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**THE FAMILY GENOGRAM INTERVIEW:
RELIABILITY AND VALIDITY OF A NEW INTERVIEW PROTOCOL**

A Dissertation in
Counseling Psychology

by

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ABSTRACT

The purpose of the current study was to develop and test the psychometric properties of the *Family Genogram Interview* (FGI), designed to improve standardization of genogram interviewing and to target assessment of four family emotional processes articulated in Bowen Family Systems Theory (Kerr and Bowen, 1988). The FGI was designed to incorporate assessment of both (a) factual questions about basic family demographics and nodal events using standardized genogram symbols (McGoldrick, et al., 1999), and (b) four dimensions of family emotional processes (i.e., marital conflict, emotional cutoff, symptoms in a spouse, & focus on a child), thought to be indicators of the systemic functioning in family systems (Bowen, 1978; Kerr & Bowen, 1988).

Stage 1 of the current study involved creating and revising the FGI. Items were written to create the FGI, and the subscale psychometrics were then evaluated. Based on reliability analyses at the item level, 4 FGI were removed for inadequate reliability. At the subscale level the FGI-Focus on a Child subscale was removed due to low internal consistency reliability. Based on these analyses the final version of the FGI was established and used in subsequent analyses in Stage 2.

In Stage 2 the inter-interviewer reliability of the participant scores in the FGI was determined to be on average at 95% agreement, indicating the FGI can be reliably administered across participants. Construct validity assessment of the FGI subscale scores yielded mixed results, with two subscales, FGI-Marital Conflict and Symptoms in a Spouse, corresponding with existing measures of similar constructs. However the third subscale, FGI-Emotional Cutoff, did not demonstrate a relationship to a similar existing measure as hypothesized. Contrary to expectations, the FGI subscales also did not correspond with the Differentiation of Self Inventory

(DSI). However, there were also some informative, yet unpredicted results lending support for the construct validity of the FGI-EC subscale. Consistent with Bowen Theory, the FGI-EC significantly correlated with the DSI-ER and MSI-FD subscales. The mixed results indicate there appears to be some preliminary support for the construct validity of three remaining FGI subscales (i.e., Marital Conflict, Symptoms in a Spouse, and Emotional Cutoff). The clearest limitation is that there was little evidence that emerged to support the notion that FGI subscales tap into systemic family emotional processes, which they were originally designed to assess. Using a cluster analysis, two groups were found to exist in the participant scores on the FGI. The two groups differed on FGI-Marital Conflict and Emotional Cutoff scores, with one group having high FGI-Marital Conflict scores and low FGI-Emotional Cutoff scores and the other group displaying the opposite. The groups did not differ on demographic characteristics or self-reported levels of differentiation of self, suggesting that different patterns may exist among individuals at similar levels of differentiation. Limitations of this study and directions for future studies are discussed.

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CHAPTERS 1 & 2: INTRODUCTION AND LITERATURE REVIEW

Introduction

In the field of counseling psychology there is growing interest in exploring the systemic family context to determine how individuals function (Becvar & Becvar; Nichols & Schwartz, 2001). This increased interest in family contexts has led to growing use of family therapy among counseling psychologists in order to promote greater well being among individuals and their families. As a result of the increasing interest in family intervention and case conceptualization, there is a growing need for empirically demonstrated, reliable, and valid family assessment measures that can be used in both clinical and research settings (Coupland, Serovich, & Glenn, 1995, Cook & Kenny, 2006).

The conceptualization and treatment of individual and family psychopathology from a systemic perspective has gained increasing support in empirical studies (Gurman, Kniskern & Pinsof, 1986; Shadish & Baldwin, 2003). In particular, there is increasing evidence that intervention grounded in an understanding of the family system can be effective in improving individual functioning, reducing symptoms, and is important in comprehensive assessment (Heatherington, Friedlander, & Greenberg, 2005). It is believed that effective family therapy requires thorough systemic assessment and conceptualization (Kerr & Bowen, 1988; Becvar & Becvar, 2000) because the family context, patterns, and relationships influence individual and family functioning. In this regard, the assessment of family relationships and emotional processes that influence individual functioning is believed to be an important area of attention for both family clinicians and researchers (Nichols & Schwartz, 2001). Many clinicians consider it important to assess at a systemic level because important contextual or contributing factors in individual functioning may be missed otherwise, leading to an incomplete understanding in the

clinical case conceptualization. Such assessment often includes understanding family patterns, the nature of family relationships, and the ways in which the family communicates and functions (McGoldrick & Gerson, 1985).

Although there is recognition of the importance of systemic assessment among family clinicians, there is less empirical knowledge about the clinical and research application of systemic assessments. In particular, there is a need for an empirically demonstrated, reliable and valid means of assessing family system functioning both the nuclear and multigenerational families.

Currently, the family genogram interview is the most widely used means of assessing relationship processes in nuclear and extended family (McGoldrick & Gerson, 1985). A genogram is a pictorial diagram of a family using data gathered during a semi-structured interview. A genogram resembles a “family tree” however the information gathered includes both the simple structure of the family and the emotional patterns and processes present in the nuclear and extended family system. The genogram as it is currently used has several drawbacks including limited standardized and limited theoretical foundation or operationalization.

Purpose of the Current Study

The purpose of the current study was to develop a genogram interview with greater psychometric rigor and that targets assessment of four family emotional processes articulated in Bowen Family Systems Theory (Kerr & Bowen, 1988). The current study was conducted in two stages. In Stage 1, a new genogram interview, titled *The Family Genogram Interview* (FGI), was developed. The FGI is a standardized genogram protocol, developed for this study, which expands on prior genogram formats (Kerr & Bowen, 1988, McGoldrick and Gerson, 1985, McGoldrick, Gerson, and Shellenberger, 1999) through formal operationalization of four Bowen

theory family emotional processes (i.e., Marital Conflict, Emotional Cutoff, Symptoms in a Spouse, and Focus on a Child). In Stage 1, psychometric properties of the four subscales were evaluated at the item level and subscales were revised accordingly. Specifically, the individual FGI items were assessed based on three criteria (a) inter-interviewer reliability, (b) statistically significant differences in participant responses and (c) the effect of the item on its subscale internal consistency reliability. Using criteria outlined in Chapter 2, items or subscales were retained or deleted from FGI to establish the final version to be used in subsequent analyses of the measures' construct validity in Stage 2.

In Stage 2, the overall FGI inter-interviewer reliability was assessed. Next the initial construct validity of the Family Genogram Interview subscales (i.e., Marital Conflict, Emotional Cutoff, Symptoms in a Spouse, and Focus on a Child) was assessed by comparing participants' responses to scores on four existing measures of similar constructs (MSI-R, DSI-EC, OQ-45, and PPS). Finally, an exploratory cluster analysis was conducted on participant responses on the four FGI subscales, to learn about which of these phenomenon tend to co-occur with one another.

The theoretical and research background for the current study involves both the literature on the clinical use of genograms as well as the use of Bowen theory and research. These two bodies of work set the context for the current study. Therefore, the purpose of this chapter is to review the current and historical literature and research on genograms. Second, the theoretical background and relevant research that bears on the specific Bowen theory concepts found in genograms will be addressed. The chapter will conclude with a discussion of the relevance and importance of the current study.

Systemic Assessment Using the Genogram Interview: Methods and Current Limitations

One purpose of the FGI's development was to increase the standardization in current genogram interviewing techniques. Currently, genograms are widely used in clinical settings (McGoldrick, Gerson & Shellenberger, 1999). The concept of creating a pictorial diagram representing the family system was first developed by Murray Bowen (1976) as a means of understanding systemic family emotional processes as well as individual and family functioning.

In his review of the history of genograms, Butler (2006) described the different ways genogram assessment has been conceptualized over time. First, of the variety of clinicians that use genograms, family therapists who use Bowen family systems theory arguably place the greatest emphasis in their assessments on the utility and importance of the genogram. Bowen theory (Bowen, 1978; Kerr & Bowen, 1988) is regarded as one of the few comprehensive systemic theories to explain psychological development. Bowen theory described a way of assessing families using a family diagram or genogram that conceptualizes the family as a multigenerational, systemic unit. In particular, the family is seen as a single emotional unit that responds to stresses and threats within and outside of the family system (Gurman, 1991). The family is seen as one system whose patterns and ways of functioning can be represented in a family genogram. Being a single system, all family members are thought to be influenced and in turn influence other family members (Becvar & Becvar, 2000). The basic patterns of family relationship functioning reflected in the genogram are thought to show how families manage and adapt to stresses, threats, and relationship anxiety. In a genogram these systemic patterns of relationship functioning are represented both in the nuclear family and in multigenerational patterns (McGoldrick et al., 1999).

Murray Bowen's successor at the Bowen Center for the Study of the Family, Michael Kerr, later provided a more in-depth description of the family diagram and how a family evaluation interview should be conducted (Kerr & Bowen, 1988). Kerr described how the information to be gathered in a family evaluation interview, for the purpose of constructing a family diagram, involves assessing for emotional processes occurring throughout a family system. This assessment should be within the nuclear family to the family of origin and multigenerational system. This type of interview begins with an assessment of the history of the individual or family's presenting problem. In this part of the assessment, the type of symptoms, the duration, and the severity of the symptoms are evaluated and documented in the diagram (Kerr & Bowen, 1988). The clinician should gather both structural (i.e., factual information) about the family system while assessing for the emotional process information in the family. Structural information about the family consists of factual information such as family composition, timing and dates of births, deaths, ages, significant family nodal events (e.g., moves, job changes, miscarriages), and the presence and type of physical, mental, or social symptoms in the family. This structural information is organized into one pictorial representation containing a large amount of detail. Kerr described how this type of data is usually gathered with the goal of further understanding the factors that are contributing to the emotional processes occurring in the family.

The next part of the family evaluation interview assesses the history of the nuclear family (i.e., individual, spouse, and children). In this portion of the interview, the predominant patterns of emotional functioning in the nuclear family are assessed. This includes assessing for marital conflict, patterns of over and under-functioning in a spouse, symptoms in a spouse, the family projection process whereby relationship anxiety in the marital system is projected onto

their children leading to focus on a child, and symptoms in a child. The intensity of these emotional processes, both past and present, should also be documented. The information about the nuclear family emotional processes should then be documented in the diagram.

The final step in the family evaluation interview is an assessment of the history of the family of origin. In this portion of the interview, similar information about the emotional processes in the family that was obtained for the nuclear family should be obtained for the family of origin. The goal of this part of the evaluation is to place the functioning of the nuclear family emotional system in the context of the multigenerational family. Kerr asserted that emotional processes of one's family of origin significantly influence the nature and intensity of emotional processes in the nuclear family (Kerr & Bowen, 1988). Family of origin assessment should include information about the systemic functioning of the family in relationship to the individuals in the subsequent generations. There needs to be an assessment of the amount of conflict, emotional cutoff between and within generations, and an assessment of symptoms in the family of origin, as well as understanding the long term systemic effect of stressor and patterns within the entire family system. These emotional processes in family of origin system should be then documented in the family diagram.

In sum, the purpose of the family diagram, as described by Kerr, is to assess for emotional processes that represent how the family system responds to stress, changes, and emotional anxiety, and where the family is on the continuum of from maladaptive to adaptive systemic response (Kerr & Bowen, 1988). The family diagram gives an indication of how emotional processes, including conflict, emotional cutoff, or focus on a child, may be related to the symptoms described in the diagram and the family evaluation interview (Kerr & Bowen, 1988). Both Bowen and Kerr emphasized how the family diagram is a vital component of case

conceptualization, which can be used to guide treatment from a systemic perspective (Bowen, 1976; Kerr & Bowen, 1988).

Building on the idea of Bowen's family diagram and the process of understanding families from a systemic perspective, Monica McGoldrick and her colleagues (McGoldrick & Gerson, 1985; McGoldrick et al., 1999) created a family assessment they titled the "family genogram" which included a standardized format for symbolizing family patterns. The family genogram gained widespread popularity as a means of understanding systemic family patterns. Though based on Murray Bowen's descriptions of the family diagram information from Bowen and Kerr, over time McGoldrick and Gerson (1985) shifted to emphasize assessment of family factual information in the interview. Today the genogram is widely used in a variety of clinical settings including individual counseling, family therapy and social work (Becvar & Becvar, 2000). Most clinicians tend to rely on McGoldrick et al.'s (1999) guidelines for conducting a genogram interview (Nichols & Schwartz, 2001).

Despite the widespread popularity and acceptance of the family genogram, limited agreement exists about its specific format. While McGoldrick et al. (1999) standardized several basic elements of the genogram, they did not provide guidelines for more in-depth, standardized assessment of the emotional and relationship process in families. Specifically, McGoldrick et al.'s (1999) format primarily offers standards for how a family's structural information should be arranged, and suggested symbols to be used. For example, McGoldrick et al., (1999) suggest using circles to represent females and squares to represent males. They also offer suggestions about what types of information can be assessed and the ways in which such details about family events may be important.

As it is currently constructed, the genogram has two drawbacks however. The unstructured nature of the genogram as a clinical interview tool is one limitation. While there is clinical value in having this type of flexible tool available for assessing multigenerational family systems, its unstructured nature prevents researchers from rigorously testing theoretical and clinical assumptions about the family genogram's utility. Such research might include investigating whether or not multigenerational family assessment using the genogram would improve case conceptualization, treatment planning and/or clinical outcomes. Development of a more structured genogram interview, with clear operationalizations of family processes such as emotional cutoff that are replicable across interviewers within a study, and across studies, would facilitate more empirical research on multigenerational family processes and their implications for individual or family functioning. Therefore, what is needed is a more standardized interview protocol that can be used consistently in clinical and research applications.

Second, the manner in which genograms are currently used emphasizes assessment of structural or factual family information over the assessment of emotional processes emphasized by Kerr and Bowen (1988). Although the terms "family diagram" and "family genogram" are often considered synonymous among clinicians, the two types of family assessment differ in the suggested types of information to be obtained and the conceptual assessment of the family based on the data obtained (Butler, 2006). While Kerr placed the most emphasis on assessing for and understanding the systemic emotional processes in the family system, McGoldrick et al. (1999) place more emphasis on summarizing the factual details of the family in the genogram. In this context, the use of genograms to assess families may not always include the critical emotional process information suggested by Kerr and Bowen (1988).

This lack of a consistent theoretical foundation for genogram assessment and the lack of agreement about the essential elements needed in a genogram interview hinder the reliability of genogram-based family assessment and research. For example, Bowen family system therapists argue for the importance of assessing for conflict, cutoff, symptoms, and patterns of over and under-functioning in family systems (Bowen, 1976). Clinicians working from alternative perspectives may not assess components of family emotional process such as emotional cutoff or spousal over and under-functioning. Assessment might instead focus on other patterns of functioning such as substance abuse or incidents of domestic violence while neglecting to assess for the underlying family emotional processes of these issues.

Even among Bowen therapists, there is little agreement on how much emphasis to place on each content area. While Kerr laid out the guidelines for family assessment, these efforts would benefit from a systematic method for assessing key emotional processes in family systems. For example, one Bowen therapist may place a heavy emphasis on the development of symptoms in family members, while not exploring in depth the patterns of conflict and cutoff. Another therapist may place more emphasis on over and under-functioning and spend less time on symptom development. Neither Kerr and Bowen's (1988) diagram nor McGoldrick et al.'s (1999) genogram protocol offer a format for addressing these inconsistencies across therapists conducting genogram interviews.

While there is widespread use of genograms for assessment among family therapy practitioners, there is a need for a standardized protocol that can be administered by any trained clinician and yield generally consistent information about the family system, both in its basic structure and salient emotional processes. The project was designed to create and evaluate a standardized interview, the FGI, aimed at increasing the consistency of genogram interviewing

for clinicians and researchers by creating a more structured interview protocol that is theoretically grounded and operationalizes key Bowen theory concepts.

Very little research was located that has focused on the reliability of genogram interviewing. Several studies were found that confirm the need for greater structure built into genogram administrations if it is to be successfully used as a research tool however. For example, among marriage and family doctoral students, Coupland et al. (1995) found the reliability of relationship information obtained by different clinicians was quite low. Participants were given a fictitious case scenario of a four-generation family and were asked to construct a genogram based on the information given. While clinician participants achieved higher inter-interviewer reliability when recording factual, demographic information such as family names and use of correct/proper symbols ($r = .97$), much lower reliability were obtained for multigenerational relationship information such as conflict, cutoff and emotional or social symptoms ($r = .40-56$). Coupland et al. (1995) conjectured that the low inter-interviewer reliability tied to assessment of relationship information was the result of a lack of standardized, theoretically grounded formats for obtaining and diagramming relationship information in families.

Research on the use of genograms with both expert family therapists and medical professionals has also demonstrated low rates of inter-interviewer reliability. Rohrbaugh, Rogers, and McGoldrick (1992) investigated whether a mixed sample of expert therapists and family physicians trained in genogram administration could achieve acceptable levels of inter-interviewer reliability on several dimensions. First, it was examined whether the sample of clinicians could agree on the general types of categories that should be included in a genogram. Next, they examined the level of inter-interviewer reliability on what clinicians deemed

important in several specific genogram case examples. While the clinicians were able to come to moderate agreement on the general categories of information that should be included in a genogram (i.e., .75 or above), they were unable to consistently agree on the level of importance of different types of information in specific case examples with correlations all below .45 between raters (Rohrbaugh et al., 1992). The results of this study indicate individuals collecting genogram information may be able to come to some consensus about the general types of information or categories that should be accessed in a genogram interview. However in the application with actual case examples, clinicians differentially access client information demonstrating low inter-interviewer reliability in the application of genogram interviews in clinical settings.

There has also been a proliferation of different themed genograms. For example, Holtslander (2005) described a family genogram interview to be used in brief encounters with families experiencing postpartum depression. Also, Jordan (2006) described how the use of a “scripto-trauma” genogram can be useful for trauma survivors who are diagnosed with posttraumatic stress disorder. In the career realm, Chope (2005) discussed the use of a career genogram to assist in career counseling and career decision-making. On a different theme, Peluso (2006) described how an “ethical genogram” that has been developed could be used to help counselors make ethical decisions. In addition, Hardy and Laszloffy (1995) outline the use of a cultural genogram to help promote cultural awareness and sensitivity by helping marriage and family therapist trainees to understand their cultural identities. The main purpose of this type of genogram is to illustrate and clarify the influence that culture has on the family system and to assist trainees in exploring how their unique cultural identities may impact their therapeutic style and effectiveness. These types of themed genograms have utility in different types of specific

client situations and may also assist in clinical training and should not be disregarded. The different types of genograms make it difficult to create a solid research tool for understanding and investigating family processes. In particular, the variety of genograms do not lend themselves to widespread research on family functioning because results across studies would be difficult to compare if the genograms used in the studies were significantly different.

Additionally, research using genograms to understand family functioning has been quite limited. There has been almost no attempt to use the genogram as an assessment tool to further research on family processes. This type of assessment is essential, because family relationship processes are thought to be an important factor for individual and family system functioning (Kerr & Bowen, 1988; Shadish & Baldwin, 2003). The limited research using genogram interviewing as an assessment tool is likely due to the lack of consistency in how to administer the genogram interview. The limited genogram research to date amplifies the need for refinement of how genograms are currently used in order to create a standardized genogram protocol that can access specific, predetermined, and operationalized content areas that assess emotional processes in the family.

In sum, genogram interviewing as it is currently conducted often has limited consistency and theoretical foundation. To address these limitations, one goal in the development of the FGI was to increase the standardization of how genogram interviewing is conducted.

Nuclear Family Emotional Processes Operationalized in the FGI

A second goal in developing the FGI, in addition to increasing standardization, was to address the need for a genogram interview that utilizes and operationalizes specific theoretical concepts thought to represent system functioning in families. The FGI was therefore grounded in Bowen theory and operationalizes the key aspects of what is termed the *nuclear family emotional*

process. The concept of the nuclear family emotional process describes how basic relationship patterns develop in family systems and often represent where problems or symptoms develop in a family. The concept deals with the nature of the relationships in the nuclear family. Within the nuclear family emotional process are four mechanisms by which families respond and adapt to or bind relationship tension, anxiety, or stressors. These four processes consist of: (a) marital conflict, (b) emotional cutoff, (c) symptoms in a spouse, and (d) focus on a child.

In the current study, the four family processes outlined in Bowen theory's definition of the *nuclear family emotional process* were selected for inclusion in the FGI. Kerr & Bowen (1988) described how these four processes represent the maladaptive ways in which family systems respond to stress, anxiety, and systemic changes. Clinical problems or symptoms usually develop during periods of heightened and prolonged family tension. The level of tension depends on the amount of stressors for a family, how a family adapts to the stress, and on a family's connection with extended family and social networks. Anxiety increases the activity of one or more of these four relationship patterns. The basic relationship patterns result in family anxiety being focused on or absorbed by certain parts of the family. The more anxiety one person or one relationship absorbs, the less other people must contend with.

Kerr described how these four processes are of particular importance to include in a genogram assessment as they are thought to represent important indicators of systemic functioning in families. Specifically, Kerr described how the family evaluation interview and resulting family diagram should represent these emotional processes occurring in the nuclear and extended family (Kerr & Bowen, 1988).

Although they are likely involved in the presenting problem or symptomatic individual, no prior genogram formats have operationalized these concepts as part of family assessment.

For example, a couple may present to counseling for marital conflict. A genogram assessment of family emotional processes may reveal that perhaps an increase in the couple's level of emotional cutoff with their families' of origin coincides with the couple's increasing marital conflict. For this couple, Kerr and Bowen (1988) would suggest an increase of emotional cutoff in response to relationship anxiety in the family of origin might later lead to increasing marital conflict due to the over-reliance on the spousal relationship since that relationship feels like "all they have" (p.274). A genogram assessment of these two family emotional processes could offer information about the nature of the couple's symptoms and functioning. To fill the need for more of this type of assessment, the FGI was developed to operationalize the four family emotional processes (i.e., marital conflict, emotional cutoff, symptoms in a spouse, and focusing on a child) that Bowen theory describes as the nuclear family emotional process (Bowen, 1978; Kerr & Bowen, 1988).

The Role of Differentiation in Nuclear Family Emotional Process

Among the variety of constructs that comprise Bowen theory, differentiation is the variable most critical to mature development and psychological health (Kerr & Bowen, 1988) and is thought to influence the extent of marital conflict, emotional cutoff, symptoms in a spouse, and focus on a child in the family emotional system. Differentiation refers to the balance between emotional and intellectual functioning within the individual, and the corresponding balance between closeness and separateness family members achieve in their relationships with one another (Kerr & Bowen, 1988; Titelman, 2003). In other words, differentiation can be thought of, on an intrapsychic level, as the ability to separate thoughts from feelings, and the ability on an interpersonal level to balance intimacy and autonomy with others.

The level of differentiation is the overarching process that is thought to influence the ways in which the emotional processes (i.e., marital conflict, emotional cutoff, symptoms in spouse, and focusing on a child) occur in families. Differentiation is a multifaceted concept that starts with understanding the two separate life forces that influence functioning (Bowen, 1976). The first life force is individuality. Every person within a family system has a desire and drive to be a separate, autonomous individual. At the same time, every person also has the life force of togetherness. Togetherness is the desire to interact and have relationships with others.

Bowen theory describes how for some family systems, togetherness is an overriding need instead of a healthy connection. Individuals within these family systems experience deep yearnings to be loved and guided through life. For such people their sense of well-being is dependent on the relationships they are in. This type of family system is considered to have low differentiation. With lower levels of differentiation, individuals are highly reactive to the processes occurring in the family relationships, and family members are unable to be objective about their feelings, and have little autonomous direction for their own life (Kerr & Bowen, 1988). On one end of the continuum individuals in this type of system go beyond the natural human need for affiliation, and are instead what Bowen labeled as “fused” in their relationships in that their autonomous sense of self is diminished and instead replaced with the dependency on the other person in the relationship (Kerr & Bowen, 1988). On the other end of the continuum individuals in this type of system may also engage in emotional cutoff or reactive distancing as a means of managing their high reactivity to emotional processes occurring in family relationships.

In contrast, for those family systems with higher differentiation, togetherness needs are thought to be less intense and emotions better modulated (Kerr & Bowen, 1988). Togetherness is not experienced as deep needs but rather as basic attraction and interest in fellow humans.

Their well-being is not dependent on the relationships they are in. As an individual, members are able to think and act as autonomously, and the family system supports such individuality, with members who are better able to stay objective and not succumb to emotional reactivity. Also in this type of family system, individuals are more able to remain engaged without relying on emotional distancing to manage relationship stress. Level of differentiation impacts the amount individuals in a family system are guided by the emotional processes in their relationships such as maintaining both autonomy and togetherness, managing conflict in the relationship, and being adaptable to changes (Bowen, 1976).

On an intrapsychic level, another element of differentiation is the ability to distinguish between feeling and thinking processes even in times of stress or anxiety (Kerr & Bowen, 1988). A person with higher differentiation is considered more able to remain calm, objective, and maintain an autonomous sense of self in emotionally stressful times. For individuals with lower differentiation, there is a higher level of emotional reactivity. This type of individual has low adaptability to stress, anxiety, or changes and has less ability to distinguish between feeling and thinking processes (Bowen, 1976).

Taken together, more differentiated families are thought to be less reactive to anxiety, less symptomatic, and better able to make systemic changes needed to adapt to new situations (Kerr & Bowen, 1988). Families operating at higher levels of differentiation are thought to have members that are less emotionally reactive in times of stress or anxiety, and are more able to remain in good contact with others while remaining autonomous. In contrast, less differentiated families are thought to have a difficult time managing conflict and anxiety and as a result, are more symptomatic and less able to adapt to new situations (Kerr & Bowen, 1988). Individuals in

these types of family systems may be more likely to develop some range of symptoms including physical, emotional, or social difficulties (Bowen, 1978; Kerr & Bowen, 1988).

Differentiation and Nuclear Family Emotional Processes

According to Bowen, presence and severity of the nuclear family emotional processes (i.e., marital conflict, emotional cutoff, symptoms in a spouse, and focus on a child) occurring in family systems is linked to level of differentiation. Specifically, Bowen described how these emotional processes represent a family system's attempts to respond to stress, anxiety, and systemic changes. To some extent all family systems make use of one or more of these emotional processes to manage or bind anxiety in the system. Bowen proposed, however, that greater use of or reliance on these processes is indicative of lower levels of differentiation of self in the family system, because they represent maladaptive means by which anxiety in a family system is dealt with (Bowen, 1976).

The more differentiated a family system is, the more able they will be to adapt to and make adjustments while maintaining a balance of individuality and togetherness, without resorting to maladaptive means to manage anxiety. For families with lower differentiation, it is difficult to manage and make the necessary adaptations to maintain relationship equilibrium without employing maladaptive family emotional processes to bind anxiety because these types of families are less able to maintain a balance between emotional connection and autonomy and respond in more emotionally reactive ways. This creates a situation where maladaptive processes serve to bind the relationship anxiety and reestablish system equilibrium. Bowen described how the presence and severity of one or more of these types of processes (marital conflict, emotional cutoff, symptoms in a spouse, or focus on a child) could serve as indicators of a lower level of differentiation in a family system since they represent the means by which less

differentiated family systems bind relationship anxiety (Kerr & Bowen, 1988). Specifically, Kerr stated, “these patterns of emotional functioning are a product of the undifferentiation between family members” (Kerr & Bowen, 1988; p.163)

The limited research investigating the concept of differentiation has mainly provided support for its importance to individual well-being and functioning (Miller, Anderson, & Keala, 2004). The majority of research examining the construct of differentiation has used the Differentiation of Self Inventory (DSI; Skowron & Friedlander, 1998) to investigate the differentiation of self as it relates to psychological adjustment, relationship functioning, marital satisfaction, and ability to handle stress. The DSI is a self-report instrument that measures four dimensions of differentiation: emotional reactivity, emotional cutoff, difficulty taking an “I” position, and fusion with others. Skowron and Friedlander (1998) found a significant relationship between differentiation, as measured by the DSI, and psychological symptomatology as measured by the Hopkins Symptoms Checklist. They reported that the DSI explained 42% of the variance in psychological distress in the sample. They also studied the relationship between differentiation and chronic anxiety. They found a correlation of $-.67$ between differentiation and trait anxiety. Overall, DSI scores predicted lower chronic anxiety, better psychological adjustment, and greater marital satisfaction. In addition, Skowron and Friedlander (1998) found no significant differences in levels of differentiation between men and women or different age groups in their sample.

In a follow up study to explore the cross-cultural validity of Bowen theory, Skowron (2004) examined differentiation of self in an ethnic minority sample. The results of the study offered support for the cross-cultural validity of the DSI and Bowen theory, particularly the role of differentiation in psychological adjustment. For the ethnic minority individuals in this

sample, higher levels of differentiation of self predicted greater psychological adjustment, better social problem solving skills, and greater feelings of ethnic group belonging (Skowron, 2004). This lends further support for the theoretical notion that differentiation plays an important role in psychological functioning and this link can be found across diverse samples of people.

In another study exploring the cross cultural validity of differentiation of self as measured by the DSI, Tuason and Friedlander (2000) examined correlates of differentiation of self in a Filipino sample. Results indicated that differentiation of self predicted both symptomatology and trait anxiety. Compared with Skowron and Friedlander's (1998) U.S. sample, the Filipino sample reported less emotional reactivity, greater emotional cutoff, and a greater ability to take an "I-position," although total differentiation scores did not differ significantly from the U.S. sample (Tuason & Friedlander, 2000). The results suggest that differentiation is a valid concept for Filipinos and lends further support for the theoretical suggestion that differentiation plays an important role in psychological functioning across diverse samples of people.

