DIFFERENTIATION AND POWER IN COUPLES THERAPY

DISSERTATION

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Couples therapy by its very nature is a challenging and difficult task. Couples in therapy provide the therapist with two people with different personal history and with a frequently conflicted relational history. On top of this, Synder, Castellani and Whisman (2006) state that couple distress is among the most frequent concerns from people who go looking for help from mental help professionals. Client factors, those unique things clients bring with them into therapy, can have a tremendous impact on therapeutic outcomes. Various researchers suggest client factors may account for as high as 40% of the variability in outcomes (Lambert, 1992; Miller, Duncan, & Hubble, 1997; Wampold, 2001). This research explores two client factors and their impact on two therapeutic outcomes. The client factors are differentiation of self – as used in Bowen Family Systems Theory- and power. The therapeutic outcomes studied are relationship satisfaction and progress on the current problem.

Participants were recruited through the Ohio State University Couples and Family Therapy clinic. Data were collected at intake and following the first six sessions of therapy. Hierarchical Linear Modeling (HLM) was used to analyze the data. Multilevel modeling allows for analysis of the partners’ initial satisfaction level and trajectory of change in satisfaction while controlling for the nonindependence of scores that is inherent in examining couple relationships. In these models, change in marital satisfaction and
progress on the presenting problem were used as dependent variables and initial levels of differentiation and/or power strategies from each partner were used as explanatory variables at level 2 of the model.

Results indicated that both power and differentiation provided some significant explanation for both baseline levels and changes in satisfaction and progress. Female differentiation and power variables were more consistently significant predictors for increases in both partners’ reports of satisfaction and progress. In addition, some interaction effects were significant for females differentiation level and power scores. Results suggest client factors of power and differentiation warrant further research and clinicians can be aided by assessment of both factors when working with couples.
DEDICATED TO CHARLIE, WHO KEEPS BELIEVING, 
AND JORDAN, JAMES AND MIKAYLA
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CHAPTER 1

INTRODUCTION

Approaches to Couples Therapy

Couples therapy by its very nature is a challenging and difficult task. While all therapy can provide a variety of challenges to the therapist, couples therapy adds the unique triangular interactions of the therapist and the two partners. In their review of the status of couple therapy, Snyder, Castellani and Whisman (2006) remark that, “couple distress has a markedly high prevalence; has a strong linkage to emotional, behavioral, and health problems in adult partners and their offspring; and is among the most frequent primary and secondary concerns reported by individuals seeking assistance from mental health professionals.” (p. 319). Given this conclusion, it appears vital to continue exploration into the processes and outcomes of couples’ therapy.

One approach to therapeutic interventions is to examine specific symptoms and target treatment towards specific symptom relief. This approach to therapy requires that the therapist become something of an expert in the treatment of specific symptoms. Such an approach is based in a medical model that allows for clear focus, but can be difficult to apply to the relationship difficulties experienced by couples. In addition to specific
symptoms, couples also bring to therapy their own history and patterns of relating to each other. These patterns of interaction are rooted in both their own history together as well as their relational history within their family of origin. One of the key functions of the therapist is to recognize, highlight and offer opportunities to change these relationship patterns. A family systems based approach to treatment places the emphasis on these relational patterns, treating the couple as a unit rather than simply treating the individual symptoms experienced by members of the couple.

Family therapy theories began developing in the 1940’s using a systems based approach to understanding how family relationships operate. In contrast to earlier treatment models based in either psychoanalytic approaches or a medical model approach, family therapy theories began to focus on families as whole units with unique operating systems (Kaslow, Kaslow, & Farber, 1999; Nichols & Schwartz, 1998). The focus of treatment began to shift from a primary emphasis on individuals’ symptoms and their causes to relationship patterns. For example, one area that received much early attention from family therapy theorists was the treatment of schizophrenia. Family therapy approaches began to examine relationship patterns and in some cases admitted whole families for treatment rather than the just the individual displaying symptoms of schizophrenia (Kerr, 1988; Nichols & Schwartz, 1998).

Common and Client Factors in Therapy Outcomes

Historically this period in the development of family therapy spawned a number of new treatment theories, each with their own definitions of constructs and recommendations for clinicians. Family therapy theories began to carve out unique places
and attract new followers who were eager to apply the new theories and put them to the test. By the 1980’s a number of distinct family therapy theories had developed, though each had a common core of focusing on whole families and relationship patterns (Kaslow, 2000). As is probably true with all growing fields, after a significant period of innovation, new scholars arose and began to look for ways to integrate theories. At the same time a search for common factors between theories that had been active for some time in psychotherapy research began to impact the field of family therapy (Sprenkle & Blow, 2004). Common factors are concepts deemed to be common to most or all treatment approaches regardless of their unique theoretical stances. Whether the therapist is using a behavioral or psychoanalytic model, the common factors approach suggests they still do some similar things in therapy that contribute to positive outcomes. For example, no matter what the theoretical model all therapists build some kind of relationship with clients. Issues like therapeutic alliance – the process of developing common goals and rapport with clients – are among the most studied common factors (Sprenkle & Blow, 2004).

While common factors like therapeutic alliance may indeed contribute greatly to therapy outcomes, others have noted that client factors also play a significant role (Lambert, 1992; Miller, Duncan, & Hubble, 1997; Wampold, 2001). Common factors thought to be present regardless of the model of therapy of therapy, while client factors are the unique characteristics clients bring with them to therapy. Client factors are part of the client and may include characteristics such as motivation or inner strength. In terms of therapeutic outcomes, Lambert suggests that client and other extratherapeutic factors such as environmental support could account for as much as 40% of therapy outcome,
though he cautions that this is an estimate without empirical support (1992). Logically, factors related to the particular client are likely to have a major impact on therapeutic outcomes. While Lambert’s estimate is only that, other researchers echo this estimate stating that, “the research literature makes it clear that the client is actually the single, most potent contributor to outcome in psychotherapy” (Miller, et. al., 1997, p.25–26).

Accounting for client factors in treatment outcome would seem particularly important for the clinician working with couples, especially one using a systems based approach to treatment. This is because couples bring something unique to treatment beyond specific individual symptoms. While one member of a couple may come to therapy with some symptoms of depression or anxiety, the uniqueness of treating the couple means the therapist needs to assess not only the symptoms, but the relationship patterns of the couple. Given this, there is then great value in knowing something about the client factors that have an impact on couples’ usual response patterns. Theoretically, Bowen theory provides a useful approach to understanding and assessing these response patterns and thus provides a theoretical framework for the current study.

Bowen Theory

Many factors contribute to the establishment of couple relationship patterns. One major theoretical approach to understanding how people relate comes from Bowen Family Systems Theory (Bowen, 1978; Friedman, 1991). Bowen theory was initiated through Murray Bowen’s studies of whole family units and his theory developed over the course of many years. Since its development Bowen theory has become prominent in the field of family therapy and continues to be used clinically and tested through ongoing research (Miller, Anderson, & Keala, 2004; Nichols & Schwartz, 1998).
Bowen theory is a broad theory based in an understanding of evolutionary processes and biological systems. Bowen developed his theory initially through the process of treating whole family units where one member of the family demonstrated symptoms of schizophrenia. Bowen’s theory posits several interlocking concepts that are used to help explain the operations and dysfunctions of families, the development of symptoms and suggest possible treatment interventions. Since the theory is based in an evolutionary, systemic worldview, it also extends beyond immediate nuclear family processes and seeks to explain the transmission of behaviors across extended generations and into general society. In this sense Bowen theory is quite broad, seeking to help explain more than just individual behaviors, but the development of relationship processes across generations.

Bowen’s major concepts are differentiation, emotional systems, multigenerational transmission, emotional triangles, nuclear family, family projection process, sibling position and societal regression (Freidman, 1991; Kerr, 1988; Kerr & Bowen, 1988). Even without specific definitions of these concepts it is clear from their scope that Bowen theory is a universal approach to explaining all types of human behaviors from individual behaviors to societal choices. While all the concepts are significant and interconnected in Bowen theory, the most central concept to the whole theory is that of differentiation (Friedman, 1991).

Bowen theory suggests the idea of differentiation as a construct is universal in human relationships. Differentiation is a multi-faceted concept that deals with a person’s
ability to manage their need for both intimate connection with others and personal autonomy. In order to manage the anxiety of this dilemma, the well differentiated person needs to be able to distinguish feelings from thoughts. This ability allows the person to avoid intense emotional reactivity and instead make thoughtful relationship choices even under stress (Bowen, 1978; Friedman, 1991). A well differentiated person is able to strike a balance so that their relationships are marked by true intimacy and emotional connection, while at the same time allowing maintenance of one’s own personal identity. The inability to manage the competing needs for both closeness and distance, seen often as either volatile emotional reactivity or significant emotional cutoff, is often a key problem area for couples entering therapy. According to Friedman (1991) differentiation refers, “more to a process than to a goal that can ever be achieved.” (p. 141). In this sense the process of becoming more differentiated can be likened to the development of maturity (Friedman, 1991). In couples therapy the ability to maintain one’s personal autonomy and yet experience genuine intimacy is a process that overwhelms many couples and can be seen as a factor in couples’ dissatisfaction and desire to seek help.

Differentiation is defined then as the ability to maintain both close connection and personal autonomy in the couple relationship. Operationally this is measured through self report of one’s emotional responses to stressful relationship issues. Low levels of differentiation are signaled by such things as a high degree of emotional reactivity in relationships, or the inability to maintain a sense of self in the relationship. These markers of low differentiation include reactions which include being emotionally cutoff from key relationships – too autonomous – or fused in those relationships – too connected. Signs of higher levels of differentiation are measured by one’s ability to take a self defined
position even in the face of relationship anxiety. Overall, it is predicted that partners with
greater levels of differentiation also experience greater relationship satisfaction.

Power Issues

Related to this struggle for differentiation in couple relationships is the ever
present issue of power. Feminists first began raising issues of power by noting gender
inequities in both the marketplace and the home (Ferree, 1990). Following the
development of Bowen theory a second generation of scholars brought new feminist
perspectives on family therapy treatment that insisted the issues of power be taken into
account when evaluating couples for treatment (Goodrich, 2003; Hare-Mustin, 1978;
Silverstein, 2005). Feminist theory raised issues of power in relationships especially in
regards to socialized gender roles. Initial study of such power issues has made it apparent
that there are many kinds of power. Feminist theories have focused especially on the
imbalances of power in marriages. They also examined the ways these imbalances were
related to gender roles and expectations. Differences in economic power, educational
power, positional power, the power to remain in or leave a relationship, even the power to
define a problem are all areas of interesting study (Bepko, 1989; Cast, 2003; Crawford &
Marecek, 1989; Sagrestano, 1992; Sprecher & Felmlee, 1997; Whisman & Jacobson,
1990). All of these kinds of power issues factor into the typical conflicts of couples in
therapy. From a therapeutic point of view partners’ inability to develop useful strategies
for managing, maintaining and/or sharing power is another key area of concern for
couples’ treatment.

Power has proven to be a fascinating topic for study, but a difficult one to pin
down as there are clearly many different aspects to power. In couple relationships some
have attempted to evaluate power dynamics through objective measures of power such as each partners’ level of economic resources (Blood & Wolfe, 1960). While useful, this approach to power seems to lack connection to the day to day fluidity of couple power dynamics. Another approach that has shown promise in the study of power is to focus on the couple’s use of power strategies (Aida & Falbo, 1991; Falbo, 1977; Falbo & Peplau, 1980). In this model, couples are assessed based on the particular strategies they use to get their partner to do what they want. This is a practical and interactional approach to how couples try to influence one another. Therapeutically, a power strategies approach appears to offer more potential treatment interventions than a model of power based primarily in economic resources. This is beneficial since, like issues of differentiation, power struggles also appear to be one of the leading factors in problematic couple relationships. It is a factor that is likely to be high on the list of issues that propel couples into treatment.

While power can be examined from a variety of perspectives, in this study the focus was on the couple’s power strategy choices. How do couples seek to influence their partners? Power strategies are operationalized as two dimensional. Strategies can run a continuum from direct to indirect. This is the difference between asking a partner to do something versus dropping a series of hints to influence their behavior. The second dimension is unilateral to bilateral. Here the difference is between telling the partner what to do versus negotiating or discussing as an influence strategy. Previous research indicates that power strategies that are more direct and bilateral are related to greater relationship satisfaction (Aida & Falbo, 1991). Indirect and unilateral strategies were related to more traditional hierarchical gender role patterns (Aida & Falbo, 1991). It was
hypothesized that direct and bilateral power strategies represent more positive, egalitarian approaches to power and are related to higher levels of relationship satisfaction.

These two theoretical approaches to couples therapy – Bowen Systems theory and Feminist theory – have been extremely fruitful and influential. Each highlights key areas of concern in couples’ relationships; areas of concern that appear relevant to many if not all couples. Significant progress has been made in the study of differentiation from the development of instruments to its application as a therapeutic model (Bartle-Haring & Probst, 2004; Bartle-Haring, Rosen, & Stith, 2002; Skowron, 2000; Skowron & Friedlander, 1998). Likewise, feminist theory has helped focus keen interest in the uses, abuses and processes of power management between couples (Ferree, 1990). There is evidence to suggest that there is a relationship between the power strategies used by couples in resolving conflicts and their satisfaction with their relationship (Aida & Falbo, 1991; Falbo & Peplau, 1980).

