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Relationship between self-differentiation in Bowen’s family therapy and psychological health

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Abstract

Family is a multi-dimensional structure that has particular intricacies in its internal relationships which should be taken into account in the family studies. Differentiation is one of these intricacies that Bowen has established his Family Therapy Theory upon it. This study is aimed to consider the relationship between self-differentiation and psychological health. This study is a correlation study and the statistical population includes the clients of counseling centers of Tabriz city. To collect data, we used Differentiation of Self Inventory-2 (DSI-2) and General Health Questionnaire (GHQ) as instruments. Step by step Multiple Regression was used to analyze data. The findings indicates that there is a significantly positive relationship between self-differentiation and psychological health (P<0/001). Regarding to the findings, it could be concluded that those who apply appropriate Self-differentiation in their lives, they would have less psychological vulnerability comparing to the ones who lack Self-differentiation.

Keywords: Self-differentiation- Bowen’s family therapy- mental health

1. Introduction

A family with healthy function, other than its permanence within a system, lead to actualization of potential capability of each of the member, that is, allows them to engage in investigating and self-realizing with confidence and assurance (Goldenberg & Goldenberg, translated by Hosein Shahi et al, 2010). Self-differentiation or self-analysis is the most important concept of systematic theory of M. Bowen. Guerian, defines differentiation as a relatively releasing process of family emotional chaos. Releasing implies analyzing the self-role as active participant in relationships systems instead of blaming others in return for himself (Nichols and Schwartz, 2008, translated by Dehgani et al., 2008). Within inter individual level, non-differentiation or assimilation happens when individuals don’t distinguish between their emotions and thoughts, in return they overflow with emotions. In interpersonal level, the non-differentiated person tends to attract others’ emotions completely or go along with environment emotional atmosphere or vice versa, reaction against others’ (Gelso and Fretz, 2008). Differentiated persons have a certain definition of themselves, they could select the orientation of their life and not lose their control, make decisions regarding to logic and wisdom in greatly emotional situations which make most of the people do involuntary

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behaviors and take inappropriate decisions. Opposite to, non-differentiated persons who have no independent individual identity, in existing intra-personal tensions and problems, go through the emotional atmosphere ruling on the around environment, as a result, they experience chronically high anxiety and are prone to psychological problems and appearing diseases symptoms (Bowen, 1987). Differentiated people able to behave and decide on the basis of their though or emotions in various situations. While for non-differentiated persons independently decision making is hard, they inclined to go through emotional patterns ruling on family. It is important to note that distinguishing between rational and emotional is not great inclination to concreteness and stopping emotional declares, it is intended that persons should not affected by emotions which don’t perceive. The purpose of differentiation is being equilibrium between cognition and emotions (Corey, 2001). Bowen believes that a kind of “life power” having an instinctual root, converts a growing child into a person having distinct emotions who could engage in thought, emotion or action in a human society. In fact, this is a power that impels persons towards “differentiation”. Another power having instinctual root too, impels child and his family to maintain emotional bonds or “being together”, synchronically. As a result of these equilibrium powers, no one reach emotional separation, completely; however there are remarkable differences in respect of the extent of differentiation everyone gain. As well as, in the light of emotional independence that children belonging to a family gain, there are some discrepancies among them (Goldenberg & Goldenberg, translated by Hosein Shahi et al, 2010). Within preoccupied and having challenge family, between differentiation and inclination to being together appears anxiety. If being together overcome, the family impels toward emotional function and individual self-authorization decreases. Because of decrease of self-authorization, the anxiety of person chronically increases. Bowen knows chronic anxiety as the main root of all the pathologies, he believes in the fact that most of the people accommodate themselves by acute anxiety within a short period of time; however, chronic anxiety in a long run leads to appearing disease symptom (Carlson et al., translated by Navabinejad, 2001). Some researches on differentiation and its relation to psychological health have done. In considering the relation between differentiation, anxiety and psychological signs, researchers concluded that differentiation is inversely related to depression (Murdock and Gore, 2004). The findings of the Barbel and Horring (1999) denote that differentiation of the self is positively related to spirituality, psychological and physical health in healthy identity growing. The research on 609 adults having low emotional reaction less emotional dispatch and less assimilation to others and are able to express their personal positions indicate that they have less chronic anxiety, high psychological compatibility and more material satisfaction (Peleg et al., 2006). As well as in Nichols and Schwartz (2001), persons with high self-differentiation have low avoidance and distrust, in Haber (1994) persons with high self-differentiation have less dysfunction, anxiety and depression. As mentioned, the purpose of the current study is to answer to this question whether there is a significant relation between self-differentiation and psychological heath or not?