Using the DSI, there have been a number of studies that support the role of various dimensions of differentiation as important facets in understanding the functioning of families and individuals. First, a person's ability to handle stress is theoretically (Kerr & Bowen, 1988) and empirically (Skowron & Friedlander, 1998; Skowron, Wester, & Azen, 2004) linked with level of differentiation. It has been suggested that an individual with high levels of differentiation will be more able to remain calm, think clearly, and maintain a sense of self in times of stress. For example, Murdock and Gore (2004) found a moderating relationship between perceived stress, psychological symptoms and level of differentiation in a sample of 119 college students. Skowron, Wester, & Azen (2004) found differentiation of self partially mediated the effects of academic and financial college stress. In addition, differentiation was shown to have a direct

influence on psychological adjustment in a sample of 126 undergraduate students. While these two studies differed in their results as to whether differentiation mediates or moderates one's ability to handle stress, differentiation does appear to play an important role in college student well-being.

Additionally, Jenkins, Buboltz, Schwartz, and Johnson (2005) found level of differentiation to be related to a young adult's success in Erikson's stages of psychosocial development. Lastly, Skowron (2000) and Skowron and Friedlander (1998) found total DSI scores accounted for 74% of the wives' and 61% of the husbands' marital satisfaction in a study looking at the relationship between marital satisfaction and levels of differentiation. This study supports the association between self-reported differentiation and healthy, intimate interpersonal functioning.

While the research supports the connection between individual well-being and differentiation, little has been done to understand the underlying emotional processes in family systems and their relationship with differentiation of self. Put another way, little is known about the specific nuclear family emotional processes as described by Bowen that are thought to be systemic indicators of lower differentiation in family systems. The current study was designed to create a family genogram interview that operationalized nuclear family emotional processes that will enable research exploring these types of emotional processes and their relationship to differentiation of self.

The Four Nuclear Family Emotional Processes

Theory and Research-Marital Conflict. First, one way in which lower differentiation may be expressed in a family system is through the extent of marital conflict because, from a Bowen theory perspective, marital conflict serves to bind the anxiety in the marital dyad. Bowen

described how less differentiated couples' individuality is less well developed and togetherness needs are stronger creating a situation where emotional reactivity is more intense and more easily triggered. In less differentiated couples, Bowen theory suggested that there is an increased likelihood of one or both partners becoming emotionally reactive to one another (Kerr & Bowen, 1988). When a couple is emotionally reactive with one another, conflict tends to ensue because each partner is unable to take a differentiated stance in the relationship (i.e., to think objectively and maintain autonomy while remaining connected), but are instead being guided by their emotions and anxiety as it relates to their partner. The negative or anxious emotional reaction of one partner triggers the same from the other partner, often leading to chronic marital conflict. As Kerr and Bowen (1988) describe, "the relationship is like an exhausting, draining, and strangely invigorating roller ride; people threaten never to buy another ticket, but they usually do" (p. 187).

Though marital conflict will occur in more differentiated family systems as well, more adaptive or healthy conflict is characterized by lower emotional reactivity and greater emotional objectivity and neutrality with each partner able to maintain a clear self. In less differentiated marriages partners become reactive and attack or criticize one another. While all couples experience conflict at times, marital conflict in less differentiated couples becomes extended and unresolved and is thought to bind the anxiety in the relationship.

Some empirical research supports the notion that marital conflict as a family emotional process reflects the underlying level of differentiation of self in a family system. First, two studies by Skowron (Skowron & Friedlander, 1998; Skowron, 2000) provide promising initial confirmation of the link between differentiation and marital adjustment in couples. Using the DSI to measure self-reported levels of differentiation in couples, Skowron and Friedlander (1998) found individuals with both less emotional reactivity and less emotional cutoff, along

with greater levels of differentiation report significantly greater satisfaction with their partners. Also, though no support was observed for Bowen's proposition that spouses possess similar levels of differentiation of self, Skowron (2000) found couples' level of differentiation, as measured by the DSI, explained substantial variance in marital adjustment. Specifically, for husbands, the couples' level of differentiation explained 74% of the variance in marital adjustment scores. For wives, 61% of the variance in marital adjustment scores was explained by the couples' level of differentiation.

In a study of 141 married couples, Rankin-Esquer, Burnett, Baucom, and Epstein (1997) observed that autonomy and relatedness were significantly positively correlated with each other, as well as with marital adjustment for both husbands and wives. The study, conducted from a cognitive-behavioral perspective, also found that couples with more marital conflict had greater difficulty maintaining autonomy in their relationship. Because both autonomy and relatedness are important elements of differentiation, this offers indirect support for the theoretical idea that elements of differentiation and marital conflict are related.

Also, the concept of maintaining an autonomous self, (i.e., being differentiated) while in a relationship is thought to be an important task in the marital relationship. Lending support for this idea, several studies have explored the concept of autonomy in relationship to marital satisfaction and marital discord. First, Gray-Little, Baucom, and Hamby (1996) examined the association of marital power type to marital adjustment and response to couples therapy. Egalitarian couples displayed equal power in the relationship by maintaining their own autonomy while also respecting the autonomy of the other. At pretreatment, egalitarian couples showed the best overall marital adjustment. At post-treatment, egalitarian and wife-led couples reported the highest marital satisfaction. This study suggests that spouses who displayed equal power in the

relationship by maintaining their own autonomy while also respecting the autonomy of the other are more responsive to intervention enjoy and create more mature marriages, and experience less marital discord.

In sum the theoretical and empirical information indicates marital conflict, as a family emotional process, is an important factor in the functioning of family systems. Therefore, marital conflict was the first nuclear family emotional process included in the current family genogram interview.

FGI-Marital Conflict. Based on Bowen's description of the importance of marital conflict as an indicator of differentiation in the family system, marital conflict was the first nuclear family emotional process included in the Family Genogram Interview. Marital conflict in this context was defined as arguments, discord, and tension, between two spouses that is unresolved and more chronic in nature. The questions in the FGI were targeted to distinguish maladaptive from "mature" marital conflict by assessing for the presence, severity, and the chronicity of marital conflict both the nuclear family and the family of origin. Some examples of specific questions include, "How much /often do you and your partner-spouse have disagreement or conflict?" "How often do you feel the conflict gets resolved in a way that is mutually satisfying?" "When you do have conflict, how bad does it get?" Responses indicating a pattern of extended, intense, and unresolved conflict were indicative of the maladaptive emotional process of marital conflict.

Theory and Research-Emotional Cutoff. Second, Bowen suggested emotional cutoff may also occur as a means of managing the emotional intensity and anxiety in relationships. Emotional cutoff occurs when an individual experiences difficulty managing the emotional intensity in relationships and reduces his or her emotional and/or physical contact with others in

response. Regardless of whether cutoff is emotional or physical in nature, the severity and duration of emotional cutoff is another important indicator of systemic functioning to be assessed in a family genogram (Bowen, 1978). According to Bowen theory (Kerr and Bowen, 1988) the lower the differentiation, the more likely a person is to use cutoff in significant relationships as a means of managing anxiety and avoiding potential conflict. The less differentiated an individual is, the more likely the cutoff will be severe and chronic.

Emotional cutoff may be present in one's nuclear family (i.e., between spouses) and in one's family of origin (i.e., cutoff with parents and/or siblings). For cutoff involving one's family of origin, Bowen described how it is likely that a more intense version of the family processes will be repeated in new relationships because the original unresolved emotional attachments have not been addressed (Kerr & Bowen, 1988). As a result, Kerr and Bowen (1988) stated that emotional cutoff represented in a family genogram is a behavioral manifestation of less ability to manage and adapt to tensions, conflict, anxiety and stress in relationships due to a fear of losing one's sense of self when in contact with another and thereby resorting to cutoff instead (Kerr & Bowen, 1988).

Although there has been limited research investigating the Bowen theory construct of emotional cutoff as a family process, there is some research to support the relationship of emotional cutoff to various dimensions of interpersonal functioning. For example, Wei, Vogel, Ku, and Zakalik (2005) examined the mediating roles of emotional reactivity and emotional cutoff in interpersonal problems. In their sample of university students, they found that adult attachment style, emotional reactivity, and emotional cutoff explained 75% of the variance in interpersonal problems. The results indicate that emotional cutoff plays a mediating role

between attachment and interpersonal distress. These results offer indirect support for the relationship between emotional cutoff and predicting interpersonal functioning.

Jenkins et al. (2005) studied the role of differentiation and successful psychosocial adjustment. In addition to the finding that differentiation significantly predicts psychosocial adjustment, they found the dimension of emotional cutoff to be a unique predictor of adjustment. These results suggest that individuals who feel threatened by intimacy and use behaviors such as distancing and withdrawing to manage their anxiety have lower levels of psychosocial adjustment. These results are consistent with Bowen's suggestion that emotional cutoff is a sign of psychological difficulty.

More broadly, there is also evidence to support the suggestion that autonomy and connection together are associated with psychological and physical well-being, and that the extent of balance in togetherness and autonomy tends to be similar across two generations of a family. Harvey, Curry and Bray (1991) conducted a study investigating the connection between the interactional processes of individuation and intimacy and psychological and physical health of family members. They also investigated the role of these processes from a multigenerational perspective. Using a sample of college age young adults and their parents, the results of the study indicated a significant relationship between family member ability to individuate while also maintaining intimacy and less psychological and physical health symptoms, based on the self-report from both the young adults and their parents. The study was also able to demonstrate a multigenerational link between the parental relational patterns of individuation and intimacy and the same relational patterns in their children. Harvey et al., (1991) suggest that these results show similar patterns of cutoff exist across generations, and that one's ability to individuate while also maintaining intimacy is associated with his or her functioning.

These studies indicate that emotional cutoff, in the conjunction with emotional reactivity, together play a significant role in various dimensions of interpersonal functioning. Given these findings, along with the theoretical assertion of emotional cutoff as a nuclear family emotional process, emotional cutoff was included as one of the four emotional processes operationalized and measured in the Family Genogram Interview.

FGI-Emotional Cutoff. In the current study, emotional cutoff was assessed in the FGI using specific questions about the family of origin that focused on the closeness/distance in the relationship and emotional withdrawing behaviors. Interviewees are asked specific questions about their relationships with their mother, father, and siblings. Questions tap into emotional cutoff such as, “How often do you feel there is emotional distance in your relationship?” and “On a scale from 1-5 how emotionally distant would you say the relationship is?” and “In your family, who’s closer to each other and who’s more distant/outside of things...?” Questions also tap into physical/geographic distancing such as, “Of all of the people listed, how many have you had contact with in the last year?” This scale was designed to represent Bowen’s concept of emotional cutoff in nuclear and extended families, assessed in a family genogram format.

Theory and Research-Symptom Formation and Symptoms in a Spouse. Third, Bowen described how the formation of symptoms in individuals and families represents a third process through which a family’s level of emotional functioning is expressed and managed. According to Bowen theory, a poor functioning emotional system can trigger the development of symptoms in one of its members (Bowen, 1978). If the system is unbalanced to the point a person feels emotionally isolated or chronically anxious, he or she is vulnerable to dysfunction and the formation of symptoms. Symptoms can take the form of physical, psychological and/or social symptoms. Acute symptoms are associated with short-term disturbances in the balance of the

system, while chronic symptoms are associated with longer-term system disturbances (Bowen, 1978; Kerr & Bowen, 1988). Kerr further described how one of the main purposes of evaluating the family emotional processes in a family diagram or genogram is to develop the context in which symptoms are developed and maintained (Kerr & Bowen, 1988).

When symptom development reflects an emotional process in the family system, it is thought to be expressed in the form of a relationship phenomenon Bowen termed “borrowing and trading of self.” Borrowing and trading of self describes a process through which each member of the spousal system is relatively undifferentiated from the other. Instead of each individual maintaining an autonomous self in the relationship, each member becomes dependent on the relationship with the other person for their sense of “self,” leading to a difficulty making one's own decisions or tolerating difference in the other due to an interpersonal fusion that occurs (Skowron & Schmitt, 2003).

The pattern of one partner over-functioning in terms of health and symptoms and one partner under-functioning is represented in the FGI through a difference score between the two partners, since the process of borrowing and trading of “self” can result in such a pattern. The partner with the higher score is thought to be under-functioning, while the partner with the lower score is thought to be over-functioning. The difference of the two scores is indicative of the differential levels of functioning of the two partners. It is thought that the under-functioning partner gives up “self” to the other and frequently develops symptoms as a result. The other member will then become the over-functioning family member as a means of responding to the under-functioning individual and a new equilibrium is established. In families with lower levels of differentiation, symptoms develop as a means of managing and binding the anxiety created in the system when the emotional balance is disrupted. This underlying emotional process can make

the resolution of symptoms difficult, as a reduction in symptoms would result in a disruption to homeostasis in the system (Bowen, 1978; Smith, 2001). The lower the level of differentiation, the more prone both spouses are to display the pattern of over and under-functioning as a result of the borrowing and trading of self. The presence of symptoms in one spouse represents a larger process of maladaptive functioning in the family system (Kerr & Bowen, 1988; McGoldrick et al., 1999). The development of symptoms in a spouse is thought to represent the family system's level of emotional functioning through the process of over-under-functioning and the borrowing and trading of self in the relationship, instead of maintaining more individual autonomous selves.

For example, a husband and wife may initially experience tension in the marriage. The wife may begin "giving up" functioning or her self to the husband, which calms the system. The pattern further develops and the wife's functioning continues to decline and she develops symptoms, such as developing a serious depression. In response to his wife's depression and under-functioning, the tension between the couple lowers as the husband begins to over-function to help his wife, thus reducing the anxiety and tension in the relationship, unfortunately at the wife's expense. The husband may begin spending more time with his wife, while also taking on more household responsibilities and therefore become the one that is over-functioning in the relationship while the wife is under-functioning. Although maladaptive, this emotional process appears to work for both partners because the chronic anxiety is now bound in the symptoms of depression of the wife, which reduces the original anxiety in the marital conflict and calms the system (Kerr & Bowen, 1988). It is in this way that symptoms in an individual spouse can be representative of the systemic level of functioning and differentiation in the family.

There is evidence for the link between differentiation and psychological symptoms among individuals (e.g., Murdock & Gore, 2004; Skowron et al, 2004; Skowron & Friedlander, 1998; Tuason and Friedlander, 2000). Evidence of a family emotional process underlying symptom severity has yet to be demonstrated however.

Given the limited prior research investigating symptom formation in a spouse, what is needed is an operationalization of symptom formation in a spouse from a Bowen theory perspective that can be measured using the family genogram interview. Such a development would enable systematic investigation of whether symptom formation is indeed one aspect of the family emotional process. In the current study, symptoms in a spouse were operationalized as the third emotional process articulated by Bowen for inclusion in the Family Genogram Interview.

FGI-Symptoms in a Spouse. In the FGI, the Symptoms in Spouse subscale consisted of specific questions about the health and functioning of each marital partner in both the nuclear family and family of origin, although only the nuclear family data was used in the current study. The respondent answered questions about physical, emotional, and social symptoms in self and one's spouse and therefore both individual scores and a couple's "difference" score can be used. The difference score is the difference between the two individual partner scores. The difference score is meant to represent an over and under-functioning pattern in the spousal relationship, since this type of pattern is theorized to occur as a result of borrowing and trading of self in less differentiated couples. Example questions in the FGI Symptoms in a Spouse subscale include questions such as, on a scale from 1 to 5, "How would you rate your physical health?" "How would you rate your partner-spouse's physical health?" These questions were asked of participants in regard to emotional and social symptoms as well. Using this operationalization as

part of the Family Genogram Interview, symptoms in spouse is one of the family processes in the current study.

Theory and Research-Focus on a Child. Fourth, Bowen theory defines focus on a child as a process in which a significant amount of the family anxiety is shifted to one or more children. This focus can include overprotective behaviors, emotional dependence on the parent-child relationship, and an inability by the parent to foster the child's independence. In its extreme, Bowen likened child focus to emotional fusion between parent and child in which neither is able to fully function or have a self without the presence of the other. The process of focusing on a child is thought to occur as a means of absorbing or binding the anxiety in the family, which serves to maladaptively stabilize the system. Bowen described how this process could stem from either the anxiety carried by the parent (often the mother given their frequent roles as primary caregivers) or this process can occur in the context of an emotional "triangle" between the parent system and the child (Bowen, 1978; Kerr & Bowen, 1988), where the parent system draws in the child and triangulates, to stabilize the system.

First, the emotional process of focus on a child can be driven by the anxiety of the parent. The parent's anxiety often stems from systemic factors such as emotional distance in the marital relationship, or emotional cutoff with extended family such as parents. Such factors make a parent vulnerable to over-involvement with a child because the parent-child relationship binds the unresolved anxiety in the family system. This anxiety in the parent creates a situation where the child may respond anxiously to the parent. The parent then misperceives the child's responses as a problem in the child. The anxious parental energy then goes into overprotection of the child that is actually based more in the needs of the parent than the reality of the child's needs or vulnerability (Bowen, 1978). Over time this process leads to a situation where the

parent acts in ways that neither allow for nor foster the child's ability to differentiate (Kerr & Bowen, 1988). The parent is calmed and less anxious by the focusing on a child because the parent-child fusion is binding the chronic anxiety and in turn the child is calmer because the parent system is calm.

Child focus can develop in the context of an emotional "triangle" with the two parents and the child (Bowen, 1978). Bowen defined the relationship triangle as the smallest stable system in that often a two-person relationship system that is unstable will draw in a third person or thing to stabilize the system. In the case of an unstable and chronically anxious spousal relationship, focusing on the child serves to bind the anxiety, stabilize the system and reduce the conflict and symptoms in the spousal system (Kerr & Bowen, 1988; Smith, 2001). A child is drawn in to bind the anxiety, stabilize the system, and reduce the tension in the spousal system shifting the chronic anxiety in the adult relationship to a "safer" outlet in the children. Child focus is "safer" because the parents can avoid and reduce the tension or conflict in their relationships.

Regardless of the manner in which child focus develops, it is thought that such a pattern can contribute to the development of symptoms in a child over time (Bowen, 1978; Kerr & Bowen, 1988). Bowen (1978) described how the child-focused family has enough anxiety focused on the child to result in serious impairment. By focusing on a child, the anxiety is reduced in the adult relationship system, but is shifted to the child. The child often develops symptoms in this context, serving to further the over focusing process on the child as the parents become more focused in the child's symptoms. These child symptoms are often difficult to treat because they serve a stabilizing function for the system because this pattern binds the adult chronic anxiety (Kerr & Bowen, 1988). According to Bowen theory, if the symptoms in the

child were reduced, it is likely the system would become destabilized. Child focus is most frequently observed in the mother-child relationship, as the mother is more likely to be the primary caregiver for the child (Bowen, 1978; Kerr & Bowen, 1988).

Among less differentiated family systems, parents may be more likely to engage in anxious focus on a child because parents are less able to deal with each other, adapt to stress, and remain flexible. As such, anxious focus on a child is thought to represent a maladaptive attempt to stabilize the system (Kerr & Bowen, 1988) relied on more by families operating at lower levels of differentiation. Bowen (1978) described how the anxiety of the system is absorbed in the parent's relationship with the child, often leading to child impairment (i.e., symptoms). Less differentiated families have less ability to manage emotional reactivity, adapt to stress, and remain flexible, creating chronic anxiety that is managed through maladaptive emotional processes including focus on a child in an attempt to stabilize the system (Kerr & Bowen, 1988). It is thought that an overfocusing parent has lower levels of differentiation and is reacting to the child in a way that reduces his or her own anxiety. This leads to an inability to tolerate the child's developing autonomy because the parent is unable to tolerate the anxiety that develops when a child is no longer an emotional extension of the parent's emotional anxieties.

While no research was located that specifically examined the phenomenon of parent over-focusing on a child as a function of family emotional process, work has been conducted examining overprotective parenting styles. In particular, Thomasgard et al. (1995) examined the relationship of overprotective behaviors of a parent (i.e., excessive control, prolonged infantilization, and suppression of independent behaviors in the child) and a child's level of vulnerability to injury or illness. In the study, 892 parents from a community sample were given the Child Vulnerability Scale and the Parent Protection Scale (Thomasgard et al., 1995) to

examine the relationship between parent overprotective behaviors and child vulnerability. This research showed that overprotective behaviors from a parent are not based on a child's vulnerability. Only 20% of the sample were rated as overprotective and also rated their child as vulnerable. The authors suggested overprotective behaviors are more likely based on a parent's anxiety level and a parent's own childhood experiences, as overprotective anxiety is thought to be passed down across generations (Thomasgard et al, 1995).

There is also research describing connections between over-involved/overprotective parenting style, parental symptoms such as anxiety, and/or the development of symptoms in a child. First, Thomasgard (1998) found parents who self-reported having an over-protective parenting style, were more likely to have symptoms consistent with anxiety and phobic anxiety, than parents who did not self-report having an overprotective style in a community sample of 871 parents. Also Hudson and Rapee (2001) found, based on observational data from 93 mothers, that mothers of anxious or oppositional children displayed greater and more intrusive involvement than mothers of nonclinical children, after adjusting for the age and sex of the child. Mothers of anxious children were also more negative during the interactions than mothers of non-clinical children. These results support some type of connection between an over involved parenting style and anxiety. Further, Gruner, Muris, and Merckelbach (1999) found the parenting style of "anxious child-rearing" was linked to the development of anxiety symptoms in a sample of 117 children 9-12 years of age.

Given the limited prior research investigating emotional process of focus on a child, what is needed is an operationalization of this process from a Bowen theory perspective that can be measured using the family genogram interview. Such a development could enable systematic investigation of how the process of overfocusing on a child functions within a family system. In

the current study, focus on a child was included as one of the four emotional processes to be operationalized and measured in the Family Genogram Interview with the goal of better understanding this construct from a Bowen theory perspective.

FGI-Focus on a Child. In the current study, Focus on a Child was assessed in the FGI by asking specific questions about the role of the children in the nuclear family. While the FGI-FC subscale is only a simple assessment of which child the parents focus on and the symptoms of that child, the subscale was designed to represent some dimensions of child focus in family systems. Specific questions include content about how much of a focus the children are in the family system and also content about any symptom development in the children. Specifically in the FGI, the interviewee was asked questions about the focus on the children in the family such as, “Which of your children worries you the most?” “Tell me about the challenges you have faced raising your children?” “How would you say your relationship with your children affects your marriage?” “Do you feel your partner-spouse is too focused on your children?” “Does your partner-spouse ever state/complain you are too focused on your children?” “When you and your spouse have conversations, how often is the discussion about the children?”

It should be noted that the determination of which child in the family system was looked at for this study will be based on the mother’s answers to several specific questions during the interview. In particular, the FGI asks the mother “Which of your children worries you the most? Why?” “Which child worries you the least?” “Which child worries your husband the most?” “Which child worries your husband the least?” The purpose of this line of questioning was to determine the child that is most focused on in the current family functioning. This information was the criteria for assessing which child was the subject of the Focus on Child subscale of the FGI interview the parent completed. In the unlikely event that there was a discrepancy between

the mother and father as to which child is most concerning, the child the mother identified was used as the subject of this subscale in the study.

Summary-The FGI Nuclear Family Emotional Process Variables

In sum, the presence and severity of the four nuclear family emotional processes (i.e., marital conflict, emotional cutoff, symptoms in a spouse, and focus on a child) occurring in family systems is thought to be a function of the family's level of differentiation of self. Specifically, Bowen described how these emotional processes represent a family system's attempts to respond to stress and anxiety. Increased use of or reliance on these processes are indicative of lower levels of differentiation of self in the family system, because they represent maladaptive means by which family systems bind anxiety. For families operating at lower levels of differentiation, it is difficult to make the necessary adjustments to maintain relationship equilibrium without engaging in maladaptive family emotional processes to bind anxiety. These types of families are less able to maintain a balance between emotional connection and autonomy and instead often respond to closeness or distance in emotionally reactive ways. Bowen described how the presence and severity of one or more of the nuclear family emotional processes could serve as indicators of a lower level of differentiation in a family system. The FGI was designed to assess various components of each emotional process. It should be noted, however, the FGI does not fully assess the systemic dimensions of how family emotional processes occur in families, but rather the FGI is a more basic assessment of the relationship patterns in the family. For example, while the FGI does assess for emotional cutoff with family of origin by asking about amount of contact or duration of cutoff, it does not assess the systemic nature of emotional cutoff as an emotional process (i.e., how emotional cutoff is a reactive response to manage relationship anxiety). In another example, while the Symptoms in a Spouse

subscale was designed to assess elements of the level of functioning of both spouses, it does not assess the systemic nature of symptom development as described in Bowen theory. Spouses are asked to rate their physical, mental, and social functioning, but are not asked about the systemic effect of the symptoms on other family relationships or the timing of symptoms as they relate to other systemic changes in the family. Also, in the current study, the ratings were developed based on only one family member's report, perhaps limiting the ability of the FGI subscales to systemically assess the family functioning. This limitation, although not originally intended in the design of the FGI, means the interview is limited in its assessment of the nuclear family constructs it was meant to operationalize.

Patterns and Interrelationships among the Four Family Process Variables

The current study had three research goals. As previously discussed, the first goal was to develop a standardized family genogram interview that operationalized the key variables in Bowen theory's description of the nuclear family emotional process. As part of the development of the FGI, revisions were made and a final version was established. Second, the psychometric properties of the FGI were assessed along several dimensions and assessment of its construct validity was conducted. Finally, an exploratory cluster analysis was performed to examine ways that individuals' scores on the four FGI emotional process subscales group together.

Kerr and Bowen (1988) describe a continuum of health on which family systems can exist (Kerr & Bowen, 1988; Titelman, 1998). Specifically, there are a variety of ways in which the family emotional processes described in Bowen theory operate. On one end of the continuum, family systems may employ fewer maladaptive emotional processes and generally operate in more mature ways. On the other end of the continuum, families may extensively use more of the four types of emotional processes, in ways that are persistent and unremitting. Other

families can also be placed in the middle of the continuum, perhaps over-relying on one or another mechanism to bind anxiety, or employing a few of the emotional processes, in more transient ways. Bowen asserted that level of differentiation of self would determine the extent to which families make use of these emotional processes and roughly correspond with the family's level of functioning (Bowen, 1978).

What is less understood, however, is the nature of the interrelationships between these four dimensions of the family emotional process that the current study was designed to operationalize. Bowen theory does not clarify these issues and research has given little guidance to this point. With this, it is important to begin to explore the constellations or interrelationships among the specific family process variables found in a genogram as a means of exploring the possible ways family process are related.

The possibility of interrelationships existing between different emotional processes in family systems has received support in empirical investigation. In one example, Dillard and Protinsky (1985) investigated whether a difference in unresolved emotional attachment between generations existed between a sample of 11 couples in therapy for marital difficulties and a sample of 11 nonclinical couples. The results indicated the greater the emotional cutoff between the nuclear and extended family, the greater the marital conflict in the nuclear family. These findings suggest a possible relationship between multigenerational emotional cutoff and nuclear family marital conflict. The results of this study are informative since cutoff with one's family of origin was measured in the current study, along with nuclear family marital conflict.

There is a need to explore more about whether these proposed relationships could be demonstrated empirically and the manner in which these processes co-occur. An exploration of the constellations and relationships among these four family processes would contribute to the

current knowledge base grounded in Bowen theory. To date, the possible relationships among aspects of family emotional process are not well understood and are only loosely outlined in the original theorizing of Bowen.

Thus, the current study included an empirical cluster analysis to explore the constellations or patterns among these emotional processes in families by examining how participants' scores on the four FGI subscales cluster or group together. Further, relations between the cluster profiles that emerged and an external measure of differentiation of self, the Differentiation of Self Inventory (DSI; Skowron & Friedlander, 1998) were examined. Specifically the study investigated whether some clusters are linked with higher or lower levels of differentiation, or conversely do the groups display no differences in level of differentiation suggesting that at similar levels of differentiation, a variety of emotional processes could be operating.

Summary

In conclusion, the current study had three research goals. The first goal was to develop a standardized family genogram interview that operationalized the key variables in Bowen's (Bowen, 1978; Kerr & Bowen, 1988) description of the nuclear family emotional process. In this study, the Family Genogram Interview was developed from both the "family diagram" developed by Bowen and elaborated by Kerr (Kerr & Bowen, 1988) and the existing genogram formats (McGoldrick & Gerson, 1985; McGoldrick et al., 1999). The FGI was created to assess four family emotional processes (i.e., marital conflict, emotional cutoff, symptoms in a spouse, & focus on a child). These four emotional processes Bowen described as important indicators of the systemic functioning (i.e., level of differentiation of self) in family systems (Bowen, 1978; Kerr & Bowen, 1988). The FGI was designed to incorporate assessment of both (a) factual

questions about basic family demographics and nodal events using standardized genogram symbols (McGoldrick, et al., 1999), and (b) four dimensions of family emotional processes. The goal in developing the FGI was to clearly operationalize and measure these family emotional processes specifically in a family genogram interview. Bowen discussed the importance of including these concepts in family assessment, but did not specifically outline how to access this emotional process information in a genogram interview. Subsequent efforts to develop genogram interviews have largely neglected a focus on these processes, or have taken a relatively unstructured approach, which is difficult to replicate.

The second goal of the current study was to build the FGI with careful attention to its psychometric properties. Thus, a series of steps were taken to build reliability into the FGI at the item level, in order to insure that the resulting FGI tool would be replicable across interviewers and samples. Finally, an initial assessment of the FGI's construct validity was undertaken in order to critically evaluate the extent to which the four FGI emotional process subscales were measuring what they were intended to measure. Current genogram interviewing practices are clinically rich, but can be inconsistent across clinicians and do not have an empirical basis.

The third research aim was to conduct an exploratory cluster analysis to explore the ways in which participants' scores on the FGI emotional process subscales group together within and across participants. This exploratory analysis was deemed useful for beginning to understand the typical constellations or patterns that emerge in families, and whether and how those constellations represent similar or different levels of functioning (i.e., variations in differentiation of self) among participants.

Research Questions for the Current Study

Based on these goals, there were three main research questions for the current study.

