that differentiation of self is related to stress, psychological distress, well-being, and relationship satisfaction. The next question is whether the level of differentiation of self can influence the rate of change in these outcomes. Bartle-Haring, Glade, and Vira (2005) hypothesized that differentiation of self as measured by emotional reactivity toward parents would predict change in psychological symptoms across nine sessions of therapy. Their results suggested that differentiation of self was a significant predictor of the variability of psychological distress at baseline but was not predictive of the variability in the change in psychological symptoms over time. The purpose of this

investigation was to test whether differentiation of self in couple members, using a different assessment of differentiation of self than used in the Bartle-Haring et al. (2005) research, affected the trajectories of relationship satisfaction, relationship commitment, and individual well-being across early sessions in therapy.

## Method

### Sample

The sample for this project included all couples who agreed to participate in a larger study at a university on-campus couple and family therapy clinic, who had complete data from the first four sessions of therapy. At baseline, we had data on 186 couples. One hundred twelve of these couples completed at least six sessions of therapy (the study period) or completed therapy successfully, whereas 74 of the couples did not complete six sessions of therapy. For the purposes of this study, to maximize sample size, we used only those couples who completed three or more sessions of therapy and used data from Sessions 1 to 4. This resulted in a sample of 127 couples with enough data to be used in the analyses.

This subsample of couples included those who eventually completed therapy ($n = 54$), those who dropped out after Session 3 ($n = 49$), and those who continued in therapy beyond the completion of the study period ($n = 36$). This sample was further reduced to include only heterosexual couples ($N = 127$). This decision was based on evidence of gender differences in relationship satisfaction, males tend to rate their satisfaction higher than their female partners, and the possibility of gender differences between differentiation and marital satisfaction (cf., Adams, 2004).

In this sample of couples, the average age was 32.12 ($SD = 9.7$) with a range from 18 to 67. Fifty-four percent of the sample was married for the first time, 9% were remarried, 18% were cohabiting, and the remainder was in committed relationships but neither married or living together at the time of treatment. Forty-two percent of the sample had no children whereas 44% had one or two children. The majority of the individuals within the couples had either at least some college or a bachelor's degree (60.4%), with 9% having a high school education, 6% having less than a high school education, and 19% having graduate degrees. Seventy-four percent of the sample was Caucasian, 11% was African American, 5% was of Hispanic ethnicity, and the remainder self-identified as "Other." Sixty-five percent of the sample had annual incomes of less than $40,000. Incomes ranged from less than $10,000 annually (13% of the sample) to more than $100,000 (8% of the sample). Seventy percent of the sample reported having been in treatment before.

### Procedure

All clients seeking services at an on-campus couple and family therapy training clinic were eligible to participate in this study.

At the beginning of the first session, the study was described to them and they were asked whether they would like to participate in it. If they consented, they completed an intake questionnaire that included items on differentiation of self, locus of control, stress, depression, well-being, relationship satisfaction and commitment (if applicable), and basic demographic information. Then, after the first through the sixth session they completed brief after-session questionnaires that included questions about progress on the presenting problem, relationship satisfaction and commitment, well-being, and therapeutic alliance. If clients agreed to participate they received a $10 reduction in their first session fee. The data used for this project included the differentiation of self items, demographics, stress, well-being, relationship satisfaction, and commitment over the first four sessions of therapy.

The majority of the couples presented with a relationship problem (79.7%) as described by the clients including communication difficulties, marital problems, difficulties with intimacy, and extramarital affairs. The therapy was provided by doctoral students in a couple and family therapy PhD program and was not standardized. Therapists used the theoretical orientations they were more comfortable with or for which they were receiving supervision. The program does not use one particular model of couple and family therapy over another. Many students use structural therapy, whereas others use emotion focused, Bowenian, and contextual.

### Instruments

*Differentiation of self.* Clients completed the Differentiation of Self Inventory (DSI; Skowron & Friedlander, 1998). This is a 43-item scale with items rated on a 6-point Likert-type scale. The authors used Bowen theory to create the items. The scale contains 4 subscales: Emotional Reactivity (ER), I-Position (IP), Emotional Cutoff (EC), and Fusion with Others (FO). All subscales reflect an aspect of differentiation of self or the lack thereof. Higher scores on the DSI reflect higher differentiation. Skowron & Friedlander (1998) report internal consistency reliabilities ranging from .74 to .84, with the full scale's reliability at .88. Internal consistency reliabilities for this sample were found to be as follows: ER = 0.81, IP = 0.69, EC = 0.77, and FO = 0.54. Cronbach's $\alpha$ calculated on the total DSI for the current sample was .74. The FO scale did not provide a high enough reliability to be used in further analysis. Skowron and Schmitt (2003) have revised the FO scale, but we did not have access to this newer version when the original study was initiated.