**Methodology**

This research is of descriptive-analytical type.

**Sampling**

The statistical population of the current study includes the clients of counseling centers all over Tabriz. After that the number of the population was determined that were 834 married clients of Tabriz counseling centers between May 2011 to September 2011 time distance, sampling was done. 380 persons out of the total number of 1668 males and females, including 834 couples were selected by simple accidental sampling (therefore the sample includes men and women not couple). The research-related questionnaires are given for each of the persons, 297 questionnaires are given back to the researchers and collected data were analyzed.

**Instrument**

- Differentiation of self-Inventory (DSI) including 46 items, which is scored by likert-scaled measure with the range of 1-6. Point 6 is for completely correct and point 1 for completely incorrect. It has four subscales including emotional reaction with 11 items, personal position with 11 items, emotional cut with 12 items and emotional assimilation of others with 12 items (Beal, 1996). Scorn and Friedner has reported its cronbach’s alpha 0.88 (Eskiyian, 2006). In Popko (2004) cronbach’s alpha was 0.84, for emotional reaction, personal position and emotional cut subscales were 0.8 and for the fourth subscale that is assimilation to others was 0.74. Yunesi (2006) has reported its content reliability through internal consistency method 0.83 and its validity through the test-retest method 0.81.
General health questionnaire (GHQ) consists of 28 items including four subscales that are physical signs, anxiety, sleep disorder, social function and depression signs. This questionnaire has 4-option items “never, usually, more than usual, and much more than usual”. Palahang et al. (1996) had considered its validity; its reliability by test-retest was gained 0.91. Yaghubi et al. (2003) had reported its reliability through test-retest 188, Taghavi (2001) had reported its cronbach’s alpha 0.90.

Results and discussion

Correlational matrix of differentiation and its subscales with general health and its subscales show that there is a significant correlation between differentiation and general health (P<0.05, r=0.64). According to the results multiple regression in the final step was gained 0.342. In the last step F was significant in 0.0001 level (F=10.139), it denotes significance of the gained R. The results show that approximately 12 percent of variance of general health is predicted by total score of differentiation. Regarding to the results of regression unstandardized equation, it is said that: General health=75.381 +differentiation (0.815).

Regarding to the findings, the results of this study show a negative and significant relationship between self-differentiation and 3 subscales of psychological health that are physical signs, anxiety, depression signs, anxiety, depression signs and a positive and significant relationship between social function and self-differentiation, this is congruent with Murdock and Gore (2004), Bartel and Horring (1999), Nichols and Schwarts (2001), Haber (1994) and Eskiyan (2006). According to the statistical analysis of this study self-differentiation mostly affects anxiety the most important constituent among the constituents of psychological health, it is mostly suitable with the findings of Popko (2005), Barahmand (2010), Meeks et al. (2004) and Peleg et al. (2006). Regarding to the results, it could be said that differentiated persons are not easily affected by other’s pressures to share or absorb anxiety, don’t show pathology signs for other’s subjects, problems, failures or anxiety in a long time. In return they have a clear understanding to sharing addictive and assimilated emotional processes of system that could lead to disease weakening their morale and belittling (Fischer, 2006).

References