These research questions were examined in two stages:

In Stage 1, the FGI was created and developed in an effort to operationalize four Bowen theory family processes (i.e., Marital Conflict, Emotional Cutoff, Symptoms in a Spouse, and Focus on a Child) thought to be indicators of the level of differentiation in family systems. Items were written to create the FGI, and then the subscale psychometrics were evaluated. The reliability of participant responses on the individual FGI items were assessed based on three criteria (a) inter-interviewer reliability, (b) statistically significant differences in participant responses across different interviews and (c) the subscale reliabilities. The internal consistency reliability of the participant scores on the FGI subscales was also calculated. Based on these analyses, items were deleted and the final version of the FGI was established and used in subsequent analyses in Stage 2.

It is important to note the FGI consists of the items used in the current study, but also consists of both quantitative and qualitative items not used. For example, on the FGI-Marital Conflict, FGI-Symptoms in a Spouse, and FGI-Focus on a Child subscales, only quantitative items assessing the nuclear family (i.e., husband, wife, and children) and not family of origin items (i.e., parents and siblings) were used in the current study. For the FGI-Emotional Cutoff subscale, only quantitative items assessing cutoff with family of origin were included in the current analyses. No qualitative, open-ended items from any of the four subscales were used in the current analyses. In the current study only one family member (i.e., the wife from the nuclear family) were interviewed.

Stage 2 of the study addressed the remaining research questions using the final version of the FGI. Here the aims were to report inter-interviewer consistency in the FGI administration, and its validity evaluated by examining associations between FGI subscale scores and four existing psychometrically-sound measures of similar constructs.

Specifically FGI-Marital Conflict scores, as measured in the nuclear family, were expected to positively correlate with an external measure of distress or discord in marital relationships. FGI-Emotional Cutoff scores, as measured with the family of origin relationships, were expected to positively correlate with a corresponding measure that assesses emotional cutoff in interpersonal relationships. FGI-Symptoms in a Spouse scores, as measured in the nuclear family, were expected to positively correlate with participants rating of self and spouse on a measure of psychological symptoms, social-role functioning, and interpersonal difficulties. In addition, FGI Focus on a Child scores, as measured in the nuclear family, were expected to positively correlate with scores on a measure that assesses parent focus on and over protection of a child.

The correlations between the FGI subscales and an existing, psychometrically-sound measure of differentiation of self were also examined. Given the theoretical link between differentiation and the nuclear family emotional processes operationalized in the FGI subscales, it was predicted that the FGI subscales would be significantly positively correlated with the self reported measure of differentiation of self.

The third research goal of the current study was to explore the ways in which the four family processes being assessed in the Family Genogram Interview might be interrelated. This involved an exploration of the patterns of participants' scores on the four FGI subscales that emerge from the data, using cluster analysis. The aim was to empirically group participants'

scores on the four subscales and learn how those scores tend to cluster together. Further, because the four variables in the study are theoretically linked to differentiation, this exploratory analysis also included an examination of how the cluster profiles that were developed corresponded to an existing measure of level of differentiation of self.

CHAPTER 3: METHOD

Participants

The sample consisted of 50 heterosexual, married women who had at least one child between 4-10 years of age. The sample was obtained from a community database of families with young children developed at the Pennsylvania State University and maintained at the Child Study Center called the Families Interested in Research Studies (FIRSt) database. Participants were on average 37.4 years of age ($SD = 4.35$, range = 28-47) with an average of 2.62 children ($SD = .87$, range = 1-5). Participating women were primarily middle to upper class, with a median yearly household income of \$70,000 (range = \$20,000-100,000). The participants were also relatively well educated, with 74% having at least a bachelor's level of education. In terms of ethnicity, 98% of the sample was White, and 2% identified as bi-racial. The women had been married an average of 11.9 years ($SD = 3.90$, range = 3-24 yrs).

Mothers selected to participate came from two-parent, heterosexual nuclear families (i.e., wife, husband, and at least one child ages four to ten). These criteria were selected in order to maximize variance associated with two of the constructs in the study, marital conflict and symptom formation in a spouse. Bowen theory most clearly defines the role of marital conflict and symptoms in a spouse in the nuclear family emotional process as they are found in heterosexual, married couples (Kerr & Bowen, 1988). Due to this, it was determined the sample in this study should be narrowed to a population of married couples with children in order to allow for a more developed investigation of both marital conflict and spouse symptoms.

Mothers were chosen as the target respondent to provide a more developed investigation of the construct of focus on a child. According to Bowen theory, the process of focusing on a child, one of the four family processes in the FGI, is thought to be most pronounced in the

mother-child relationship (Kerr & Bowen, 1988). This is thought to be the case because mothers traditionally have assumed more care-giving responsibilities than fathers, and are therefore more naturally inclined to occupy the position of focusing on their children (Kerr & Bowen, 1988).

The sample consisted of married mothers who had at least one child between the ages of 4-10, placing them in the life cycle stage of “families with young children” as defined by Carter and McGoldrick (1999). Families in this stage are characterized by the task of integrating children into the marital system to form a nuclear family system while also adapting to changing relationships with their own parents and families of origin (Carter & McGoldrick, 1999). In this developmental stage, it is thought that the family emotional processes often become heightened and more pronounced as the anxiety and stress in the relationships increases with the addition of young children (Kerr & Bowen, 1988).

Measures

In this study the Family Genogram Interview was constructed based on Bowen’s “family diagram,” elaborated by Kerr (Kerr & Bowen, 1988), with reference to existing genogram formats (McGoldrick & Gerson, 1985; McGoldrick et al., 1999). The FGI was created to assess the four family emotional processes (i.e., marital conflict, emotional cutoff, symptoms in a spouse, and focus on a child) that entail the nuclear family emotional processes in families which Bowen theory described as important indicators of the systemic functioning and level of differentiation in family systems (Bowen, 1978; Kerr & Bowen, 1988). The FGI incorporates both factual genogram questions and standardized genogram symbols (McGoldrick, et al., 1999) along with operationalization of four dimensions of family emotional process.

Also, because one important aspect of this study involved assessing the construct validity of the four FGI subscales (i.e., marital conflict, cutoff, symptoms in a spouse, focus on a child),

participants also completed four questionnaires and a brief demographic form. To this end, six subscales of the Marital Satisfaction Inventory-Revised (MSI-R; Snyder, 1997), the Emotional Cutoff subscale of the Differentiation of Self Inventory (DSI-EC; Skowron & Friedlander, 1998), the Outcome Questionnaire-45 (OQ-45; Lambert et al., 1996), and the Parent Protection Scale (PPS; Thomasgard et al., 1995) were administered to evaluate the initial construct-related validity of the FGI subscales. Participants also completed a brief demographic questionnaire to determine the characteristics of the sample in order to determine if there was a need to control for any demographic characteristics in subsequent analyses.

The Family Genogram Interview. The purpose of the study was to develop a standardized genogram interview protocol, the Family Genogram Interview, designed from both the family evaluation diagram described by Kerr (Kerr & Bowen, 1988) and the traditional genogram format from McGoldrick and Gerson (McGoldrick & Gerson, 1985; McGoldrick et al., 1999) to operationalize the 4 emotional processes in families across both nuclear and multigenerational family systems.

Major portions of the FGI are grounded in the traditional genogram format described by McGoldrick and Gerson (1985). In a traditional genogram format, specific symbols are used to denote factual and relationship information across generations of a family system. Like the traditional genogram format, the FGI also includes information about family structure and important nodal events (i.e., births, deaths, marriages, divorces, geographic moves etc.) across three generations.

Second, the FGI was designed based on the family evaluation process outlined by Kerr (Kerr & Bowen, 1988) and grounded in Bowen theory (Bowen, 1978). Kerr described how family evaluation begins with a diagram of the family emotional processes across generations.

Kerr discussed how the diagram should reflect patterns, information, and the emotional processes for both the nuclear family and the extended family of origin as means of understanding how the system as a whole responds and adapts to anxiety, stress, and changes in the family (Kerr & Bowen, 1988). Specifically, the FGI was designed to assess nuclear family emotional processes. The 75-minute FGI interview protocol was designed to assess relationship information about the four family emotional processes thought to be indicators of the level of differentiation in a family system (a) Marital Conflict, (b) Emotional Cutoff, (c) Symptoms in a Spouse, and (d) Focus on a Child. These processes are then diagrammed in a standard genogram format.

The development of the FGI items involved several sources that aided in the development of FGI questions. First, a major influence in question development came from definitions of the family emotional processes as described by Bowen (1976/1978) and Kerr and Bowen (1988). Questions for each construct in the FGI were created by using the theoretical definitions and descriptions of how these processes are thought to occur in family systems. Further, Kerr (Kerr & Bowen, 1988) offered some initial guidance how to assess for these emotional processes in his description of the family diagramming process.

Question development also involved input from experienced family therapists and a preliminary, informal pilot study. First, five experienced family therapists who work from a Bowen theory orientation audiotaped sessions with clients while conducting a genogram interview. Based on the questions asked of clients in the audiotapes, items for the FGI were developed. Input on items was also obtained from a student research team in this stage of development.

Once a set of preliminary FGI items were created a group of clinicians, who were also part of a student research team, informally participated in a pilot study by administering the FGI

with their colleagues and acquaintances to provide feedback on the protocol. Based on feedback from this initial pilot study, the FGI items were revised and the original version used in the current study was developed.

The FGI consists of both quantitative and qualitative items, however only quantitative items were used in the current study. Also, the items used in the current analyses only targeted either the nuclear family or family of origin, but not both. In the current analyses, nuclear family (i.e., husband, wife, and children) items in the FGI-Marital Conflict, FGI-Symptoms in a Spouse, and FGI-Focus on a Child subscales, and not family of origin items (i.e., parents and siblings) were used. For the FGI-Emotional Cutoff subscale, only quantitative items assessing cutoff with family of origin were included. No qualitative, open-ended items from any of the four subscales were used in the current analyses.

The decision on which part of the family system scores (i.e., nuclear family or family of origin) to include in the current analyses was based the goal to maximize the variation, accuracy, and amount of information received within each subscale. For the FGI-MC subscale, only the nuclear family participant subscale scores were included in the current analysis. Nuclear family scores were selected for inclusion based on the rationale that the woman participating in the study would only be able to accurately rate her marital conflict within her own marriage, and not her perception of her parents' marital conflict. In order to accurately rate her parents' marital conflict, it would necessary to have them directly rate themselves.

In the FGI-EC subscale, the decision to only include participants' scores on cutoff with family of origin was based on the lifecycle stage and marital status of the families interviewed. In a married relationship with young children at home, emotional cutoff in the nuclear family would likely be less salient than with one's family of origin. If families being interviewed

contained grown children or other forms of non-married relationships (i.e., separated or divorced) assessing FGI-EC scores within the nuclear family would likely lead to more variation and rich information.

The decision to only include nuclear family scores in the analyses involving the FGI-SS subscale is similar to the rationale for the FGI-MC subscale. While the wife can accurately report on her own symptoms, her report on the individuals within her family of origin may be less reliable. In the current study, the wife's report of her husband's symptoms were used in the analyses of the nuclear family symptoms, however the bias or lack of reliability in this report is an acknowledged limitation of the current study.

Although not included in all of the analyses in the current study, a similar rationale was used in the decision of which scores from the FGI-FC subscale would be included. Again, the participants' reports of their parents' experiences of raising children, would be highly likely to be unreliable or bias, particularly since this information would come from childhood memories and limited objective information. Interviewing the parents directly would be a more reliable means of assessing this aspect of the family system functioning.

Marital Conflict. Each family process in the FGI is operationalized based on Kerr and Bowen's (1988) description. The subscale Marital Conflict is operationalized using questions about the duration, severity, and typical patterns of marital conflict in both the nuclear family and the family of origin. In the current study, the wife was the respondent and only the marital conflict data from the nuclear family was analyzed. However, if marital conflict data from the family of origin also had been used, the data would have been combined to form a single marital conflict score. Further, the FGI-MC scale contains qualitative, open-ended questions that were

also not analyzed in the current study. Example quantitative questions used in the current analyses include:

- “How much /often do you and your partner-spouse have disagreement or conflict?”
- “What typically happens in a conflict? (who starts it, who ends it, etc.)”
- “How often do you feel the conflict gets resolved in a way that is mutually satisfying?”
- “When you do have conflict, how bad does it get?”
- “How often would rate the conflict as getting out of hand?”

The FGI-MC scale consisted of a total of 9 quantitative and 31 qualitative questions assessing both nuclear family and family of origin. However, only six quantitative, Likert scale items assessing the nuclear family were used in the final analyses for the current study.

Emotional Cutoff. Second, Emotional Cutoff, is focused on information about the duration, severity, and systemic effects of emotional and physical withdraw between spouses in the nuclear family and among self and members of one’s family of origin. In the current study, the wife was the respondent, and only the emotional cutoff information about her family of origin was analyzed. However, if emotional cutoff data from the nuclear family also had been used, the data would have been combined to form a single emotional cutoff score. Further, the FGI-EC subscale contains qualitative, open-ended questions that were also not analyzed in the current study.

For emotional cutoff in relationships within the family of origin, the interviewees were asked specific questions about their relationships with their mothers, fathers, and siblings. This information was used in the current analyses. For example:

- “How often do you feel there is emotional distance in your relationship?”
- “On a scale from 1-5 how emotionally distant would you say the relationship is?”
- “In your family, who’s closer to each other and who’s more distant/outside of things...?”
- “How many people do you have contact with?”

The FGI-EC scale consisted of a total of 20 quantitative and 14 qualitative questions assessing both nuclear family and family of origin. However, only 11 quantitative, (9 Likert scale and 2 continuously scored) items assessing the participant’s relationships with family of origin were used in the final analyses for the current study.

Symptoms in a Spouse. Items that comprise the Symptoms in a Spouse subscale focus on the duration and severity of physical, mental or social symptoms in self and one’s spouse, as well in family of origin. The respondent is asked to rate both herself and her spouse on this subscale. Some example questions used in the current analyses include:

- “How would you rate your physical health?”
- “How would you rate your partner-spouse’s physical health?”
- “Have there been any physical health problems in the family, past or present?”
- “How would you rate your emotional health?”
- “How would you rate your partner-spouse’s emotional health?”
- “Any emotional or mental health difficulties in the family such as depression or anxiety, past or present?”
- “Have there been any difficulties in other ways such as alcohol, abuse, employment problems?”

In the current study, the wife was the respondent and only the FGI-SS data from the nuclear family was analyzed. However, if symptom information about the family of origin also had been used, the data would have been combined to form a single FGI-SS score. Further, the FGI-SS subscale contains qualitative, open-ended questions that were also not analyzed in the current study. The FGI-SS scale consisted of a total of 31 quantitative and 23 qualitative questions assessing both nuclear family and family of origin. However, only 12 quantitative, (9 Likert scale and 3 categorical, yes/no) items assessing the nuclear family were used in the final analyses for the current study.

Focus on a Child. Fourth, the FGI was also designed to operationalize the concept of focusing on a child as a family emotional process. Focus on a Child was assessed by asking mothers specific questions about the role of the children both in the nuclear family and in the participant's family of origin. These questions include content about how much of a focus the children are in the family system. The goal was to identify whether the emotional process of focusing on a child is occurring in the family system and the extent of its presence. Specifically in the FGI, the interviewee was asked questions to identify the child on whom mothers and fathers focus on most, or with whom they are most concerned. Some examples of questions used in the current analyses include:

- “Which of your children worries you the most?”
- “Tell me about the challenges you have faced raising your children?”
- “How would you say your relationship with your children affects your marriage?”
- “Do you feel your partner-spouse is too focused on your children?”
- “Does your partner-spouse ever state/complain you are too focused on your children?”

- “When you and your spouse have conversations, how often is the discussion about the children?”

Although not used in the current study, example questions assessing focus on a child in one’s family of origin include:

- “Which of the children (you and your siblings) worried your parents the most?”
- “How would you say your parent’s relationship was affected by their children?”

In the current study, the wife was the respondent, and only the FGI-FC data from the nuclear family was analyzed. However, if FGI-FC data about the family of origin also had been used, the data would have been combined to form a single FGI-FC score. Further, the FGI-FC subscale contains qualitative, open-ended questions about the nuclear family and family of origin that were also not analyzed in the current study. The FGI-FC scale consisted of a total of 8 quantitative and 16 qualitative questions assessing both nuclear family and family of origin. However, only 6 quantitative, Likert scale items assessing the nuclear family were used in the preliminary analyses for the current study and the subscale was removed completely in the final analyses due to low internal consistency reliability coefficients of participant responses.

Marital Satisfaction Inventory-Revised. The Marital Satisfaction Inventory-Revised (MSI-R; Snyder 1997) was used in this study as an external criterion with which to evaluate the construct validity of the FGI Marital Conflict subscale. The MSI-R is a 150-item inventory designed to identify both the nature and intensity of relationship distress in distinct areas of couples' interaction. The MSI-R consists of one global subscale, and ten specific subscales assessing relationship satisfaction in such areas as affective and problem-solving communication, aggression, leisure time together, finances, the sexual relationship, role orientation, family of origin, and interactions regarding children. Individuals' responses are

scored along the 13 profile scales and are plotted on a standard profile sheet based on gender-specific norms using normalized T-scores.

In the current study, the initial plan was to use six subscales from the MSI-R. First, the Aggression subscale items assess the severity of marital conflict in the spousal relationship. Second, the Family History of Distress subscale includes items that reflect reports of an unhappy childhood and disharmony in the marriages of the participant's parents and extended family. Third, the Disagreement About Finances subscale has items that assess the reported conflict about the management of family financial matters. Next, the Conflict Over Childrearing subscale items assess spousal conflict regarding parenting practices. The Sexual Dissatisfaction subscale items assess dissatisfaction with the frequency and quality of intercourse and other sexual activity. Lastly, the Global Distress subscale includes items that reflect the individual's overall dissatisfaction with the marriage (Snyder, 1979).

Research has supported the reliability and construct validity of the MSI-R subscales. Coefficients of internal consistency average .82 and test-retest coefficients average .79 (Snyder, 1997). Each of the MSI-R subscales discriminates between distressed-clinic couples and nondistressed-community couples, with moderate to large effect sizes averaging 1.07 (Snyder, 1997). Further, studies have indicated that the MSI has acceptable concurrent validity (Snyder, Willis, & Keiser, 1981) and predictive validity (Snyder & Berg, 1983). Finally, Snyder and Smith (1986) conducted a cluster analysis with 178 couples that resulted in five distinct couple types, thus supporting the multidimensionality of the MSI.

Table 1 summarizes the participants' responses in the current study, with higher scores representing greater marital distress on the respective dimensions. Due to low internal consistency reliability for two subscales, Disagreement about Finances ($\alpha = .55$) and

Aggression ($\alpha = .55$), only the relationships between the FGI-MC subscale and the other four remaining MSI-R subscales (i.e., Global Distress, Sexual Dissatisfaction, Family History of Distress, & Conflict Over Childrearing) were examined.

Table 1

Reliability Coefficients-Marital Satisfaction Inventory-Revised

| Subscale | Items (<i>n</i>) | Alpha in Current Sample |
|-----------------------------|--------------------|-------------------------|
| Global Distress | 22 | .87 |
| Sexual Dissatisfaction | 13 | .72 |
| Family History of Distress | 9 | .83 |
| Conflict -Childrearing | 10 | .75 |
| Disagreement about Finances | 11 | .55 |
| Aggression | 10 | .55 |

Differentiation of Self Inventory. The Differentiation of Self Inventory (DSI; Skowron & Friedlander, 1998; Skowron & Schmitt, 2003) was used in this study to assess both emotional cutoff and overall levels of differentiation of self in participants. First, the Emotional Cutoff subscale of the DSI was used to assess construct validity of the FGI Emotional Cutoff subscale. Second, because all of the FGI subscales are theoretically associated with level of differentiation, and due to the limited statistical power in this study, the total score on the DSI was used to investigate the manner in which the clusters developed correlate with scores on the DSI.

The DSI is a 46-item self-report instrument grounded in Bowen family systems theory (Bowen, 1978; Kerr & Bowen, 1988) that focuses on individuals, their significant relationships, and their current relations with family of origin. All of the DSI subscales have demonstrated good internal consistency reliabilities (ER = .89, IP = .81, EC = .84, FO = .86, and Full Scale =

.92; Skowron & Schmitt, 2003). Also, theoretically-based relationships between higher DSI scores and less chronic anxiety, psychopathology (Peleg-Popko, 2002; Skowron & Friedlander, 1998), lower stress and better adjustment (Skowron, Wester, & Azan, 2004) provide evidence for the construct validity of the DSI. Evidence supporting the DSI's cross-cultural validity is based on significant observed relationships between DSI scores and better psychological adjustment, physical health, and social problem solving skills among persons of color (Skowron, 2004). Also, Tuason and Friedlander (2000) examined correlates of differentiation of self in a Filipino sample and found that differentiation of self predicted both symptomatology and trait anxiety.

The Emotional Cutoff (DSI-EC) subscale consists of items that assess discomfort with intimacy, feeling excessive vulnerability in relationships, defensive over-functioning and distancing in close relationships. Higher scores on this subscale reflect less emotional cutoff or greater differentiation of self. The DSI-EC subscale has demonstrated good internal consistency reliability (.84; Skowron & Friedlander, 1998; Skowron & Schmitt, 2003). The DSI-EC subscale has also been correlated with another measure of relationship distancing providing evidence for construct validity. In particular, the DSI-EC subscale was shown to be correlated with the Attachment Avoidance subscale of the Experiences in Close Relationships Scale (Brennan, Clark, & Shaver, 1998) which measures discomfort with closeness and dependency in relationships (Skowron & Dendy, 2004). Table 2 describes the current reliability estimates for the DSI.

Table 2

Reliability Coefficients-Differentiation of Self Inventory

| Subscale | Items (<i>n</i>) | Alpha in Current Sample |
|----------------------|--------------------|-------------------------|
| Emotional Reactivity | 22 | .88 |
| Emotional Cutoff | 11 | .74 |
| “I” Position | 10 | .80 |
| Fusion w/others | 13 | .80 |
| DSI-Full Scale | 45 | .92 |

Outcome Questionnaire-45. The OQ-45 (Lambert et al., 1996) is a 45-item self-report instrument designed to assess functioning and symptom distress in 3 domains: Subjective Distress (a measure of the individual’s rating of his or her personal or internal difficulty), Interpersonal Relations (a measure of the individual’s current level of functioning in interpersonal interactions and relationships), and Social Role (a measure of the individual’s current social symptoms and functioning). The OQ-45 instructions direct participants to answer the items based on how they have felt over the past week. Items are rated on a 5-point Likert scale: 0 (never), 1 (rarely), 2(sometimes), 3 (frequently), and 4 (almost always). Higher scores indicate more symptom distress and/or lower levels of functioning. Research has indicated that the OQ-45 is a psychometrically sound instrument, with adequate 3-week test–retest reliability (.84) and excellent internal consistency reliability coefficients (.93; Lambert et al., 1996). The OQ-45 has also been demonstrated to have excellent concurrent validity coefficients with a variety of self-report scales (e.g., Beck Depression Inventory, State–Trait Anxiety Inventory; Umphress et al., 1997).

Similar to the FGI Symptoms in a Spouse subscale, OQ-45 data was completed by the participant for both herself and her husband. Using those ratings, a total individual health score was computed for the wife and the husband. A total symptom health score for the couple was also calculated. In addition, a difference score was calculated by taking the absolute difference between the wife and husband's individual total health score. Wife individual total scores averaged 39.12 ($SD = 14.80$, range = 15-89) with higher scores representing more symptom distress. Individual husband total scores averaged 40.40 ($SD = 23.20$, range = 12-136). Total couple scores (a combination of wife and husband total scores) averaged 79.55 ($SD = 31.32$, range 36-184). The average of the wife and husband score was 39.71 ($SD = 15.76$, range = 15-92). A difference score for each couple was calculated as well, with the average difference between total wife and husband score being 15.93 ($SD = 16.31$, range 0-88).

Table 3

Reliability Coefficients-Outcome Questionnaire-45

| Subscale | Items (<i>n</i>) | Alpha in Current Sample |
|---|--------------------|-------------------------|
| <u>Wife</u> | | |
| Subjective Distress | 25 | .86 |
| Interpersonal Relations | 11 | .78 |
| Social Role | 9 | .74 |
| Full Scale | 45 | .95 |
| <u>Husband</u> | | |
| Subjective Distress | 25 | .94 |
| Interpersonal Relations | 11 | .74 |
| Social Role | 9 | .84 |
| Full Scale | 45 | .89 |
| <u>Combined Wife-Husband Full Scale</u> | | .94 |

As seen in Table 3 above, the internal consistency reliability coefficients for the individual wife OQ-45 self-report were .95 and .89 for responses for her husband. The reliability coefficient for the combined wife and husband OQ-45 scores was .94. This is consistent with prior studies, which reported reliability coefficients of .93 (Lambert et al., 1996).

The Parent Protection Scale. The Parent Protection Scale (PPS; Thomasgard, Metz, Edelbrock, & Shonkoff, 1995) is a 25-item questionnaire assessing parent focus on and protectiveness with their 2 to 10 year old child. This questionnaire asks the parent to rate how often an item applies to them using a 4 point scale (0=never, 3=always). The PPS consists of four overlapping subscales, (a) Supervision, (b) Separation Problems, (c) Control, and (d)

Dependence. The PPS provides an index of the parent's tendency to be protective of his or her child. Example questions include: "I keep a close watch on my child;" "I have difficulty separating from my child;" and "I dress my child even if he/she can do it alone."

Internal consistency of the PPS-Full Scale has been shown to be acceptable (.73) and test-retest reliability was .86 over a 3- to 5-week interval (Thomasgard et al., 1997). Table 4 displays the scale reliability for the full scale PPS and four subscales. Due to low internal consistency reliability of the PPS subscales, only the PPS-Full Scale score was used in this study.

Table 4

Reliability Coefficients-Parent Protection Scale

| Subscale | Items (<i>n</i>) | Alpha in Current Sample |
|---------------------|--------------------|-------------------------|
| Supervision | 7 | .67 |
| Control | 9 | .69 |
| Separation Problems | 7 | .47 |
| Dependence | 5 | .52 |
| PPS- Full Scale | 25 | .73 |

The PPS was completed on only one child in the family system. This child was selected based on the mother's answers to two questions on the FGI Focus on a Child subscale. In particular, the FGI asks questions such as:

- "Which of your children worries you the most?"
- "Which child worries your husband the most?"

In these specific questions the mother is giving a report of the child that is most a focus in the current family functioning. The child identified in this line of questioning was selected as the

child on whom the PPS would be completed. In the unlikely event that there was a discrepancy between the mother and father as to which child was most concerning, the child the mother identified was used as the focus for these questions.

Demographic Questionnaire. The participants were also asked to complete a brief demographic questionnaire. This demographic questionnaire provided information about race/ethnicity, socioeconomic status, level of education, number of years married and age of children. This questionnaire was included to determine the demographics of the current sample (See Appendix F).

Procedures

Participants were recruited from the FIRSt families' database. Initial contact with participants was in the form of a letter (See Appendix E). From there, interested mothers contacted the researcher via telephone or email to schedule a time to participate in one, 2-hour session where they completed the Family Genogram Interview and the self-report surveys (MSI-R, DSI, OQ-45, PPS and demographic questionnaire). This research session was conducted in either the mother's home or in an office on campus depending on the mother's preference.

The sample was homogeneous with regard to marital status, parental status and child age, because it was important that all participating families were in the families with young children life-cycle stage to facilitate comparability across those participating. The goal of this was to ensure that all participants were negotiating similar developmental tasks and thus, the data gathered from this sample could yield adequate information about the nature of the four emotional processes found in the Family Genogram Interview.

The research session began with participants being provided information about the study and written informed consent was obtained (See Appendix D). Mothers received a copy of the

informed consent form and were then interviewed using the Family Genogram Interview. This portion of the study took approximately 75 minutes to complete and was audio-taped. Next, participants completed the counter-balanced packet of self-report instruments (i.e., MSI-R, DSI, OQ-45, PPS and demographic questionnaire), in approximately 30-45 minutes. Participants were compensated \$40 for their time.

A small sample of the participants ($n = 6$) were solicited following their interview and invited to return one to two weeks later to complete the FGI with a second interviewer to assess several dimensions of the FGI reliability. All agreed to return and complete the FGI only in a one-hour second interview. All interviews were audio taped for subsequent coding to analyze inter-interviewer consistency. This sub-sample received an additional \$20 for participating in two interviews, bringing their total compensation to \$60.

FGI Interviewer Training

Four master's level clinicians who were blind to the research hypotheses and experienced in conducting family genograms were trained to administer the FGI. The interviewers were not made aware of the research hypotheses. The interviewers underwent eight hours of specific training on how to conduct the Family Genogram Interview. First, the interviewers were given a detailed manual for administering the FGI. The interviewers then participated in a training discussion to determine whether they understood the proper way to conduct the FGI and to address any questions about the procedures (See Appendix B). The interviewers then participated in two role-play interviews to practice the proper procedures and received feedback on their performance from this writer and/or her dissertation chair.

Next, a reliability evaluation of the interviewers occurred as part of the training procedures to assess pre-study inter-interviewer reliability. Using a confederate interviewee, the

interviewer reliability was calibrated. Two different interviewers interviewed each of the four confederate interviewees (See Appendix C). The two videotaped interviews were then reviewed by this author and evaluated for consistency across interviewers on two dimensions: (a) did FGI interviewers ask the same question of a confederate relative to each other (yes/no); and (b) were confederate responses to the FGI questions consistent across interviewers.

Results of this inter-interviewer reliability analysis indicated the interviewers achieved 100% reliability on the first dimension, indicating that interviewers similarly asked all FGI questions of the participants, as shown in Table 5. On the second dimension, extent of consistency in participant FGI responses, good inter-interviewer consistency was achieved. Thus inter-interviewer consistency was deemed acceptable to proceed with data collection. Table 5 describes the results of this reliability evaluation.