While progress has been made in testing theoretical ideas regarding differentiation and power, what has not been discussed in nearly as much detail are how the client factors of differentiation and power impact couples in therapy. Questions such as these are fascinating to consider: What are the power strategies used by each partner? Do those members of a couple who are poorly differentiated also choose more negative power strategies in solving their problems? Do those members of a couple who choose more negative power strategies change more slowly during therapy? What about differentiation and progress, do couple members who show signs of lower differentiation also make slower progress in treatment?
The current study advances the complex study of couples’ therapy by focusing on key portions of two major theoretical approaches to family therapy theory, the concepts of differentiation and power. While these two concepts have each been discussed and developed within their particular theoretical schools, it is clear that differentiation and power are factors clients bring with them into therapy. Given the already complex nature of couples therapy, it seemed useful to examine client factors that are likely to be central to most couple relationships. Thus the study should benefit clinicians by advancing our understanding of these two primary client factors and their impact on the treatment process and outcome.

The client factors of differentiation and power strategy use appear highly relevant to the majority of couples – even non-clinical couples – yet little investigation has occurred that includes both concepts. The purpose of the current study was to examine the power strategies and the level of differentiation members of a couple bring to therapy in an attempt to better understand therapy processes and outcomes. The central research question of the study was to explore the impact of couple members’ differentiation and power strategies on relationship satisfaction over the initial course of treatment. In order to begin the process of investigating these questions a review of literature regarding Bowen theory and the concept of power in relationships is provided.
CHAPTER 2

LITERATURE REVIEW

Introduction

The following review of literature provides an overview of Bowen theory. Bowen theory is a broad approach to understanding relationships across generations. This overview highlights the process of theory development and summarizes the major theoretical concepts and their interconnections. After reviewing Bowen theory in general the focus turned to examine studies that have applied or tested aspects of Bowen theory. Studies reviewed include tests of basic concepts, applications to adolescents and families and finally applications of Bowen theory in couple relationships. Having examined Bowen theory, the review then shifted to a general discussion of power as it is used in the literature. Once again, after some general discussion of the concept of power and various approaches to the study of power in family relationships the focus of the review examined studies of power specifically in couple relationships.
Bowen Family Systems Theory

Introduction

Bowen therapy is based in a theoretical model initially developed by Dr. Murray Bowen through his work at Georgetown University (Bowen, 1978). Bowen’s theory provides an overview of how couples and families operate and what are likely causes of dysfunction. Bowen theory includes several interlocking concepts which are used to explain how families function (Bowen, 1978; Kerr & Bowen, 1985). First an overview of the major theoretical concepts along with some of the critique raised by later theorists is provided following which current applications of Bowen theory are discussed.

The basic context in which Bowen theory is rooted is a natural systems worldview that suggests humans retain connections to their evolutionary past. Bowen sees all humans as maintaining an emotional system that includes all of a person’s autonomic nervous system functions, such as instincts for fight or flight, plus their emotions (Bowen, 1978; Friedman, 1991; Kerr & Bowen, 1988). In addition to this emotional system, Bowen suggests humans have evolved to develop an intellectual system which allows for reflection and choice. Each of the interconnected concepts that make up Bowen’s theoretical framework is located within this broader natural systems context.

Differentiation of Self

The most central concept to Bowen’s theory is that of differentiation (Bowen, 1978; Friedman, 1991; Kerr & Bowen, 1988). Differentiation involves the activation in humans of the intellectual system which allows for self-regulation of the emotional system. According to Bowen, feelings are the link between the emotional and intellectual
systems (Bowen, 1978). Feelings allow the emotions to gain conscious expression and thus enable the intellectual system the opportunity to make choices regarding the expression of emotions. Differentiation thus involves two facets. First it is the ability to separate between thoughts and feelings, to override emotional reactivity with thoughtful reflection. Instead of being driven by autonomic responses from the emotional system, the well differentiated person is able to reflect upon their feelings and self-regulate by making choices regarding emotional expression (Bowen, 1978; Friedman, 1991; Kerr & Bowen, 1988). This ability to self-regulate emotional responses is what makes sustained intimate relationships possible. Thus the second facet of differentiation is related to managing these relationships. The well differentiated person is marked by the ability to manage two competing desires that all humans must face. These are the desire to develop one’s own self fully while at the same time maintaining significant connection to the family group (Bowen, 1978; Friedman, 1991). This, according to Bowen, is a major task that one struggles with throughout all of life. Some people sacrifice developing a fully solid self in favor of being more connected, a state of relationship Bowen calls emotional fusion. For these people, it is difficult to distinguish emotionally where they end and other person begins. This approach to relationships leads to its own set of problematic symptom development if the person is significantly stressed. At the other end of the struggle are those persons whose automatic responses under stress are to sacrifice true relational intimacy in the pursuit of their own self-autonomy, thus being left in a state of emotional cutoff. Particular symptoms are likely to develop for people here as well.
For Bowen, the well differentiated person is able to establish themselves as unique and holding their own position in relationships, while also communicating deep and genuine connection with other family members. In order to do this the person will need to regulate their emotional reactivity and make reflective choices regarding how to relate to family members. This is difficult to do since much of one’s emotional system is automated and such automatic responses are easily activated under stress. Perhaps nowhere are such stresses and emotional reactions as present as in close family relationships. For Bowen, differentiation within the context of one’s emotional system responses is the primary concept that helps explain people’s relationship interactions. The rest of Bowen theory is highly interconnected and extends these concepts throughout the relationships of individuals, families and to society at large.

*Family Processes*

In Bowen theory, the primary obstacle to differentiation is the presence of chronic anxiety (Freidman, 1991; Kerr, 1988). Part of the nature of life is the necessity of dealing with anxiety that is ongoing or chronic. The better one is able to manage anxiety – stay out of emotionally reactive responses and choose more thoughtful actions – the more differentiated they are thought to be. Family operating systems develop in order to find ways to manage the family’s chronic levels of anxiety. One way families typically deal with such anxiety is the next major concept in Bowen theory, the use of emotional triangles (Bowen, 1978; Kerr & Bowen, 1988). Triangles are used by families to diffuse anxiety in relationship dyads. Family members typically bring in another person or activity to relieve the tension. As short term solutions an emotional triangle can be
protective of family relationships, however, in the longer term the development and maintenance of rigid triangles can lead to symptom development.

The concept of triangles leads to the next portion of the theory which is that nuclear families have their own emotional systems. Much like an individual emotional system, families develop means for handling chronic anxiety and processes for expression of their emotional reactions to stress. Each child has a particular sibling position which according to Bowen impacts their experience of the family emotional system. The combination of sibling positions, emotional triangles and the differentiation levels of the parents combine to establish a family emotional process (Bowen, 1978; Kerr & Bowen, 1988). The parents’ combination of differentiation levels has an impact on the kinds of emotional responses family members experience. In turn, the parents’ responses to relationship anxiety and their use of triangles suggest where likely issues will occur in families. Most typically symptoms are thought to develop in one of three areas – one of the partners, one or more of the children or in marital conflict (Bowen, 1978).

Emotional cutoff is another significant concept in Bowen theory (Bowen, 1978; Kerr & Bowen, 1988). Should the tension in one’s relationships become too overbearing and chronic, some family members may find themselves reacting by using emotional cutoff. Emotional cutoff is an automatic reactive response to anxiety that results in increased emotional distance. It is not a conscious choice to move away from family members. In some cases such a choice could be reflective of a high level of differentiation. For Bowen, the emotional cutoff is an automatic response. The person cuts off emotionally from the relationships and flees the emotional connections. Such a cutoff may entail actual physical moves away from the family, but could also occur while
still living proximately to other family members. In either case, it is another kind of reactive response indicating lower levels of differentiation

In the same way that families have their own emotional system, they also create what Bowen called a family projection process. In this process the less differentiated aspects of the adult is projected onto a child, thereby limiting their development. This limiting of the child’s growth is a primary means by which a family’s emotional system is passed from one generation to the next. The child is limited in their ability to differentiate and carries these relational limitations into their own adult relationships. Thus the family’s projection process becomes a multigenerational transmission process (Bowen, 1978; Klever, 2004; Klever, 2005). Lack of differentiation is passed to the next generation. In the final analysis these processes add up for Bowen to a societal regression process where, for lack of intervention, anxiety within society increases, differentiation decreases and societies begin to break down in terms of their relational processes (Bowen, 1978). Thus, Bowen’s theory spans the breadth of relationship processes from individual emotional systems, through family emotional systems all the way into societal systems.

Feminist Critique of Bowen Theory

Within the larger societal system, issues raised by the rise of feminism began to have an impact the field of couples and family therapy especially in the early 1980’s. Calls were made to rethink early family therapy models, such as Bowen theory, which was developed in the 1950’s and 1960’s. Early feminist family therapy approaches were highly critical of Bowen’s theory claiming the basic concept of differentiation empowered a masculine approach to life (Hare-Mustin, 1978). This claim was based in
the idea that Bowen theory valued thinking over feeling, thus reflecting the dominant position of male socialization.

Some have called for a reworking of Bowen theory and made attempts to rearticulate Bowen’s descriptions of emotional systems and differentiation in ways that incorporate some of the feminist critique. For example, Knudson-Martin (1994) suggests that Bowen theory places too much emphasis on self regulation and pursuit of autonomy. She proposes a reworking of the theory to include discussion of interventions designed to create more togetherness. Her proposals sparked a series of debate (Horne & Hicks, 2002; Knudson-Martin, 2002). In general though there seems to be little momentum for a reworking of the theory. Instead, there has been growing recognition that issues of gender and power may not have been fully addressed by Bowen’s original theory, but that the issues can be included without fully reworking the theory.

In response to feminist critique of Bowen theory, Silverstein (2003) notes the critique regarding intellectual and emotional systems and potential male bias, but suggests that these critiques miss the larger points made by Bowen regarding emotional systems. Instead, she points out that more problematic is the fact that Bowen theory does not address gender roles or the impact of power dynamics on relationship interaction patterns (Silverstein, 2003). Gender socialization can have an impact on relationships because it becomes a factor in one’s emotional reactivity. To deal with these issues, Silverstein suggests that in the same way that Bowen wants to account for the impact of sibling position, one should also consider gender role socialization. One’s gender position has an impact on the kinds of automatic emotional responses utilized. Put another way, gender impacts one’s position in the family and in Bowen theory part of becoming well
differentiated is the ability to take a solid self-defined position in one’s family. In order to establish such a self-definition within the family, one must understand how gender socialization impacts one’s starting point in the family system. Knowledge of the impact of gender socialization is helpful in being able to later differentiate. This means that in assessing men and women’s emotional reactivity gender roles should be examined. Silverstein further recommends examining power dynamics because power imbalances may impact behavior choices. For example, in moving toward self-differentiation, Bowen suggests one can expect the family to react negatively, at least initially. If power imbalances are high this negative reaction could have greater consequences for the low power partner and thus inhibit their pursuit of differentiation (Goodrich, 2003; Levant & Silverstein, 2003; Silverstein, 2003; Worden & Drahus Worden, 1998).

Meanwhile, Friedman (1991) points out that Bowen theory provides a different paradigm for viewing society and relationships, one which focuses on the continuous rather than dichotomous nature of reality. He cites common dichotomies such as nature/nurture, mind/body and male/female as categories of thinking that Bowen theory reframes into a continuous lens. Friedman suggests that the common dichotomies used simply reflect societal anxiety and a need to relieve such anxiety through the use of concrete categorical thinking. According to Friedman, one of the hallmarks of Bowen theory is its focus on the continuous nature of all emotional processes. In practice this does not mean that Bowen theory is suggesting there are no differences between males and females, but that the differences are best understood in terms of emotional processes. In other words, study of the emotional process and one’s differentiation will be ultimately more fruitful than studies of gender differences. In Bowen theory this is because all
humans are thought to be linked by their emotional processes, therefore their behaviors are more significantly determined by differentiation than by gender differences. To illustrate the point, Friedman suggests that in choosing a therapist, using Bowen theory one might be better served to use the differentiation level of the therapist as a criteria rather than the therapist’s gender (Friedman, 1991).

Bowen theory is a broad theory seeking to explain human interactions at a variety of levels. While it is a rich theory that allows for many possible avenues of investigation, clinically it has been used in application to couple and family relationships. This brief review of some of the larger societal aspects of the theory is offered only to demonstrate the breadth of the theory. For the purposes of the study, the key elements of Bowen theory are the concept of differentiation within the context of the emotional system. Theoretically, couples who come to therapy all have issues of unresolved tensions and anxieties. Bowen theory suggests that lack of differentiation may be a factor in these relationship tensions and thus assisting couples in limiting their automatic emotional responses and increasing their level of functional differentiation will result in a positive treatment outcome.

Applications of Bowen Theory

Theory Uses and Tests

Bowen theory’s broad approach to the understanding of human relationships allows its application to be made in a variety of clinical circumstances. For example, some clinicians have used Bowen theory as a basis for the development of sex therapy treatments (Schnarch, 1991). Others have used Bowen theory as a basis for exploring the impact of one’s family of origin on current family processes (Klever, 2004; Klever,
2005). Bowen theory has sparked research and further theorizing regarding emotional
cutoff, working with relationship triangles and applications to larger social systems
(Friedman, 1985; Guerin, Fogarty, Fay, & Kautto, 1996; Titleman, 2003). Bowen theory
has been used to suggest intervention approaches for clinicians to consider when working
with both individuals and families (McGoldrick & Carter, 2001; McGoldrick, Gerson, &
Shellenberger, 1999).