*Stress.* The Impact of Events Scale (IES, Horowitz, Wilner, & Alvarez, 1979) was completed by clients at intake. This 15-item scale has 2 subscales: intrusive and avoidant reactions. These reactions are indicators of stress due to a particular event or problem. The items in this instance were worded to reflect the problem for which the client had come to therapy. Internal consistency reliability is reported at .86 for the intrusive reaction (i.e., "I thought about it when I didn't mean to") and .90 for the avoidant reaction (i.e., "I tried to remove it from

my memory."). For the current sample, Cronbach's α was .85 for the intrusive reaction subscale and .76 for the avoidant reaction subscale.

*Well-being.* Clients were asked to complete the Affect Balance Scale (ABS; Bradburn, 1969) at intake, and Sessions 2 through 6. This 10-item scale assesses positive and negative affect. Higher scores indicate higher affect balance. Internal consistency reliabilities for the positive affect subscale have been reported at .75, whereas reliabilities for the negative affect subscale have been reported at .72 (Robinson, Shaver, & Wrightsman, 1991). For the present sample, the internal consistency reliabilities for the positive affect subscale and the negative affect subscale were 0.74 and 0.64, respectively. We used a total scale score for well-being, with higher scores reflecting higher well-being. We selected this scale because it is a brief indicator of well-being. This instrument was given after each session of the first six sessions along with a brief therapeutic alliance scale. The goal was to make the after-session questionnaire one page.

*Relationship satisfaction and commitment.* For both marital satisfaction and commitment, clients were asked to rate their relationship on a 10-point scale with 0 meaning not at all satisfied or committed and 10 meaning completely satisfied or committed. In a previous study, the single-item scale for satisfaction was significantly and highly correlated with the Kansas Marital Satisfaction Scale at .82 (Glade, 2005). Again, these single items were selected to keep the after-session questionnaire as brief as possible.

## Results

We first tested whether those who we considered in the treatment group by having either successfully ended treatment before six sessions or those who had completed at least six sessions were different than those who dropped out of treatment. In a series of *t* tests, there were no differences at baseline for these two groups on the measures of interest in this study. Thus, including those couples who completed at least three sessions, but not all six sessions, did not have an impact on the initial levels of any of the variables of interest in this study. Table 1 provides the mean scores on all the study variables for the group considered treated and the group considered not treated.

Table 2 provides the number of cases who dropped out by session. By Session 4, about 32% of the cases had dropped out of therapy. However, only 8 couples dropped out after Session 4. Thus, we included up to Session 4 in our analysis and we used full information maximum likelihood estimation to estimate the structural equation models. Although the expectation is that the data were missing at random for this estimation method, because only 8 couples of the total sample did not have data at Session 4, we thought this estimation method was appropriate. This method does not replace missing data but weights cases differently based on the completeness of the data.

The next step was to examine the level of stress being experienced by the members of the couples in the sample.

**Table 1.** Means and Standard Deviations for Study Variables for Couples Who Completed At Least 6 Sessions of Therapy or Successfully Terminated Before Six Sessions (Treated) in Comparison to Those Who Did Not Complete Six Sessions of Therapy (Nontreated)

| | Treated Couples | Nontreated Couples |
|---|---|---|
| **Husbands** | | |
| Emotional reactivity | 40.77 (10.06) | 37.93 (9.91) |
| I-Position | 33.42 (7.49) | 33.55 (5.12) |
| Cutoff | 48.81 (8.30) | 48.22 (7.68) |
| Intrusive thoughts | 12.61 (8.30) | 15.03 (9.48) |
| Avoidance thoughts | 12.85 (8.07) | 13.22 (7.29) |
| Satisfaction | 5.94 (2.68) | 6.17 (2.35) |
| Commitment | 8.20 (2.68) | 8.33 (2.57) |
| Well-being | 5.76 (2.40) | 5.27 (2.04) |
| **Wives** | | |
| Emotional reactivity | 30.72 (9.41) | 33.34 (9.62) |
| I-Position | 30.18 (6.89) | 30.59 (6.87) |
| Cutoff | 48.15 (10.52) | 49.15 (9.71) |
| Intrusive thoughts | 17.09 (10.80) | 17.62 (9.56) |
| Avoidance thoughts | 14.95 (8.21) | 16.18 (9.70) |
| Satisfaction | 4.89 (2.74) | 5.31 (2.49) |
| Commitment | 8.19 (2.57) | 8.07 (2.77) |
| Well-being | 5.09 (2.26) | 5.12 (1.95) |