Table 5

| <i>Reliability of Interviewer Pairs During Training</i> | | |
|---|--------------------|--|
| <u>Participant</u> | <u>% Agreement</u> | <u>Same Questions Asked in Both Interviews? yes/no</u> |
| Interviewer Pair 1 | | |
| A | .78 | |
| B | .84 | |
| Total for Pair 1 | .81 | Yes |
| Interviewer Pair 2 | | |
| C | .74 | |
| D | .92 | |
| Total for Pair 2 | .83 | Yes |

Research Questions

The research questions were examined in two stages. In Stage 1, the FGI was created and developed to operationalize four Bowen theory family emotional processes (i.e., Marital Conflict, Emotional Cutoff, Symptoms in a Spouse, and Focus on a Child) thought to be indicators of the level of differentiation in family systems.

The psychometrics of the FGI were assessed beginning at the item level based on three criteria. First, using percent agreement, the inter-interviewer reliability of participant scores was calculated for each item. If participant scores on an item did not demonstrate inter-interviewer reliability above .70, the item was deleted. Second, statistically significant differences in participant responses were calculated for each item using a paired t-test. If an item demonstrated a significant difference in response from Time 1 to Time 2, the item was deleted. Third, items that lowered their subscale's internal consistency reliability were deleted. The internal consistency reliability of the participant scores on FGI subscales was then assessed using Cronbach's alphas

The first analysis of Stage 2, using the subsample of participants ($n = 6$), involved assessing the inter-interviewer reliability of the participant scores in the FGI across two dimensions, the questions asked and the answers received. Two areas were evaluated, (a) whether interviewers asked the question (yes/no) and (b) participant responses to the FGI questions were essentially identical across the two interviewers. Percent agreement was calculated for both criteria.

Next, the construct validity of the participant scores on the final version of the Family Genogram Interview was assessed. Relationships were examined between the FGI's MC, EC, SS, and FC subscale scores and the four criterion measures, MSI-R, DSI-EC, OQ-45, and PPS.

Specifically, it was hypothesized that there would be a significant, positive relationship between the FGI Marital Conflict scores and the scores on the four subscales of the Marital Satisfaction Inventory-Revised (Snyder, 1997). Second, it was hypothesized that there would be a significant, positive relationship between the FGI Emotional Cutoff scores and the scores on the Differentiation of Self Inventory-Emotional Cutoff subscale (Skowron & Friedlander, 1998; Skowron & Schmitt, 2003).

Third, it was hypothesized there would be a significant, positive relationship between the scores on the FGI Symptoms in a Spouse-Total Score (wife rating of self and husband combined score) and total score of participants' rating of self and spouse on the Outcome Questionnaire-45 (OQ-45; Lambert, et al., 1996). Also, it was hypothesized there would be a significant, positive relationship between the FGI Symptoms in a Spouse-Difference Score (the absolute value of the difference between wife and husband symptom score) and difference score of participants' OQ-45 ratings of self and spouse. Fourth, it was hypothesized that there would be a significant, positive relationship between participants' FGI Focus on a Child scores and their scores on the Parent Protection Scale (PPS; Thomasgard et al., 1995).

Finally, the relationships between the FGI subscales participant scores and the four DSI scales participant scores were also examined. Given the theoretical link between differentiation of self and the nuclear family emotional processes operationalized in the FGI subscales, it was predicted that the FGI subscales scores would be significantly correlated with participants' scores on the DSI, a self reported measure of differentiation of self.

The final research question in the study was exploratory in nature and involved determining which constellations or clusters of participant scores on the four FGI subscales (i.e., Marital Conflict, Emotional Cutoff, Symptoms in a Spouse, and Focus on a Child) would emerge

in the data using cluster analysis. Cluster analysis is a multivariate procedure for detecting natural groupings in data (Aldenderfer & Blashfield, 1984). Classification is based upon the placing of objects into more or less homogeneous groups, in a manner such that the relationship between groups is revealed. The purpose is to sort cases into groups, or clusters, so that the degree of association is strong between members of the same cluster and weak between members of different clusters. Each cluster thus describes, in terms of the data collected, the class to which its members belong. That is, cluster analysis seeks to identify a set of groups, which both minimize within-group variation and maximize between-group variation (Everitt et al., 2001). This exploration was expected to yield more information about the nature and interrelationships of the nuclear family emotional process as outlined in Bowen theory.

The final step in this exploratory analysis included an examination of how the cluster profiles developed corresponded to the DSI since the four variables in the study are theoretically linked to differentiation of self. A one-way ANOVA was conducted to explore the question of whether there would be significant differences in level of differentiation of self between the clusters developed, and if so, determining which clusters are linked with higher or lower levels of differentiation of self.

CHAPTER 4: RESULTS

The Family Genogram Interview (FGI) is a newly developed, standardized genogram interview designed to assess four family emotional processes defined in Bowen Systems Theory (Bowen, 1976; Kerr & Bowen, 1988). The four subscales of the FGI include (a) Marital Conflict, (b) Emotional Cutoff, (c) Symptoms in a Spouse, and (d) Focus on a Child. The purpose of the current study was to construct the FGI and evaluate its reliability and validity. In addition, possible clusters or groupings across the four FGI subscale scores were explored using a cluster analysis.

The current study was completed in two stages. Stage 1 involved creating and revising the FGI. In Stage 1, the FGI was created and developed in an effort to operationalize four Bowen theory family emotional processes (i.e., Marital Conflict, Emotional Cutoff, Symptoms in a Spouse, and Focus on a Child) thought to be indicators of the level of differentiation in family systems. Items were written to create the FGI, and then the subscale psychometrics were evaluated. The reliability of the participant scores on the individual FGI items was assessed based on three criteria (a) inter-interviewer reliability, (b) statistically significant differences in participant responses across different interviews and (c) the subscale reliabilities. The internal consistency reliability of the participant scores on the FGI subscales was also calculated. Based on these analyses, items were deleted and the final version of the FGI was established and used in subsequent analyses in Stage 2

Stage 2 of the study was designed to assess (a) the inter-interviewer reliability of the participant scores in the FGI, (b) the construct validity of the FGI subscale scores and (c) to examine how participants' scores on the four FGI process subscales group together by conducting a cluster analysis on the data. The FGI's construct validity was examined by

assessing correlations between the FGI subscales and existing, psychometrically sound measures of similar constructs. Next, the cluster analysis was used to examine which constellations or clusters of the four FGI subscales would emerge in the data. This cluster analysis was designed to yield preliminary information about possible interrelationships among the four constructs in the FGI theorized in Bowen theory. Once the cluster profiles were created they were subjected to ANOVA analyses to ascertain their relationships with the Differentiation of Self Inventory subscales (Skowron & Friedlander, 1998).

STAGE 1: Development of the Family Genogram Interview (FGI)

The Family Genogram Interview (FGI), created for this project, is a 75-minute, semi-structured interview. The FGI was designed to operationalize aspects from Bowen theory, specifically the nuclear family emotional processes thought to be indicators of functioning and the level of differentiation in family systems. The structure of the FGI was developed based on prior genogram formats described by McGoldrick et al. (1999). The content of the FGI was developed based on Kerr's description of key elements needed for assessment of family systems in a diagram format.

The FGI consisted of four subscales, (a) Marital Conflict, (b) Emotional Cutoff, (c) Symptoms in a Spouse, and (d) Focus on a Child. The four subscales were meant to represent the nuclear family emotional processes outlined by Bowen. As described below, questions were a combination of 5-point Likert scale items, categorical, or continuously scored items such as total amount of family members the participant is emotionally cutoff from. The original version of the FGI consisted of a total of 39 quantitative questions, divided across the four subscales, to be used in the analyses of the current study out of a total of 68 quantitative questions throughout the interview. For example, in the FGI-EC subscale only emotional cutoff rating with family of

origin were used in the current study, but the FGI also contains items assessing emotional cutoff in the nuclear family. Further, the full FGI contains a total of 84 qualitative, open-ended questions also not used in the current analyses.

Description of the Original FGI Subscales

The first subscale, Marital Conflict (FGI-MC), was defined for the FGI as tension or relationship stress occurring between spouses. The original FGI-MC subscale consisted of six Likert-scale questions (rated 1 to 5), answered by the wife, assessing marital conflict in the nuclear family (i.e., husband and wife). After reverse scoring several of the items, the six questions were summed to create a FGI-MC total score. Higher total scores were indicative of greater amounts of marital conflict. Participant responses to the quantitative items assessing marital conflict in family of origin (i.e., mother, father, and siblings) and the qualitative, open-ended questions in the FGI were not part of the items used to comprise the FGI-MC subscale for the current study.

The second subscale, Emotional Cutoff, was defined for the FGI as a relationship process of either emotionally and/or physically withdrawing or distancing from another person. The original Emotional Cutoff (FGI-EC) subscale included 12 Likert-scale items (rated 1 to 5) and two continuously scored items (i.e., number of family members the participant is cutoff from), for a total of 14 questions, that assessed the duration, severity and systemic effects of emotional and physical withdrawal in family relationships between the participant and her family of origin (i.e., mother, father, and siblings). Due to the use of two different scales for items, items were standardized into z-scores. Adding a constant of 10 to each item eliminated non-positive values. Once transformed, items were summed to create the total Emotional Cutoff score with higher scores representing higher amounts of emotional cutoff. Participant responses

to items assessing emotional cutoff in the nuclear family (i.e., husband and wife) and the qualitative, open-ended questions in the FGI were not part of the items used to comprise the FGI-EC subscale for the current study.

The third subscale, Symptoms in a Spouse, was defined as the development of physical, psychological, or social symptoms as indicators of a disturbance in the balance of the emotional system, both within an individual and with the family relationship system (Bowen, 1978). The original FGI-Symptoms in a Spouse measured symptoms using three categorical (yes/no) and eight Likert-scale questions (rated 1 to 5) for a total of 11 questions. Each item asks about the participant and her husband's physical, mental, and social functioning (i.e., nuclear family). Using those ratings a total individual health score was developed for both the wife and husband, with higher scores representing a higher number of symptoms present. A total symptom health score for the couple was also calculated for the wife and husband scores, with higher scores representing a higher number of symptoms present in the spousal system. Finally, a difference score was calculated by taking the absolute difference between the wife and husband's individual total health score, designed to assess the extent to which one member of the couple is functioning at higher levels relative to the other. A higher difference score was representative of a higher discrepancy between the functioning of the husband and wife. Participant responses to items assessing symptoms in family of origin (i.e., mother, father, and siblings) and the qualitative, open-ended questions in the FGI were not part of the items used to comprise the FGI-SS subscale for the current study.

The fourth subscale in the FGI, Focus on a Child, as defined in Bowen theory, is a process in which a significant amount of the family anxiety is shifted to one or more children. The original FGI-FC subscale operationalized this construct using six Likert-scale questions,

each on a scale from 1 to 5. Each question concerned the role of the children in the nuclear family, including how much of a focus the children are in the family system. If there was more than one child in the family the participant was asked to answer the questions in this subscale for the child who worries her the most. The six questions were then summed to create a total FGI-FC score, with higher scores indicating more focus on a child present in the family system.

Participant responses to items assessing child focus in family of origin (i.e., between participant and mother or father) and the qualitative, open-ended questions in the FGI were not part of the items used to comprise the FGI-FC subscale for the current study.

Reliability of FGI Subscales

Once the FGI was developed, the next goal of Stage 1 involved conducting several different analyses on the participant scores at the item level to (a) assess the internal consistency reliability of the participant scores on the FGI subscales, and (b) to assess scores on individual items within the four FGI subscales based on three pre-set criteria. The purpose of these analyses was to identify and delete any subscales or items with low reliability, to establish the final version of the FGI, which would be used in the subsequent analyses.

Analyses Used to Establish the Final FGI

The first analysis used to revise the FGI examined the internal consistency of each subscale scores. The overall internal consistency reliability of participant scores within each subscale can be seen in Table 6.

Table 6

Original FGI Subscale Reliability

| Subscale | Cronbach's Alpha Coefficient | Number of Items |
|----------------------|------------------------------|-----------------|
| Marital Conflict | .86 | 6 |
| Emotional Cutoff | .81 | 14 |
| Symptoms in a Spouse | .81 | 11 |
| Focus on a Child | .51 | 6 |

The results of Table 6 indicate that participant responses on three of the FGI subscales had adequate good reliability with alpha coefficients over .80. However, the Focus on a Child subscale scores did not have adequate reliability with a coefficient of .51. Based on this, the Focus on a Child subscale was dropped from all subsequent analyses.

Criteria for Evaluation of FGI Item Reliability

The participant scores on individual items within the three remaining FGI subscales were then assessed based on three pre-set criteria. In order to remain in the FGI, items needed to (a) demonstrate percent agreement above a .70 level in the inter-interviewer reliability analysis (b) not be significantly different from Time 1 to Time 2 based on a paired t-test at the .05 significance level in the inter-interviewer reliability analysis, and (c) not reduce the overall subscale internal consistency reliability coefficient.

Criterion One: Inter-interviewer Reliability Percent Agreement. As mentioned earlier, a sub-sample of $n = 6$ participants completed the FGI a second time with a different interviewer. Using this sub-sample, the inter-interviewer reliability of the interviewers was analyzed. Two areas were evaluated, (a) whether interviewers asked the same question (yes/no) and (b) participant responses to the FGI questions were essentially identical across the two interviewers.

Participant responses were required to be within one point of one another to be considered a similar response at Time 1 and Time 2.

For the first criteria, interviewers presented all FGI questions with participants, resulting in 100% agreement. For the second criteria, this author compared answers given by participants across Time 1 and Time 2 administrations, and percent agreement was calculated to determine inter-interviewer reliability. Using this, the inter-interviewer reliability of the individual items within the FGI was then calculated. In order to be retained in the final version of the FGI, the item was required to have a test-retest percent agreement fall above .70. The results of the analysis indicated that all items fell above this pre-set standard and therefore no FGI items were dropped based on this criterion.

Criterion Two: Non-Significant Paired T-Test. The second reliability analysis for the items was a paired t-test to determine if any significant differences in participant responses between Time 1 and Time 2 were present. If participants' answers on each item at Time 1 and Time 2 were significantly different based on the paired t-test result, the item was dropped from the final version of the FGI. The results indicated that two items showed significant differences in participant answers from Time 1 and Time 2 as shown in Table 7. These two items were dropped from the final version of the FGI used in Stage 2.

Table 7

Individual Items on the FGI That Did Not Meet the Reliability Criterion 2

| Individual Item | Subscale | Criterion Not Met | Statistic |
|--|----------|---------------------------|-----------------------|
| 1. "How often have health concerns impacted your partner-spouse's daily living and functioning?" | SS | Significant paired t-test | $t_{(5)}=3.16, p=.02$ |
| 2. "Rate how satisfied you are with the amount of contact with your mother?" | EC | Significant paired t-test | $t_{(5)}=5, p=.004$ |

Criterion Three: Internal Consistency Reliability. The third reliability analysis examined individual FGI item-subscale correlations to determine their effect on the overall internal reliability of the subscale. Specifically, in order to be retained for the final version of the FGI, individual items could not reduce the overall internal consistency reliability of their respective subscales. Two items did not meet this standard as described in Table 8. While scores on Item 2 only marginally decreased the subscale reliability coefficient, the decision was made to proceed with deleting this item because of problematic wording in both items as well as the removal of Item 1 necessitated the removal of Item 2 since the two items mirror one another.

Table 8

Individual Items on the FGI That Did Not Meet the Reliability Criteria 3

| Individual Item | Subscale | Criterion Not Met | Statistic |
|---|----------|---------------------------------------|----------------------|
| 1. "Rate how satisfied you are with the amount of contact with your sibling?" | EC | Scale alpha if item deleted (.818) | Scale Alpha= .812 |
| 2. "Rate your sense or guess of how satisfied your sibling is satisfied with the amount of contact with you?" | EC | Scale alpha if item deleted (.813) | Scale Alpha= .812 |

Final Composition of FGI Subscales

Using the criteria outlined above, a total of four questions and one subscale (FGI-FC) were removed to establish the final version of the FGI. The subscale and four individual items were removed after the analyses described above indicated low reliability of participant scores. Based on these deletions, the final FGI composition consisted of three subscales with a total of 29 questions.

Marital Conflict Subscale. As described previously, the first subscale, Marital Conflict (FGI-MC; $n = 6$), was defined for the FGI as tension or relationship stress occurring between spouses. Based on the reliability analyses conducted, no deletions were made to the FGI-MC subscale. Therefore, the final subscale consisted of six Likert-scale questions (rated 1 to 5). After reverse scoring several items, the six questions are summed to create a FGI-MC total score.

Higher total scores are indicative of greater amounts of marital conflict. In the current study participants had an average FGI-MC score of 13.14 ($SD=3.71$). The participants' total scores ranged from 7 to 25 out of a possible range of 6 to 30, as described in Table 9. The final FGI-MC internal consistency reliability coefficient was .87, as described in Table 10.

Emotional Cutoff Subscale. The second subscale, Emotional Cutoff ($n = 11$), was defined for the FGI as a relationship process of either emotionally and/or physically withdrawing or distancing from another person and was assessed using questions about cutoff in the nuclear family and in the family of origin that focused on the closeness/distance in the relationship and emotional withdrawing behaviors. Reliability analyses indicated three FGI-EC items did not have adequate reliability to remain in the subscale. As seen in Tables 7 and 8, these items were as follows: (a) "Rate how satisfied you are with the amount of contact with your mother?" (b) "Rate how satisfied you are with the amount of contact with your sibling?" and (c) "Rate your sense or guess of how satisfied your sibling is satisfied with the amount of contact with you?" After deletion of these items, the Emotional Cutoff (FGI-EC) consisted of nine Likert-scale items (rated 1 to 5) and two continuously scored items (i.e., number of family members from who the participant is cutoff), for a total of 11 questions, that assessed the duration and severity of emotional and physical withdrawal in family relationships. Due to the use of two different scales for items, participant scores were standardized into z-scores. Adding a constant of 10 to each item eliminated non-positive values. Once transformed, items were summed to create the total Emotional Cutoff score with higher scores representing higher amounts of emotional cutoff. For the current study, participant scores averaged 109.90 ($SD = 6.55$). The scores ranged from 97 to 132, as seen in Table 9. The internal reliability coefficient for the final FGI-EC subscale was .83, as seen in Table 10. The composition of the FGI-EC items was comprised of responses

assessing the participant's cutoff with family of origin (i.e., mother, father, and siblings) and not cutoff with her spouse or children.

Symptoms in a Spouse Subscale. The third subscale, Symptoms in a Spouse ($n = 12$), was defined as the presence of physical, psychological, or social symptoms as indicators of a disturbance in the balance of the emotional system. Based on the reliability analyses conducted on the individual FGI items, one item was deleted from the FGI-SS subscale. This item, "How often have health concerns impacted your partner spouse's daily living and functioning?" was removed from the final version of the FGI. Based on this deletion, the FGI-SS subscale included three categorical (yes/no) and nine Likert-scale questions (rated 1 to 5) for a total of 12 questions. Each item asks about the participant and her husband's physical, mental, and social functioning. Using those ratings, a total individual health score was developed for both the wife and husband, with higher scores representing a higher number of symptoms present. A total symptom health score for the couple was also calculated for the wife and husband individual total scores, with higher scores representing a higher number of symptoms present in the spousal system. Finally, a difference score was calculated by taking the absolute difference between the wife and husband's individual total health score, designed to assess if one member of the couple is functioning at a higher level than the other. A higher difference score was representative of more discrepancy between the functioning of the husband and wife. As seen in Table 9, the current study total wife and husband combined scores averaged 13.38 ($SD = 3.30$) with a range of 8 to 22 out of a possible range of 7 to 42. Difference scores between wife and husband averaged 2.18 ($SD = 1.88$) ranging from 0 to 7 out of a possible 0 to 15. The FGI-SS reliability coefficient was .82, as seen in Table 10.

Focus on a Child Subscale. The fourth subscale in the FGI, Focus on a Child, was

defined as using Bowen theory, as a process in which a significant amount of the family anxiety is shifted to one or more children. This focus can include overprotective behaviors, emotional dependence on the parent-child relationship, and an inability by the parent to foster the child's independence. This process occurs as a means of binding the anxiety in the family, which serves to maladaptively stabilize the system. Based on the internal consistency reliability analyses conducted for the four subscales, the FGI-FC was removed from the final version of the FGI, as it did not demonstrate adequate internal reliability, with a coefficient of .51. This subscale was not included in the subsequent analyses using the final FGI.

Tables 9 and 10 below summarize the descriptive statistics, Cronbach's alpha coefficients, and the number and type of items in the final FGI composition. Higher scores on the FGI-MC, EC, and SS-Total subscales indicate greater levels of marital conflict, emotional cutoff, and symptoms in a spouse, respectively.

Table 9

Descriptive Statistics for Final FGI Subscales

| Subscale | Mean | SD | Range | Pos. Range |
|-------------------|--------|------|--------|------------|
| FGI-MC | 13.14 | 3.71 | 7-25 | 6-30 |
| FGI-EC | 109.90 | 6.55 | 97-132 | N/A |
| FGI-SS, Total W/H | 13.38 | 3.30 | 8-22 | 7-42 |
| FGI-SS, Dif W/H | 2.18 | 1.88 | 0-7 | 0-15 |

Note. FGI-MC=Family Genogram Interview-Marital Conflict, FGI-EC=Family Genogram Interview-Emotional Cutoff, FGI-SS (Total W/H)=Family Genogram Interview-Symptoms in a Spouse Total Score, FGI-SS (Dif W/H)= Family Genogram Interview-Symptoms in a Spouse Difference Score. Higher scores indicate greater levels of each emotional process.

Table 10 displays the Cronbach's alpha coefficients of participant scores for the final three FGI subscales. These results indicate the final three subscales of the FGI demonstrated good internal

consistency reliability. In each subscale, higher scores indicate greater levels of each emotional process.

Table 10

Final FGI Subscales Used in Subsequent Analyses

| Subscale | Number of Items | Scoring | Alpha Coefficient |
|----------------------|-----------------|------------------------------------|-------------------|
| Marital Conflict | 6 | 5-point scale | .86 |
| Emotional Cutoff | 11 | 5-point scale (9), Continuous (2) | .82 |
| Symptoms in a Spouse | 12 | 5-point scale (9), Categorical (3) | .81 |

Table 11 describes the inter-correlations between the participant scores on the three subscales of the FGI final version. These results indicate several of the FGI subscales are significantly correlated with one another and may be interrelated concepts, consistent with Bowen theory (Bowen, 1978; Kerr & Bowen, 1988).

Table 11

Final FGI Subscale Inter-Correlations

| Subscale | 1 | 2 | 3 | 4 |
|----------------------------------|------|-----|-----|----|
| 1. FGI-MC (6 items) | -- | | | |
| 2. FGI-EC (11 items) | -.03 | -- | | |
| 3. SS-Total Score W/H (12 items) | *.32 | .18 | -- | |
| 4. SS-Dif Score W/H | *.30 | .22 | .25 | -- |

Note. FGI-MC=Family Genogram Interview-Marital Conflict, FGI-EC=Family Genogram Interview-Emotional Cutoff, FGI-SS (Total W/H)=Family Genogram Interview-Symptoms in a Spouse Total Score, FGI-SS (Dif W/H)= Family Genogram Interview-Symptoms in a Spouse Difference Score. Higher scores on each subscale indicate higher levels of each emotional process.

*Indicates a significant correlation at the .05 level

STAGE 2: Establishing the Psychometric Properties of the FGI

Using the final version of the FGI, Stage 2 of the study involved assessing (a) inter-interviewer reliability, (b) construct validity, (c) how the FGI subscale scores relate to the DSI subscales scores, and (d) conducting a cluster analysis to examine the how participants' scores group together based on the FGI subscales.

Preliminary Analyses

Inter-Interviewer Reliability. Once data collection for Stage 2 of the study began, a sub-sample of $n = 6$ participants was invited to complete the FGI a second time with a different interviewer. Using this sub-sample, the inter-interviewer reliability of the interviewers was analyzed. The use of four interviewers, enabled each interviewer to be paired once with every other interviewer to calculate reliability in administration and participant responses. The reliability of each of the pairs of interviewers was again analyzed in terms of percent agreement based on two dimensions, the questions asked and the answers received. Two areas were evaluated, (a) whether interviewers asked the question (yes/no) and (b) participant responses to the FGI questions were essentially identical across the two interviewers.

For the first criterion, interviewers presented all FGI questions with participants, resulting in 100% agreement. For the second criteria, this author compared answers given by participants across Time 1 and Time 2 administrations, and percent agreement was calculated to determine inter-interviewer reliability. Most of the questions in the study were rated on a Likert scale from 1 to 5. The criterion for "agreement" was defined as a Time 1 response within 1 point of the response given at Time 2. For example, a participant answering "4" at time 1 and "3" at Time 2 was defined as a matching answer. Table 12 lists the overall percent agreement calculations for each of the pairs. The overall inter-interviewer reliability of the FGI was calculated based on

each interviewer pair.

Table 12

Overall Reliability of Interviewer Pairs

| ID | Interviewer Pair | Number of Items with Same | |
|--|------------------|---------------------------------|-------------|
| | | Response Across Both Interviews | % Agreement |
| 100 | A-B | 47/48 | .97 |
| 101 | C-B | 44/48 | .91 |
| 102 | C-D | 45/48 | .93 |
| 103 | A-C | 47/48 | .97 |
| 104 | B-D | 46/48 | .95 |
| 105 | A-D | 47/48 | .97 |
| <i>Average Inter-interviewer Reliability</i> | | | <i>.95</i> |

These results indicate the interviewers in the current study had good inter-interview reliability for both (a) asking the same questions across participants and (b) eliciting similar participant responses to the FGI questions.

Intercorrelations Between Participant Demographics and FGI Subscales. Prior to conducting the construct validity analyses, associations between demographic data and the FGI subscale scores were examined to determine if any significant relations were present between the three FGI subscale scores and participant demographic information. ANOVA and calculating correlations were conducted to determine if any of the demographic characteristics of participants in the study would need to be controlled for in subsequent analyses. As seen in Table 13, no significant correlations were found however between the FGI subscale scores and participant demographic information. Race was not included in these analyses since 98% of the

sample identified as White.

Table 13

Intercorrelations Between Participant Demographics and FGI Subscales

| Variable | FGI-MC | FGI-EC | FGI-SS Total | FGI-SS Dif. |
|-----------------------|--------|--------|--------------|-------------|
| 1. Age | -.09 | .02 | -.06 | .05 |
| 2. Yrs. Married | .05 | .01 | -.08 | .17 |
| 3. Number of Children | -.12 | .33 | -.09 | .04 |

Note. FGI-MC=Family Genogram Interview-Marital Conflict, FGI-EC=Family Genogram Interview-Emotional Cutoff, FGI-SS Total=Family Genogram Interview-Symptoms in a Spouse Total Score, FGI-SS Dif = Family Genogram Interview-Symptoms in a Spouse Difference Score
*No significant correlations

One-way ANOVA analyses were conducted on participant scores to examine whether there were significant income and education differences on FGI subscale scores. These analyses did not show any significant differences between income and education groups.

Table 14

One Way ANOVAs of Income and Education on FGI Subscales

| Variable | FGI-MC | FGI-EC | FGI-SS Dif | FGI-SS Total |
|-----------|--------------------|--------------------|--------------------|--------------------|
| Income | $F(9)=1.38, p=.23$ | $F(9)=2.14, p=.08$ | $F(9)=1.46, p=.19$ | $F(9)=1.54, p=.17$ |
| Education | $F(3)=.91, p=.44$ | $F(3)=.70, p=.55$ | $F(3)=.16, p=.91$ | $F(3)=.85, p=.23$ |

Note. FGI-MC=Family Genogram Interview-Marital Conflict, FGI-EC=Family Genogram Interview-Emotional Cutoff, FGI-SS Total=Family Genogram Interview-Symptoms in a Spouse Total Score, FGI-SS Dif = Family Genogram Interview-Symptoms in a Spouse Difference Score
*No significant predictors at the .05 level

The normality of the distributions of participant responses for both the income and education variables was assessed by examining skew and kurtosis values. The distribution of

participant responses on the education variable were within the accepted range of normality based on the guideline of both values falling within the -1 to 1 (Sweet & Grace-Martin, 2008) with a skewness value of -.67 with a standard error of .33 and a kurtosis value of .24 with a standard error of .66. The distribution of the participant responses on the income variable also appear to be within the accepted range of normality, with a skewness value of -.45 with a standard error of .34 and a kurtosis value of .88 with a standard error of .66. Based on these results, the scores on these two variables were not collapsed into larger categories.

Descriptive Statistics. Table 15 summarizes the participants' scores on the MSI-R, DSI, and OQ-45. Higher scores on the MSI and OQ-45 represent more distress, while higher scores on the DSI represent greater levels of differentiation of self.