Several studies suggest that Bowen theory is a valid approach to understanding
family operations (Charles, 2001). Charles reviews eight different studies which sought
to test some aspect of Bowen theory. Two of the studies reviewed were related to the
development of measurement instruments while the other six studies tested things such as
differentiation, anxiety and emotional reactivity. The studies applied Bowen theory to
such topics as young adult career choices, job stresses for nurse managers, family
adjustments for college students with disabilities, and parental relationships in families
with a child who has schizophrenia (Charles, 2001). The reviews highlight the variety of
applications of Bowen theory. Charles reports that the studies generally support Bowen’s
theory that anxiety is related to management of closeness and distance in families.

examining basic research conducted to test various propositions of Bowen theory. While
there are no clinical outcome tests examining the effectiveness of Bowen theory as a
treatment model, the authors suggest the review of basic research is useful in building
confidence in the value of Bowen theory. The authors review studies which provide
empirical support for hypothesized relationships between differentiation, chronic anxiety,
marital satisfaction and distress. Bowen’s contention that couples marry partners of
similar differentiation levels has not been supported to date. The authors also report on the development of various measurement instruments used to assess differentiation. They conclude that there is emerging evidence in support of the theory and that future work is needed in the areas of clinical outcomes and multivariate models (Miller, et. al., 2004).

Intergenerational Studies of Differentiation

Researchers have also used Bowen theory to explore intergenerational family relationships. Harvey, Curry, and Bray (1991) used a sample of more than 400 parents and their college aged children to investigate the impact of differentiation and the development of health symptoms. Following Bowen theory it was hypothesized that lower differentiation and greater unresolved family conflicts would be predictive of increased psychological and health distress. The researchers used the Personal Authority in the Family Systems Questionnaire as a measurement of differentiation along with several measures of physical and psychological distress. Their results indicate support for Bowen theory in that couples’ current levels of intimacy appeared to be some function of each partners own differentiation level with their parents. According to the author’s, “the results suggest that if intimacy and individuation are enhanced in one’s relationship with parents, the quality of relationship with spouse and children will benefit…..”(Harvey, Curry, & Bray, 1991, p. 231).
In another study of intergenerational relationship patterns, Bartle-Haring and Sabatelli (1998) used a sample of 69 mother-adolescent pairs and 57 father-adolescent pairs to explore the impact of family of origin on current relationships. Using the Differentiation in the Family Scale along with measures of marital adjustment and psychosocial maturity the researchers found support for the idea that one’s family of origin experiences had a direct impact on current marital adjustment and psychosocial maturity. In the study, researchers tested a model in which parents family of origin experiences were hypothesized to influence both their and their adolescents’ current relationship adjustment. The author’s concluded that husbands’ and wives’ family of origin experiences had a direct and significant relationship with their current levels of marital adjustment and psychosocial maturity. In addition, the mother-adolescent pairs also showed a significant impact between mothers’ current level of marital adjustment and adolescents’ report of their current family of origin experiences.

Sabatelli and Bartle-Haring (2003) later tested a model which explored the relationship between married couples’ family of origin experiences and their current levels of marital adjustment. Using data gathered from 125 intact married couples, the authors used the Differentiation in the Family System Scale along with two measures of marital adjustment. Both husbands’ and wives’ perceptions of their family of origin experiences were significant predictors of current marital adjustment. The authors also report that wives families of origin experiences were more strongly related to both their own and their husband’s levels of marital adjustment than were husbands’ family of origin experiences. Like other studies this one indicates support for Bowen’s contention that a family’s emotional system is transmitted to the next generation.
Differentiation and Symptoms

Along with these intergenerational studies there is also research that has explored the effect of differentiation on adolescent behaviors, including such issues as risk taking behavior, problem severity when entering therapy and test anxiety (Gavazzi, 1993; Knauth, Skowron & Escobar, 2006; Peleg-Popko, 2004). In a study of 60 adolescent-parent pairs Gavazzi (1993) explored whether family differentiation levels – defined as a family’s tolerances for both individuality and intimacy – were predictive of the types of presenting problems adolescents’ brought to therapy. Results indicated that family differentiation levels were predictive of specific adolescent problems such as issues with peers, schools and illegal activities. Similarly, others have examined differentiation and the prediction of adolescent risk taking behaviors. In a sample of 161 high school students, researchers found higher levels of differentiation to be predictive of lower anxiety and greater problem solving skills. Greater problem solving skill was related to lower levels of risk taking (Knauth, et. al., 2006).

In a similar vein, Peleg-Popko (2004) found that lower levels of differentiation, as measured using the Differentiation of Self Inventory (DSI), were predictive of greater levels of test anxiety in a sample of 12-13 years olds. Interestingly, there was also a gender effect with more girls reporting higher levels of emotional reactivity and more boys indicating higher levels of emotional cutoff. Finally, in a study using 216 families which included mothers, fathers and adolescents, researchers found evidence that lower levels of family differentiation were predictive of a higher degree of internalized adolescent distress (Cohen, Vasey, & Gavazzi, 2003). Specifically, the authors found that in families with lower differentiation (as indicated by an inability to tolerate
individuality) adolescents’ experienced significantly greater internalized distress. Together these studies appear to provide further support for the concept of differentiation as a meaningful factor in understanding parent-adolescent relationships.

**Differentiation and Adult Relationships**

Beyond parent-adolescent relationships a few studies have focused their examination on differentiation and the relationships of adults. Using a sample of 225 adults of an average age of 37 years, Skowron and Dendy (2004) reported on differentiation and adult attachment issues. Using a measure of effortful control along with the DSI as a measure of differentiation, they sought to examine adult relationships. Results indicated that adults with higher levels of differentiation also demonstrated greater levels of effortful control. Likewise, those with lower levels of differentiation – especially in the areas of emotional reactivity and emotional cutoff – showed significantly greater adult attachment anxieties. The authors report that differentiation helped explain 19% of the variance in self regulatory behaviors. In another study that primarily compared two differentiation scales – the Personal Authority in the Family System Questionnaire and the DSI- the authors reported that on both measures higher levels of differentiation were significantly related to greater well-being for both men and women. The study used a sample of 221 adults with a mean age of 51.46 years. Higher levels of differentiation were indicated by less emotional cutoff and reactivity on the DSI and by lower levels of intergenerational fusion on the Personal Authority in the Family System Questionnaire (Skowron, Holmes, & Sabatelli, 2003).
Several studies have explored the relationship between differentiation and stress. According to Bowen, those individuals and families with higher levels of differentiation should demonstrate greater resilience in the face of stress. Higher levels of differentiation should aid in managing the additional anxiety of new stressors, allowing people to make better choices and limit the impact of stress (Bowen, 1978; Friedman, 1991). To test this point several researchers have examined differentiation, emotional reactivity and various stressors. Bartle-Haring, Rosen, and Stith (2002) found that more emotionally reactive persons also reported greater psychological symptoms and life stress. Using a sample of 372 college students the authors tested a theoretical model to examine the relationships between emotional reactivity, stress and psychological symptoms. Results indicated a significant relationship between the emotional reactivity of students towards their mothers and their experience of increased stress and increased psychological symptoms. Higher levels of emotional reactivity on the part of students towards their mothers in particular were predictive of having experienced a greater number of stressors and the development of psychological symptoms. The authors suggest that attempts to lower emotional reactivity could have clinical benefit in reducing psychological symptoms. In a follow up to this study, Bartle-Haring and Probst (2004) tested a sample of 211 clients at a university based family therapy clinic. The sample group was older with a mean age of 30 years. Two forms of emotional reactivity were measured by asking participants their likely responses to various scenarios. Active reactivity was indicated by responses towards parents using behaviors such as counter-attacks. Passive reactivity was indicated by actions such as physical or psychological withdrawal. Results suggested that passive demonstrations of emotional reactivity towards mothers and both active and passive
emotional reactivity towards fathers were again significantly predictive of greater stress and development of symptoms.

In another test of differentiation and the development of symptoms, Peleg-Popko (2002) tested Bowen theory using a sample of 117 college students in Israel. The study used multiple regression analysis to see if differentiation could predict social anxiety and somatic symptoms. The results indicated significant correlations between differentiation, social anxiety and somatic symptoms. Differentiation was measured using the DSI. Across all four subscales higher levels of differentiation significantly predicted less social anxiety and fewer physiological symptoms. The author concludes that clinicians working with clients with social anxiety would be wise to consider issues of differentiation as part of the treatment plan.

In another study examining differentiation and stress, Murdock and Gore (2004) also found support for Bowen theory. Their sample of 119 university students supported Bowen’s idea that higher differentiation levels moderated the effects of stress. Differentiation was again measured using the DSI, while stress was assessed using the perceived stress scale. In this study as well, individuals with higher levels of differentiation reported significantly fewer psychological symptoms and lower levels of perceived stress. The contribution of differentiation went above and beyond measures of coping skills indicating that differentiation is a significant construct on its own. These studies seem to indicate that Bowen theory’s hypothesizing that lower differentiation levels are connected to greater levels of distress and increased development of physical and psychological symptoms is supported.
Differentiation and Couple Relationships

Finally, a few studies have focused specifically on the concept of differentiation and couple relationships. In a study examining differentiation as a predictor of therapy dropout, researchers found a significant connection (Bartle-Haring, Glebova, & Meyer, 2007). The study used a sample of both individual and couple clients and for both types of clients differentiation was found to predict premature termination of therapy. For couples in particular, an important finding was that when wives’ perceived themselves to be acting in a well differentiated manner towards husbands, the couple was more likely to terminate treatment early. Husbands’ levels of emotional reactivity were also predictive of early drop out. The authors suggest that clinicians may benefit by paying extra attention to husband’s levels of emotional reactivity as well as wives perceptions of how they are treating their husbands as these two factors had the clearest impact on early therapy termination for couples (Bartle-Haring, et. al., 2007).

In a study using 124 couples from a non clinical sample, another group of researchers examined and found little connection between marital satisfaction and levels of differentiation (Patrick, Sells, Giordano, & Tollerud, 2007). In their study, the authors used a multiple regression analysis to investigate differentiation, and personality traits in an effort to understand their impact on marital adjustment. Findings indicated that intimacy was most predictive of relationship satisfaction rather than elements of differentiation (Patrick, et. al., 2007). Skowron (1999) undertook a study to examine the role of differentiation in marital satisfaction. Using a sample of 39 couples who completed the DSI and the Dyadic Adjustment Scale, Skowron reported that a substantial amount of the variance in marital adjustment (74% in husbands and 61% in wives) can be
accounted for by the couple’s level of differentiation. She reports that couples who were less reactive, emotionally cutoff or fused with others also reported higher levels of marital satisfaction. More specifically she found that emotional cutoff was predictive of marital upset and that the husband’s level of cutoff was significant in predicting satisfaction or dissatisfaction (Skowron, 1999).

Finally, one study examined the potential of interventions designed to increase differentiation levels and then looked at the possible impact of such increases on couple relationships (Griffin, & Apostal, 1993). The study design used 20 couples who acted as their own control group with researchers assessing them initially, again after 6 weeks without any intervention, and a third time after receiving 6 weeks of weekly 2 ½ hour relationship enhancement training. Differentiation was assessed using the Level of Differentiation of Self Scale. Results indicated that couples experienced significant increases in their level of functional differentiation, decreases in anxiety and increases in relationship satisfaction. A one year follow up assessment provided evidence that the increases held up over time.

Bowen posits that a major reason that couples become symptomatic is because they lack differentiation within the family system (Bowen, 1978). Lack of differentiation indicates that partners do not have clear enough boundaries to maintain both individual identity and genuine intimacy. Instead, people become emotionally reactive and develop relationship patterns that become problematic. Applications of Bowen theory to couples relationships, especially in regard to relationship satisfaction and treatment is an expanding area of analysis. As seen in the above review, empirical support appears to be growing in support of Bowen theory indicating it is a worthwhile theory to continue to
develop. The next section will turn to issues of power in relationships. Once again, an overview of the study of power in relationships will be provided followed by a summary of specific research investigating power and couple relationship issues.

The Issue of Power

Overview

Feminist approaches to therapy led to increased study of issues of gender roles within family relationships and these debates about gender led to overlapping discussions about power in relationships (Hare-Mustin, 1978). The study of gender and power has led to various approaches to understanding what power is, how it is used and where it fits as a construct within couples’ relationships. Initial ideas about power in relationships focused on external exertions of power and specifically focused on male power over females. Power was demonstrated in external behaviors like making the final decision in an argument. In addition, resources such as income and social status were seen as providing males a greater base of power over females with the result being power imbalances in many relationships.

Ferree (1990) suggests that in the 1980’s feminist theorists moved the focus of their theoretical discussions from the topic of sex roles to issues of gender. Along with this shift in emphasis, the discussions of gender included the topic of power. Gender became something that was considered socially constructed, and the discussion focused on how we as a culture, “do gender” and how this process includes power and influence. Theoretical discussions regarding gender tended to focus on essentialist positions versus social constructivist positions (Bohan,1993). The question being, does gender reside in the person or is it developed socially? Implications for these positions were strong in
terms of potential for changes in gender and gender role behaviors. Again, this discussion of gender overlapped with issues of power in relationships because it raised the question whether or not power in relationships was essentially fixed or negotiable. In some ways it began to appear that gender and how we do gender as a culture has an impact on how power is distributed, negotiated and used.

Definitions and Measures of Power

At the same time as the theorizing about gender was occurring, others were starting to try to articulate more clearly how power fits in relationships. Even considering issues and effects of gender, theorists wanted to understand more clearly, what is power? Many authors note that at first glance the issue of power seems clear, but further investigation reveals a surprising level of complexity (Goldner, 1991; Kitzinger, 1991; McGoldrick, 1991). External displays of power were easily identified such as state power, political power and even interpersonal abuses of power such as family violence. What has been harder to pin down are ways to measure power, especially within the context of marital and family relationships. Objective measures of power such as income provided a useful starting place, but did not seem to tell the whole story (McGoldrick, 1991). For example, Goldner discussed how the expression of power works out in sexual encounters for couples and noticed that in intimate relationships there seem to be paradoxical elements to the use of power (1991). Power dynamics within relationships appear to have a certain degree of fluidity that makes them difficult to measure. In addition, as noted above there is a certain amount of paradox involved in power issues. For example, by one measure of power, such as income, a partner may be seen as having greater power, but at the same time their perception of their power within the relationship
may be quite different. Thus one’s amount of power and one’s experience of being powerful may not always feel matched. Indeed, Monica McGoldrick says it well when she notes, “What makes exploring power issues so complex is that our emotional experience of power on an interpersonal level so often does not fit with what we can see so clearly about power imbalances at a social and cultural level.” (McGoldrick, 1991, p. 240).