**Table 2.** Number of Cases Who Dropped Out By Session

| | *n* | Percentage of *N* |
|---|---|---|
| At Session 1 | 19 | 9.4 |
| At Session 2 | 25 | 12.3 |
| At Session 3 | 13 | 6.4 |
| At Session 4 | 8 | 3.9 |

Note: Cumulative percent of cases who dropped out by Session 4: 32.1.

Horowitz and colleagues (Horowitz et al., 1979; Zilberg, Weiss, & Horowitz, 1982) suggest a cutoff score of 26 for the version of the IES scale used in this study. Scores at or above 26 reflect significant distress. Scores below 26 suggest less distress experienced around the event that brought the couple to therapy. The husbands' mean was 27.06 ($SD = 15.34$) and wives was 32.02 ($SD = 17.18$). (Note: We use husbands and wives to describe the male and female members of the couples in the sample for lack of better terms.) Thus, the couples in the sample were on average experiencing significant stress.

The next question to be addressed was whether this level of stress was related to their level of differentiation. Table 3 provides the correlation matrix of the variables for this study. Husband's differentiation scores (ER, IP, and cutoff) were all significantly and negatively related to their stress measures with the exception of I-position and IES. This suggested that higher levels of differentiation were related to lower stress scores. The same was true for wives. Husbands' I-position was related to wives' IES. These relationships suggested that higher differentiation in the husbands was associated with less stress for the wives. Wives' cutoff was related to husbands' IES total score. These relationships suggested that higher levels of differentiation in the wife were associated with less stress in the husband.

**Table 3.** Correlations Among the Differentiation Variables, Stress, Satisfaction, Commitment, and Well-Being

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Husbands** | | | | | | | | | | | | | | | | |
| 1. Emotional reactivity | – | | | | | | | | | | | | | | | |
| 2. I-Position | .43* | – | | | | | | | | | | | | | | |
| 3. Cutoff | .33* | .16* | – | | | | | | | | | | | | | |
| 4. Intrusive thoughts | | −.41* | −.13 | −.29* | – | | | | | | | | | | | |
| 5. Avoidance thoughts | −.26* | .02 | −.32* | .60* | – | | | | | | | | | | | |
| 6. Satisfaction | .09 | .13 | .34* | −.21* | −.29* | – | | | | | | | | | | |
| 7. Commitment | −.15 | .02 | .27* | .04 | −.19* | .61* | – | | | | | | | | | |
| 8. Well-being | .32* | .35* | .28* | −.36* | −.33* | .33* | .12 | – | | | | | | | | |
| **Wives** | | | | | | | | | | | | | | | | |
| 9. Emotional reactivity | −.16* | −.17* | .11 | −.06 | −.07 | .12 | .06 | .05 | – | | | | | | | |
| 10. I-Position | −.15* | −.14 | .14 | .03 | .11 | .16* | .05 | .08 | .48* | – | | | | | | |
| 11. Cutoff | .16* | .02 | .08 | −.23* | −.15 | .14 | .01 | .13 | .22* | .22* | – | | | | | |
| 12. Intrusive thoughts | .04 | −.07 | −.06 | .13 | .20* | −.25* | −.19* | −.21* | −.24* | −.11 | −.05 | – | | | | |
| 13. Avoidance thoughts | −.03 | −.11 | −.07 | .24* | .26* | −.18* | −.17* | −.18* | −.17* | −.05 | −.32* | .48* | – | | | |
| 14. Satisfaction | .11 | .09 | .30* | −.21* | −.25* | .59* | .43* | .40* | .05 | .09 | .21* | −.26* | −.20* | – | | |
| 15. Commitment | −.05 | .06 | .10 | .02 | .01 | .50* | .46* | .04 | .02 | .07 | .03 | −.08 | −.14 | .55* | – | |
| 16. Well-being | .08 | .08 | .23* | −.12 | −.15 | .20* | .07 | .32* | .33* | .25* | .34* | −.34* | −.23* | .30* | −.01 | – |

* p <.05.