Table 15

Descriptive Statistics for Measures Employed in FGI Construct Validity Tests

| Instrument | Subscale | Mean | SD | Range | Possible Range |
|------------|----------------------------|-------|-------|-----------|----------------|
| MSI-R | | | | | |
| | Global Distress | 4.53 | 5.20 | 0-20 | 0-22 |
| | Sexual Dissatisfaction | 3.16 | 2.77 | 0-12 | 0-13 |
| | Family History of Distress | 3.73 | 2.84 | 0-9 | 0-9 |
| | Conflict/Child Rearing | 2.20 | 2.28 | 0-9 | 0-10 |
| DSI | | | | | |
| | Emotional Reactivity | 3.47 | 1.05 | 1.27-5.91 | 1-6 |
| | Emotional Cutoff | 4.95 | .62 | 3.50-5.92 | 1-6 |
| | “I” Position | 4.08 | .74 | 2.45-5.36 | 1-6 |
| | Fusion With Others | 3.49 | .83 | 1.92-5.33 | 1-6 |
| | Full-Scale Score | 4.01 | .64 | 2.72-5.32 | 1-6 |
| OQ-45 | | | | | |
| | Total Wife Score | 39.12 | 14.80 | 15-89 | 0-180 |
| | Total Husband Score | 40.40 | 23.20 | 12-136 | 0-180 |
| | W/H Combined Score | 79.55 | 31.32 | 36-184 | 0-360 |
| | W/H Difference Score | 15.93 | 16.31 | 0-88 | 0-360 |

Note. MSI-R =Marital Satisfaction Inventory Revised, DSI =Differentiation of Self Inventory, OQ-45=Outcome Questionnaire-45

Intercorrelations Between FGI Subscales and External Construct Validity Measures

Prior to conducting the tests of the formal construct validity analyses using multiple regression analyses, correlations were examined between the FGI subscale scores and the scores

on the external measures (i.e., MSI-R, DSI, & OQ-45) to preliminarily examine interrelationships among the scales. This analysis was conducted to determine if any significant correlations exist between the participant scores on the FGI subscales and the scores on external measures of similar constructs. The analysis also yielded interesting information about the relationships among the scores across all the measures. Table 16 contains the correlation matrix developed from this preliminary analysis.

The results highlight several significant correlations. First, there were a number of significant, positive correlations between the FGI-MC subscale scores and scores on three (i.e., Global Distress, Sexual Dissatisfaction, and Conflict Over Childrearing) of the four MSI-R subscales. Second, there was a significant positive correlation between the FGI-SS (Total and Difference) subscale scores and the OQ-45 (Total and Difference) scale scores. These results are consistent with the hypothesized relationship between the FGI subscales and their corresponding external measures. The FGI-EC subscale scores did not significantly correlate with scores its corresponding scale, the DSI-EC, meaning the two scales are not demonstrating a relationship in their scores. Interestingly, the FGI-Emotional Cutoff subscale scores were shown to significantly correlate with the DSI-Emotional Reactivity subscale scores. The correlation was negative indicating the more the participant reported emotional cutoff with family of origin in the FGI, the more the participant reported emotional reactivity on the DSI.

The analysis also yielded informative, although unpredicted, results as seen in Table 16. First, the FGI-Marital Conflict subscale scores were significantly positively correlated with both the FGI-SS subscale scores and the OQ-45 responses. The observed relationships between the two scales indicate a possible interrelationship between symptoms and marital conflict in spouses.

Second, the FGI-Emotional Cutoff subscale score was significantly correlated to MSI-R Family History of Distress. FGI-EC scores were positively correlated with Family History of Distress indicating the more emotional cutoff reported in the FGI, the more the participant reported a family history of distress in her family of origin.

Also, the FGI-EC subscale was not significantly correlated with the measures of symptoms (i.e., FGI-SS or OQ-45), despite previous empirical evidence of a possible connection between emotional cutoff and symptoms (Harvey et al., 1991; Wei et al., 2005). This means in the current study emotional cutoff, as measured by the FGI-EC, was not shown to be related to symptoms. This finding may indicate that emotional cutoff with one's family of origin is not necessarily linked to symptoms in spouse or overall functioning in the nuclear family, as was examined in the current study.

A third negative correlation was observed between DSI-Emotional Cutoff and MSI-R Global Distress participant scores. This result indicates more emotional cutoff measured by the DSI-EC was associated with, more overall global distress in the marital relationship, as measured in the MSI-R. This result indicates the concepts of emotional cutoff, as a facet of differentiation of self, and marital distress/conflict tend to occur together. When one person in the relationship (i.e., wives in the current study) tends to emotionally cutoff, she also reports greater distress in her marriage. This is consistent with Bowen's description of the relationship between emotional cutoff and marital conflict, in that when the anxiety from conflict in relationships becomes too intense, cutoff is used as a means of binding the anxiety.

This finding is also consistent with Gottman and Levenson's (2002) longitudinal study in which neutral affect, having no affective reaction or withdrawing during marital issues, was found to be a long term predictor of divorce along with high negative expressivity. Gottman and

Levenson suggest the experience of neutral affect over time is one of isolation and withdrawing during times of marital problems.

Table 16

| Intercorrelations Among the FGI Subscale, MSI-R, DSI, and OQ-45 Scores | | | | | | | | | | | | | | | |
|--|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----|
| Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 1. FGI-MC | -- | | | | | | | | | | | | | | |
| 2. FGI-EC | -.03 | -- | | | | | | | | | | | | | |
| 3. SS-W/H T | *.32 | .18 | -- | | | | | | | | | | | | |
| 4. SS-Dif | *.30 | .22 | .25 | -- | | | | | | | | | | | |
| 5. MSI-R GD | *.66 | -.18 | .26 | -.07 | -- | | | | | | | | | | |
| 6. MSI-R SD | *.36 | .06 | -.01 | -.01 | *.39 | -- | | | | | | | | | |
| 7. MSI-R FHD | -.08 | *.66 | .14 | .01 | -.06 | -.10 | -- | | | | | | | | |
| 8. MSI-R Chil | *.54 | -.03 | .21 | .10 | *.38 | .24 | -.07 | -- | | | | | | | |
| 9. DSI-ER | -.07 | *.40 | -.08 | -.03 | -.81 | -.05 | *.29 | .21 | -- | | | | | | |
| 10. DSI-IP | -.13 | *.36 | -.05 | .01 | .03 | -.05 | .04 | .05 | *.56 | -- | | | | | |
| 11. DSI-EC | -.23 | -.11 | -.22 | .01 | *.28 | .09 | -.26 | -.11 | *.31 | *.31 | -- | | | | |
| 12. DSI-FO | .08 | -.22 | -.09 | .05 | -.05 | -.04 | .04 | .23 | *.63 | *.58 | *.36 | -- | | | |
| 13. OQ-45 Tot. | *.33 | .26 | *.59 | .16 | *.55 | .20 | -.08 | *.36 | -.18 | -.18 | -.19 | -.24 | -- | | |
| 14. OQ-45 Dif. | *.54 | -.17 | *.43 | *.31 | *.32 | .17 | .12 | .41 | .01 | -.01 | -.11 | -.02 | *.73 | -- | |
| 15. PPS | .10 | .18 | *.27 | .27 | .05 | .14 | .06 | .10 | -.17 | .10 | .08 | -.12 | *.30 | *.29 | -- |

Note. FGI-MC=Family Genogram Interview-Marital Conflict, FGI-EC=Family Genogram Interview-Emotional Cutoff, FGI-SS (Total W/H)=Family Genogram Interview-Symptoms in a Spouse Total Score, FGI-SS-DIF=Family Genogram Interview-Symptoms in a Spouse Difference Score
 MSI-R GD=Marital Satisfaction Inventory Revised-Global Distress, MSI-R SD= Marital Satisfaction Inventory Revised-Sexual Dissatisfaction, MSI-R FHD=Marital Satisfaction Inventory Revised-Family History of Distress, MSI-R Chil= Marital Satisfaction Inventory Revised-Disagreement About Child Rearing, OQ-45 Tot.=Outcome Questionnaire-45-Total Score, OQ-45 Dif.=Outcome Questionnaire-45-Difference Score, DSI-ER=Differentiation of Self Inventory-Emotional Reactivity, DSI-EC= Differentiation of Self Inventory-Emotional Cutoff, DSI-IP= Differentiation of Self Inventory-“I” Position, DSI-FO= Differentiation of Self Inventory-Fusion With Others, PPS= Parent Protection Scale
 * Indicates a significant correlation at the $p < .05$ level

Construct Validity Analyses

The construct validity of the FGI subscales was then assessed by comparing the scores on the three FGI subscales (MC, EC, and SS) to existing, psychometrically sound measures of similar concepts using multiple regression analyses. Construct validity was assessed for three of the four FGI subscales (Marital Conflict, Emotional Cutoff, and Symptoms in a Spouse). Recall that the fourth subscale, Focus on a Child, did not demonstrate adequate internal consistency reliability so was dropped from further analysis.

First, it was hypothesized that there would be a significant, positive relationship between the FGI Marital Conflict scores and the scores on the four subscales of the Marital Satisfaction Inventory-Revised (Snyder, 1997). Second it was hypothesized that there would be a significant, negative relationship between the FGI Emotional Cutoff scores and the scores on the DSI-Emotional Cutoff subscale (Skowron & Friedlander, 1998). Third, it was hypothesized there would be a significant, positive relationship between the scores on the FGI Symptoms in a Spouse-Total Score (wife and husband combined score) and total score of participants' rating of self and spouse on the Outcome Questionnaire-45 (Lambert, et al., 1996). Last, it was hypothesized there would be a significant, positive relationship between the scores on the FGI Symptoms in a Spouse-Difference Score and difference score of participants' rating of self and spouse on the Outcome Questionnaire-45. Each analysis was conducted using an experiment-wise alpha of .017.

It was first hypothesized there would be a significant, positive relationship between the FGI Marital Conflict scores and the scores on the four remaining subscales of the Marital Satisfaction Inventory-Revised (Snyder, 1997). An ordinary least squares regression was

conducted predicting FGI-MC as a function of the 4 MSI-R subscales. As Table 17 indicates, this hypothesis was partially supported. This analysis indicated participant scores on the 4 subscales of the MSI-R were predictive of 54% of the variance in the FGI-MC subscale scores as seen in Table 17, with Global Distress and Conflict Over Child Rearing scores being the strongest predictors. Since two of the four subscales scores did significantly predict the FGI-MC subscale scores, the subscale may be more accurately assessing certain elements of marital conflict, such as overall distress, as compared to other elements such as family history. These results indicate mixed support for the construct validity of the FGI-MC subscale.

Table 17

MSI-R Subscales as Predictors of the FGI –Marital Conflict Subscale

| MSI-R Subscale | <i>B</i> | <i>SE B</i> | β | $F_{(4, 44)}=13.19, p<.017$ |
|----------------------------|----------|-------------|---------|-----------------------------|
| Global Distress | .37 | .08 | .52* | |
| Sexual Dissatisfaction | .11 | .14 | .08 | |
| Family History of Distress | -.04 | .13 | -.03 | |
| Conflict/Child Rearing | .49 | .18 | .30* | |

Note. $R^2 = .54$; $\Delta R^2 = .50$

*Indicates significance at the $p<.05$ level

To test for multicollinearity within the MSI-R subscales, a bivariate correlation was conducted. In this analysis, the two subscales of Sexual Dissatisfaction and Conflict/Child Rearing were significantly correlated with the subscale of Global Distress. Participant scores on Sexual Dissatisfaction and Global Distress were significantly correlated at .39. Participant scores on Conflict/Child Rearing were significantly correlated at .38. As both the Global Distress and Conflict/Child Rearing subscale scores were already significant predictors in the original regression model, their effects were not being suppressed in the model due to multicollinearity.

Since the Global Distress and Sexual Dissatisfaction subscale scores were correlated and Sexual Dissatisfaction was not originally significant in the first model, Global Distress scores as a predictor were removed to determine if Global Distress as a predictor was suppressing any possible effects of Sexual Dissatisfaction. In other words, removal of the Global Distress variable corrected for any suppression of the effect of SD with GD still in the model. However, even without the presence of Global Distress as a predictor, the subscale of Sexual Dissatisfaction was still not a significant predictor as seen in Table 18.

Table 18

MSI-R Subscales as Predictors of the FGI –Marital Conflict Subscale Without MSI-R GD

| MSI-R Subscale | <i>B</i> | <i>SE B</i> | β | $F_{(3, 45)}=7.76, p<.017$ |
|----------------------------|----------|-------------|---------|----------------------------|
| Sexual Dissatisfaction | .33 | .16 | .24 | |
| Family History of Distress | -.04 | .15 | -.03 | |
| Conflict/Child Rearing | .75 | .20 | .46* | |

Note. $R^2 = .34$; $\Delta R^2 = .29$

*Indicates significance at the $p<.05$ level

Second it was hypothesized there would be a significant, positive relationship between the FGI Emotional Cutoff scores and the scores on the Emotional Cutoff subscale of the Differentiation of Self Inventory (Skowron & Friedlander, 1998; Skowron & Schmitt, 2003). Using an ordinary least squares regression was conducted predicting FGI-EC scores as a function of the 4 DSI subscale scores. As Table 19 indicates, this hypothesis was not supported. This result indicates the FGI-EC subscale may not be accurately assessing cutoff as a family emotional process, at least when compared to the operationalization of the construct of emotional cutoff found in the DSI. However, given the relationship of the FGI-EC subscale with the DSI-

ER subscale and the MSI-FHD subscale scores, there may be reason to think the FGI-EC is assessing different aspects of emotional cutoff not measured in the DSI-EC subscale. This result means the FGI-EC did not clearly demonstrate construct validity.

Table 19

DSI Subscales as Predictors of the FGI-EC Subscale

| DSI Subscale | <i>B</i> | <i>SE B</i> | β | $F_{(4, 41)}=2.51, p>.017$ |
|--------------|----------|-------------|---------|----------------------------|
| DSI-ER | -2.68 | 1.43 | -.38 | |
| DSI-EC | -.19 | 1.89 | .01 | |
| DSI-IP | -2.36 | 1.85 | -.24 | |
| DSI-FO | 1.53 | 1.77 | .17 | |

Note. $R^2 = .20$; $\Delta R^2 = .12$

DSI-ER=Differentiation of Self Inventory-Emotional Reactivity, DSI-EC= Differentiation of Self Inventory-Emotional Cutoff, DSI-IP= Differentiation of Self Inventory-“I” Position, DSI-FO= Differentiation of Self Inventory-Fusion With Others, FGI-EC=Family Genogram Interview-Emotional Cutoff

*Indicates significance at the $p<.05$ level

Third, it was hypothesized there would be a significant, positive relationship between the scores on the FGI Symptoms in a Spouse-Total Score (wife and husband combined score) and total score of participants' rating of self and spouse on the Outcome Questionnaire-45 (Lambert, et al., 1996). The OQ-45 was completed by the participant for both herself and her husband. As noted in Table 16, this hypothesis was supported based on the significant correlation of .59 between the two measures.

Lastly, it was hypothesized there would be a significant, positive relationship between the scores on the FGI Symptoms in a Spouse-Difference Score (the absolute value of the difference between wife and husband score) and difference score of participants' rating of self and spouse on the Outcome Questionnaire-45 (Lambert, et al., 1996). This hypothesis was supported based

on the significant correlation of .31 between the scores on the two measures, as seen in Table 16. These results offer initial support to suggest the FGI-SS subscale is assessing symptom development and symptom discrepancy in spousal systems. These results mean the FGI-SS subscale, both total and difference scores, demonstrated construct validity and may be an accurate representation of several components of symptoms in a spouse.

There was also a positive correlation between the Total and Difference scores on the FGI-SS and OQ-45. These results indicate a possible relationship between the total amount of symptoms present and the amount of difference in symptoms between the two spouses. This result is surprising, as it would be expected that the two scores would be relatively independent from one another. These results may indicate, for this sample, that when a couple is higher in their total amount of symptoms, they are also higher on their amount of difference in the symptoms between them. This means that when a couple has more symptoms present, it is likely one spouse is functioning at a higher level than the other. On the other hand, when a couple has fewer symptoms present, they are also likely functioning at relatively the same level.

Intercorrelations Between the FGI Subscales and the DSI Subscales

Using multiple regression analyses, the relationship between the FGI subscale participant scores and scores on an already developed measure of differentiation of self were also examined. Given the theoretical link between differentiation of self and the nuclear family emotional processes operationalized in the FGI subscales, it was predicted that the FGI subscale scores would be significantly correlated with the participant scores on the self-reported measure of differentiation of self.

Four multiple regressions were calculated with the participant scores using an experiment-wise alpha of .017 (.05 divided by 3). The results of these analyses indicated no

significant effects of the four subscale scores on the DSI on any of the four FGI subscale scores (i.e., FGI-MC, FGI-SS (Total), FGI-SS (Difference) & FGI-EC). These results indicate the DSI and FGI subscale scores did not demonstrate any statistically significant relationships. These results are shown in Table 19 above and Tables 20, 21, and 22 below. These results mean the FGI subscale scores did not correspond to the participant scores on the external measure of differentiation of self, which likely mean FGI subscales are not serving as indicators of level of differentiation like they initially were designed to do.

Table 20

DSI Subscales as Predictors of the FGI-MC Subscale Scores

| DSI Subscale | <i>B</i> | <i>SE B</i> | β | $F_{(4, 44)}=1.67, p>.017$ |
|--------------|----------|-------------|---------|----------------------------|
| DSI-ER | -.47 | .83 | -.10 | |
| DSI-EC | -2.02 | 1.11 | -.27 | |
| DSI-IP | -1.26 | 1.13 | -.20 | |
| DSI-FO | 2.05 | 1.09 | .36 | |

Note. $R^2 = .13$; $\Delta R^2 = .05$

DSI-ER=Differentiation of Self Inventory-Emotional Reactivity, DSI-EC= Differentiation of Self Inventory-Emotional Cutoff, DSI-IP= Differentiation of Self Inventory-“I” Position, DSI-FO= Differentiation of Self Inventory-Fusion With Others, FGI-EC=Family Genogram Interview-Emotional Cutoff

*Indicates significance at the $p<.05$ level

Table 21

DSI Subscales as Predictors of the FGI-SS (Total Score) Subscale Scores

| DSI Subscale | <i>B</i> | <i>SE B</i> | β | $F_{(4, 46)}=.60, p>.017$ |
|--------------|----------|-------------|---------|---------------------------|
| DSI-ER | -.10 | 2.29 | -.10 | |
| DSI-EC | -4.29 | 3.07 | -.22 | |
| DSI-IP | -.59 | 3.19 | -.03 | |
| DSI-FO | -.47 | 1.09 | .03 | |

Note. $R^2 = .05$; $\Delta R^2 = -.03$

*Indicates significance at the $p < .05$ level

Table 22

DSI Subscales as Predictors of the FGI-SS (Difference) Subscale Scores

| DSI Subscale | <i>B</i> | <i>SE B</i> | β | $F_{(4, 46)}=.11, p>.017$ |
|--------------|----------|-------------|---------|---------------------------|
| DSI-ER | -.30 | .54 | -.11 | |
| DSI-EC | -.05 | .72 | -.01 | |
| DSI-IP | -.01 | .73 | -.01 | |
| DSI-FO | .40 | .70 | .11 | |

Note. $R^2 = .01$; $\Delta R^2 = -.07$

*Indicates significance at the $p < .05$ level

Exploratory Cluster Analyses

The third research question in the study was exploratory in nature and involved determining the constellations or clusters of family emotional processes that were present in the data, based on participants' scores on the three viable FGI subscales (i.e., Marital Conflict, Emotional Cutoff, and Symptoms in a Spouse) and the fourth construct of Focus on a Child as represented by the PPS measure. In order to explore these possible patterns, a cluster analysis

was conducted. Cluster analysis is a multivariate procedure for detecting natural groupings in data (Aldenderfer & Blashfield, 1984).

For the data in this study, a hierarchical agglomerative method (Everitt et al., 2001) was conducted with the participant scores. In this clustering technique, a hierarchical cluster structure is developed based on data. For a cluster analysis, it is important all data be on the same standardized scale. Each item within the three FGI subscales (Marital Conflict, Emotional Cutoff, and Symptoms in a Spouse) was therefore standardized into z-scores. Adding a constant of 10 to each score eliminated non-positive values. Once transformed, each score was summed to create a final subscale score for the three subscales for each participant. This same transformation was completed on the Parent Protection Scale items. The standardized total score for the Parent Protection Scale was then included in the cluster analysis in order to represent the construct of Focus on a Child, as that particular subscale in the FGI did not have adequate internal consistency reliability. A cosign similarity measure, assessing how the clusters differ from one another, was used with a centroid linkage agglomerative technique to divide the cluster and determine the final cluster solution. This clustering method indicated a two cluster solution for the data. Table 23 describes the nature of the clusters developed.

Table 23

Cluster Profiles on the Means of the FGI Subscale Scores and the PPS Scores

| Measure | Group 1 (<i>n</i> = 29) | | Group 2 (<i>n</i> = 16) | | <i>F</i> |
|-----------|-----------------------------|-----------|-----------------------------|-----------|---|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | |
| FGI MC | 61.65 | 4.7 | 57.14 | 2.7 | <i>F</i>₍₁₎=11.86, p<.05 |
| FGI EC | 116.80 | 3.7 | 125.46 | 8.0 | <i>F</i>₍₁₎=24.14, p<.05 |
| FGI SS-TS | 80.65 | 4.7 | 78.95 | 3.9 | <i>F</i> ₍₁₎ =1.48, NS |
| PPS | 248.55 | 11 | 251.55 | 9.6 | <i>F</i> ₍₁₎ =.832, NS |

Note. FGI-MC=Family Genogram Interview-Marital Conflict, FGI-EC=Family Genogram Interview-Emotional Cutoff, FGI-SS-TS=Family Genogram Interview-Symptoms in a Spouse Total Score, PPS=Parent Protection Scale

*Bold Indicates Statistical Significance

The results indicate that there are significant differences between the participant scores on the two clusters on two of the subscale means: Marital Conflict ($F_{(1)} = 11.87, p < .05$) and Emotional Cutoff ($F_{(1)} = 24.149, p < .05$). Based on this information, the two clusters developed differ on FGI Marital Conflict and Emotional Cutoff scores. Specifically, the participants in Cluster 1 posted higher Marital Conflict scores and lower Emotional Cutoff scores, indicating the participants in Cluster 1 showed relatively greater marital conflict and less emotional cutoff relative to Cluster 2. The participants in Cluster 2 produced the opposite with lower Marital Conflict scores and higher Emotional Cutoff scores, relative to Cluster 1. The participants in both clusters are similar on Symptoms in a Spouse and the Parent Protection Scale scores, indicating the participants were indistinguishable based on these two factors.

In addition, the demographic characteristics of the two identified clusters were examined to determine if the two groups differed by demographic indicators. Four one-way ANOVA analyses were conducted to see whether the two clusters differed on the variables of age, length of marriage, number of children and income. These analyses did not show any significant between-group difference in these attributes. While the clusters differed in their Marital Conflict and Emotional Cutoff scores, these differences are not clearly explained by demographic characteristics. The means for each cluster on these variables are displayed in Table 24.

Table 24

Demographic Characteristics of Clusters Developed

| Cluster | Age | Years Married | # of Children | Income |
|---------|-------------|---------------|---------------|----------|
| 1 | 37.48 (3.4) | 11.93 (3.2) | 2.59 | \$70-79K |
| 2 | 36.88 (5.2) | 12.00 (4.4) | 2.94 | \$60-69K |

*All differences are not statistically significant based on ANOVA results at the $p < .05$ level

A final step in the cluster analysis procedure was to correlate the identified clusters with the Differentiation of Self Inventory participant scores to provide further information about the characteristics of the cluster profiles developed. In the current study, the full-scale score on the DSI was used as the external criterion measure because the four subscales in the study were hypothesized to be theoretically linked to differentiation. A one-way ANOVA analysis looking at the between-cluster differences on the DSI-Full Scale Score did not show significant differences, as shown in Table 25 indicating that both patterns of family emotional processes were observed at similar levels of differentiation of self.

Table 25

Average Cluster Scores on the Differentiation of Self Inventory

| Subscale | Group 1 | Group 2 | <i>F</i> |
|------------------------|-------------------------------|-------------------------------|---|
| | (<i>n</i> = 29) | (<i>n</i> = 16) | |
| | <u>Average Scores</u> | <u>Average Scores</u> | |
| DSI-ER | 3.73 (<i>SD</i> = 1.12) | 3.19 (<i>SD</i> = .93) | <i>F</i> ₍₁₎ =2.58, <i>p</i> >.05 |
| DSI-EC | 4.85 (<i>SD</i> = .61) | 5.01 (<i>SD</i> = .61) | <i>F</i> ₍₁₎ =0.64, <i>p</i> >.05 |
| DSI-IP | 4.01 (<i>SD</i> = .72) | 4.01 (<i>SD</i> = .85) | <i>F</i> ₍₁₎ =0.22, <i>p</i> >.05 |
| DSI-FO | 3.61 (<i>SD</i> = .84) | 3.21 (<i>SD</i> = .66) | <i>F</i> ₍₁₎ =2.22, <i>p</i> >.05 |
| <u>DSI-Total Score</u> | <u>4.08 (<i>SD</i> = .68)</u> | <u>4.01 (<i>SD</i> = .67)</u> | <u><i>F</i>₍₁₎=1.09, <i>p</i>>.05</u> |

Note. DSI-ER=Differentiation of Self Inventory-Emotional Reactivity, DSI-EC= Differentiation of Self Inventory-Emotional Cutoff, DSI-IP= Differentiation of Self Inventory-“I” Position, DSI-FO= Differentiation of Self Inventory-Fusion With Others.

*All differences are not statistically significant based on ANOVA results at the *p*<.05 level

In summary, the participants appear to fall into two groups. The first group has high Marital Conflict scores and low Emotional Cutoff scores. The second group has low Marital Conflict and high Emotional Cutoff scores. The groups did not differ on other demographic characteristics or other FGI subscale scores. In addition, the groups did not differ on levels of differentiation of self as measured by the DSI.

CHAPTER 5: DISCUSSION

The Family Genogram Interview (FGI) was developed for the purpose of creating a standardized genogram in an attempt to operationalize four nuclear family emotional processes (i.e., marital conflict, emotional cutoff, symptoms in a spouse, and focus on a child) that characterize level of differentiation of self in families according to Bowen theory (Kerr & Bowen, 1988). The results of the current study indicate the relative strengths and limitations of the FGI in its final version. While the FGI demonstrated good overall inter-interviewer reliability, at the item level participant scores indicated limited internal consistency reliability of the FGI-FC subscale. Also, the construct validity of the FGI was shown to be limited based on the only partial correlations with already existing measures of similar constructs and also its ability to systemically assess emotional processes in families. The current study has implications for the manner in which genograms are used in clinical and research settings, as well as in understanding the role of Bowen theory concepts in family functioning.

The Family Genogram Interview

Based on the analyses of the psychometric properties of the FGI, the final version consists of three subscales (i.e., Marital Conflict, Emotional Cutoff, and Symptoms in a Spouse), which are meant to operationalize three nuclear family emotional processes representative of the level of differentiation in families (Kerr & Bowen, 1988). The final version of the FGI consists of 37 quantitative questions that employ Likert, continuous, and categorical (yes/no) response scales. The FGI-Marital Conflict consists of 6 Likert scale items, the FGI-Emotional Cutoff consists of 12 Likert scale items and 2 continuously scored items, and the FGI-Symptoms in a Spouse contains 9 Likert scale items and 3 categorical (yes/no) items respectively. The larger FGI also contains 84 open-ended, qualitative questions not used in the analyses for the current

study. Example FGI qualitative questions include, “What typically happens in a conflict?” assessing nuclear family marital conflict, or “What impact does the emotional cutoff have on other family members?” assessing dimensions of emotional cutoff in the family of origin.

The 90-minute, semi-structured FGI interview was designed to be administered by a trained clinician with one or more family members. In the current study, the FGI was administered to married, heterosexual women who had at least one child between the ages of 4-10. The interview was designed to serve as a protocol for obtaining structural family information (i.e., who is in the family; important nodal events such as births, deaths, divorce etc.), as well as attempting to assess the nuclear family emotional processes (i.e., Marital Conflict, Emotional Cutoff, and Symptoms in a Spouse), which characterize the level of differentiation in families.

FGI Reliability and Construct Validity

The goal of the current study was to develop a family genogram interview with good psychometric properties that could be reliably administered by clinicians and researchers. The results indicate this goal was only partially realized. While the FGI inter-interviewer reliability of the participant scores was good, the tests of the internal consistency reliability of the FGI subscale scores produced only moderate reliability, with the FGI-Focus on a Child subscale needing to be deleted due to low internal consistency reliability. Further, the construct validity tests of the FGI scores were mixed, and taken together with the nature of each of the FGI subscales, important questions remain about the extent to which the FGI is assessing the systemic emotional processes in the families it was designed to measure.

Reliability

Inter-Interviewer Reliability. In order to advance family assessment using genogram interviewing, one of the major goals of the current project was to develop a genogram interview

that could be administered reliably. The FGI was designed to be a protocol for clinicians to follow step-by-step, with clear instructions and specific questions to ask of the interviewee. The FGI was designed to be a genogram interview that would be administered consistently across interviewers and assess similar family information across participants.

In the current study, the results indicate the FGI posted adequate inter-interviewer reliability based on data from a reliability sub-sample in which participants completed the FGI twice with two different interviewers. Interviewers asked the same questions and elicited similar responses from participants at time 1 and time 2 within the subsample. These results offer initial evidence suggesting that when administered by different interviewers, FGI interviewees are likely to respond consistently.

In this regard, the FGI represents an important advancement relative to existing genogram formats. Other genogram formats used in previous research do not rely on specific interview protocols, but rather are unstructured, loose sets of guidelines about the types of information to obtain in a genogram interview (i.e., Kerr & Bowen, 1988; McGoldrick & Gerson, 1985 and McGoldrick et al., 1999). While these guidelines provide important general information, they are not specific in delineating the exact nature of which questions to ask, in which order, following a structured format. This type of structure is important for replicability in family assessment across clinical, research, and training applications.

In clinical application, the FGI offers a specific interview protocol for clinicians to follow, having the capability to be administered consistently across interviewers. The FGI has the potential value of reducing variation in how genogram interviews are conducted. The FGI provides a common language for assessing clients, guiding clinicians to what questions to ask of clients, which areas of family functioning to focus on, and how to document the information in a

useful manner.

For research applications, the standardization and inter-interviewer reliability of the FGI would allow for data collected using genogram interviewing to be compared, expanded, and replicated. A structured format would facilitate family-oriented research (Coupland, Serovich, & Glenn, 1995) by having several interviewers use the FGI across participants producing relatively consistent information across interviewers. Use of the FGI could establish many new lines of important research since there is currently a paucity of research using genogram interviewing to assess families. For example, researchers might evaluate whether specific family constellations or patterns seen in a genogram are predictive of certain mental health concerns. Researchers could also begin to investigate how changes across the family system over time are predictive of functioning. The FGI has the potential to provide family researchers a standardized genogram interview format to reliably assess and investigate families.