Given the complexity of the topic of power, a number of different approaches have developed in an attempt to articulate what power is and how it works within relationships. According to Komter (1989) one of the first models of power established the pattern of examining decision making as a primary indicator of who has power in relationships. This view of power was suggested by Blood and Wolfe (1960) in their text, *Husbands and Wives* and it proposed that power is best operationalized by observable outcomes such as conflicts and decisions. This approach to power also allowed for examination of other external markers of power, such as income, in accounting for who makes decisions in relationships. Blumstein and Schwartz’s (1983) study of American couples highlighted ways that marital power appears unbalanced for many couples and this position seems connected to differences in partner’s income and social status. The study used surveys of more than 12,000 people and 600 interviews with people who were in married, cohabiting or gay/lesbian couple relationships. Reflecting back on the study, Schwartz (1994) comments that one striking finding was that same sex couples seemed to have more egalitarian, power sharing relationships than did heterosexual couples.
Decision making power has continued to be significant, but criticism of decision making approaches to power have noted the difficulties of measurement, questions about perceptions of when a decision is final and questions regarding connections between one’s resources and ability to make final decisions (Allen & Straus, 1984). Critiques of a decision based approach also noted that while it provides an objective measure of power, it seems to neglect the fluid and interpersonal aspects of power (Kitzinger, 1991).

Another approach to power has been to view power as the ability to define a situation. Like decision making approaches, this view has something observable, but the emphasis is earlier in the process. Power is exerted in defining the issues, situation, or reality and this ability is what leads to decision making in the future (Cast, 2003). In a similar vein, others have examined power from the point of view of influence tactics or strategies. Here the emphasis is on behaviors and words used to get one’s partner to change (Buss, Gomes, Higgins, & Lauterbach, 1987; Howard, Blumstein & Schwartz, 1986). Finally, other authors have suggested that power can also be viewed as a matter of perceptions. In other words, while objective measures of power such as income exist, people’s perceptions of their power in relationships may differ. Examination of differences in perceived power between partners is another way to consider the issue of power (Sprecher & Felmlee, 1997).

While power can be used to enforce or demand a decision, some suggest that power can also be in play in nondecisions. Komter notes the benefits of decision making as a criteria for power is that it provides an observable position, but suggests the problem remains, “how to find empirical grounds to determine whether, in a situation in which no grievances are expressed, power is involved.” (Komter, 1989, p. 190). She goes on to
distinguish between the view of power in relationships as processes with certain qualities versus a focus on the quantity of power and how it is divided between partners. In other words, is there simply a limited amount of power to be divided by partners or should the focus of power in relationships be more on the processes and the means by which power is expressed.

Komter proposes three theoretical distinctions of power: Manifest power – the visible outcomes of attempts to change a partner; Latent power – places where power is at stake, but no visible outcome or conflict is present; and Invisible power – systematic social or psychological mechanisms that may influence one’s perceptions of reality. Using this model one can discuss power as a factor in decision making and still consider ways power is involved in relationships even when decision making is not the final outcome (Komter, 1989). These distinctions in understanding power add to the complexity of the matter by suggesting that power in relationships may have hidden qualities such that power is expressed and used, but unacknowledged.

What is clear in the literature is that power is a complex issue in relationships and one that can be studied from a variety of frameworks. There is no single simple measure of how power works within couple relationships. This does not mean however, that researchers have given up the study of power in relationships. What it does mean is that how one thinks about power clearly shapes the research approach. Since this study is an examination of power within the relationships of couples and these couples are all seeking clinical help, the approach to power used here is to focus on more interpersonal measures of power. Power in this current study was examined from a strategies approach. It considered how people seek to influence their partner. While external measures of
power clearly are a factor in all relationships – be they income, social status or cultural worldviews – the focus of this study is on the treatment of couple relationships. Thus measures of power used here are targeted toward couples’ power strategy choices. The following section will review some of the more prominent studies regarding issues of power and couple relationships and then provide specific focus on couple’s uses of power strategies.

Power and Couple Relationships

Several questions have intrigued researchers regarding power and couple relationships. Attention has been focused on issues such as how couples maintain a balance of power, tactics used to influence one’s partner, power and control of resources, and finally the impact of power on relationship satisfaction. Perceptions of who has power and how power is balanced in marriages have proved interesting. In a longitudinal study of 101 couples, Sprecher and Felmlee (1997) found that the balance of power remained relatively stable for most of the couples over a four year time period. The majority of couples reported husbands were the greater powerholders using two different measures of power. The authors reported little association between perceived power balances and satisfaction levels. They did find evidence that the less emotionally involved partner was perceived to have greater power in the relationship. Such a finding further supports the concept Willard Waller termed the “principle of least interest”. Waller suggested that in relationships the person with less emotional interest in the relationship also is the one with the most power (Waller, 1938). Power here was defined as the ability to determine the continuation of the relationships. Research to test Waller’s
idea is supportive of the notion that less emotional involvement in the relationship is related to greater relationship control (Sprecher, Schmeeckle, & Felmlee, 2006).

In an examination of couples where wives earned significantly more than husbands, Tichenor (1999) found that wives did not report significantly greater levels of power in the relationship. Interviews were conducted with 22 status reversed couples and compared to interviews with 30 traditional couples. Status reversed couples were defined as couples in which the income or occupational status of the wife were higher than that of their husband’s. In terms of relationship satisfaction, 64% of the status reversed couples reported dissatisfaction on some level as opposed to only 13% of the traditional group. The study found status reversed couples used a variety of strategies to hide or ignore differences in power as a result of income differences suggesting some further support for Komter’s concept of hidden power in marriages.

Power imbalances in relationships appear related to issues such as depression. Halloran reviews several studies and offers a model to explain links between martial distress, power inequalities and depression (Halloran, 1998). This theoretical model is proposed using previous research linking depression and marital distress and proposing that power inequities may function as a moderator between depression and marital distress. Likewise, Mirowsky (1985) used an equity model to examine depression in spouses as it relates to power. Using a decision making measure of power along with reports of depression symptoms, Mirowsky concludes that couples seek a balance of power that minimizes their depressive symptoms. The study surveyed 680 couples and Mirowsky reports that couples with greater power inequity in their relationship also had more symptoms of depression. However, Mirowsky notes that increased marital power
reduces depression only up to a certain point beyond which the increase in power also leads to an increase in depression. He concludes that each partner is least depressed if marital power remains somewhat shared.

Neff and Harter (2002) asked 251 couples to report on their relationship styles, power and psychological outcomes. They found couples who agreed that their power approaches were mutual also had the better outcomes in terms of psychological health. Couples who reported imbalances in terms of who had the power in their relationship showed significantly poorer psychological outcomes. In another study comparing couples’ perceived levels of equity and reports of intimacy researchers found that greater inequity was associated with lower levels of intimacy (Larson, Hammond, & Harper, 1998). Sixty six couples were assessed for their level of relationship equity and experience of intimacy in the relationships. The authors report that wives perceptions of intimacy appear to have been more effected by perceived inequalities than husbands.

In a study of power inequality and marital satisfaction Whisman and Jacobson (1990) compared results for 31 clinically distressed couples and 23 nonclinical couples. Once again the couples with greater levels of power inequality reported less overall relationship satisfaction. At the same time, those couples in therapy who showed the greatest levels of power inequality also demonstrated the most positive responses to treatment even at the six month follow up tests. This study used a unique measure of power assessing ways partners demonstrate power via everyday conversation. The measure assessed ways partners expressed dominance through their talking or listening patterns.
In another study, Gray-Little, Baucom, and Hamby (1996) grouped 53 distressed couples into categories based on power. The categories were egalitarian, husband dominant, wife dominant or anarchic. Satisfaction was measured pre and post treatment with egalitarian couples reporting the highest levels of satisfaction at both time assessments. Couples in the anarchic category – those with no power dominance, but who the authors described as couples at a stalemate in terms of power – showed the lowest degrees of marital adjustment.

Studies such as those cited have led some to suggest that improving power equality is a possible means to increased relationship satisfaction. In a follow up to the 1983 study, Schwartz sought to examine the power balances in couples who self identified as equal partners. Her book, *Peer Marriage*, sought to unravel some of the difficulties couples have in establishing an equal balance of power even when both partners are motivated to pursue this kind of relationship (Schwartz, 1994). In interviews with couples seeking to establish peer marriages, Schwartz describes obstacles that make such goals difficult to achieve (Schwartz, 1994). In the course of her investigation she reports that many couples appear to start out with goals of power equality but end up with what she calls “near peer” relationship patterns. Interestingly, one issue she highlights as an obstacle to developing peer marriages is the difficulty couples find in being able to develop deep friendship that is marked by both genuine empathy as well as value for personal autonomy and space. This finding suggests a possible connection between the couple’s levels of differentiation and their ability to share power in the relationship.
Power Strategies

The view of power used in this study is an interactional approach examining how people get others to do what they want. This concept of power has been called a power strategies approach. Rather than focusing on the balance of power, the number of resources available or the ability to make decisions this view of power is focused on how people use power in their relating. Researchers have proposed various types and models of power strategies, some suggesting a greater number of distinct strategies that people use (Buss, Gomes, Higgins, & Lauterback, 1987; Falbo, New, & Gaines, 1987; Howard, Blumstein, & Schwartz, 1986). Power strategies have been identified by various authors as having distinct types (such as charm, reasoning, coercion) or by group (strong vs. weak). What these approaches have in common is an attempt to identify the ways people try to get someone else to do what they want. One frequently cited model of power strategies is a two dimensional model of power developed by Falbo and Peplau (1980). Their work furthered an original model by Falbo (1977) through the development of a power strategies scale. The power strategies used in the model were developed by having more than 400 participants write essays on strategies they used to get their partner to do what they want. The sample included both heterosexual and homosexual males and females. Essays were read and coded and thirteen distinct power strategies were identified (Falbo & Peplau, 1980). Examples of strategies include things like: asking, bargaining, telling or withdrawal. Having identified the various power strategies the authors next asked a panel of experts to rate the strategies along several dimensions including direct/indirect, unilateral/bilateral and good/bad. From these ratings a two dimensional model was developed. The horizontal dimension was one of directness with
indirect strategies (withdrawal) at one end and direct strategies at the other end (telling). The vertical dimension has unilateral strategies at one end (laissez-faire) and bilateral strategies at the other end (persuasion). Strategies that were bilateral and direct were classified as good by the expert panel and strategies that were unilateral and indirect were seen as bad (Falbo & Peplau, 1980).

The next phase of the study used the power strategies model with a sample of 200 college students, 100 heterosexual and 100 homosexual split evenly by gender. In terms of power strategies used, there were no differences between heterosexuals and homosexuals. There were gender differences only among heterosexuals with males more likely to use bilateral and direct strategies. The authors conclude that those who perceive themselves as having more power than their partner were more likely to use direct and bilateral power strategies (Falbo & Peplau, 1980). Participants were also asked about their relationship satisfaction and comparisons were made to their power strategy choices. Findings indicated greater relationship satisfaction levels were most strongly associated with the use of direct power strategies.

In a follow up study using the same power strategies, Falbo (1982) used the Personal Attributes Questionnaire to examine power strategies choices and sex role types. The Personal Attributes Questionnaire was used to categorize participants into one of four possible sex role types. These four sex roles were Masculine, Feminine, Androgynous and Undifferentiated types. Results from the sample of 50 heterosexual males and 50 heterosexual females indicated that more masculine subjects appear to select primarily direct strategies while feminine subjects were more likely to use unilateral and indirect strategies. Those subjects who described themselves as more
androgy nous in terms of sex roles used power strategies more similar to those of the masculine type.

The question of how gender impacts power strategy choices has produced mixed results. It is not clear if males or females have a gendered preference for certain power strategies or if the choice of power strategy has more to do with one’s perceived level of power in the relationship. The original study by Falbo and Peplau (1980) seemed to indicate few gender differences in power strategy choices. In a study using computer based problem solving, researchers sought to examine the influence of gender and status on power choices (Keshet, Kark, Pomerantz-Zorin, Koslowsky, & Schwarzwald, 2006). Results indicated that men selected more typically masculine typed power strategies to solve the problems. The power strategies used were a different set from the Falbo and Peplau studies and were coded as either masculine or feminine type strategies. This makes comparison difficult, but an interesting finding was that when status was manipulated, power strategy choices showed less gender difference. This suggests that power strategy selection may vary more according to social contexts than by gender (Keshet, et. al., 2006).

Similarly, Sagrestano (1992) found that perceived power had more of an impact on power strategy selection than did gender. Her sample group of 146 college students responded to various scenarios in which they were cast as either an expert or novice. Participants responded to what kinds of persuasive strategies they would use to influence a non-intimate friend. The hypothesis was that if gender is a primary factor then the same strategies should be used regardless of status. Participants responded to multiple scenarios in which their status was manipulated so that they were either considered a
novice, equivalent or expert compared to the person they were to influence. Those with expert status, perception of greater power, were more likely to choose direct strategies than those with novice status. Sagrestano argues that the findings indicate that power strategy selection has more to do with one’s perceived status/power than it does with gender (Sagrestano, 1992).