The next step in the analysis was to examine whether levels of differentiation were related to how much or how quickly the individuals within the couples changed while taking into account the level of stress the couple was currently experiencing. To assess this, a latent growth curve modeling approach was used. This model is depicted in Figure 1. In the figure, husbands' and wives' differentiation is set to "cause" the level of stress both are experiencing and also the initial level and rate of change or slope in the outcome of interest. The level of stress being experienced is also set to be a "cause" of the initial level and rate of change in the outcome. We examined the initial level and rate of change of three separate outcomes for wives and husbands, relationship satisfaction, relationship commitment, and individual well-being across the first four sessions of therapy. On the far right of the model, the latent growth portion of the model can be seen. There are two intercept terms (one for wife and one for husband) and two slope terms. To create these, the score on the outcome for Sessions 1 through 4 are used as indicators. For the intercept, each indicator's loading on the latent variable is set to 1. For the slope, the indicators' loading on the latent variable are set to model a linear increase (0, 1, 2, and 3). Then, the disturbance terms for the latent variables are freed to covary, this allows the analyst to examine the relationship between the initial level of the outcome and the change in the outcome. In this model, the disturbance terms (u's in the model) for the intercepts and slopes of the wife and husband were also freed to covary with the expectation that initial levels and rates of change for the members of the couple would be related.