Training clinicians to use the FGI reliably is a relatively straightforward process given the structured nature of the interview. Clinicians would begin by practicing with colleagues to become familiar with the format (as was done in the training of interviewers in the current study). After practice, clinicians' interviewing skills should then be compared with one another using the same interviewee to insure consistency and proper training. Once clinicians can reliably administer the interview, they are prepared to use the FGI in clinical or research applications.

Reliability of Final FGI Subscales. While inter-interviewer reliability in the current study was promising, the internal consistency reliability of the FGI subscale scores was mixed. The FGI-MC, FGI-EC, and FGI-SS subscale scores demonstrated good internal consistency reliability, however, the FGI-FC subscale scores did not (Crobach's $\alpha = .51$). Several

hypotheses are put forth concerning the scale's lack of internal consistency reliability.

The concept of Focus on a Child is likely one of the more difficult Bowen theory constructs to operationally define. From a theoretical perspective, Bowen defines over-focusing on a child as a process in which a significant amount of the family anxiety is shifted to one or more children. This imbalance serves as a means of binding the anxiety in the family, which in turn serves to maladaptively stabilize the system (Kerr & Bowen, 1988). The behavioral manifestation of this process was difficult to define and measure however. For example, focus on a child can include overprotective behaviors, emotional dependence on the parent-child relationship, or an inability by the parent to foster the child's independence. Bowen (1978) also described how the child-focused family is often one in which sufficient family anxiety is focused on the child resulting in serious impairment. By focusing on a child, the anxiety is reduced in the adult relationship system, but is shifted to the child.

The FGI Focus on a Child subscale attempted to access information about these behavioral indicators. For example, items in the subscale were designed to (a) track the amount of time spent focusing on the child, and (b) ascertain whether or not parents saw themselves as overprotective. The low reliability of the participant scores on the subscale may be an indication that the items used were too varied in their assessment of the construct. Although an examination of possible subsets within the data did not indicate any clear subgrouping within the items, the items were quite varied in their assessment of focus on a child. For example, some items assessed over-protective parenting style, while others assessed parental communication about the children. This may have limited the internal consistency of the scale, since items were too diverse.

Also, in the current study the Focus on a Child subscale consisted of six quantitative

questions. These items were initially thought to appropriately capture the construct; however, the reliability analysis indicates that this concept was not reliably assessed in a brief manner. Having a longer scale has the potential to increase the internal reliability (Niemi, Carmines, & McIver, 1986). Since the FGI-FC only consisted of six items, the reliability may have been influenced due to the small number of items. A future revision of this subscale will need to increase the number of items in order to more fully address how to operationalize this construct. Future revision of Focus on a Child subscale will need to involve (a) increasing the number of items on the subscale, and (b) a reassessment of the behavioral manifestations of this emotional process in families to develop items that more fully address the complex nature of this concept. The challenge with a complex construct is to revise the subscale in a manner that increases the internal consistency reliability while also capturing the complexity of the construct.

One solution may involve increasing the number of items in the total FGI-FC subscale, and then dividing the items into smaller subscales. These subscales could be divided along the different components thought to encompass Bowen's description of focusing on a child as an emotional process in family systems. These components include overprotective behaviors, child symptoms, and/or parental dependence on the child. Each subscale would need to include an ample number of detailed items to assess each area.

Also, future revision of the FGI-FC subscale should address the systemic nature of how this process is developed and maintained in families. Bowen likened this process to emotional fusion between parent and child in which neither is able to function or have a self without the presence of the other (Kerr & Bowen, 1988). This process occurs as a means of absorbing or binding the anxiety in the family, which serves to maladaptively stabilize the system. It will be important to include items that more directly tap into these systemic components. Examples may

include items that assess the parental functioning with the children and/or changes in spousal interactions since having children. These types of revisions may improve the overall reliability of the FGI-FC subscale by increasing the number of items in the subscale as well as redesigning the manner in which this construct is accessed in families.

Overall Reliability of the FGI. Overall the reliability of the FGI in its current form was somewhat. While the FGI demonstrated good inter-interviewer reliability, the internal consistency reliability of the subscale scores was less than optimal. Although three of the subscales were shown to have good internal reliability, the removal of the fourth subscale, the FGI-FC, due to poor reliability results, limits the capability of the FGI to fully assess the nuclear family emotional processes it was designed to measure. Even though there are likely future revisions that could improve the reliability of the FGI, the results from the current study indicate the reliability of the remaining three FGI subscales were adequate.

Construct Validity

While the FGI subscales were designed to represent nuclear family emotional processes described in Bowen theory, evidence for the construct validity of the FGI was limited based on the results in the current study. Specifically, while some tests of construct validity were supported, others were not, raising questions about the extent to which the FGI subscales are assessing the constructs they were designed to measure.

Marital Conflict. Starting with the FGI-Marital Conflict (FGI-MC) subscale, participant responses were compared to the Marital Satisfaction Inventory-Revised (MSI-R; Snyder, 1997). The FGI-MC subscale scores did have a positive, significant relationship with three of the four MSI-R subscale scores used in the analysis (Global Distress, Sexual Dissatisfaction, and Conflict Over Child Rearing). However, there was not a significant correlation with the fourth MSI-R

subscale scores, Family History of Distress. Further a multiple regression analysis indicated participant scores on the four subscales of the MSI-R accounted for 55% of the variance in the FGI-MC subscale scores, with Global Distress and Conflict Over Child Rearing being the strongest predictors.

The results from the construct validity analyses of the FGI-MC are generally consistent with theoretical predictions and have several implications. Specifically, the FGI-MC may be best able to assess global marital conflict in couples. This finding was promising since the FGI-MC was designed to assess marital conflict, broadly defined.

Examining other correlations found in the construct validity analyses yielded informative, although unpredicted, results. The FGI-Marital Conflict subscale participant scores were significantly positively correlated with both the FGI-SS subscale and the OQ-45 responses. This correlation was consistent with Bowen's description of the relationship between marital conflict and symptom development in couples. Symptom development was thought to be representative of chronic anxiety, emotional disturbance and conflict in relationships, including marital relationships. In less differentiated couples, Bowen theory suggested that there is an increased likelihood of one or both partners becoming emotionally reactive to one another (Kerr & Bowen, 1988). When a couple is emotionally reactive with one another, conflict and symptoms tend to ensue because each partner is unable to take a differentiated stance in the relationship. The observed relationship between FGI-MC and the two measures of symptoms in a spouse (FGI-SS and OQ-45) indicates support for the proposed interrelationship between symptoms and marital conflict in spouses.

When considering the construct validity of the FGI-MC subscale, it is also important to evaluate whether the items are capturing the systemic nature of marital conflict as an emotional

process occurring in families. The subscale was designed to evaluate marital conflict as an emotional process in which each partner is unable to take a differentiated stance in the relationship and instead have anxious reactions that lead the couple to have conflict. The construct validity analysis, however, did not address whether the subscale is indeed an accurate depiction of how this process occurs systemically in families. Since the current items in the subscale were shown to be most closely aligned with global distress in couples, combined with the limited number of items in the subscale, it remains unclear whether the subscale was assessing the systemic nature of marital conflict as a family emotional process. It may be helpful in future studies to examine the systemic nature of the FGI-MC by assessing marital conflict from the perspective of more than one family member and by also including more questions aimed at understanding role of the conflict in a larger systemic context. Future research could then compare those findings to other, external measures of family functioning to assess the construct validity of a revised FGI-MC subscale.

Future revision of the FGI-MC should focus on improving the systemic assessment of the construct. Revisions should focus on including items that more directly tap into marital conflict as an emotional process serving to bind anxiety in the spousal relationship. Items should ask participants details about the nature of the conflict, the systemic processes surrounding the conflict (as it relates to emotional reactivity or emotional cutoff), and/or the chronicity of the conflict. These types of items may tap more into the marital conflict as an emotional process, rather than simply assessing for the presence or absence of conflict. Inclusion of these types of items would likely improve the construct validity of subscale as a systemic emotional process in families.

As the subscale stands now, the FGI-MC subscale was best able to assess marital conflict in terms of global distress, while it remains unclear whether the subscale was able to assess marital conflict as a systemic emotional process in families. Future revision of the subscale could likely improve the validity of subscale as a systemic assessment of marital conflict reflecting an emotional process in families. With improvements made to the subscale, it is believed the FGI-MC may enhance assessment this type of emotional process in families.

Emotional Cutoff. Next, participant scores for FGI-Emotional Cutoff were compared to the Emotional Cutoff subscale of the Differentiation of Self Inventory (DSI-EC; Skowron & Friedlander, 1998). The results of the current study indicate the FGI-EC subscale did not significantly correlate with scores on the DSI-EC subscale. While this result was unexpected, there may be several reasons related to the design of the FGI-EC subscale to explain why adequate construct validity was not demonstrated.

First, there is reason to believe the two scales are computing emotional cutoff differently. FGI-EC scores were developed based on participant responses to items scored on both Likert and continuous scales. These items specifically relate to participant relationships with his or her family of origin, with a focus on amount and quality of contact. In contrast, DSI-EC items are only Likert scale and assess for general, broad interpersonal patterns of emotional cutoff. The DSI-EC subscale focuses on emotional and behavioral distancing of individuals and does not distinguish between family of origin and nuclear family emotional cutoff. These computational differences may have played a role in the non-significant correlation between the two scales.

However, despite the non-significant correlation to the DSI-EC subscale scores, the FGI-EC scores did correlate with the DSI-ER subscale scores, indicating some support for the construct validity. Bowen described how, for some, the anxiety created by emotional reactivity

in relationships is managed and bound through emotional cutoff. This significant finding lends support for the idea that the FGI-EC may be assessing some facet of emotional cutoff, namely that individuals who tend to emotionally cutoff from their family of origin also reported higher levels of emotional reactivity. This finding is consistent with Bowen theory how for some, the anxiety created by emotional reactivity in relationships is managed and bound through emotional cutoff, particularly with one's family of origin.

Also, the FGI-Emotional Cutoff subscale scores were significantly correlated to the MSI-R Family History of Distress subscale scores. FGI-EC participant scores were positively correlated with Family History of Distress indicating that mothers who reported more emotional cutoff from their families of origin also reported experiencing a history of greater distress in her family-of-origin. This finding was informative as Bowen theory described a proposed relationship between emotional cutoff and distress with one's family of origin. Often, in less differentiated families, an individual may try to "break free" of one's family of origin.

A third negative correlation was observed between DSI-Emotional Cutoff and MSI-R Global Distress participant scores. This correlation was consistent with the theorized relationship between emotional cutoff and marital conflict. Specifically, it is theorized that emotional cutoff in relationships occurs in response to conflict and chronic anxiety within relationships (Kerr & Bowen, 1988). The use of emotional cutoff occurs because the person experiences difficulty managing the emotional intensity in relationships while also remaining connected. Emotional cutoff in marital relationships occurs as a means of maladaptively managing conflict and relationship intensity. Consistent with Bowen theory, the negative correlation observed means when one person in the relationship (i.e., wives in the current study) has a tendency toward emotional cutoff, there may also be more marital conflict in the

relationship. When the anxiety from conflict in relationships becomes too intense, cutoff may be used as a means of binding the anxiety.

These findings provide, although unexpected, support for the construct validity of the FGI-EC subscale. Consistent with theory, when one is emotionally reactive with family members and has a history of long-term distress, emotional cutoff can become a means of coping with the relationship stress and anxiety. Since emotional cutoff tends to reduce the anxiety in the relationship with family of origin, this means of coping can become quite reinforcing but ultimately unproductive in increasing one's differentiation of self or decreasing one's emotional reactivity in relationships (Kerr & Bowen, 1988). The emotional cutoff with family of origin may also have a negative impact on an individual's current marital relationship as well, given that the underlying tendency toward emotional reactivity has not been addressed.

Upon closer examination of the FGI-EC subscale, another possible explanation of the mixed findings may involve limitations in the wording of some items in the subscale. When the items were originally developed for the subscale, it was believed they adequately assessed for emotional cutoff; however, several items from the FGI-EC were dropped after failing to meet the specified reliability criteria. It is likely, even among the retained items, that the wording of items was not sufficient to adequately capture emotional cutoff in relationships. For example, one item reads, "Rate how often you feel satisfied with the amount of contact with your mother?" In this example, rating how satisfied a participant was with the amount of contact may not capture emotional cutoff, as a person could be very cutoff but satisfied with the amount of contact. In a related example, another item reads, "Rate your sense or guess of how satisfied your mother is with the amount of contact with you?" Again, this item was likely not fully assessing emotional cutoff, as satisfaction with amount of time spent and emotional cutoff are related but different

concepts. Individuals who are emotionally cutoff may be satisfied or comfortable with the distance despite the distance in the relationship. Future revision to the FGI-EC subscale should focus only on the amount of contact of family members and not the satisfaction in the relationships. These limitations of the FGI-EC items may have decreased the construct validity of the subscale because some items were not fully assessing emotional cutoff but rather were assessing other dimensions of relationship quality.

Further, while the design of the FGI-EC subscale was initially thought to be representative of cutoff as a systemic emotional process in families, the inadequate construct validity of the subscale indicates that this may need to be reassessed. The subscale was designed to evaluate cutoff as an emotional process in which anxious emotional reactions in family relationships lead to cutoff as a means of binding and managing intensity and relationship anxiety. However, in light of the non-significant tests of construct validity, the FGI-EC will likely need revision to fully realize its potential as a means of assessing the systemic nature of this construct. For example, more items are needed to assess the nature of the relationship prior to any cutoff; when the cutoff began, how other family relationships changed as a result, and how the cutoff may relate to other emotional processes occurring in the family, such as marital conflict or symptom development.

Overall, the construct validity analyses for the FGI-EC indicate the subscale has important limitations in its ability to assess emotional cutoff as an emotional process in families. Future revisions to the FGI-EC will need to address the limitations in the subscale. Changing the wording of items, adding more systemically focused items, and reevaluating how the subscale is scored will all be important issues to address in future revisions. It is hoped that with future revisions to the subscale, more information can be obtained on the nature of emotional cutoff

using the FGI-EC. Such information could advance the knowledge of how this process occurs and its relationship to level of differentiation in families.

Symptoms in a Spouse. Third, the Total and Difference participant scores on FGI-Symptoms in a Spouse were compared to the scores for the couples on the Outcome Questionnaire-45 (OQ-45; Lambert et al., 1996). The FGI-Symptoms in a Spouse total and difference scores significantly, positively correlated with the OQ-45, offering support for construct validity of the subscale.

In terms of assessing symptoms, these results indicate the FGI-SS subscale is likely performing as it was designed. In the FGI, Symptoms in a Spouse was defined as (a) physical, (b) psychological, and/or (c) social symptoms. These symptoms were assessed for both members of the spousal system based on the wife self-report for herself and her husband. A significant positive correlation with the OQ-45, an existing valid measure of symptom distress and functioning, indicates the FGI-SS is able to assess symptoms present in the spousal relationship.

Further the FGI-SS also generated a difference score meant to compare the functioning the spouses. It remains unclear whether the difference scores are a valid representation of differential functioning between spouses, and by extension the process of borrowing and trading selves as described by Bowen (Kerr & Bowen, 1988). It will be important in future studies to more thoroughly examine whether or not the FGI-SS subscale is able to assess symptom development and differential functioning levels of each spouse as a representation of systemic emotional processes occurring in families. Such a study would need to involve more family members and a more thorough examination of the assessment of this type of emotional process from a systemic perspective. The FGI-SS subscale scores could again compared to external

measures of family functioning to evaluate construct validity. While the construct validity findings were promising, the FGI-SS may still need revision to more fully assess symptoms in a spouse as a systemic emotional process occurring in families. In particular, although the subscale does provide a measure of total spousal symptoms as well as spouse difference scores, it is unclear whether the subscale captures the over and under-functioning process posited in Bowen theory, nor does it address how symptoms are thought to develop as a result of anxious emotional processes occurring in the family system. It will be important in future research examining the construct validity of the FGI to address the systemic nature of symptom development, since the goal of the subscale is to assess symptoms as an indicator of the level of differentiation in the family system.

Overall, the FGI-SS participant scores did demonstrate good construct validity in terms of measuring symptoms in the spouses. The systemic nature of the subscale, however, will need further attention in future revisions of the FGI. Therefore the FGI-SS in its current form is likely best used as a measure of symptoms on an individual level, as well as patterns of over and under-functioning in the spousal system. It is not an indicator of symptom development as it relates to systemic functioning. After addressing the systemic components of subscale in future revision, it is hoped that the FGI-SS will be a useful means of measuring symptoms as an indicator of differentiation in family systems.

FGI as an Indicator of Differentiation in Families. Given the mixed results of the psychometric tests, the FGI is only a limited representation of the emotional processes thought to be indicators of differentiation in the family. The construct validity tests of the FGI subscale scores as compared to the DSI subscale scores (an external measure of differentiation of self), were shown to be non-significant, based on regression analyses. Interestingly however, using

zero-order correlation analysis a significant correlation was found between the FGI-EC subscale scores and the DSI-ER scores as discussed previously. The FGI-EC scores also correlated with the DSI-IP subscale scores. These results mean the FGI may be assessing some facets of differentiation of self, as measured by the DSI. So, while the FGI is mostly limited in its ability to serve as a representation of differentiation in families, it is possible the FGI has some capacity to assess differentiation of self to some degree families.

There are several possible explanations for the limited correspondence between the two scales. First, as discussed previously, the FGI subscales are limited in their assessment of each emotional process from a systemic perspective, which were meant to serve as indicators of differentiation in family systems. Future revision of the FGI may improve the ability of the FGI subscales to serve as indicators of differentiation in families, and possibly increase the correlation between the FGI and DSI scales. As discussed previously, revision of each subscale should improve the systemic nature of the items, increase the number of items, and for the FGI-FC, and improve the reliability of the subscale. These revisions would be best accomplished through a more thorough examination of how each process relates to differentiation and systemic functioning.

It is also possible the two scales did not correspond due to differences in the type of information obtained in each scale. The FGI was designed to assess emotional processes in family systems, while the DSI assesses components of individual functioning. Also, the FGI and DSI differ in the type of subscales used in each measure. Only the FGI-EC and DSI-EC subscales are directly similar in what they meant to assess, with the others differing in notable ways. The FGI assesses marital conflict, symptoms in a spouse, and focus on a child, while the DSI assesses emotional reactivity, ability to take an “I” position, and fusion with others. This

means it may be reasonable to expect the FGI and DSI may not directly correlate with another, and instead may be assessing different facets of individual and family functioning. Upon revision to the FGI it will be important for future research to again examine the correlations between the two scales in order to more clearly determine the construct validity of the FGI in this regard.

Overall Construct Validity of the FGI Subscales

The mixed results of the construct validity analyses indicate significant limitations for the FGI subscales. Several subscales, including the FGI-MC and FGI-SS subscales, were significantly correlated with external measures of similar constructs. However, several of the subscales, including the FGI-EC, did not correspond to external measures of similar constructs as was originally predicted. The subscales of the FGI also did not correspond to the subscales of the DSI as predicted. Despite these findings there were several results from the construct validity analyses, while unexpected, that lent support to the FGI-EC subscale validity. The FGI-EC subscale was shown to significantly correlate with the DSI-ER and MSI-FD subscales, which is consistent with Bowen's description of how these constructs may be related.

While the FGI was originally designed to measure systemic family emotional processes, the results of the current analyses highlight the weaknesses of the FGI subscales in this regard. The subscales were designed to assess systemic emotional processes in families, yet given the results it is likely the FGI subscales, in their current form, are significantly limited in serving as an operationalization of the constructs they were designed to measure.

Clustering the FGI Subscales

The final analysis involved exploring the constellations or clusters of the participant scores on the FGI subscales (i.e., marital conflict, emotional cutoff, symptoms in a spouse) that

were present in the data. The cluster analyses yielded results that indicated the participant scores were clustered into two groups, based only on their Marital Conflict and Emotional Cutoff scores. The participants did not differ in the scores on the other FGI subscale, Symptoms in a Spouse. The groups also did not differ on scores on the Parent Protection Scale (PPS). This scale was included in the cluster analysis to reflect the construct of Focus on a Child, since the FGI measurement of the construct did not demonstrate adequate reliability. Further, the groups developed did not vary on any demographic information. The groupings developed went as follows: For group 1, participants had high FGI-MC scores and low FGI-EC scores, whereas group 2 was the opposite with low FGI-MC scores and high FGI-EC scores. This means one group had higher marital conflict in the nuclear family and lower emotional cutoff with family of origin, while the other group was the opposite with lower marital conflict in nuclear family but higher emotional cutoff with family of origin as measured by the FGI.

The clusters developed were also analyzed to see if they differed significantly on self reported levels of differentiation as measured by the DSI full-scale score. The clusters developed in this study did not vary significantly on their levels of differentiation, indicating that level of differentiation is essentially similar across groups whether participants gravitate more toward the maladaptive pattern of marital conflict or toward emotional cutoff. This result suggests that neither pattern represents more or less differentiation in a family system, but rather they are at roughly equivalent levels of differentiation. In this study, neither cluster grouping can be described as more or less maladaptive when they are present in a family system.

This study expanded the understanding of typical constellation patterns expected to occur in families. The cluster groupings offer preliminary, exploratory information about some of the ways in which maladaptive processes interrelate and occur in families. It is possible the patterns

within the groupings from this study are the groundwork for determining predictable relationships that exist between specific types of family processes that can be assessed in a genogram.

The cluster profiles developed in the current study are divergent from the theorized relationship between marital conflict in the nuclear family and emotional cutoff with one's family of origin. The grouping of participants reflected those reporting higher levels of marital conflict in the spousal system had lower levels of emotional cutoff with family of origin, whereas participants with lower levels of marital conflict in then nuclear family reported higher levels of emotional cutoff with the family of origin. This result varies from Bowen's theory of how these emotional processes are related.

Bowen discussed how the use of emotional cutoff occurs because the person experiences difficulty managing the emotional intensity in relationships while also remaining connected. The pattern of engaging in emotional cutoff often occurs in marital relationships as well (Kerr & Bowen, 1988). Emotional cutoff is theorized to occur in marital relationships as a means of managing the conflict in the relationship. It is therefore reasonable to expect that the higher level of emotional cutoff, the higher the amount of marital conflict present, however the characteristics of the cluster profiles were the opposite. Bowen theory would suggest that emotional cutoff with one's family of origin could result in increased marital conflict in the nuclear relationship. Bowen described how emotional cutoff with family of origin comes about as a means of managing reactivity to relationship anxiety. While emotional cutoff can serve to calm the system, the underlying and unresolved issues of emotional reactivity and anxiety may then extend to the marital relationship (Kerr & Bowen, 1988). This means that the interrelationship found in the groupings that one who is more emotionally cutoff from family of origin reports less

marital conflict with a spouse differs from the theoretical explanation of how these processes may be interrelated.

However, because it was observed that wives from both groups reported similar levels of differentiation, it is likely that the amount of anxiety or tension to bind is similar. Perhaps those that manage anxiety by engaging in emotional cutoff from family of origin are freed up to relate less anxiously in a marriage relationship. This means there would likely be less conflict in the nuclear family. Others may simply also engage in cutoff in the marriage relationship, leading to lower conflict scores.

Alternatively, from a personality perspective, people that gravitate toward emotional cutoff tend to avoid direct conflict and hence, they express their undifferentiation via cutoff, not through conflict. In contrast, the results showed that those who remain in closer contact with their families of origin tend to report greater marital conflict; suggesting conflict is the medium through which anxiety and tension are bound. An interesting future direction would be to examine whether or not contact with family of origin involves some triangulation process that corresponds to marital conflict in the nuclear family.

Overall, the clusters found in the current study offer interesting, if not unexpected, information about several possible patterns that may be present in family systems. Since the cluster analysis sought to explore whether these processes interact together as they are theorized to do, the clusters developed from the data may provide information about possible future avenues of research in examining the relationship of family emotional processes to one another. This will be particularly important in light of the findings from the cluster groupings in the current study that were divergent from Bowen theory. It will be important to explore more about the way in which the processes of marital conflict and emotional cutoff interrelate in other

samples to confirm or disconfirm the current findings. If the finding that higher emotional cutoff with family of origin and lower marital conflict with one's spouse tend to group together holds up over time, it will be important to more closely examine the possible reasons for this interrelationship.

Limitations

Limitations of the FGI. The results of the study point to important limitations in the psychometric properties of the FGI. Through the process of creating and assessing the FGI, the results indicated that only three of the four original subscale scores were shown to have good reliability (i.e., FGI-MC, FGI-EC, and FGI-SS). Also, the FGI-EC subscale scores did not show adequate construct validity when compared to an external measure of emotional cutoff. The other two scales did have significant results in construct validity tests, but there are still questions as to whether the subscales are accurately representing systemic components of their respective constructs.

Specifically, each subscale was designed to represent a family emotional process that occurs at a systemic level. It is likely the subscales still may be limited in this regard, especially when considering what the questions are assessing, who was interviewed, and the number of items in each subscale.

While it remains unclear how the questions in each subscale assess emotional processes from a systemic level, future revisions to the FGI items may be necessary to address this possible limitation. For example, marital conflict, as a systemic emotional process, is thought to develop as a means of binding relationship anxiety and tension from emotional reactivity between two partners. This process is thought to intensify in less differentiated couples as each is less able to maintain a differentiated or autonomous self in the relationship. While the items in the FGI-

Marital Conflict subscale ask the interviewee about the amount and severity of the marital conflict, they do not directly tap into the emotional reactivity of the couple and do not assess how the conflict may be binding the anxiety in the system. For example, questions on the FGI-MC subscale include, “How much /often do you and your partner-spouse have disagreement or conflict?” and “How often would you rate the conflict as getting out of hand?” These items are important in understanding the severity of the marital conflict in the relationship, but they are not assessing the underlying systemic dimensions such as emotional reactivity, ability of each partner to maintain an autonomous self in the relationship, or how the conflict may be serving to bind relationship anxiety. As a result, the subscale is a limited indicator of level of differentiation in the family system because the underlying systemic facets of the construct are not assessed. This limitation in the systemic focus of the FGI items extends to all of the subscales in their current form.

Also, the current study only analyzed the FGI quantitative questions even though the FGI contains both quantitative and qualitative, open ended questions. The decision was made to limit the analyses to only quantitative questions in order to more easily facilitate the initial investigation of the psychometric properties of the FGI. The acknowledged limitation of excluding the qualitative questions is that less is known about the reliability and validity of these portions of the interview. Also, the open-ended responses from the qualitative questions are likely to yield a more complete picture of how the emotional processes in the FGI are representative of the level of differentiation in the family system, as they may contain more rich detail.

Additionally, another important limitation to acknowledge in terms of the FGI items involves the complexity of developing a standardized genogram interview. One reason

genograms have widespread popularity in clinical practice is the amount of rich information that can be obtained. The current methods of genogram interviewing often have limited reliability and no empirical validation however. The challenge in developing a standardized genogram interview involves using a quantifiable, reliable format while still retaining the clinical richness inherent in the process of conducting a genogram interview. Developing the FGI required making decisions to limit the material sometimes found in genogram interviewing previously. While this issue may need to be revisited in future revisions of the FGI to improve the assessment of systemic components of each construct, it is believed that the potential long-term benefit of a standardized genogram interview will outweigh the loss of some of the richness in clinical application.

Another important limitation of the current study is that only one member of the family system was interviewed. Assessment based on only one family member's report limits the systemic assessment of family emotional processes because his or her report is likely less than objective, and based on his or her position in the systemic processes in the family. One family member's report is highly likely to be only a partial representation of the family system functioning.

The methodology used for the construct validity assessment of the FGI-Symptoms in a Spouse subscale is perhaps the most apparent example of this type of limitation. The construct validity of the FGI-SS subscale was assessed based on how FGI-SS scores correlated with the OQ-45 scores. Both sets of scores were derived from the data the participant provided rating both herself and her husband on this construct. The husband did not provide his own self-report information. The results on this subscale therefore reflect only the wife's perception of her husband's health and functioning. The rating from the wife for her husband likely reflects her

own bias, or may otherwise not be a completely accurate rating of the husband's symptoms. Unfortunately this is a limitation across all subscales analyzed from the FGI in the current study, as the participant was only one member of a larger (nuclear and extended) family system. Including more than one family member in future studies would be helpful in addressing this limitation.

Given the psychometric deficits in the FGI, along with the concerns about the systemic nature the FGI items, the FGI in its current form represents only an initial step toward achieving the goal of creating a standardized genogram interview to assess the nuclear family emotional processes thought to be representative of the level of differentiation in families. What is needed is revision of the FGI subscales to improve the reliability and validity of the interview, as well as to increase the number of items in each subscale, and extend the interviewee sample to include various members of the family system.

Limitations of the Current Sample. In order to maximize the information to be obtained about the Bowen theory constructs in the FGI, the inclusion criteria for the current sample was fairly restrictive to heterosexual, married mothers with at least one child between the ages of 4-10. While the homogeneity of the sample assisted the investigation of the constructs in the study, such as FGI-Marital Conflict and FGI-Focus on a Child, it also is a limitation to be addressed. Further, along with the pre-set inclusion criteria, the sample was also found to be homogenous on several other characteristics. In particular, the sample was almost all Caucasian and mostly well-educated with upper middle class financial status. This lack of variation in the sample is likely reflective of the FIRSt Families database where the participants were recruited from, as well as the overall demographics of the larger community in which the study took place. Because the FIRSt Families database was developed in a university setting, it has a

disproportionate number of highly educated, upper middle class families participating in research studies because many of the participants in the subject pool are employed at the university. The larger community where the university is located also has limited diversity in terms of race/ethnicity, education level, and socioeconomic status.