Cowan, Drinkard, and MacGavin (1984) used the power strategies model to examine the effects of age, gender and target on power strategy choices. They hypothesized that the target (here mothers, fathers or best friends) would have a significant effect on power strategy selection and that age and gender would not be factors. The researchers asked 198 children from 6th, 9th and 12th grades to write essays on how they would get something they want if the person they were asking was their father, mother or friend. Essays were coded using the power strategies scales and comparisons were made to explore the effects of age, gender and target. Results indicated that children chose the most direct and bilateral strategies with their friends, next most with mothers and most indirect strategies with fathers. The finding supports the idea that perceived power in the relationship has more to do with power strategy choices than does either gender or age (Cowan, et al., 1984). Taken together the various studies seem to provide evidence that power strategy choices are guided more by one’s perception of power in the relationship than by particular gender roles.

In addition to the question of gender and power, other researchers have used the power strategies model to explore couples uses of power. Aida (1993) examined the communication apprehension status of 42 married couples’ and compared that to their choice of power strategies. Communication apprehension is marked by avoidance or
withdrawal from partners, so it was expected that more apprehensive couples would choose more indirect strategies. Couples had been married an average of more than 6 years and ranged in age from 22 to 60 years of age. Results indicated that indirect and unilateral power strategies were more often used by couples who expressed high levels of communication apprehension.

In another study, Aida and Falbo (1991) report examining couples’ satisfaction, resources and power strategy use. The investigators used the Power Strategies Scale and the Dyadic Adjustment Scale to assess power use and relationship satisfaction. Using a sample of 42 married couples they found that more satisfied partners used less indirect power strategies. Greater marital dissatisfaction was related to the use of indirect power strategies. Aida and Falbo (1991) also examined perceived resources couples had and reported that couples who perceived themselves to be equal partners rather than more traditional were more likely to use direct and bilateral power strategies. Considering resources, couples who indicated they felt they were in an equal partner marriage as opposed to a more traditional marriage also expressed greater relationship satisfaction.

Following this idea, Weigel, Bennett, and Ballard-Reisch (2006) proposed a model to examine links between marital equity, power strategy and relationship satisfaction. Data was collected from 107 married couples, married an average of 12 years. Couples were assessed for equity – their general sense of fairness in relationship influence, along with an adaptation of the power strategies scale and the Kansas Marital Satisfaction Scale. Wives were found to use more direct power strategies when they perceived the overall relationship as more equitable. If the relationship was viewed as inequitable, wives more often chose indirect power strategies. Both husbands and wives
perceptions of equity were associated with greater satisfaction and husbands’ use of
direct strategies was also associated with greater satisfaction. The findings support the
notion that perception of one’s status has a greater impact on power strategy selection
than gender or spousal roles. The authors found support for the power strategies model
proposed by Falbo and Peplau and its usefulness in examining power issues in marital
relationships (Weigel, Bennet, & Ballard-Reisch, 2006).

While power in relationships can be conceptualized and studied in a variety of
ways, the examination of power strategies appears to be a fruitful approach to
investigating power use in couple relationships. There is growing evidence that power
strategies that reflect greater equity and desire to share power are also linked to increased
relationship satisfaction. It seems likely that the ability to share power in an intimate
relationship is also linked to one’s level of differentiation or maturity. To date this link
has not been examined and that is a primary purpose of this study.

Differentiation and Power

What is clear from the review of literature is that the concepts of differentiation
from Bowen theory and the issues of power in interpersonal relationships from feminist
theory are significant, meaningful, and complex ideas to study. The literature suggests
that Bowen theory is a useful and testable theory. Bowen theory and subsequent research
indicate that there is a significant connection between one’s level of differentiation and
the ability to manage stress. It is reasonable to assume that those individuals who come
for couples therapy are under stress and therefore, guided by Bowen theory, to expect that
better differentiated couple members would make more significant therapeutic progress.
At the same time, the review of literature on power issues also indicates that power dynamics are a significant area of study. How couples use power within their relational patterns seems likely to have a major impact on their therapeutic progress. The power strategies model which was developed out of the use of relationship power to get one’s partner to do what they want seems particularly applicable to couples therapy. After all, most couples entering therapy are in some kind of conflict in which getting their partner to do what they want is a central focus. Evidence suggests power strategies that are more bilateral and direct in approach are related to more satisfactory and egalitarian relationships. Client’s differentiation level and power strategy choices are clearly factors that they bring with them into therapy. It is the impact and possible interaction of these two major client factors that was the primary focus of this study. Using a clinical sample of couples, the study provides the opportunity to investigate Bowen theory ideas regarding differentiation and the issues of power strategy choices as these two significant factors impact each partner’s therapeutic progress.

Research Questions and Hypotheses

As seen above, there are many intriguing questions that can be pursued in an investigation of the issues of power and differentiation in couple relationships. Both Bowenian and feminist approaches to treatment provide helpful theoretical guidelines for therapists. This study empirically examined constructs from both approaches to couples therapy using a clinical sample of couples who presented for treatment at a university based couple and family therapy clinic. Given the previous work done in investigations of differentiation and power, the following specific hypotheses were used to limit the focus
of the project to areas deemed most useful. Each hypothesis is listed along with a brief statement regarding its selection and significance.

**H1:** *It was expected that individual couple members who have lower initial differentiation scores will also have scores that reflect the use of more indirect/unilateral power strategies in solving the problem that brought them into therapy.*

The first hypothesis tests the correlation between initial levels of differentiation and power strategy choices. Each partner was assessed at intake regarding each of these two characteristics. Power strategy use was in regards to past attempts to resolve conflict keeping in mind the issues that brought them into therapy. A one way analysis of variance will be used to compare the mean differentiation scores of partners across the four categories of power strategies. Power strategies were used as a categorical measure with each individuals partners’ score placing them in one of four possible categories – Bilateral/direct; Bilateral indirect; Unilateral/direct; and Unilateral/indirect. Average differentiation scores were then compared using ANOVA to test the hypothesis.

**H2:** *It was expected that the use of more indirect/unilateral power strategies at the start of treatment by members of a couple will be predictive of a slower rate of change in terms of relationship satisfaction and progress on the therapeutic problem, controlling for individual levels of differentiation.*

This hypothesis tested the impact of power strategy choices on therapeutic progress. It was thought that couple members who make greater use of unilateral/indirect power strategies likely experience more issues in sharing power and this higher level of conflict is expected to slow the pace of therapeutic progress. In order to test this and each of the remaining hypotheses a multilevel modeling approach was used. Multilevel models are ideal for use with data that is in some way nested, in this case through the use of repeated measures of each partner in the couple. In addition, the multilevel model
estimates allow for control of the non-independence of the partner scores. According to Lyons and Sayer (2005) such a model is “fit to the repeated assessments of the outcome for both partners in the dyad and……provides estimates of the average partner trajectories as well as the heterogeneity across dyads around the average trajectories.” (p. 1050). In this case each partner within the couple provides an outcome score across the initial sessions of therapy.

A Level 1 model was first estimated which provides the average partner trajectories as well as variances around the average. This model provides an average intercept and an average slope for male and female partners. A level 2 model is then estimated using an independent variable, in this case power strategies, to explain the differences in outcome across the couples. In the level 2 model the level 1 coefficients are used as outcomes allowing the introduction of predictor variables to help explain variances in each outcome. For this hypothesis power strategies served as the predictor variable.

**H3: Lower initial differentiation scores of couple members will be predictive of lower initial scores and slower change in relationship satisfaction and progress on the problem, controlling for members power strategy use.**

This hypothesis examined the Bowen construct of differentiation and predicted that those couple members with lower differentiation levels will progress more slowly. This was to be expected as lower differentiation is signified by greater emotional reactivity and therefore more frequent and intense conflicts. Couple members who experienced these higher levels of intensity were likely to express less positive outcomes. In terms of analysis, this hypothesis was tested in the same manner as hypothesis 2, only the continuous variable scores for differentiation were used as level 2 predictor variables.
H4: It was expected that couple members whose initial differentiation scores are lower and who choose more indirect/unilateral power strategies will show the least improvements in terms of relationship satisfaction and progress on the problem that brought them to therapy.

This hypothesis tested the additive relationship of differentiation and power strategies as they impact treatment progress. The expectation was that couples who start treatment with higher levels of differentiation and more shared approaches to power would make the most significant therapeutic progress. The hypothesis was tested using the same analytic procedure as with the previous hypotheses, only this time both power strategies and differentiation were considered at the same time as predictor variables. In addition, an interaction term was developed to explore whether or not the interaction of the two client factors provided greater explanatory power than either factor on its own.
CHAPTER 3

METHODOLOGY

Introduction

The purpose of the study was to investigate the impact of differentiation and power on the early phases of couples’ therapy. The study used a longitudinal design collecting data from both partners at intake and following each of the first six sessions of therapy. Measures of power and differentiation were gathered at intake. Following each session couples’ were further assessed for changes in their relationship satisfaction level and their perception of therapeutic progress.

Data Collection Procedures

Data were collected through the Ohio State University Couple and Family Therapy Clinic as part of a larger on-going study of therapeutic process and outcomes. All incoming clients who consented to treatment completed the clinic intake questionnaire. The questionnaire took most respondents about 30 minutes to complete. Clients were further offered a $10 reduction in first session fee if they agree to participate in research by completing post session questionnaires. An additional consent form was completed if clients indicated interest in participating in the post session research. All couples who consented to participate in the research were asked to complete both intake
packets and post session questionnaires. Intake packets were coded to ensure client confidentiality and were numbered to be sure that couples were identified as a unit.

Post session questionnaires were designed to be completed in approximately 5-10 minutes. Couples completed the questionnaire following their therapy session after the therapist had left the room. Completed questionnaires were placed in a locked box near the clinic exit. An assistant, not the therapist, collected the questionnaires and entered the data into the computer. Table 3.1 summarizes the instruments and times data were collected from clients. All procedures and key personnel were approved by the Ohio State University Institutional Review Board (IRB). See Appendix C form IRB approval and renewal forms.
<table>
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<tr>
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<td>Progress on the Problem</td>
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Table 3.1 Administration of Measures
Participants

The sample group for the study is a non probability convenience sample of all couple clients who presented for treatment to the Ohio State University Couples and Family Therapy Clinic. No special measures were taken to recruit couples. Data was collected beginning in February of 2007 and continued through the end of July 2008.

Demographics

The final sample group included 78 individuals who form 39 couples. While the overall sample size is not large, simulation studies have suggested that samples using as few as 30 dyads can be used without introducing significant bias into the results (Gonzalez & Griffin, 1999; Griffin & Gonzalez, 1995). In examining the demographics of the participants men ranged in age from 22 years to 69 years ($M = 32.92; SD = 10.49$). Women ranged in age from 19 years to 63 years ($M = 30.28; SD = 7.59$). Participants identified racial/ethnic groups which were consistent with the local area. The majority of participants identified themselves as Caucasian (Caucasian 73.1%; African American 9%; Asian 2%; Other 12.8%). The largest percentage of participants indicated their current relationship status as either married for the first time or remarried (49.4%). The next largest portion of the sample group indicated they were currently cohabiting (25.3%). Since a large percentage of the participants fall into this category couple members will be referred to as male and female partners throughout the analysis rather than as husbands or wives. The remaining participants indicated they were involved in a significant relationship, though not currently living together (12%) or they were separated but seeking to work on the relationship (10.7%). Relationship duration ranged from 3 months to 30 years with an average relationship length of 7.69 years ($SD = 5.93$).
Education level was measured by asking participants to select their highest level of education from a list. A very small percentage indicated not having graduated from high school (1.3%) while 15.3% indicated having graduated from high school or completing their GED. The majority of participants had either completed some college or graduated from college (64.5%) while a smaller group reported having complete graduate or professional degrees (15.8%).

Income was also measured by clients indicating their annual household income by selecting from a range provided. Income was listed in $10,000 increments. The vast majority of participants reported their annual household income was $39,000 or below (72%). The income level of the sample group is reflective of the clientele at the Couple and Family Therapy clinic which offers therapy on a sliding fee scale. The remaining participants indicated annual household incomes were between $40,000-$70,000 (12%) with a smaller group reporting their annual income totaling above $80,000 (8.9%).

Instruments

All clients were asked at intake for demographic information such as relationship status, the length of their current relationship, number of children, income level, race/ethnicity, educational background and age. In addition to this demographic information the following instruments were used in either the intake packets or the post session questionnaires.
Differentiation of Self Inventory – Revised (DSI-R)

In an effort to establish a means for testing aspects of Bowen theory, researchers have explored the development of several instruments designed to measure key concepts such as differentiation (Bartle-Haring & Sabatelli, 1995; Licht & Chabot, 2006; Skowron & Freidlander, 1998; Skowron & Schmitt, 2003). In this study, clients completed the Differentiation of Self Inventory (DSI - R) (Skowron & Friedlander, 1998, Skowron & Schmitt, 2003). The DSI-R has emerged as a reliable instrument for the measure of differentiation. It was selected for the study based on both its reliability and accessibility. The instrument is a 46 item scale with items rated on a 6 point Likert type scale. The DSI-R is identical to the original DSI only with a revised the Fusion with Others subscale (Skowron & Friedlander, 1998; Skowron & Schmitt, 2003). Scores were calculated by summing all items with higher scores reflecting greater levels of differentiation. The DSI-R provides a total score and also contains four subscales: Emotional Reactivity, I – Position, Emotional Cutoff, and Fusion with Others. All subscales reflect aspects of differentiation or the lack of differentiation. Skowron and Schmitt (2003) reported internal consistency reliabilities for the DSI-R ranging from .81 to .86 with overall scale reliability at .92. Higher scores on the DSI - R reflect higher differentiation levels. Clients completed the entire DSI-R as part of their intake assessments. Scale reliability of the DSI –R here was calculated using the SPSS statistical software. Overall scale reliability for the DSI-R was .90. Reliabilities for each of the subscales were as follows: Emotional Reactivity was .86, I Position was .78, Emotional Cutoff was .76 and the Fusion with Others subscale was .77.
The emotional reactivity subscale used 11 items to reflect a tendency to respond to others using automatic emotional responses. For example, “At times my feelings get the best of me and I have trouble thinking clearly.” The subscale is reversed scored so that higher scores indicate less reactivity and greater levels of differentiation. The I position subscale contained 11 items which were intended to indicate a person’s ability to take a stand for one’s position even when pressured to change that stance. For example, “I usually do not change my behavior simply to please another person.” Higher scores on the I position subscale are used to indicate greater levels of differentiation. The emotional cutoff subscale contained 12 items which signal fears of intimacy or defenses regarding becoming too involved in relationship. For example, “I tend to distance myself when people get too close to me.” Items are reverse scored so that higher scores on the emotional cutoff subscale indicated greater differentiation. The fusion with others subscale was revised from the previous version of the DSI. The subscale now used 12 items which indicated the degree to which one is over involved with significant others and relying heavily on others for decision making help. For example, “I feel a need for approval from virtually everyone in my life.” The fusion subscale is also reverse scored so that higher scores were reflective of greater levels of differentiation.