### Relationship Satisfaction

We first tested the latent growth portion of the model (far right of Figure 1). The best fitting model for the growth/change portion of the model was to have a separate intercept for husband and wife and a single couple slope or rate of change. That is, rather than two separate slopes as shown, we created a single slope with wives' and husbands' scores for each session set to load on that latent variable. The slope was best represented by a linear change in satisfaction allowing the last time period (Session 4) to be free to vary rather than setting its value in a strictly linear model. In the model where both husband and wife had their own slopes, the slopes were significantly correlated, but variance for wives' slope was estimated to be negative, an inadmissible solution. This problem was resolved by creating one slope for change in satisfaction over the first four sessions of therapy for wives and husbands. This suggests that husbands' and wives' satisfaction levels, on average change together. The fit of the change portion of the model for relationship satisfaction was excellent. Using LISREL 8.72 (Joreskog & Sorbom, 2005) with full information maximum likelihood estimation the chi-square with 24 degrees of freedom was 22.19 with a p value of .57. The root mean square error of approximation (RMSEA) was .0 (an RMSEA of 0 to .05 is considered a close fit, .06 to .08 a fair fit, and .09 and above a poor fit; MacCallum, Browne, & Sugawara, 1996). When using full information maximum likelihood in LISREL, only the chi-square and RMSEA are calculated for fit evaluation. For this model, both of these indicated an excellent fit to the data. The average initial level of satisfaction was 4.96 for wives and 5.70 for husbands. The average slope was .52 suggesting that with each session, relationship satisfaction increased by half a point. The initial levels or intercepts for both wives and husbands significantly varied (estimated variance for wives 4.98, $t = 5.88$ and for husbands 4.05, $t = 5.39$). The slope or change in satisfaction also had significant variation (LISREL estimate .65, $t = 3.91$). The wives' and husbands' intercepts significantly covaried ($t = 5.360$) and both the wives' ($t = -1.98$) and husbands' ($t = -2.54$) intercepts significantly covaried with the
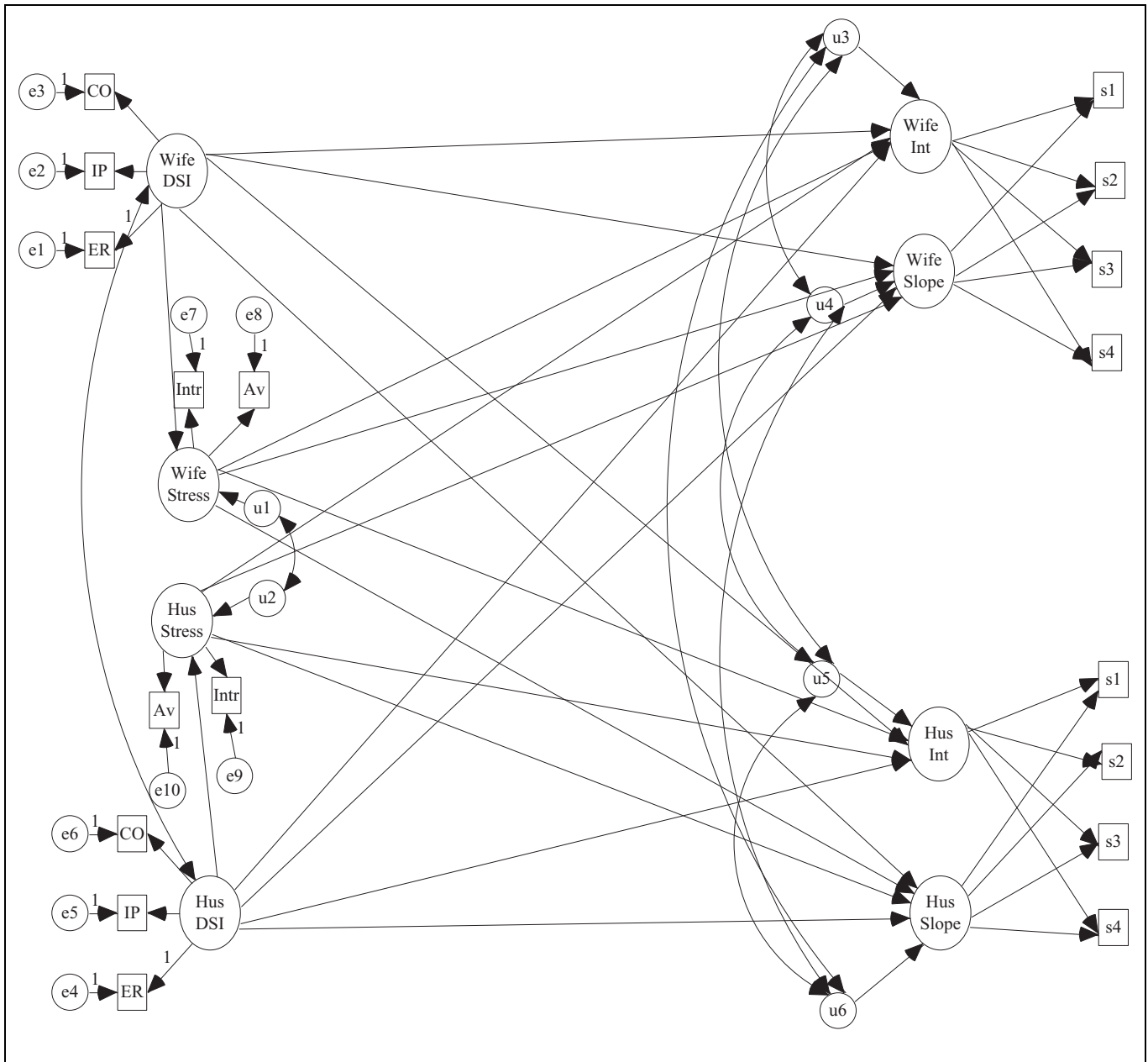
**Figure 1.** Latent growth curve model for couple therapy progress with stress levels and differentiation.

slope. These relationships were negative suggesting that when relationship satisfaction was higher at baseline there was less change in satisfaction over the four sessions of therapy.

We then tested the full model, with the initial levels of satisfaction and change in satisfaction being regressed onto the latent variables for wives' and husbands' distress and differentiation (see Figure 1). This also resulted in a good fit to the data with an RMSEA = .068 with 90% confidence intervals estimated at between .05 and .085 ($x^2(133) = 211.67$; $p < .001$). We centered the independent variables as suggested by Kenny, Kashy, and Cook (2006). The indicators for the latent variables all loaded significantly on their respective variables. Wives' stress was a significant predictor of the wives' initial level of