The homogeneity of the sample creates several important limitations for the results of this study. First, because the sample was not completely random or representative, the results cannot be generalized to the larger population such as racial and ethnic minority families, couples who do not consist of heterosexual or married partners, and those coming from lower socioeconomic statuses. Instead, the sample is best generalized to Caucasian, heterosexual, married women who are upper middle class and generally well educated, in the lifestyle cycle stage of “families with young children.” (Carter & McGoldrick, 1999)

As discussed previously, it is difficult to systemically assess a family using one family member’s report. Although the mothers in the current sample provided their self-report of the family’s functioning, they could not speak for other family members. Their report is situated in their own lens and perception of relationships and experiences in the family. This was one limitation that hindered the FGI systemic assessment capabilities.

The limitations of the FGI and methodological limitations of the current study mean the results of the study represent only the first step in developing a more comprehensive version of the FGI. Despite the limitations, it is hoped that future revision and research that follows up on the current findings, will lead to a better understanding of the emotional processes that contribute to individual and family health and functioning.

Future Directions

Refinement of the FGI. The overarching need for revision of the FGI involves addressing

the construct validity of the subscales, particularly as it relates to the assessment of emotional processes in families from a systemic perspective. This revision should address adding more items and increasing the detail within the items. Most importantly, the current version of the FGI also needs to add more items that are process-oriented in nature to assess the systemic components of each emotional process. For example, the FGI-SS currently has the interviewee rate his or her own health along with one's partner's health across physical, emotional, and social symptoms. The subscale does not assess the nature of how the symptoms developed in relationship to process issues occurring in the family system however. A sample question to assess symptoms in this way could be, "Please discuss your family relationships at the time the symptom began?" or "Please discuss how family relationships have changed over time in response to the symptoms you described?" Another example could be, "Please rate the amount of conflict in your relationships before and after the onset of the symptoms?" These types of questions more directly tap into the relationship process occurring around the symptom development, which may be a means of understanding symptom development as a systemic emotional process in families.

Another means of improving the systemic nature of the interview would be to incorporate more assessment of both the nuclear family as well as the family of origin. This could be accomplished by adding more items assessing both levels of the family system. Also, it will be important to ensure the FGI is designed in such a manner that multiple members of the family can be interviewed. Information from various members of the family will greatly enhance the systemic nature of the interview, since it is very difficult to systemically assess a family based on only one member's report.

It will also be important in future research to address the current limitations in only sampling one member of the family system. In future studies it will be important to include other members of the family system in order to be more comprehensive. In the current study, the findings were based on only one family member's report, leaving questions about subjectivity and bias.

It will be especially important to conduct a study to investigate the construct validity of the FGI-SS subscale using both partners' reports of their individual functioning. In the current study a major limitation involved using only the wife's report of her husband's functioning, which is highly likely to contain bias and is only a reflection of her estimate of his functioning, which may or may not be accurate. A future study could involve bringing both partners in and having each complete the FGI to obtain a more thorough picture of family functioning. It would also be useful to investigate how both partners' scores would correspond with the DSI in order to see the level of differentiation of self present when both partners are able to report for themselves.

In considering refinements and revision to the FGI, it will be especially important to make the necessary changes to the FGI-Focus on a Child subscale. Given its importance from a theoretical perspective, and given the low internal consistency in the current study, the FGI-FC should be a focus of attention in future revision. Along with the possible changes discussed previously, the FGI-FC would also likely benefit from rewording of items, a possible reconceptualization of the construct, and a more thorough arrangement of the types of items in the subscale. One way to change the items may consist of replacing the words "focus on" with "involved" to reduce the influence of social desirability in the subscale. Also, it may be useful to further divide the concept of focus on a child into several subcategories such as over-protection,

and quality of emotional relationship with child. Using these edits, a study could then be conducted to reanalyze the construct validity of the FGI-FC subscale after revision.

Further, in the current study the quantitative portions of the FGI were the focus of the analyses conducted. Participant responses to the qualitative portions of the interview will be important to research in order to develop a more complex understanding of the reliability and validity of the FGI. For example, one qualitative question in the FGI-MC subscale reads, “What typically happens in a conflict, who starts and ends it?” Or, “Describe the type of disagreements or difficulties you two have?” These types of questions are more process oriented and yield information about the manner in which the marital conflict may be playing out in the relationship. Transcribing and coding the qualitative portions of the interview will allow for a more comprehensive examination of the psychometric properties of the FGI. It is likely the qualitative portions of the interview will be critical in improving the systemic nature of the interview, as many process-oriented questions about the family relationships may be difficult to capture in a quantitative manner.

Once a thorough revision of the FGI is implemented based on the above recommendations, it will be important to first conduct pilot testing of the interview to examine the usefulness of the redesigned subscales and items. From there, a study similar to the current study would be useful in reexamining the psychometric properties of the improved interview. It is believed this type of revision of the FGI could improve the reliability and construct validity of subscales, particularly in terms of the FGI’s ability to assess the systemic nature of family emotional processes.

Diverse Sampling. Another important area of long-term future research with the FGI involves using more diverse samples. Using more heterogeneous samples would aid in the

further refinement of the psychometric properties of the FGI, once revisions were made to the interview. As discussed previously, the current sample was homogeneous on most demographic characteristics including race/ethnicity, education, income, marital status, and gender. The limited variation within the sample makes it difficult to make any generalizations to the larger population. More complete standardization of the FGI needs to include an investigation of whether or not the psychometric properties of the interview remain consistent with more diverse samples.

Using a more heterogeneous sample would also enhance long-term investigation of Bowen theory concepts using the FGI. One of the long-term goals in the development of the FGI was to create an interview that operationalized several key Bowen theory concepts to be used in research and clinical applications. To more fully understand the role of the FGI constructs in family functioning, research must consist of a range of participants including families with diverse racial/ethnic backgrounds, diverse family forms (i.e., divorced families, same-sex partnerships, single parent families etc.), and families representing varying socioeconomic backgrounds. The longer-term goal is to understand how the Bowen theory concepts represented in the FGI play out in diverse samples. This is especially important given that much of Bowen's original theory was developed from his clinical work with mostly Caucasian, heterosexual families.

Future Research Directions. Overall, with improvements made to the FGI, there are important questions about individual and family systems functioning that could be answered using the FGI that were not possible before. For example, could particular patterns of emotional processes found in a genogram be predictive of symptom development? Or, do the proposed theoretical relationships between the constructs in the FGI hold up to empirical testing?

Clinically, understanding possible indicators of level of differentiation in family systems, as measured by the FGI, could open doors to investigating how differentiation remains stable or could be modified through family therapy. These types of questions could be researched using the FGI with individuals and families in clinical and research settings. The FGI has the potential to expand the current understanding of health and functioning from a Bowen theory perspective.

Clinical Application

The current study has several implications for clinical application and practice. First, the FGI was designed to be a genogram interviewing protocol that can be used reliably from one interview to the next. In the current study, the FGI was shown to have good inter-interviewer reliability, which improves the standardization of how genogram interviews are conducted. For a clinician, the demonstrated inter-rater reliability of the FGI provides the opportunity to conduct genogram interviews across clients and expect formatting and questions to be the same. This offers the ability to compare clients' scores as a point of reference, confidence in the consistency of how the genogram interview is conducted, and provides the basis for a common language in genogram interviewing. These possibilities are in contrast to how genogram interviewing is currently conducted in clinical application, namely that there is no common language and no set standardization of questions to be asked, areas to assess, and very limited inter-interviewer reliability.

Second, clinicians may obtain useful information about marital conflict, emotional cutoff and symptoms in a spouse in a manner that they find more conducive to the clinical work. For example, the exploratory cluster analysis provided information about how participants may be grouped together based on their scores on the FGI subscales. The two groups highlighted the relationship between marital conflict in the nuclear family and emotional cutoff with one's

family of origin, with an inverse relationship being found. For clinicians this grouping of participants indicates for clinicians that marital conflict is related to emotional cutoff. It may be useful to further assess a client's marital relationship depending on the emotional cutoff present with one's family of origin. If a client is reporting higher level of marital conflict, he or she may be experiencing less emotional cutoff or the opposite where higher levels of emotional cutoff with family of origin may indicate less marital conflict in the nuclear family.

Another finding relevant to clinical application involves the relationship of emotional cutoff with one's family of origin and higher reported levels of a family history of distress, emotional reactivity, and ability to take an "I" position. Therefore, when a client presents with issues of cutoff and a history of distress with family of origin, it will likely be important to assess and address the client's level of emotional reactivity in family or other relationships. The client will also likely need to address his or her ability to remain emotionally calm and maintain an "I" position while interacting with others. While the findings from the current study have limitations, they offer insight into how how clinicians may assess and intervene with clients.

Further, a unique aspect of the FGI, different from already established measures of similar constructs, is the possibility that with revision the FGI may have the ability to assess the various dimensions and interrelationships among systemic emotional processes in a concise manner. While the current study did not provide evidence that the FGI subscales adequately assess emotional processes in families, it is hoped that with future revision the construct validity of the subscales can be improved. At that time the FGI may be able to offer, in a genogram interview, a full picture of a family functioning. This will be important as individual measures of similar constructs do not assess the family system functioning in the same manner.

Conclusion

The Family Genogram Interview (FGI) was developed for the purpose of creating a standardized genogram that operationalizes four nuclear family emotional processes (i.e., marital conflict, emotional cutoff, symptoms in a spouse, and focus on a child) which characterize level of differentiation of self in families according to Bowen theory (Kerr & Bowen, 1988). While the FGI was shown to have good inter-interviewer reliability, there are concerns about the FGI-FC subscale internal reliability. Also, there are questions that remain with the construct validity of the FGI subscales; most notably whether the subscales adequately represent the systemic focus they were designed to measure. As such, it is premature to conclude that the FGI subscales can serve as indicators of family emotional process.

It is hoped the current study serves as an initial step toward developing a standardized genogram interview designed to assess emotional processes in families. Until now, despite the recognition of the importance of systemic assessment among family clinicians, there was less empirical knowledge about systemic assessment from a Bowen theory lens. The FGI represents a first step toward filling the need for an empirically demonstrated, reliable and valid means of assessing family functioning, both the nuclear and multigenerational families. Future revision and use of the FGI could be valuable in clinical and research settings toward developing more complex understanding of the role of family in health and functioning.

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Appendix A

The Family Genogram Interview

- **Introduce yourself**

“My name is _____, thank you for agreeing to participate in this interview today.”

- **Give the purpose of the interview:**

“ The Family Genogram Interview is a one hour interview to draw a picture of your family that resembles a family tree. During the interview you will be asked questions about your family and family relationships. The purpose is to better understand family relationship patterns.”

- **Proceed to diagram a three generation diagram:**

“ Please tell me more about the people in your family”

1. First diagram the members of the family within three generations (children, parents, grandparents), using the standard genogram symbols:

square = male

circle = female

2. Second, diagram all of the information in the lists below. Include this information on the genogram being drawn for every person listed.

| |
|--|
| Current Family (partner, children) |
| <ul style="list-style-type: none"> - names - ages - when marriage occurred - when divorce occurred if applicable - birth dates of the children - when any remarriages occurred - who lives in the home - ethnicity |
| Family of Origin (parents, siblings) |
| <ul style="list-style-type: none"> - names - ages - when parental marriage occurred - when parental divorce occurred if applicable - birth dates of family of origin (parents, siblings) - when any remarriages occurred -ethnicities |

3. Third, ask the following questions to get information and dates of nodal events:

| |
|---|
| <p>Current Family (partner, children)</p> <p>1. Have there been other changes in the family circumstances that have been significant? Such as: Job loss Changes in Jobs Geographical moves Miscarriages Accidents Financial Status changes</p> <p>When did these events occur?</p> <p>2. Have there been any deaths in the immediate family (partner, children)? When?</p> <p>3. How have your relationships with your immediate family members changed over time?</p> |
| <p>Family of Origin (parents, siblings)</p> <p>1. Have there been other changes in the family circumstances that have been significant? Such as: Job loss Changes in Jobs Geographical moves Miscarriages Accidents Financial Status changes</p> <p>When did these events occur?</p> <p>2. Have there been any deaths in the family (your parents and your siblings)? When?</p> <p>3. How have your relationships with these family members changed over time?</p> |

Nuclear Family Information:

- Now begin asking the following questions about the nuclear family (partner, children).

“The following section focuses on health, children, marriage and closeness/distance in your own family. Later we’ll focus on these same topics for your extended family including your parents and siblings.”

1. Begin by asking the following questions about Health Information (Symptoms) in the family.

Health Information (Symptoms)

| Current Family (partner, children) | | | | |
|---|------|---------|------|-----------|
| 1. How would you rate your physical health? | | | | |
| poor | fair | neutral | good | excellent |
| 1 | 2 | 3 | 4 | 5 |
| 2. How would you rate your partner-spouse’s physical health? | | | | |
| poor | fair | neutral | good | excellent |
| 1 | 2 | 3 | 4 | 5 |
| 3. Have there been any physical health problems in the nuclear family, past or present? | | | | |
| Yes No | | | | |
| -If so: | | | | |
| What type of health problems? (Document on genogram.) | | | | |
| When the problem started and ended, the duration? (Document on genogram.) | | | | |
| 4. How would you rate your emotional health? | | | | |
| poor | fair | neutral | good | excellent |
| 1 | 2 | 3 | 4 | 5 |
| 5. How would you rate your partner-spouse’s emotional health? | | | | |
| poor | fair | neutral | good | excellent |
| 1 | 2 | 3 | 4 | 5 |

6. Have there been any emotional or mental health difficulties in the nuclear family such as depression or anxiety, past or present? **Yes** _____ **No** _____

-If so:

What type of emotional or mental health problems? (Document on genogram.)

When the problem started and ended, the duration? (Document on genogram.)

7. How would you rate your functioning in other ways (socially, in the community, employment etc.)?

poor fair neutral good excellent

1 2 3 4 5

8. How would you rate your partner-spouse's functioning in other ways (socially, in the community, employment etc.)?

poor fair neutral good excellent

1 2 3 4 5

9. Have there been any social difficulties in the nuclear family such as alcohol, drugs, legal problems, etc. in the past or present?

Yes _____ **No** _____

-If so:

What type of problems? (Document on genogram.)

When the problem started and ended, the duration? (Document on genogram.)

10. How often have health concerns put a strain on your marriage-relationship?

rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

11. How often have health concerns impacted your daily activities and functioning?

rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

12. How often have health concerns impacted your partner-spouse's daily activities and functioning?

rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

Add up the total number of symptoms listed above:

Participant

Partner-Spouse

2. Now ask the following questions about the children in the nuclear family.

Questions about the children in the family

Current Family (partner, children)

1. Tell me more about your children, what are they like?

2. Tell me about the challenges you have faced raising your children?

3. How does your child do in school or daycare?

4. How does your child do with peers?

5. How does your child do with other siblings?

6. Who spends more time with the children?

7. Which of your children worries you the most? Why?

8. Which of your children worries your spouse the most? Why?

9. Which are you least worried about? Why?

10. Which parent is closer to each child?

11. How much would you say your relationship with your children affects your marriage?
 Not at all occasionally somewhat often frequently a great deal

1 2 3 4 5

12. How often do you have conflict about doing the fair share of the work in raising the children?
 rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

13. How often do you feel your partner-spouse is too focused on your children?
 rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

14. Does your partner-spouse ever state/complain you are too focused on your children?
 rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

15. When you and your spouse have conversations, how often is the discussion about the children?
 rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

16. How often do you and your spouse have disagreements about the children?
 rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

17. How often do people ever tell you that you are an overprotective parent?
 rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

18. How often do people ever tell your spouse that they are an overprotective parent?
 rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

19. How has your relationship changed since you had children?

3. Now ask the following questions about the marital relationship.

Marital Relationship (marital conflict)

Current Family (partner, children)

1. Tell me more about your family with your partner and children, do you feel your family is a close family?

2. Tell me more about your relationship with your partner-spouse? What's your relationship typically like?

3. How much /often do you and your partner-spouse have disagreement or conflict?

rarely occasionally somewhat often frequently very frequently

1

2

3

4

5

4. Describe the type of disagreements or difficulties you two have.

Based on the descriptions below, please rate the type of disagreements you have:

1

2

3

4

5

| Short Term | Mild | Moderate | Somewhat Difficult | Long Term |
|---|---|---|--|--|
| Short Term disagreement that is easily resolved | Somewhat short term disagreement that typically gets resolved | Some disagreement that is short term, some that is long term. Sometimes gets resolved, sometimes does not | More long term problems that are more difficult to resolve | Long standing problems that never get resolved |

5. What typically happens in a conflict? (who starts it, who ends it etc.)

Please describe:

Based on the descriptions below, please rate your typical marital conflict:

1 2 3 4 5

| Mild Problems | Moderate | Somewhat Heated | Angry | Major Problems |
|---|---|---|--|--|
| There is mild frustration, Feels under control, Very little raised voices | There is moderate frustration, Feels mostly under control, Occasional raised voices | There is some anger, Feels only somewhat in control, Mostly raised voices | The conflict is angry, Feels somewhat out of control, Some yelling or shouting | The conflict is very angry, Feels out of control, There is a lot of yelling and shouting |

6. How often do you feel the conflict gets resolved in a way that is mutually satisfying?

1 2 3 4 5

| Always | Mostly | Sometimes | Rarely | Never |
|---|---|--|---|--|
| The conflict is almost always resolved in a mutually satisfying way | The conflict is typically resolved in a mutually satisfying way | The conflict is at times resolved in a mutually satisfying way, and at times it is not | The conflict is often difficult to resolve in a mutually satisfying way | The conflict is almost never resolved in a mutually satisfying way |

7. When you do have conflict, how bad does it get?

Not bad at all mild medium somewhat bad very bad

1 2 3 4 5

8. How often would rate the conflict as getting out of hand?

rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

9. When you think about the amount of disagreements you and your partner have currently, how long would you say the relationship has been that way?

(a count in years)

4. Now ask the following questions about emotional distance or cutoff in the marital relationship.

Emotional Distance (cutoff) in the Marital Relationship

Current Family (partner, children)

“Tell me more about some of the other experiences you have had in your partner-spouse relationship, because we’re interested in how couples manage their relationship, including their closeness and independence, how they manage stressful events, and how they experience fights or disagreements.”

1. How often do you feel you avoid talking about problems you and your partner-spouse are having?

| | | | | |
|--------|--------------|----------------|------------|-----------------|
| rarely | occasionally | somewhat often | frequently | very frequently |
|--------|--------------|----------------|------------|-----------------|

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

2. How often do you feel like not talking about your feelings and thoughts with your partner-spouse?

| | | | | |
|--------|--------------|----------------|------------|-----------------|
| rarely | occasionally | somewhat often | frequently | very frequently |
|--------|--------------|----------------|------------|-----------------|

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

3. How often do you feel like you want to be alone, away from your partner-spouse?

| | | | | |
|--------|--------------|----------------|------------|-----------------|
| rarely | occasionally | somewhat often | frequently | very frequently |
|--------|--------------|----------------|------------|-----------------|

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

4. How often do one or both of you withdraw from each other in the relationship?

| | | | | |
|--------|--------------|----------------|------------|-----------------|
| rarely | occasionally | somewhat often | frequently | very frequently |
|--------|--------------|----------------|------------|-----------------|

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

5. How often do you feel there is emotional distance in your relationship?

| | | | | |
|--------|--------------|----------------|------------|-----------------|
| rarely | occasionally | somewhat often | frequently | very frequently |
|--------|--------------|----------------|------------|-----------------|

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

6. If 3 or above in Question 5: How long has the relationship been like that?

| | | | | |
|-----------------|------------------|-----------|------------|-----------|
| Less than 3 mos | less than 1 year | 1-5 years | 5-10 years | 10+ years |
|-----------------|------------------|-----------|------------|-----------|

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

Family of Origin Information:

- Now begin asking the following questions about the family of origin (parents, siblings)

“The following section focuses on health, children, marriage and closeness/distance in your extended family including your parents and siblings.”

1. Start by asking the following questions about health and symptoms in the family of origin.

Follow the list in order, beginning with parents and then siblings.

Health Information

| | | | | |
|--|------|---------|------|-----------|
| Family of Origin (family you came from) | | | | |
| Health Information among your parents: | | | | |
| 1. Have there been any physical health problems with your mother, past or present? Yes _____ No _____ | | | | |
| -If so: | | | | |
| What type of health problems? | | | | |
| When the problem started and ended, the duration? | | | | |
| 2. How would you rate your mother's physical health generally over the years? | | | | |
| poor | fair | neutral | good | excellent |
| 1 | 2 | 3 | 4 | 5 |
| 3. Have there been any physical health problems with your father, past or present? Yes _____ No _____ | | | | |
| -If so: | | | | |
| What type of health problems? | | | | |
| When the problem started and ended, the duration? | | | | |
| 4. How would you rate your father's physical health generally over the years? | | | | |
| poor | fair | neutral | good | excellent |
| 1 | 2 | 3 | 4 | 5 |
| 5. Have there been any emotional health problems with your mother such as depression or anxiety in the past or present? Yes _____ No _____ | | | | |
| -If so: | | | | |
| What type of health problems? | | | | |

When the problem started and ended, the duration?

6. How would you rate your mother's emotional health generally over the years?

| | | | | |
|------|------|---------|------|-----------|
| poor | fair | neutral | good | excellent |
|------|------|---------|------|-----------|

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

7. Have there been any emotional health problems with your father such as depression or anxiety in the past or present?

Yes _____ No _____

-If so:

What type of health problems? (Document on genogram.)

When the problem started and ended, the duration? (Document on genogram.)

8. How would you rate your father's emotional health generally over the years?

| | | | | |
|------|------|---------|------|-----------|
| poor | fair | neutral | good | excellent |
|------|------|---------|------|-----------|

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

9. Have there been any other types of difficulties with your mother such as alcohol, drugs, legal problems, etc. in the past or present?

Yes _____ No _____

-If so:

What type of health problems? (Document on genogram.)

When the problem started and ended, the duration? (Document on genogram.)

10. How would you rate your mother's functioning in other ways (socially, in the community, employment etc.) over the years?

| | | | | |
|------|------|---------|------|-----------|
| poor | fair | neutral | good | excellent |
|------|------|---------|------|-----------|

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

11. Have there been any other types of difficulties with your father such as alcohol, drugs, legal problems, etc. in the past or present?

Yes _____ No _____

12. How would you rate your father's functioning in other ways (socially, in the community, employment etc.) over the years?

| | | | | |
|------|------|---------|------|-----------|
| poor | fair | neutral | good | excellent |
|------|------|---------|------|-----------|

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

13. How often have your mother's health concerns impacted your mother's daily living and functioning?

| | | | | |
|--------|--------------|----------------|------------|-----------------|
| rarely | occasionally | somewhat often | frequently | very frequently |
|--------|--------------|----------------|------------|-----------------|

1 2 3 4 5

14. How often have your father's health concerns impacted your father's daily living and functioning?

rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

Add up the total number of symptoms listed above for the mother and father of the participant:

Mother

Father

Health Information among your siblings:

15. Have there been any physical health problems, past or present? **Yes**_____ **No**_____

-If so:

What type of health problems? (Document on genogram.)

When the problem started and ended, the duration? (Document on genogram.)

16. Any emotional or mental health difficulties such as depression or anxiety, past or present?

Yes_____ **No**_____

-If so:

What type of health problems? (Document on genogram.)

When the problem started and ended, the duration? (Document on genogram.)

17. Any difficulties in other ways such as alcohol, drugs, legal problems, etc.? **Yes**_____ **No**_____

-If so:

What type of problems? (Document on genogram.)

When the problem started and ended, the duration? (Document on genogram.)

18. How have all of these health concerns\situations we just discussed impacted relationships in the family?

2. Now ask the following questions about conflict in the family of origin. Ask the following list in order, beginning with the relationship with the mother, then father, and then siblings.

Conflict in the family of origin

Family of Origin (parents, siblings)

1. In the family came from, do you feel your family is a close family?

2. How would you say people get along in your family?

3. Are there people who don't get along or have conflict?

4. Are there people you have conflict with?

5. Who do you have the most/least conflict with in your family?

Specifically, what's your relationship like with your:

mother?

1. How long would you say the relationship has been like that?

2. What do other family members say and think about this relationship?

3. If there is conflict, what impact does it have on other family members?

4. What is the typical pattern in the family when there is conflict in this relationship?

5. When there is conflict in this relationship, how bad does it get?

Specifically, what's your relationship like with your:
father?

1. How long would you say the relationship has been like that?

2. What do other family members say and think about this relationship?

3. If there is conflict, what impact does it have on other family members?

4. What is the typical pattern in the family when there is conflict in this relationship?

5. When there is conflict in this relationship, how bad does it get?

Specifically, what's your relationship like with your:
brothers and sisters?

Based on the above information, please answer the following questions for the sibling you feel least close with:

1. How long would you say the relationship has been like that? _____
2. What do other family members say and think about this relationship?

3. If there is conflict what impact does it have on other family members?

4. What is the typical pattern in the family when there is conflict in this relationship?

5. When there is conflict in this relationship, how bad does it get?

3. Now ask the following questions about marital conflict in the family of origin.

Family of Origin Marital Conflict

Family of Origin (parents, siblings)

1. How often do you remember your parents having disagreements or arguments?

| | | | | |
|--------|--------------|----------------|------------|-----------------|
| rarely | occasionally | somewhat often | frequently | very frequently |
| 1 | 2 | 3 | 4 | 5 |
2. What typically happened in a conflict? (who started it, who ended it etc.)

3. What are some common topics they had disagreements about?

4. How did the conflict usually end or get resolved?

5. What do you remember doing during these times when they had conflict?

6. If both parents are still living, what is the situation between them like now?

7. Compared to when you were a child, how often do your parents argue/disagree?

| | | | | |
|--------|--------------|----------------|------------|-----------------|
| rarely | occasionally | somewhat often | frequently | very frequently |
|--------|--------------|----------------|------------|-----------------|

1

2

3

4

5

4. Now ask the following questions about emotional cutoff in the family of origin. Follow the list in order, beginning with mother, then father, and then siblings.

Emotional Distance (cutoff) in the family of origin

Family of Origin (parents, siblings)

1. In your family, who's closer to each other?

2. Who's more distant/outside of things...?

3. Among the nuclear and extended family listed in this genogram that are still living, who are the people that you are not close with?

The number not close with

The number possible

4. Among your nuclear and extended family listed in this genogram that are still living, how many have you had contact with in the last year?

The number contacted

The number possible

Specifically what is your relationship like with your **mother?**

1. How close would you say this relationship is?

| 1 | 2 | 3 | 4 | 5 |
|------------|------------------|--|-------|------------|
| No Contact | Not Close at All | Somewhat Close but sometimes lacking closeness | Close | Very Close |

2. Rate how often you feel satisfied with the amount of contact with your mother?

rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

3. Rate your sense or guess of how satisfied your mother is with the amount of contact with you?

rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

4. When there is contact, rate the quality of the contact with your mother?

poor fair neutral good excellent

1 2 3 4 5

5. What do other family members say and think about this relationship?

6. Do others in your family notice the distance/lack of closeness between you and your mother?

7. What impact does it have on you? How about other family members?

8. If completely cutoff, do other family members have contact with that person?

Specifically what is your relationship like with your:
father?

1. How close would you say this relationship is?

| 1 | 2 | 3 | 4 | 5 |
|------------|------------------|--|-------|------------|
| No Contact | Not Close at All | Somewhat Close but sometimes lacking closeness | Close | Very Close |

2. Rate how often you feel satisfied with the amount of contact with your father?

rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

3. Rate your sense or guess of how satisfied your father is with the amount of contact with you?

rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

4. When there is contact, rate the quality of the contact with your father?

poor fair neutral good excellent

1 2 3 4 5

5. What do other family members say and think about this relationship?

6. Who in your family notice the distance/lack of closeness between you and your father?

7. What impact does it have on you?

8. If completely cutoff, do other family members have contact with that person?

Specifically what is your relationship like with your:
siblings?