Revised Dyadic Adjustment Scale

The Revised Dyadic Adjustment Scale (RDAS) is a reliable, valid and short 14-item instrument that evaluates dyadic adjustment in distressed and non-distressed relationships (Busby, Christensen, Crane, & Larson, 1995). This shorter version of the popular Dyadic Adjustment Scale is considered to be an improvement and has a high internal consistency score of .90. Clients were asked to complete this measure at intake as
well as following sessions 2-6. Scores were calculated by summing responses given using a Likert type scale. Higher scores reflect greater levels of adjustment. In addition, there are three subscales offered by the instrument – Consensus, Cohesion and Satisfaction. The consensus subscale used 6 items to measure the degree to which partners agreed with various statements such as, “Indicate the degree to which you and your partner agree or disagree about career decisions.” The subscale used a Likert scale from 0 (always disagree) to 5 (always agree). The cohesion subscale contained 4 items which asked partners such things as, “How often do you and your mate engage in outside interests together?” All of the items used a question of ‘how often’ so the Likert response scale went from 0 (never) to 5 (more than once a day). Finally, the satisfaction subscale also used 4 items which asked things like, “How often do you and your partner quarrel?” Here the response scale used was 0 (all of the time) to 5 (never). The overall scale design built in reverse scoring so that higher scores on all subscales led to higher overall scale scores. A higher total score on the RDAS indicated greater relationship satisfaction.

Reliability for the RDAS used here as a total scale score was .87.

*Power Strategies Scale*

Clients completed this 13 item scale adapted from the Power Strategies Scale developed by Aida and Falbo (1991). The authors reported that the Power Strategies scales have high internal consistency, ranging from .72 to .90. Higher scores indicate that subjects use that particular strategy more frequently. In the original scale participants indicated which of the thirteen power strategies they would likely use in five hypothetical situations. Here the instrument was condensed in order to facilitate clients’ ability to complete multiple intake measures in a timely fashion. As used here clients were asked to
consider the problem they are bringing into therapy. For each of the thirteen power strategies the clients were asked to indicate how likely they are to use that strategy in solving their problem. Responses were give on a Likert scale with a range of 1 (never) to 5 (always).

The internal reliability of the Power Strategy Scale was low (Cronbach’s alpha = .63). In addition, the recommended scoring procedures for the scale created difficulty with item scores overlapping resulting in the vast majority of participants being placed in a single category. Further investigation included examination of the particular items and inter-item correlations. Three items were dropped due to poor clarity (“I ignore my partner or won’t listen to his/her side.”). In total five of the remaining items (item numbers 1,5,6,9, and 12) were grouped together to create a single continuous measure of power. This measure reflects one’s use of unilateral, direct approaches to getting one’s partner to do what they want. (“I tell my partner what I want”). Higher scores on this power scale reflect a greater willingness to act for oneself directly with their partner. Internal reliability of this new version of the Power Strategies Scale was higher (Cronbach’s alpha = .68) and the measure still provided a means to assess a key way in which partners use power with one another.

*Progress on the Presenting Problem*

Clients were asked to complete this single item scale after sessions 2 through 6. The item asked clients to assess how close the client is to living the way they would like to live once their problem is resolved. This was asked using a 10 point Likert scale with 1 (not at all close), to 10 (exactly as expected).
Data Analysis

In light of the necessary changes to the Power Strategies Scale, Hypothesis 1 had to be revised. The measure of power was no longer a categorical variable, but a single continuous measure which indicated how much partners act unilaterally and directly with their partner. The power measure now provided an assessment of how participants acted in using power to get what they want when in conflict with their partner. Higher scores reflect a more unilateral and direct approach to getting what one wants. Thus, hypothesis 1 was reworded this way: *It was expected that individual couple members who have lower differentiation scores at intake will also have scores that are lower on the Power Strategies scale.* Each of the remaining hypotheses also had to be changed to reflect the change in the Power Strategies Scale from a categorical to a continuous level variable. Hypothesis 1 was tested using bivariate correlations between the power measure and the four differentiation subscales.

The primary approach to data analysis for the remaining hypotheses involved the use of Hierarchical Linear Modeling (HLM). In these models, change in marital satisfaction and progress on the presenting problem were used as dependent variables and initial levels of differentiation and/or power strategies from each partner were used as explanatory variables at level 2 of the model. Each hypothesis is again listed below along with the equations used in HLM to test that hypothesis. The equations used to test hypothesis 2 and hypothesis 3 were written using relationship satisfaction as the dependent variable. A matching set of equations was also estimated using progress on the problem as the dependent variable.
H2: It was expected that the lower scores on the power measure at the start of treatment by members of a couple will be predictive of a slower rate of change in terms of relationship satisfaction and progress on the therapeutic problem, controlling for individual levels of differentiation.

H3: Lower initial differentiation scores of couple members would be predictive of lower initial scores and slower change in relationship satisfaction and progress on the problem, controlling for members' power strategy use.

Level 1 Equation

Relationship satisfaction = Intercept (Partner 1) + Slope (Partner 1) + Intercept (Partner 2) + Slope (Partner 2)

Level 2 Equations

Intercept (Partner 1) = Power Strategies (Partner 1 intercept) + Power Strategies (Partner 2 intercept) + Differentiation (Partner 1 intercept) + Differentiation (Partner 2 intercept)

Intercept (Partner 2) = Power Strategies (Partner 1 intercept) + Power Strategies (Partner 2 intercept) + Differentiation (Partner 1 intercept) + Differentiation (Partner 2 intercept)

Slope (Partner 1) = Power Strategies (Partner 1 intercept) + Power Strategies (Partner 2 intercept) + Differentiation (Partner 1 intercept) + Differentiation (Partner 2 intercept)

Slope (Partner 2) = Power Strategies (Partner 1 intercept) + Power Strategies (Partner 2 intercept) + Differentiation (Partner 1 intercept) + Differentiation (Partner 2 intercept)
$H4$: It was expected that couple members whose initial differentiation scores are lower and who have lower power scores will show the least improvements in terms of relationship satisfaction and progress on the problem that brought them to therapy.

Once again only the equations using relationship satisfaction are listed, though a matching set of equations was used with progress on the problem as the dependent variable.

Level 1 Equation

Relationship satisfaction = Intercept (Partner 1) + Slope (Partner 1) + Intercept (Partner 2) + Slope (Partner 2)

Level 2 Equations

Intercept (Partner 1) = Differentiation (Partner 1 intercept) + Differentiation (Partner 2 intercept) + Power Strategies (Partner 1 intercept) + Power Strategies (Partner 2 intercept) + Power Strategies x Differentiation

Intercept (Partner 2) = Differentiation (Partner 1 intercept) + Differentiation (Partner 2 intercept) + Power Strategies (Partner 1 intercept) + Power Strategies (Partner 2 intercept) + Power Strategies x Differentiation

Slope (Partner 1) = Differentiation (Partner 1 intercept) + Differentiation (Partner 2 intercept) + Power Strategies (Partner 1 intercept) + Power Strategies (Partner 2 intercept) + Power Strategies x Differentiation

Slope (Partner 2) = Differentiation (Partner 1 intercept) + Differentiation (Partner 2 intercept) + Power Strategies (Partner 1 intercept) + Power Strategies (Partner 2 intercept) + Power Strategies x Differentiation
The HLM approach provided a number of benefits in investigating dyadic data collected over time. First, HLM was particularly suited to this project because it allowed the couple to be retained as the unit of analysis (Lyons & Sayer, 2005; Maguire, 1999). According to Lyons and Sayer (2005) many previous approaches to the study of couple relationships have either chosen to ignore the partnership aspects of the dyad or selected samples of un-partnered people. These approaches lead to potentially misinterpreted results since the interdependence of the dyad is not taken into account. HLM allowed for the study of outcomes in the context of the dyad while controlling for the interdependent nature of the couple’s scores.

In addition to accounting for the interdependence of the data, Lyons and Sayer (2005) suggested other benefits to using HLM when working with dyadic, longitudinal data. These included allowing for unbalanced designs in the number or spacing of measures and allowance for missing responses if the responses are missing at random. Given the data collection process, both of these proved to be helpful benefits. Measures were spaced by session, thus they were not given in equal time segments. In addition, since the data was collected over six therapy sessions, from multiple parties, some of the missing data was deemed to be missing at random.

Finally, another benefit of the use of HLM is that it allowed for exploration of variances in trajectories across dyads. Each partner can have a unique trajectory estimated which can then be tested for significant difference in both intercept and slope. In this study, outcome measures of relationship satisfaction and progress were taken after sessions 2-6. These outcome measures for each partner could be estimated and variances could be further explored using the measures of differentiation and power strategies as
explanatory variables. Analysis was conducted using HLM6 software (Raudenbush, Bryk, & Condon, 2001).
CHAPTER 4

RESULTS

Introduction

The purpose of the study was to explore the relationships between differentiation, power and couples perceived treatment progress in the early sessions of therapy. Guided by previous work in Bowen theory on the concept of differentiation and in feminist theory in the area of power dynamics, it was hypothesized that these two major client factors would have a significant impact on couples’ treatment progress. Participants included all consenting couple therapy clients who presented for treatment at the OSU Couple and Family Therapy clinic between February 2007 and July of 2008. Data was collected at intake and following the first six treatment sessions in hopes of exploring further the impact of these client factors on couple’s therapy.
Sample Characteristics

Couple Attrition

The final sample totaled 39 couples with complete data at intake. The number of couples decreased over time from intake as indicated in Table 4.1. Couple attrition was attributable to a number of factors including couples who completed treatment before the sixth session, couples who dropped out of treatment before the sixth session and couples who have not yet had six treatment sessions. Comparisons were made between the couples completing all six sessions and remaining couples to examine if any significant differences were present between the two groups on the variables of interest.

The total sample group was divided into two groups. Completers were couples who had completed all six sessions of treatment (n=11 couples) and all remaining couples (n=28 couples) were considered non-completers. Independent sample t-tests were preformed to compare the two groups in terms of both their demographic characteristics and in regards to the variables of interest. No significant differences were found between the mean scores of completers and non-completers in age or relationship duration. Chi-Square tests of difference were used to compare the two groups on categorical variables. Once again there were no significant differences between groups in terms of income, education, race/ethnicity or relationship status.

Turning to the variables of interest, independent sample t-tests were used to compare mean scores between completers and non-completers. No significant differences were present between the two groups in either satisfaction scores or progress on the problem scores. There were also no significant differences between groups on the power strategies measure and on three of the four differentiation subscales. The only significant
difference between groups occurred on the I-Position subscale ($t=2.27$, df = 75, alpha = .026). The difference suggests that average scores on the I Position subscale were significantly higher for the 11 couples who completed treatment as compared to the non-completers.
<table>
<thead>
<tr>
<th>Intake</th>
<th>Time 2</th>
<th>Time 3</th>
<th>Time 4</th>
<th>Time 5</th>
<th>Time 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>29</td>
<td>25</td>
<td>17</td>
<td>14</td>
<td>11</td>
</tr>
</tbody>
</table>

Table 4.1  Number of Couples with Complete Data by Time
Missing Data

In addition to the issue of client dropout, there was also a problem with missing data. Missing data most frequently occurred when clients appeared to have skipped particular questions. As required by the Institutional Review Board all clients were informed on the questionnaires that they have the freedom to skip any question. The missing items appear to be at random rather than showing a pattern of skipping particular questions. In order to maximize data available for analysis missing values were examined for the DSI-R and the RDAS. Missing values were replaced by using the series mean as a replacement value but only if the number of missing items for the scale totaled less than 30% of the total number of items.