satisfaction ($t = -2.70$). The relationship suggested that higher levels of stress were associated with lower levels of satisfaction. Husbands' level of stress was also a significant predictor of his initial level of satisfaction ($t = -2.23$) also suggesting that increased stress was associated with decreased satisfaction. Wives' differentiation of self was a significant predictor of change in satisfaction ($t = -2.79$) and wives' stress levels ($t = -2.11$), both of these were negative relationships. This suggests that higher levels of differentiation were related to lower levels of stress and less change in marital satisfaction. It should be noted, however, that lower levels of stress were related to higher levels of satisfaction at baseline, which in turn were related to less change in satisfaction over the four
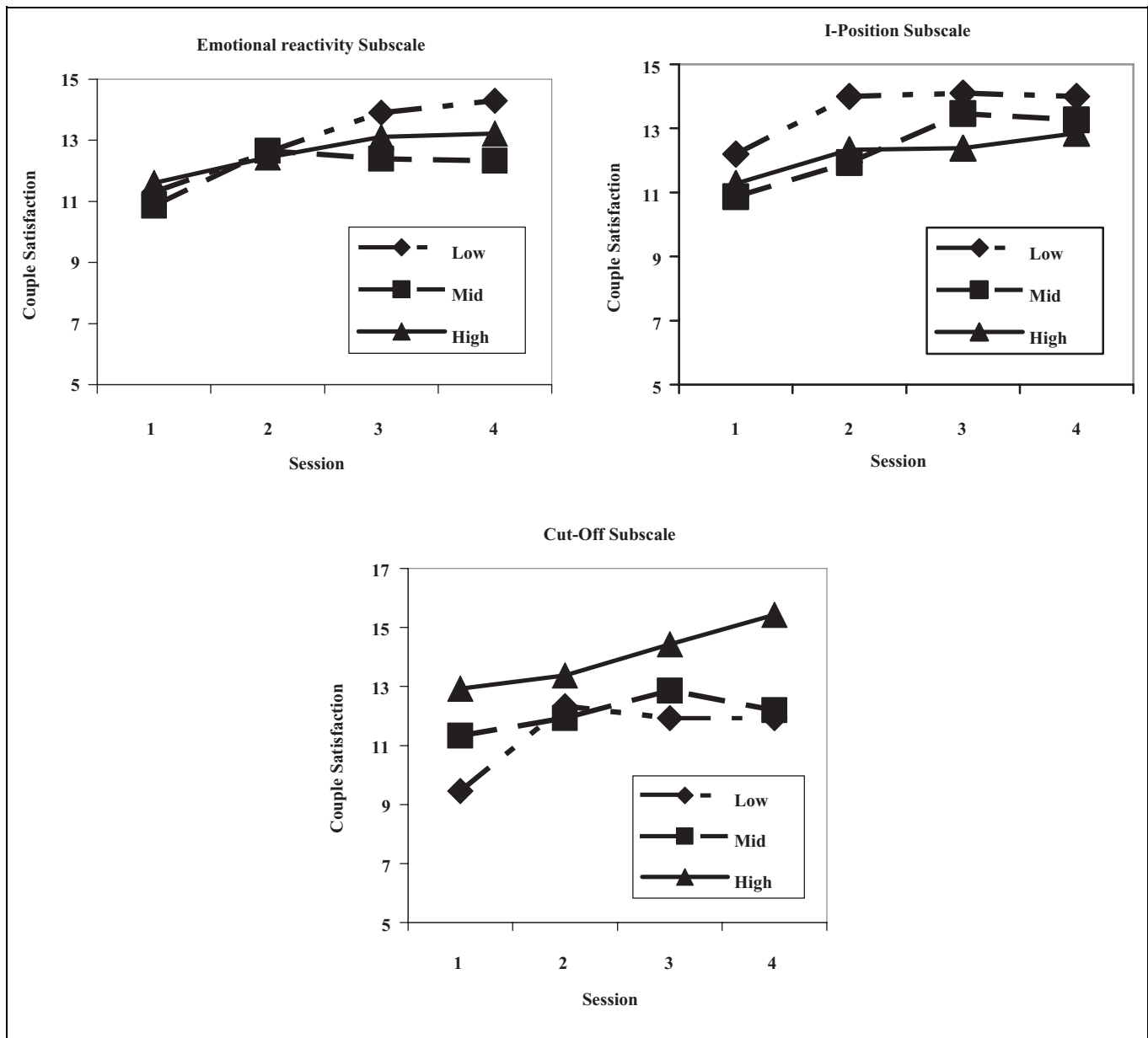
**Figure 2.** Change in couple satisfaction as a function of wives' scores on Differentiation of Self Inventory (DSI) subscales (thirds split).

sessions of therapy. Husbands' differentiation was a significant predictor of husbands' stress ($t = -3.56$) again suggesting that higher differentiation was related to less stress, which in turn was related to higher satisfaction at baseline. In sum, in the model for satisfaction, change in satisfaction was related to wives' level of differentiation. The rate of change in marital satisfaction decreased with increased differentiation. However, higher levels of differentiation were related to lower levels of stress which in turn were related to higher levels of satisfaction. In other words, those wives who had higher levels of differentiation, also had higher levels of marital satisfaction, and there was less room to move, so to speak.