Choose the sibling you are least close with, and answer the following questions:

1. How close would you say this relationship is?

| 1 | 2 | 3 | 4 | 5 |
|------------|------------------|--|-------|------------|
| No Contact | Not Close at All | Somewhat Close but sometimes lacking closeness | Close | Very Close |

2. Rate how often you feel satisfied with the amount of contact with your sibling?

rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

3. Rate your sense or guess of how satisfied your sibling is with the amount of contact with you?

rarely occasionally somewhat often frequently very frequently

1 2 3 4 5

4. When there is contact, rate the quality of the contact with your sibling?

poor fair neutral good excellent

1 2 3 4 5

5. What do other family members say and think about this relationship?

6. Who in your family notice the distance between _____?

7. What impact does it have on you?

8. If completely cutoff, do other family members have contact with that person?

5. Now ask the following questions about the child relationships in the family of origin.

Child relationships in the family of origin:

Family of Origin (parents, siblings)

1. Which of the children (you and your siblings) worried your parents the most? Why?

2. Which of the children worried your parents the least? Why?

3. Which parent was closest to each child...

4. Which parent was more distant with each child?

4. Who spent more time with the children?

5. How would you say your parent's relationship was affected by their children?

Appendix B

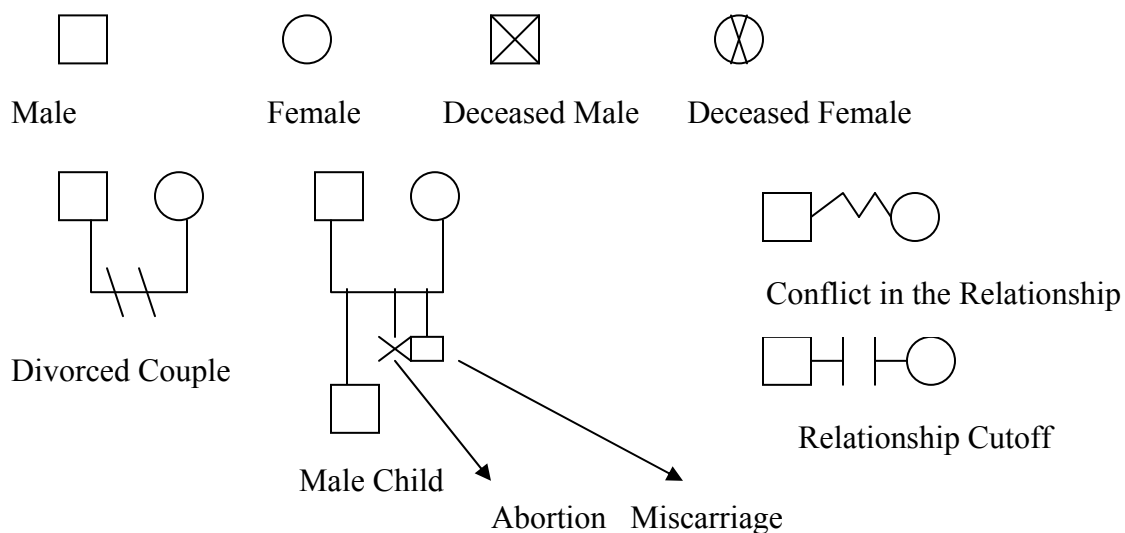
The Family Genogram Interview-Instructions

1. How to complete the genogram diagram (including symbols)

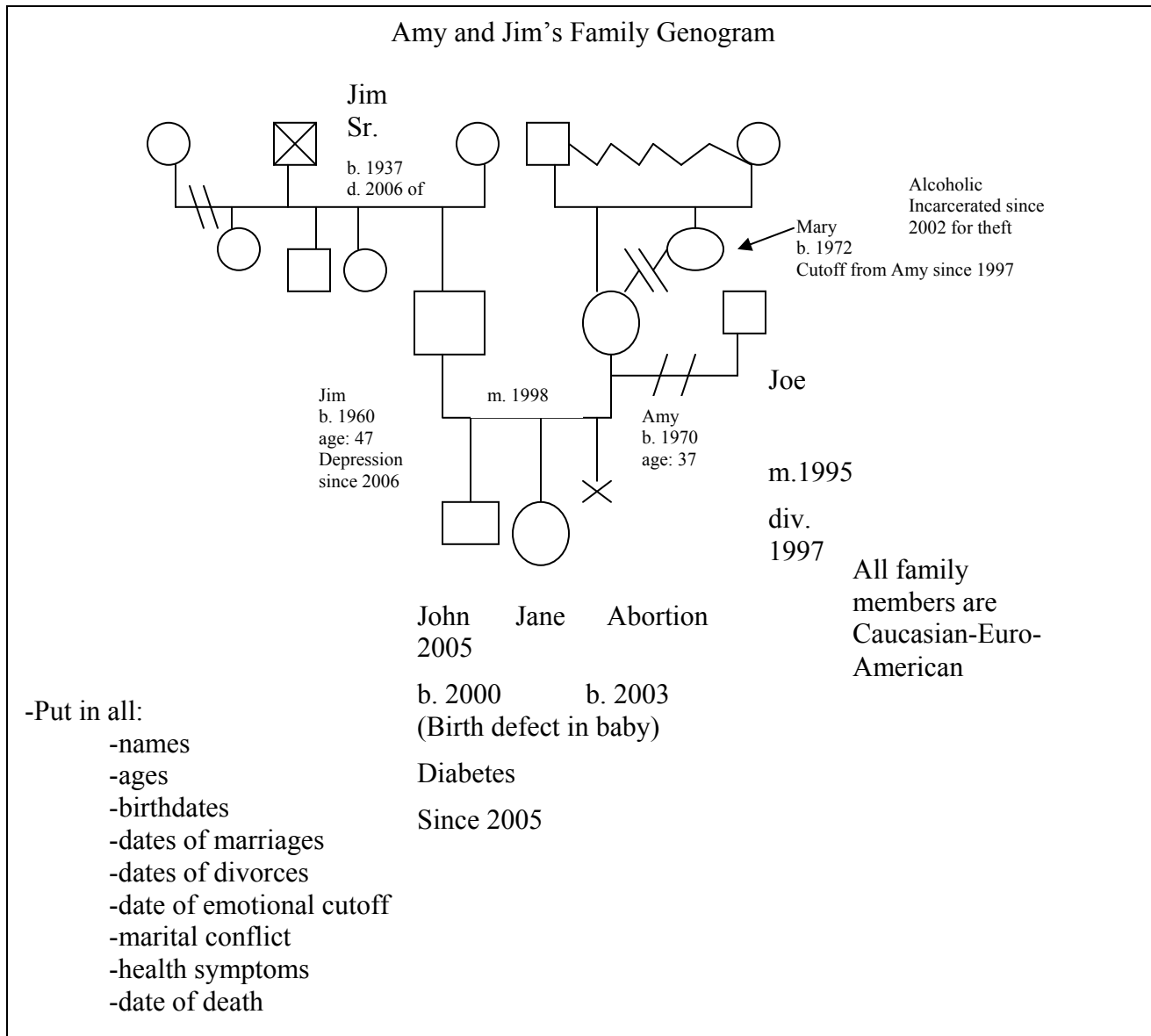
- The genogram needs to include 3 generations.
 - The mother, her children, her parents (nuclear family, family of origin)

Nuclear Family= Mother, husband, children

Family of Origin=Parents, siblings

Symbols to be Used:

SAMPLE GENOGRAM



2. Qualitative Questions in the FGI

Beginning on page 3 of the FGI, there are two types of questions: Qualitative and Quantitative

The qualitative questions are questions that are more subjective in nature and cannot be answered with a typical likert scale answer.

For example from page 5, question 2:

“Tell me about the challenges you have faced raising your children?”

You will notice a line below this question.

For all of the questions with a line provided, please jot down notes about the respondent’s answers. The qualitative questions in the interview are going to later be transcribed from the audiotapes, so it is not critical you capture the respondent’s every word, but instead make some note of their answer on the line.

3. Quantitative Questions in the FGI

For most of the quantitative questions you will have the respondent answer based on a likert scale.

For example from page 6, question 11:

“How much would you say your relationship with your children affects your marriage?”

| | | | | |
|------------|--------------|----------------|------------|--------------|
| Not at all | occasionally | somewhat often | frequently | a great deal |
| 1 | 2 | 3 | 4 | 5 |

Please circle the respondent’s answer.

Step by Step Instructions

Page 2:

Once you have the basic genogram from the information on page 1, then ask about important nodal events.

You will need to diagram these nodal events on the genogram. Include the type of event and the date it occurred.

Page 3:

Now begin asking about health concerns in the nuclear family (mother, husband, children).

On the genogram make note of the type of health problems described and the dates the problem started (and ended).

Circle the responses to the quantitative questions

Page 4:

Continue to ask about any health concerns and diagram them on the genogram.

Then once you have reached the bottom of page 4, please count up the total number of health symptoms documented for the participant and her spouse. Put the count on the lines provided.

For example, if the participant tells you that she has depression, a heart condition, and diabetes then her count would be 3 symptoms. She tells you that her husband has an alcohol problem but nothing else, so his count would be 1 symptom.

Page 5:

Now move to asking about the participant's children.

All of the questions on page 5 are qualitative, so make note of the respondent's answers on the lines provided.

It is important to note the respondent's answers to questions 7, 8, and 9.

7. *Which of your children worries you the most? Why?*

8. *Which of your children worries your spouse the most? Why?*

9. *Which are you least worried about? Why?*

If the parent has more than one child, the child identified in this line of questioning will be the child that the Parent Protection Scale (PPS) questionnaire should be completed on once the interview portion of the research session is done. The child that is most worried about (and therefore most focused on) is the child of interest for the PPS. If the husband is worried about a different child than the mother, go with the mother's identified child.

Page 6:

Continue asking about the children in the family. All but one question on page 6 are quantitative, so please circle the respondent's answers to the questions.

Page 7:

Now begin asking questions about the marital relationship between the respondent and her spouse/partner. There is a mix of qualitative and quantitative questions on this page.

If the answer to question 3 is above 3, please also diagram the marital conflict on the genogram using a jagged line between the two spouses.

Page 8:

Continue asking about marital conflict. There is a mix of qualitative and quantitative questions on this page as well.

Page 9:

Now begin asking about the emotional cutoff/distance in the marital relationship. The questions on this page are all quantitative, so please circle the respondent's answers.

Page 10:

Now you will be moving into asking about the participant's family of origin (her parents and siblings).

On this page, you will be asking about the participant's parents.

On the genogram make note of the type of health problems described and the dates the problem started (and ended).

Circle the responses to the quantitative questions.

If one or more of the parents are deceased, please have the respondent answer based on the parent's health generally over the years.

If the respondent has both stepparents and biological parents, have the respondent answer based on their biological parents. If the participant was adopted at a young age, use the adoptive parents' information.

Page 11:

Continue to ask about health symptoms in the parents.

On the genogram continue to make note of the type of health problems described and the dates the problem started (and ended).

Page 12:

After question 14, again count up the total number of health symptoms documented for the participant's mother and the participant's father. Put the count on the lines provided.

For example, if the participant tells you that her has depression, a heart condition, and diabetes then her count would be 3 symptoms. She tells you that her father has an alcohol problem but nothing else, so his count would be 1 symptom.

Then move to asking about health symptoms in her siblings. Include all siblings that spent the majority of the time in the same household as the respondent. This includes step and half sibs. Continue to diagram the health issues described in the genogram.

Page 13:

Now move to asking about general conflict in the family of origin. The questions on this page are all qualitative, so please note the responses on the lines provided.

If one or more of the parents are deceased, please have the respondent answer based on the relationships with each of the parents generally over the years.

If the respondent has both stepparents and biological parents, have the respondent answer based on their biological parents. If the participant was adopted at a young age, use the adoptive parents' information.

Page 14:

Continue to ask about conflict in the family of origin.

At the bottom of the page, the respondent will provide information about her relationship with her siblings. Include all siblings that spent the majority of the time in the same household as the respondent. This includes step and half siblings. Then have her continue answering questions about the sibling she feels the least close with. If the respondent is an only child, mark N/A and move to the next section.

Page 15:

Continue asking about conflict with the sibling she feels least close with.

Then move to asking about marital conflict in the family of origin.

Have the respondent answer based on her biological parents, even if they were not married or are divorced.

Page 16:

Continue asking about marital conflict in the family of origin.

Now move to asking about emotional cutoff in the family of origin.

Question 3: Among all of the family members listed on the genogram (nuclear and family of origin) have the participant count how many she is not close with. Then add up the total number of people possible.

For example if the participant states she is not close with her mother and 2 sisters, but close with everyone else (10 total people listed), then her count would be 3= not close with, 10=number of possible people.

Question 4 is the same, except ask how many people the participant has had contact with in the last year.

For example if the participant states she has talked with her mother, 2 sisters, spouse, and child in the last year, but no one else (10 total people listed), then her count would be 5= people contacted, 10= number of possible people.

Only count the number of people still living for this question.

Page 17:

Now move to asking about emotional cutoff with the participant's mother.

There is a mix of qualitative and quantitative questions on this page.

If one or more of the parents are deceased, please have the respondent answer based on the relationships with each of the parents generally over the years.

If the respondent has both stepparents and biological parents, have the respondent answer based on their biological parents.

Page 18:

Now move to asking about emotional cutoff with the participant's father.

There is a mix of qualitative and quantitative questions on this page.

If one or more of the parents are deceased, please have the respondent answer based on the relationships with each of the parents generally over the years.

If the respondent has both stepparents and biological parents, have the respondent answer based on their biological parents.

Page 19:

Now move to asking about emotional cutoff with the participant's sibling. This should be the same sibling identified earlier as the one the participant is least close with. If the respondent is an only child, move to the next page.

There is a mix of qualitative and quantitative questions on this page.

Page 20:

Now move to asking questions about the child relationships in the family of origin.

There is a mix of qualitative and quantitative questions on this page.

Then thank the participant for sharing with you the details of his or her family!

AGENDA

Saturday, February 24, 2007

10:00-11:00am

Introduction to the Project
Study Procedures

11:00-11:45am

Instructions for the Family Genogram Interview

11:45-12:00

Break and Eat

12:00-1:00pm

Roleplays- Round #1

1:00-2:00pm

Roleplays- Round #2

AGENDA
Sunday, February 25, 2007

1:30-1:45pm

Welcome and Instructions for Roleplays

1:45-3:00pm

Roleplays- Round #1

3:00-3:15pm

Break

Prepare for Next Roleplay

3:15-4:30pm

Roleplays- Round #2

4:30-5:00pm

Wrap-Up

Appendix D

IRB Approved- Informed Consent

INFORMED CONSENT FORM
FOR SOCIAL SCIENCE RESEARCH

The Pennsylvania State University

ORP USE ONLY: IRB#23543 Doc #1
 The Pennsylvania State University
 Office for Research Protections
 Approval Date: 01-19-2007 DWM
 Expiration Date: 07-04-2007 DWM
 Social Science Institutional Review Board

Project Title: *The Family Genogram Interview: The Reliability and Validity of a New Standardized Protocol*

Principal Investigator: Lisa F. Platt, M.Ed.
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 University Park, PA 16802
 (814) 404-7547, lfp109@psu.edu

Advisor: Elizabeth Skowron, Ph.D.
 327 CEDAR Bldg.
 University Park, PA 16802
 (814) 863-2416, eas14@psu.edu

Hello, and thank you for your interest in this research study!

The purpose of this study is to test the reliability and validity of the new Family Genogram Interview protocol. In addition, we are interested in better understanding how families function. Your assistance with this research is greatly appreciated. This research requires you to participate in one 2-hour research session. The session will include a 60-75 minute Family Genogram Interview with an interviewer that will be audio-taped and approximately 30-45 minutes to complete a packet of surveys. A genogram is similar to a family tree, where family information is diagramed to better understand family patterns of functioning. This research involves you answering questions about your family relationships during the interview and also allowing for the interview to be audio-taped. The surveys after the interview will involve you answering questions about your health, family relationships, and your child's functioning. This information will be useful in determining the reliability and validity of the Family Genogram Interview, and also having a better understanding of how families function. You will be paid \$40 for your participation in the study. There will be no prorating of the compensation for the study, so even if you decide to end your participation early you will be compensated the full \$40 for participation.

In addition, some participants will be asked to return to complete the Family Genogram Interview with a different interviewer approximately two weeks after the first research session. This second research session will take 60-75 minutes. Participants who take part in this second research session will be paid another \$20.

Your participation is completely voluntary and there will be no adverse consequences if you decline participation at any time. Your decision to be in this research is voluntary. You may stop your

participation at any time. In addition, you do not have to answer any questions you do not want to answer.

With the exception of general information that the FIRSt Families requests be sent to the database manager for updates (e.g., change of members' address, phone number or email, moved out of town, unable to contact, birth announcement, name and birthdates of siblings) **all of your responses to the interview questions will remain confidential.** In addition, the researchers will use a coding system to increase confidentiality. In the coding of the audiotape data all names will be removed. In addition, the written data collected from the interview and the audiotape recording, will be given a three-digit numerical privacy code as the identifier and will only be labeled with the privacy code information. The audiotapes created during the interview will be transcribed and analyzed by the researchers. Transcription and destruction of the original audiotape will occur no later than two years from the date of collection. The audio recorded tapes and subsequent coding information will be labeled using a 3 digit numerical code. These documents will be stored in a locked office. Only the researchers associated with this project will have access to them. In the event of any publication resulting from the study, no personally identifying information will be disclosed. The original tapes will be permanently destroyed by 2009 (2 years from data collection) and other written information will be permanently destroyed by 2012 (5 years). Also, please note that the investigators are obligated by ethical standards to report to the appropriate agencies any concerns for a child's well-being. In addition, the following may review and copy records related to this research: The Office of Human Research Protections in the U.S. Department of Health and Human Services, Penn State University's Social Science Institutional Review Board, and Penn State University's Office for Research Protections.

By participating in this study, you may experience some discomfort with the personal nature of some of the questions in the interview. You are free to choose not to respond to any questions. The benefits to you might include learning more about your family and yourself during the course of the interview. The benefits to society might include a standardized interview for therapists to assess and understand how families function. In the event that you find any part of the interview distressing either before, during, or after completing the interview, or if you have questions about your participation in this study, you may contact Lisa Platt at (814) 404-7547, lfp109@psu.edu or Dr. Skowron at (814) 863-2416, eas14@psu.edu. If you have questions about your rights as a research participant, or other questions that have not been answered, you may call Penn State's Office for Research Protections at (814) 865-1775.

May the research have permission to audio-tape the interview? Choose one of the following options and mark it with an X

_____ **Yes. The interview may be audio-recorded.**

_____ **No. I do not want the interview to be audio-recorded.**

You must be 18 years of age or older to consent to take part in this research study. If you agree to take part in this research study based on the information outlined above, please sign your name and indicate the date below.

You will be given a copy of this signed and dated consent form for your records.

Participant Signature

Date

The informed consenting procedure has been followed.

Person Obtaining Consent

Date

Appendix E

FIRSt Families Database Recruitment Letter

XXXX xx, 2007

(Individual project name and address)

Dear _____,

You or members of your family have been chosen as possible participants in a study that is being conducted by researchers at the Pennsylvania State University. Your family's name was obtained from Families Interested in Research Studies (FIRSt Families) database. As you may recall, your participation in FIRSt Families makes your name available to researchers at Penn State who are doing research with children and their families.

Our study is examining (one or two sentence description of your study). We are currently recruiting children who are ___ to ___ years old, and their mothers and/or fathers and/or brothers and sisters.

We would like to call you and give you more information about our research, including how much time will be required of you and your family members if you choose to participate, and the amount of compensation you will receive for participating. We will call you on (weekday), (month and day), at (time). If this time is not convenient for you, please feel free to call us at 814-86x-xxxx.

We thank you in advance for your time.

Appendix F

Demographic Questionnaire

1. Age _____
2. How many years have you been married to your current partner? _____
3. How many children are in the family? _____
4. What are their ages? _____

| | |
|---|--|
| 5. How would you describe your race/ethnicity? | 6. What is the highest educational degree you have earned? |
| _____ American Indian/Alaska | _____ \$60,000-69,000 |
| _____ Black American not His | _____ \$70,000-79,000 |
| _____ Asian American | _____ \$80,000-89,000 |
| _____ Hispanic or Puerto Rica | _____ \$90,000-99,999 |
| _____ White American not Pu | _____ \$100,000 + |
| _____ More than one race/eth | |
| _____ Other – Please list _____ | |
| 7. In which of these group did your total family income fall last year? | |
| _____ \$1000-9,999 | |
| _____ \$10,000-19,999 | |
| _____ \$20,000-29,999 | |
| _____ \$30,000-39,000 | |
| _____ \$40,000-49,000 | |
| _____ \$50,000-59,000 | |

Appendix G

FGI-Question List

Marital ConflictConceptual Definition

Marital conflict can be defined as conflict, tension, or relationship stress occurring specifically in the spousal system of the family. Marital conflict can range from short term with mild severity to chronic and severe. Marital conflict indicates difficulty in the systemic functioning of the family system because more severity and longer duration of the marital conflict, is evidence that the system is less able to manage and adapt to stress and anxiety in the relationship in order to resolve the conflict (Kerr & Bowen, 1988).

Operational Definition

- Measuring the (a) amount, (b) severity, and (c) chronicity of marital conflict in the family
- High scores indicate more marital conflict

Quantitative

6 questions

Scale

Spouse-nuclear family

Amount**1. How much /often do you and your partner-spouse have disagreement or conflict?**

1= Rarely- 5=Very frequently

Interval

Severity**2. How often do you feel the conflict gets resolved in a way that is mutually satisfying?**

1-5, Always-Never

Interval

| | | | | |
|---|---|--|--|--|
| 1= Always, The conflict is almost always resolved in a mutually satisfying way | 2= Mostly, The conflict is typically resolved in a mutually satisfying way | 3= Sometimes The conflict is at times resolved in a mutually satisfying way, and at times it is not | 4= Rarely The conflict is often difficult to resolve in a mutually satisfying way | 5= Never The conflict is almost never resolved in a mutually satisfying way |
|---|---|--|--|--|

3. How often would rate the conflict as getting out of hand?

1= Rarely- 5=Very frequently

Interval

Marital Conflict (cont.)

Quantitative

7 questions

Scale

4. When you do have conflict, how bad does it get?

1= Not Bad- 5=Very Bad

Interval

5. What typically happens in a conflict? (who starts it, who ends it etc.)

Interval

1-5, Mild Problems-Major Problems

| | | | | |
|---|---|--|---|---|
| 1=Mild Problems, There is mild frustration, Feels under control , Very little raised voices | 2= Moderate, There is moderate frustration, Feels mostly under control, Occasional raised voices | 3= Somewhat Heated There is some anger, Feels only somewhat in control, Mostly raised voices | 4= Angry The conflict is angry, Feels somewhat out of control, Some yelling or shouting | 5= Major Problems The conflict is very angry, Feels out of control, There is a lot of yelling and shouting |
|---|---|--|---|---|

6. Describe the type of disagreements or difficulties you two have.

1-5, Short Term-Long Term

Interval

| | | | | |
|--|---|--|---|--|
| 1=Short Term, Short Term disagreement that is easily resolved | 2= Moderate, Somewhat short term disagreement that typically gets resolved | 3= Middle Some disagreement that is short term, some that is long term Sometimes gets resolved, sometimes does not | 4= More long term problems that are more difficult to resolve | 5= Long Term Long standing problems that never get resolved |
|--|---|--|---|--|

Emotional Cutoff

Conceptual Definition

Emotional cutoff involves the process of emotionally withdrawing from another person. Cutoff can include limiting contact and/or emotionally disengaging from another person in the family system (Bowen, 1978).

Operational Definition

- Measuring the presence and severity of emotional cutoff in the family of origin
- Higher scores indicate more emotional cutoff

| | | |
|---------------------|--------------|--------------|
| <u>Quantitative</u> | 14 questions | <u>Scale</u> |
|---------------------|--------------|--------------|

- 1. Among your nuclear and extended family that are still living listed in this genogram, how many have you had contact with in the last year?**

The # contacted/the # possible

Ratio

- 2. In your family listed in this genogram, who are the people that you are not close with?**

The # of people listed/the # possible

Ratio

Emotional Cutoff (cont.)

Quantitative

Scale

1. Section 1- Mother

Severity

1. On a scale from 1-5 how close would you say this relationship is?

1-5, No Contact-Very Close

Interval

| | | | | |
|--------------|--------------------|--|----------|---------------|
| 1=No Contact | 2=Not Close at All | 3= Somewhat Close, but sometimes lacking closeness | 4= Close | 5= Very Close |
|--------------|--------------------|--|----------|---------------|

2. Rate how satisfied you are with the amount of contact with your mother?

1= Rarely- 5=Very frequently

Interval

3. Rate your sense or guess of how satisfied your mother is with the amount of contact with you?

1= Rarely- 5=Very frequently

Interval

4. When there is contact, rate the quality of contact with your mother?

1= Poor- 5=Excellent

Interval

2. Section 2- Father

Severity

1. On a scale from 1-5 how close would you say this relationship is?

Interval

1-5, No Contact-Very Close

| | | | | |
|--------------|--------------------|--|----------|---------------|
| 1=No Contact | 2=Not Close at All | 3= Somewhat Close, but sometimes lacking closeness | 4= Close | 5= Very Close |
|--------------|--------------------|--|----------|---------------|

2. Rate how satisfied you are with the amount of contact with your father?

Interval

1= Rarely- 5=Very frequently

1-5, Rarely-Very Freq.

Emotional Cutoff (cont.)

Quantitative

Scale

3. Rate your sense or guess of how satisfied your father is with the amount of contact with you?

1= Rarely- 5=Very frequently

Interval

4. When there is contact, rate the quality of contact with your father?

1= Poor- 5=Excellent

Interval

3. Section 3- Sibling (the sibling identified as the least close with)

Severity

1. On a scale from 1-5 how close would you say this relationship is?

Interval

1-5, No Contact-Very Close

| | | | | |
|--------------|--------------------|--|----------|---------------|
| 1=No Contact | 2=Not Close at All | 3= Somewhat Close, but sometimes lacking closeness | 4= Close | 5= Very Close |
|--------------|--------------------|--|----------|---------------|

2. Rate how satisfied you are with the amount of contact with your sibling?

1= Rarely- 5=Very frequently

Interval

3. Rate your sense or guess of how satisfied your sibling satisfied is with the amount of contact with you?

1= Rarely- 5=Very frequently

Interval

4. When there is contact, rate the quality of contact with your sibling?

1= Poor- 5=Excellent

Interval

Symptoms in a Spouse

Conceptual Definition

Symptoms can take the form of (a) physical problems (b) psychological and/or (c) social symptoms. Symptom development indicates a disturbance in the balance of the emotional system, both within an individual and with the family relationship system. Such a disturbance can trigger the development of symptoms (Kerr & Bowen, 1988). If that system is unbalanced to the point a person feels emotionally isolated or chronically anxious, he or she is vulnerable to dysfunction and the formation of symptoms. Acute symptoms are thought to be associated with short term disturbances to the balance of the system, whereas chronic symptoms are considered linked with long term disturbances (Kerr & Bowen, 1988). Symptom development and maintenance often occurs in the presence of over and under functioning of spouses.

Operational Definition

Two scores generated:

- Difference score (wife-husband)
-High difference scores indicate more of the process of over-under functioning
- Absolute score ("Sickest" spouse's score)
-High absolute score indicates more symptoms in a spouse

| Quantitative | 11 questions | Scale |
|--------------|--------------|-------|
|--------------|--------------|-------|

1. Section 1- Difference and Absolute Score for Marital Relationship (Nuclear Family)

2 Final Scores

1. Have there been any physical health problems in the family (nuclear family) in the past or present?

Yes/No

Categorical

2. How would you rate your physical health?

1= Poor- 5=Excellent

Interval

3. How would your partner-spouse rate his/her physical health?

1= Poor- 5=Excellent

Interval

Symptoms in a Spouse (cont.)

Quantitative

Scale

4. Have there been any emotional health problems in the family (nuclear family) such as depression or anxiety in the past or present?

Categorical

Yes/No

5. How would you rate your emotional health?

Interval

1= Poor- 5=Excellent

6. How would you partner-spouse rate his/her emotional health?

Interval

1= Poor- 5=Excellent

7. Have there been any other types of difficulties in the family (nuclear family) such as alcohol, abuse, employment problems etc in the past or present?

Categorical

Yes/No

8. How would you rate your functioning in other ways (socially, in the community, employment etc.)

Interval

1= Poor- 5=Excellent

9. How would your partner-spouse rate his/her functioning in other ways, (socially, in the community, employment etc.)?

Interval

1= Poor- 5=Excellent

10. How often have health concerns impacted your daily living and functioning?

Interval

1= Rarely- 5=Very frequently

11. How often have health concerns impacted your partner-spouse's daily living and functioning?

Interval

1= Rarely- 5=Very frequently

Focus on a Child

Conceptual Definition

Focusing on a child is a process in which the family system shifts the attention onto a child in order to help manage the anxiety in the adult system of the family. This concentration can include overprotective behaviors, parental emotional dependence on the parent-child relationship, and an inability by the parent to foster the child's independence.

Operational Definition

- To measure the amount of focus on a child in the family
- Higher scores indicate more focus on a child

Quantitative

6 questions

Scale

Spouse-nuclear family

1. Do you feel your partner-spouse is too focused on your children?

Interval

1= Rarely- 5=Very frequently

2. Does your partner-spouse ever complain you are too focused on your children?

Interval

1= Rarely- 5=Very frequently

3. When you and your spouse have conversations, how often is the discussion about the children?

Interval

1= Rarely- 5=Very frequently

4. How often do you and your spouse have disagreements about the children?

Interval

1= Rarely- 5=Very frequently

5. How often do people ever tell you that you are an overprotective parent?

Interval

1= Rarely- 5=Very frequently

6. How often do people ever tell your spouse that he is an overprotective parent?

Interval

1= Rarely- 5=Very frequently

Lisa F. Platt

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Huntingdon, PA 16652

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EDUCATION

| | | |
|---------|--|-------|
| 12/2008 | Counseling Psychology The Pennsylvania State University Dissertation Title: <i>The Family Genogram Interview: Reliability and Validity of a New Interview Protocol</i> | Ph.D. |
| 6/2002 | Marriage and Family Therapy The University of Oregon (AAMFT Accredited) | M.Ed. |
| 6/2000 | Psychology The University of Wyoming (with honors) | B.A. |

PUBLICATIONS

Bramesfeld, A., Platt, L. F. & Schwartz, F. (2006). Possibilities for intervention in adolescents' and young adults' depression from a public health perspective. *Health Policy*, 79(2-3), 121-131.

Skowron, E. A. & Platt, L. F. (2005). Differentiation of self and child abuse potential in young adulthood. *The Family Journal*, 13(3), 281-290.

EMPLOYMENT

| | |
|-----------|---|
| 2008-2009 | Visiting Assistant Professor , Juniata College, Huntingdon PA Faculty member in an undergraduate psychology department. Taught courses including Psychology of Gender, Foundations of Clinical and Counseling Psychology, Multicultural Psychology, Introduction to Psychology |
| 2007-2008 | Pre-Doctoral Psychology Intern , University of Utah Counseling Center APA Accredited Internship Provided a full range of clinical services in a university counseling setting including individual, group, and couples psychotherapy, crisis intervention, providing clinical supervision, and taught two undergraduate level courses. |

GRANTS AWARDED

2005 Randy Gerson Memorial Grant, American Psychological Foundation

PROFESSIONAL MEMBERSHIPS

American Psychological Association
Member of Division 17, Counseling Psychology
Section for the Advancement of Women (SAW)
Member of Division 43, Family Psychology