Descriptive Statistics

Table 4.2 provides the descriptive statistics for male and female partners on each of the key variables. Mean scores for males on Satisfaction at intake and on Progress at session 2 were higher than for females. (Male Satisfaction M = 41.05, Female Satisfaction M = 36.24; Male Progress M =5.45, Female Progress M = 4.85). In general, males and females showed an increase in their average scores for Satisfaction and for Progress across the six treatment sessions.
<table>
<thead>
<tr>
<th>Partner</th>
<th>Range</th>
<th>Mean</th>
<th>Standard Deviations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Reactivity</td>
<td>11 to 66</td>
<td>41.04</td>
<td>9.71</td>
</tr>
<tr>
<td>I Position</td>
<td>11 to 66</td>
<td>46.09</td>
<td>7.72</td>
</tr>
<tr>
<td>Emotional Cutoff</td>
<td>12 to 72</td>
<td>51.11</td>
<td>9.37</td>
</tr>
<tr>
<td>Fusion with Others</td>
<td>12 to 72</td>
<td>45.80</td>
<td>8.98</td>
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<tr>
<td>Unilateral Power</td>
<td>1 to 5</td>
<td>3.35</td>
<td>0.57</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>0 to 69</td>
<td>41.05</td>
<td>8.13</td>
</tr>
<tr>
<td>Satisfaction 2</td>
<td>0 to 69</td>
<td>40.72</td>
<td>9.94</td>
</tr>
<tr>
<td>Satisfaction 3</td>
<td>0 to 69</td>
<td>40.86</td>
<td>7.37</td>
</tr>
<tr>
<td>Satisfaction 4</td>
<td>0 to 69</td>
<td>40.89</td>
<td>9.45</td>
</tr>
<tr>
<td>Satisfaction 5</td>
<td>0 to 69</td>
<td>43.49</td>
<td>6.75</td>
</tr>
<tr>
<td>Satisfaction 6</td>
<td>0 to 69</td>
<td>45.82</td>
<td>8.07</td>
</tr>
<tr>
<td>Progress 2</td>
<td>1 to 10</td>
<td>5.45</td>
<td>1.95</td>
</tr>
<tr>
<td>Progress 3</td>
<td>1 to 10</td>
<td>6.08</td>
<td>1.70</td>
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<tr>
<td>Progress 4</td>
<td>1 to 10</td>
<td>6.44</td>
<td>1.23</td>
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<tr>
<td>Progress 5</td>
<td>1 to 10</td>
<td>6.89</td>
<td>0.93</td>
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<td>Progress 6</td>
<td>1 to 10</td>
<td>6.78</td>
<td>0.83</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Emotional Reactivity</td>
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<td>9.49</td>
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<td>Fusion with Others</td>
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<td>Unilateral Power</td>
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<td>Satisfaction</td>
<td>0 to 69</td>
<td>36.24</td>
<td>11.07</td>
</tr>
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<td>Satisfaction 2</td>
<td>0 to 69</td>
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<td>Satisfaction 4</td>
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<td>1 to 10</td>
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<td>2.04</td>
</tr>
<tr>
<td>Progress 4</td>
<td>1 to 10</td>
<td>5.17</td>
<td>2.12</td>
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<td>Progress 5</td>
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<tr>
<td>Progress 6</td>
<td>1 to 10</td>
<td>6.11</td>
<td>1.54</td>
</tr>
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</table>

Table 4.2  Descriptive Statistics
Paired t-tests for males and females satisfaction at baseline were significant ($t = 3.21$, df = 38, $p = .003$). Although mean scores for satisfaction were significantly different at intake, by the sixth treatment session mean scores were much closer (Male Satisfaction 6 $M = 45.82$, Female Satisfaction 6 $M = 44.31$) and showed no significant difference in paired t-tests. Paired t-tests for progress were not significant, meaning differences between male and female reports of progress were more similar than their reports of satisfaction.

On the Power measure male and female average scores were virtually identical (Males $M = 3.35$, Females $M = 3.34$) with no significant differences. Paired t-tests for each of the subscales for differentiation indicated significant differences between males and females: Emotional Reactivity $t = 4.41$, df = 37, $p = .000$; I Position $t = 3.52$, df = 37, $p = .001$; Emotional Cutoff $t = 2.84$, df = 38, $p = .008$; Fusion $t = 2.57$, df = 38, $p = .015$. The average scores on the four differentiation subscales showed males reporting higher levels of differentiation across all four subscales than females.

Correlations

Satisfaction

Table 4.3 presents correlations between all of the major variables at intake. Correlations were calculated using the SPSS statistical package. For males there was a positive and significant correlation between two of the differentiation subscales - I position subscale ($r = .33; p < .05$) and the Emotional cutoff subscale ($r = .50; p < .001$) – and the power measure (being direct; assertiveness). The scores indicate that reporting a higher level of differentiation in regards to taking I positions and avoiding emotional cutoffs is associated with using assertive forms of communication.
**Table 4.3 Correlations of Variables at Intake**

<table>
<thead>
<tr>
<th></th>
<th>ER</th>
<th>I Pos</th>
<th>Cut</th>
<th>Fus</th>
<th>Pow</th>
<th>Sat</th>
<th>ER</th>
<th>I Pos</th>
<th>Cut</th>
<th>Fus</th>
<th>Pow</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
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<td><strong>Male</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>React</td>
<td>--</td>
<td>.467**</td>
<td>.283</td>
<td>.686**</td>
<td>.087</td>
<td>-.017</td>
<td>-.278</td>
<td>-.392*</td>
<td>-.247</td>
<td>-</td>
<td>-.503**</td>
<td>.120</td>
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<td>.441**</td>
<td>.331*</td>
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<td>-.185</td>
<td>-.042</td>
<td>-.409*</td>
<td>-.326*</td>
<td>.042</td>
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<tr>
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<td>.289</td>
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<td>.121</td>
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<td>-.119</td>
<td>-.173</td>
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<tr>
<td>Fus</td>
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<td>.159</td>
<td>-.066</td>
<td>-.125</td>
<td>-.193</td>
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<td>-.274</td>
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<td>.285</td>
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<td>-.077</td>
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<td>.259</td>
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<td></td>
</tr>
<tr>
<td><strong>Female</strong></td>
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<tr>
<td>React</td>
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<td>.302</td>
<td>.435**</td>
<td>.612**</td>
<td>-.165</td>
<td>.364*</td>
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<td>I Pos</td>
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<td>.238</td>
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</tr>
<tr>
<td>Cut</td>
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<td>.269</td>
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<tr>
<td>Fus</td>
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<td>.056</td>
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<tr>
<td>Pow</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Correlation is significant at the 0.05 level (2 tailed)
** Correlation is significant at the 0.001 level (2 tailed)
In addition, for females one of the differentiation subscales showed a significant correlation for relationship satisfaction at intake. The relationship between satisfaction and emotional reactivity was positive (r = .36; p < .05) suggesting an association for females between being less emotionally reactive and more satisfied with their relationship.

Another interesting correlation was between male partners’ relationship satisfaction at intake and female partners’ emotional reactivity (r = .40; p < .05). This positive relationship indicated a significant relationship where males report higher satisfaction levels when females report greater differentiation, in this case in the form of lowered emotional reactivity. Female partner relationship satisfaction showed no significant correlations with male partner differentiation levels.

Finally, there were some significant correlations between male and female partners on the differentiation subscales. A number of the differentiation subscales were significantly related. The direction of the associations was primarily negative which meant that higher male partners differentiation scores were associated with lower female partners scores. Male partner emotional reactivity was correlated with females I position scores (r = -.39, p < .05) and Fusion scores (r = -.50, p < .001). Male partner I position scores were related to female partners Emotional Cutoff (r = -.41, p < .05) and their Fusion scores (r = -.33, p < .05). Finally, male Emotional Cutoff scores were correlated with female Emotional Cutoff scores (r = -.33, p < .05). The correlations suggest a significant association between male and female partners’ differentiation levels.
Progress on the Problem Correlations

Correlations were also calculated between differentiation and power variables with the progress measure at session 2. Table 4.4 provides these correlations.

For males, scores on I Position were positively correlated with their reports of progress at Time 2 ($r = .47, p < .05$). This was the only variable reported by males that correlated significantly with males’ report of progress. However, male partner scores for Emotional Cutoff and for the Power measure both were significantly correlated with female partners' reports of progress at Time 2 (Emotional Cutoff $r = .39, p < .05$; Power $r = .40, p < .05$). Female Emotional Reactivity scores were also significantly correlated with male partner reports of progress at Time 2 ($r = .49, p < .05$). These scores suggest that higher levels of differentiation for females are related to their male partners’ report of progress in therapy.
### Table 4.4  Correlations Between Variables and Progress at Baseline

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>React</td>
<td>.190</td>
<td>.063</td>
</tr>
<tr>
<td>I Pos</td>
<td>.468*</td>
<td>-.189</td>
</tr>
<tr>
<td>Cutoff</td>
<td>-.044</td>
<td>.391*</td>
</tr>
<tr>
<td>Fusion</td>
<td>.186</td>
<td>.163</td>
</tr>
<tr>
<td>Power</td>
<td>.358</td>
<td>.403*</td>
</tr>
</tbody>
</table>

* Correlation is significant at the 0.05 level (2 tailed)

** Correlation is significant at the 0.001 level (2 tailed)
Hypothesis 1

Hypothesis 1 suggested that individuals who came to therapy as members of a couple would show a significant relationship between their level of differentiation and their power strategy choices. Specifically, hypothesis 1 stated that there would be a significant correlation between differentiation scores and scores on the power strategy measure, such that low scores on one would be associated with low scores on the other. Initial tests of correlations among all variables indicated a significant and positive correlation only for males I Position and Emotional Cutoff scores with power (See Table 4.3). The remaining differentiation subscales for male partners produced no significant correlations with the power measure. In addition, none of the differentiation subscales for female partners significantly correlated with the power measure. Thus, hypothesis 1 was supported only partially for males and not at all for female partners.

Multilevel Model Tests

Hypotheses 2, 3, and 4 each examined the relationships between power, differentiation and two different outcomes – relationship satisfaction and progress on the problem. To test these hypotheses the data was analyzed using a multilevel modeling approach and working with the HLM6 software package (Raudenbush, Bryk, & Congdon, 2001). Multilevel modeling allows for analysis of the partners’ initial satisfaction level and trajectory of change in satisfaction while controlling for the nonindependence of scores that is inherent in examining couple relationships. The analysis began with estimating an unconditional model using relationship satisfaction as an outcome. Results of this model are shown in Table 4.5. The model estimates both an
intercept and a slope for male and female partners providing a baseline satisfaction level as well as a trajectory of change across the six therapy sessions.

**Level 1 Model for Satisfaction**

As can be seen in the table, intercepts for both males and females are significantly different than zero. Average satisfaction scores for males at intake were higher than the average for females (Males intercept 40.53, Female intercept 37.64). The slopes indicate average changes in satisfaction levels over time. In this case female partners’ slopes were higher than were males (Female slope 1.31, Male slope .518). The result suggests that on average females level of satisfaction increases a little more than one point per session while male partners see an increase of only about a half a point per session in their level of satisfaction. Female partner’s slopes were significant, but the male partner’s slopes were not significant. The male partner slope result suggests that on average the amount of change in satisfaction per session is not a significant level of change.

Results for both males and females showed significant variance in their intercepts (Males $\chi^2 (27) = 214.92, p < .001$; Females $\chi^2 (27) = 279.87, p < .001$). Males and females also showed significant variance in their slopes so that although on average male satisfaction scores did not change much over time, there was significant variability between males in their satisfaction slopes (Males $\chi^2 (27) = 54.41, p < .001$; Females $\chi^2 (27) = 55.18, p < .001$). The variance results suggested that there was still significant variability in the results and warranted further investigation. Figure 1 illustrates the variability in the intercepts and slopes for females satisfaction levels. A similar figure could be produced for males’ satisfaction levels over time. The level 2 model sought to
explain these significant variances in intercepts and slopes by simultaneously estimating the effects of differentiation and power scores for each of the partners.
Table 4.5 Initial Model of Relationship Satisfaction by Time

<table>
<thead>
<tr>
<th></th>
<th>Male Partner</th>
<th>Female Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>40.53 (1.39)**</td>
<td>37.64 (1.72)**</td>
</tr>
<tr>
<td>Slope</td>
<td>.518 (.345)</td>
<td>1.31 (.344)**</td>
</tr>
</tbody>
</table>

**p<.001
Figure 4.1 Female Satisfaction Levels over Time
Further examination of the results for this first model indicated that there was a substantial correlation between male partner and female partners’ intercept and slope. Tau correlations for male and female partners’ intercept were .731 and for male and female partners’ slope it was .945. Tau correlations in HLM output provide a standardized covariance of the intercept and slope for male and female partners. This result suggests that a more parsimonious model could be estimated using a single intercept model. This model would change the level 1 equation which was used in the first model to an alternative equation which provides a single intercept for satisfaction. Thus, the original level one equation used was the following:

\[
\text{Relationship satisfaction} = \text{Intercept (Partner 1)} + \text{Slope (Partner 1)} + \text{Intercept (Partner 2)} + \text{Slope (Partner 2)}
\]

The level 1 equation used for the single intercept model looked like this.

\[
\text{Relationship satisfaction} = \text{Intercept} + \text{Slope (Spouse)} + \text{Slope (Time)}
\]

In this case the spouse variable was coded to be -1 for male partners and 1 for female partners. The use of the spouse variable made it possible to continue to account for the differences in intercepts of male and female partners given that the correlation for the intercept was not as high as the correlation for the slope. The single intercept model thus provided three useful results. The new model estimated an average level of satisfaction at baseline, a differential score in satisfaction by spouse and a trajectory of change in satisfaction over time. A level 2 model could then still be estimated in which the variables of interest were used to help explain variability in the level 1 result.
Single Intercept Models for Satisfaction

Two single intercept models were estimated beginning with the level 1 model. The second model was a level 2 model which was estimated using each of the differentiation subscales and the power measure as predictor variables. Results for the two models are listed in Table 4.6. The model 1 intercept provided an average level of relationship satisfaction at baseline. The total score is 39.04 and the t-value is significant which indicated that the intercept was significantly different than 0. According to Crane, Middleton and Bean (2000) a cutoff score of 48 and above on the RDAS was significant for distinguishing non distressed couples from distressed couples. Given the clinical nature of the sample it was not surprising that the average score for the sample group was below the cutoff score.