To explore this further, we separated the differentiation subscales scores of the wives into three groups using a thirds split of the range of scores. We then graphed the change in marital satisfaction (by adding the husbands' and wives' scores together) for the first four sessions of therapy. Figure 2 provides a graphic depiction of the change in couple marital satisfaction by wives' DSI subscales scores. Only wives' cutoff shows a clear distinction between the rate of change in the three groups, and those with higher differentiation scores (less cut-off) show higher satisfaction at baseline and a steeper slope for change than the other two groups.

## Relationship Commitment

The best fitting model for the change portion of the model was to have an intercept and slope term for both wives and

husbands. Commitment, for the most part, however, did not change. The average level of commitment for wives was estimated at 8.2, whereas the average level for husbands was 8.18. The average slope or rate of change for wives and husbands were not significantly different than 0. Both the intercepts and slopes significantly varied however. Wives' initial level of commitment significantly varied with husbands' initial level ($t = 4.90$) and husbands' change in commitment ($t = -4.42$). This suggests that when wives had a higher level of commitment, husbands also tended to rate their commitment high initially. When wives' initial level of commitment was high, husbands' level of commitment changed less over the four sessions of therapy. Husbands and wives slopes also significantly covaried ($t = 3.77$). This suggests that when there was change in commitment both husbands and wives changed together. Finally, husbands' initial level of commitment significantly varied with their change in commitment ($t = -4.80$) suggesting that if husbands' commitment was initially high there was less change in their commitment over the four sessions of therapy.

The full model provided a fair fit to the data (RMSEA = .081; $x^2(123) = 224.47$; $p < .001$). Husbands and wives' stress were not significant predictors of either the initial levels of commitment or change in commitment over the four sessions of therapy. Differentiation also did not significantly predict initial levels of or change in relationship commitment.

### Individual Well-Being

The best fitting model for the change portion of the model was an initial level and change variable for both wives and husbands. The average well-being score at baseline for wives was estimated to be 5.04 and for husbands 5.67 (out of 10). Both average slopes were significantly different from 0 as well. Wives' slope was .24 ($t = 2.64$) and husbands' was .16 ($t = 2.05$). These slopes are the proportion of change in well-being for each session. Neither wives' nor husbands' slopes had significant variance which means that most people changed similarly on the well-being scale. The husbands' and wives' slopes significantly covaried, however ($t = 2.04$). The initial levels of well-being were not related to changes in well-being for husbands or wives.

In the full model, wives' stress was related to her well-being ($t = -2.55$), suggesting that with higher levels of stress, well-being was lower. Wives and husbands' differentiation significantly predicted their own initial levels of well-being ($t = 3.14$ and $t = 2.04$, respectively) suggesting that higher levels of differentiation were significantly associated with higher levels of well-being at baseline. Wives and husbands' differentiation was also related to their own stress levels. Differentiation was not related to change in well-being for either husbands or wives.

### Discussion

From these results there is limited support for the hypothesis and Friedman's description of how differentiation is related to the level of stress experienced. First, differentiation levels were related to stress levels in the expected direction. Higher levels of differentiation were significantly related to lower levels of stress around the event that brought the couple to therapy. The level of stress experienced was often related to the initial level of the outcomes of interest but not the rate of change in the outcomes. Differentiation was related to change in satisfaction for wives but not husbands. Thus, from these results differentiation of self was related to the initial levels of satisfaction and well-being but related to the rate of change in these variables.

Our findings support previous literature. Skowron, Holmes, and Sabatelli (2003) surveyed 221 individuals and found that differentiation of self was a predictor of well-being for both men and women in their sample. Bohlander (1995) has also found that differentiation of self explained a proportion of the variance in married women's psychological well-being.

Second, change or progress in therapy was not predicted by differentiation in the expected direction. The only aspect of progress in therapy that was related to differentiation was relationship satisfaction, albeit a very important aspect of couple therapy. The relationship, however, was negative. When wives came to therapy with higher levels of differentiation, they noticed less change in relationship satisfaction. However, wives with higher levels of differentiation were also experiencing less stress around the events that brought them to therapy and less stress was related to higher levels of satisfaction. The converse of this is that those wives with lower levels of differentiation are also more stressed and less satisfied at the outset of therapy, and that with therapy, their satisfaction increases at a greater rate than those wives who came into therapy with an already higher level of satisfaction. It was clear from the graphs separating the different subscales of the DSI that wives' cutoff subscales did show that those wives with the highest level of differentiation showed the sharpest increase in satisfaction. The results of the latent growth curve analysis used all 3 subscales of the DSI as indicators of a latent variable for differentiation of the self thus this relationship with change in satisfaction could have been masked.

The cutoff subscale includes items such as "When things go wrong, talking about them usually makes it worse," "I have difficulty expressing my feelings," and "I'm often uncomfortable when people get too close to me." These items are then reversed scored, so that when people disagree with these items they are considered to be more differentiated. Thus, couples in which wives endorsed these types of items less often showed a greater increase in marital satisfaction over the course of four sessions of therapy. Traditionally, the female partner in the relationship is expected to be the relationship "maintainer," if a female is more likely to cut off in relationships, the relationship is less likely, traditionally speaking, to be maintained, thus satisfaction would either remain stable or decrease if a stressor event occurred and the female cutoff rather than tried to resolve the issue.

Third, if the husbands' and wives' initial level of marital commitment was high, there was less change in commitment

over the course of therapy. This could be because the "space" for change was low if the commitment level was high at the onset of therapy. However, the results show that when there was a change in marital commitment, both the husband and wife changed together. This is good news for the therapists treating these clients, but also speaks to the fact that couples are systems and that the members in the dyad probably affect each other in a circular fashion. This also suggests that examining the effectiveness of treatments or trying to understand couple dynamics must be accomplished by taking into account the nonindependence of the dyad. Traditional statistical models do not allow for this. Examining husbands and wives separately may also be misleading, given that the change in the other partner is not controlled in those analyses.

Having discussed the results, it is also important to discuss the limitations to this study. The sample size was moderate and decreased further by the fourth session. The sample may not have been representative of other clinical populations because it was from a university training clinic. Data from the first through the fourth session were used. The results might have been different if data were available for more sessions.

This study brings out many other limitations of conducting research at a university-based training clinic. For this kind of study, the researchers need the cooperation of the therapists and the clients. The therapists need to remember to give the questionnaires to the clients during the correct sessions. Clients also drop out of therapy and that also makes it difficult to get data for the required number of sessions.

In spite of its limitations, this study makes a significant contribution to the field of couple and family therapy. The results indicated that wives and husbands' differentiation significantly predicted their own initial levels of well-being, suggesting that higher levels of differentiation were significantly associated with higher levels of well-being at baseline. In addition, both the husbands' and wives' stress levels were significant predictors of their initial levels of marital satisfaction, respectively. Furthermore, higher levels of differentiation of self were predictive of lower levels of stress and in turn related to higher levels of marital satisfaction at baseline. This could have practical implications for couple therapy. The goals of therapy could include increasing the level of differentiation of the partners, which in turn could lead to a higher level of well-being and relationship satisfaction for the couple. Murdock and Gore (2004) suggested that "family systems theory would imply that more lasting change would result from increasing the client's levels of differentiation than would result from attempts to alter stress levels or coping styles. Interventions directed at increasing differentiation may also have a preventative function, for they should affect adaptiveness in the face of life stressors, thereby reducing the risk of psychological dysfunction" (p. 334). Skowron et al. (2003) also suggested that family therapists who help focus on strengthening the client's differentiation of self would provide for more lasting change.

Further research in this area is needed to establish whether differentiation of self can reliably predict change in marital satisfaction, marital commitment, and individual well-being over the course of therapy and whether there is change in differentiation of self during the course of therapy. The results of this study indicate that when marital satisfaction and marital commitment were high at baseline there was less change in these variables over the course of early sessions of therapy. This may be because the data from only the first four sessions were used for this study. Future research could use a larger sample and data from more sessions, which could possibly show different results.

## Declaration of Conflicting Interests

## Funding

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