The spouse parameter indicated the differential in all satisfaction scores between male and female partners. The parameter estimate was -.862 indicating that males (coded as -1 in the analysis) report higher levels of satisfaction than females. The estimate was not significant. Paired t-tests run previously indicated that there were significant differences between male and female partners for satisfaction at intake. Since time was included in this model the spouse parameter here however estimated differential in satisfaction across all time points. Previous t tests indicated that over time differences in partners’ satisfaction scores lost significance.

The time parameter provided an average trajectory in satisfaction scores across the six treatment sessions. The coefficient was 1.01 and was significantly different than 0. This meant that over time participants reported an increase of just over one point per session in their satisfaction level.
<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coef.</td>
<td>t-value</td>
<td>Coef.</td>
<td>t-value</td>
<td></td>
</tr>
<tr>
<td>Intercept</td>
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<td>27.29***</td>
<td>39.04</td>
<td>35.70***</td>
<td></td>
</tr>
<tr>
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<tr>
<td>M Cutoff</td>
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<td>-1.83</td>
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</tr>
<tr>
<td>M Fus</td>
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</tr>
<tr>
<td>M Power</td>
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*p<.05, **p<.01, ***p<.001

Table 4.6 HLM Parameter Estimates for Relationship Satisfaction
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<td>$\chi^2$</td>
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***p<.001

Table 4.7 HLM Random Effects for Satisfaction
Examination of the random effects for model 1 showed significant variance remained for all three parameters. The significant variances in Model 1 parameters suggested that continued analysis using a level 2 model was warranted. Table 4.7 shows the variances and chi squares for Model 1 and Model 2.

*Level 2 Model for Satisfaction*

The second model estimated was a level 2 model in which the differentiation and power scores were used as explanatory variables. For the intercept, or the average level of satisfaction at baseline, female partners’ emotional reactivity and male partners’ power scores were positive and significant. The result indicated that when female partners’ reported a higher level of differentiation in regard to emotional reactivity that the average satisfaction level of the partners at intake was also higher. Likewise, when male partners who reported higher power scores – more direct, unilateral approaches to their partner – the average level of partners’ satisfaction was higher. None of the other level 2 variables provided any significant explanatory effects for variance in the intercept.

The spouse variable in the level 2 model indicated the differential between male and female satisfaction scores. The level 2 variables thus predicted the differences in satisfaction scores between partners. For spouse, female emotional cutoff scores and female power scores were significant predictors. The emotional cutoff score was positive and indicated that when female partners’ reported being more differentiated in terms of emotional cutoff the differential in satisfaction scores between males and females was reduced. Figure 4.2 illustrates the relationship. Female power scores were negative and indicated that when female partners’ reported being more direct and unilateral with their partner the differences between partners in satisfaction level increased (See Figure 4.3).
Figure 4.2  Differential in Satisfaction by Female Partners’ Emotional Cutoff
Figure 4.3  Differential in Satisfaction by Female Partners’ Power Score
Examination of the trajectory of change in satisfaction resulted in two significant predictor variables. Female fusion with others scores were positive and significant. This meant that when female partners reported greater differentiation in terms of fusion with others satisfaction levels increased significantly over time (See Figure 4.4). In addition, the female power scores were positive and significant which suggested that over time when female partners used more direct and unilateral expressions of power, relationship satisfaction increased (See Figure 4.5). Random effects reported previously in Table 4.7 for Model 2 indicated that while some of the level 2 variables helped explain the variability in relationship satisfaction, significant levels of variance remain for all portions of the model.

Model 1 which included spouse and time at level 1, but no level 2 variables, explained an additional 52.83% of the variance in relationship satisfaction from a completely unconstrained model. Model 2, which included both of the client factors of power and differentiation, helped explain an additional 17.14% of the variance in the intercept, or initial satisfaction levels, from Model 1. The level 2 variables also added to the explanation of variance in the differential between partners in satisfaction. Here Model 2 explained an additional 22.61% of the variance in spouse. Variance explained over time was more complicated. Changes in variance between the two models resulted in a negative outcome. While a negative variance is puzzling, such a result is not uncommon in multilevel models (Roberts, 2006).
Chi-square difference tests were preformed using the time slope variance between Model 1 and a model with only power as a level 2 variable ($\chi^2 = .10$, df=2); between Model 1 and a model with only differentiation variables at level 2 ($\chi^2 = 13.85$, df =8); and between Model 1 and Model 2 ($\chi^2 = 13.53$, df = 10). None of the chi-square tests proved to be significant.

Researchers continue to explore better ways to explain such negative variance results in multilevel models and several methods have been proposed, but none of these approaches applied well to this particular model (Roberts, 2006). It is possible that the negative variance is related to the overall sample size, especially in the over time results where there are only 2 groups in the model and the total number of observations dropped to only 11 couples by session 6.
Figure 4.4  Trajectory of Relationship Satisfaction by Female Fusion with Others
Figure 4.5  Trajectory of Relationship Satisfaction by Female Power Scores
Satisfaction Model 3

A third satisfaction model was estimated to test for possible interaction effects between significant differentiation variables and power. Separate models were tested for each of the significant differentiation variables from Model 2. Only the model for female partners’ emotional cutoff produced a significant interaction effect. Using satisfaction as the outcome variable, Model 3 included female emotional cutoff and female power as level 2 predictor variables along with an interaction term (cutoff x power). Results indicated significant effects for emotional cutoff, power and the interaction term for the time slope (Cutoff coefficient=.40, \( t = 2.10; p<.05 \); power coefficient= 6.08, \( t = 2.53; p<.05 \); interaction term coefficient= -.13, \( t = -2.30; p<.05 \)). As can be seen in Figure 4.6, when female emotional cutoff scores were low and when power scores were also low satisfaction levels started lower and decreased over time. On the other hand, when cutoff scores were high and power scores were high satisfaction scores started higher and increased over time. The results indicated that the more differentiated the female partners and the more direct in terms of power use the more satisfaction levels increased.
Figure 4.6  Satisfaction Levels by Female Emotional Cutoff and Power
Multilevel Models for Progress on the Problem

The analysis using progress on the problem as the outcome variable was conducted in a similar manner as the previous analysis with satisfaction. Correlations between satisfaction and progress were low ($r = .303$ for males, $r = .308$ for females) and not significant suggesting while there is some overlap between them, satisfaction and progress form two different outcomes. The measure of progress used a 1 to 10 scale based on how close participants were to resolving the problem that brought them to therapy. A review of the 39 cases for presenting problem revealed the vast majority of couples came for help resolving conflicts. More than 30 of the 39 couples stated they needed help resolving conflicts. Some participants stated specific areas of conflict such as regarding children or finances. While some couples said they were not sure if they should stay together, most also stated that they hoped to resolve their conflicts and stay together.

The analysis of progress outcomes started when a level 1 model was estimated using a two intercept model. Given the findings with the satisfaction model the tau correlations were examined. The tau correlation provided a standardized covariance for the intercept and slope for males and females. In contrast to the satisfaction model, the tau correlations for the progress model were low (Intercept correlation .456; slope correlation .378). Given this result, a two intercept model approach was then used for progress outcomes.

For the two intercept model the equations used are listed below.

Level 1 Equations

Progress = Intercept (Partner 1) + Slope (Partner 1) + Intercept (Partner 2) + Slope (Partner 2)
Level 2 Equations

Intercept (Partner 1) = Power Strategies (Partner 1 intercept) + Power Strategies (Partner 2 intercept) + Differentiation (Partner 1 Intercept) + Differentiation (Partner 2 Intercept)

Intercept (Partner 2) = Power Strategies (Partner 1 intercept) + Power Strategies (Partner 2 intercept) + Differentiation (Partner 1 Intercept) + Differentiation (Partner 2 Intercept)

Slope (Partner 1) = Power Strategies (Partner 1 intercept) + Power Strategies (Partner 2 intercept) + Differentiation (Partner 1 Intercept) + Differentiation (Partner 2 Intercept)

Slope (Partner 2) = Power Strategies (Partner 1 intercept) + Power Strategies (Partner 2 intercept) + Differentiation (Partner 1 Intercept) + Differentiation (Partner 2 Intercept)

Model 1 Result for Progress

Two initial models were estimated for progress. Table 4.8 shows the results of these two models. Model 1 was a level 1 model which provided average intercept for progress for males and females. This intercept was the average amount of progress reported at session 2 which was the baseline for the progress measure. Both males and females reported progress at the mid range (Males 5.67, Females 5.07 on a 10 point scale). Estimates for the intercept for both males and females were significantly different from 0. Paired t-tests run previously had indicated that the differences between male and female progress scores at baseline were not significant.
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*p<.05, **p<.01, ***p<.001

Table 4.8  HLM Parameter estimates for Progress on the Problem
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*p<.05, **p<.01, ***p<.001

Table 4.9      HLM Random Effects for Progress on the Problem
The slope estimate indicated the average amount of change in progress over time for males and females. Here the estimate for males was .364, which indicated an average increase in progress of about one third of a point per session. The estimate was significantly different from 0. For females, the slope coefficient was only .167 and was not significantly different from 0. Examination of the random effects for model 1 indicated a significant amount of variance remained and warranted continued exploration of the data using a level 2 model. Random effects for model 1 and model 2 are shown in Table 4.9. Variances and chi squares indicated there were still significant unexplained variances for the male intercept and the female intercept and slope.

Model 2 Results for Progress

The second model estimated was a level 2 model which used the subscales for differentiation and the power variable as explanatory variables. In this model, the level 2 variables helped explain variance in the intercept and slopes for both males and females. For males, three differentiation subscales provided significant explanation of the intercept. These three were male emotional reactivity, male I position and female partner fusion with others. All three variables were positive in direction which indicated that the greater the differentiation reported the higher on average males reported progress at baseline. Figure 4.7 provides an example of the impact of emotional cutoff and I position for males on the male intercept for progress. Figure 4.8 highlights the impact of female fusion on males progress intercept.
Figure 4.7  Male Report of Progress at Baseline by Male Emotional Cutoff and Male I Position
Figure 4.8  Male Report of Progress at Baseline by Female Fusion

Progress

Males

Low Fusion = -9.962
High Fusion = 9.038
For females, the intercept was also significantly explained by three of the differentiation subscales. This time the three indicators were male emotional cutoff, female emotional cutoff and female I position. Both of the cutoff subscales were positive which meant the greater the differentiation the higher on average were females’ reports of progress at baseline (See figure 4.9). However, the I position estimate was negative which indicated the opposite was true, the lower female differentiation was in term of I position, the higher females average report of progress. This result is illustrated in Figure 4.10.

The estimates for slope provide an average change in progress over time for males and females. For males, two differentiation subscales were again significant predictors. This time it was female differentiation that made the difference in explaining males’ progress slope. Female I position was significant and positive which meant when females reported greater differentiation in terms of I position males reported increased progress. Figure 4.11 provides an illustration of this relationship. At the same time, female fusion with others was significant and negative which meant when females reported less differentiation in terms of fusion males saw increased progress (See figure 4.12).

Turning to females slope, there were four significant indicators. Male power scores were significant and female emotional reactivity, I position and emotional cutoff were also significant. The male power coefficient was negative which indicated that females reported greater progress over time when males used less direct and assertive approaches with them (See figure 4.13). Two of the differentiation estimates – female I position and female emotional reactivity- were positive which meant when females
Figure 4.9  Female Report of Progress at Baseline by Male and Female Emotional Cutoff
Figure 4.10  Female Report of Progress at Baseline by Female I position

Low I Position = -5.385
High I Position = 7.615
reported higher differentiation in these ways they also saw greater progress over time. This result is illustrated in Figure 4.14. On the other hand, the emotional cutoff subscale was significant and negative which suggested that when females were less differentiated in terms of cutoff they saw more progress on the problem (See Figure 4.15). Random effects for model 2 were reported previously in Table 4.9 and they indicated that significant unexplained variance still remained for the male intercept, and the female partners’ intercept and slope.

Model 1 which included the intercepts and slopes for males and females, but no level 2 variables, explained 61.94% of the variance in progress over a completely unconstrained model. The addition of power and differentiation variables at level 2 in Model 2 helped explain a large percent of the variance from Model 1. The additional level 2 variables helped explain 78.66% of the variance in males’ initial report of progress and 55.84% of the variance in females’ initial progress reports. In terms of progress over time, Model 2 also helped explain variability that was left unexplained in Model 1. Here, 93.17% of the variability in males’ progress over time was explained by Model 2 and 77.30% of the variance in females’ slope for progress was explained. Overall, the addition of differentiation and power variables to the model helped explain variability in progress.
Figure 4.11  Male Report of Progress over time by Female I Position

Low I Position = -5.385
High I Position = 7.615
Figure 4.12  Male Report of Progress over time by Female Fusion
Figure 4.13  Female Report of Progress over Time by Male Power
Figure 4.14  Female Report of Progress over Time by Female Emotional Reactivity and Female I Position
Figure 4.15  Female Report of Progress over Time by Female Emotional Cutoff
**Progress Model 3**

A third set of models was estimated to test for interaction effects between the significant differentiation subscales and power from Model 2. The only one of these models to produce a significant interaction effect was the model for female fusion. Model 3 for progress included female fusion, female power and the interaction term (female fusion x female power) as level 2 predictors. Results indicated significant effects for explanation of both male and female intercepts. Table 4.10 provides coefficients and \( t \) scores for Model 3. Figure 4.16 illustrates the relationships between female fusion and female power on progress.
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<td>.297</td>
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</table>

*p<.05, **p<.01, ***p<.001

Table 4.10  HLM Parameter Estimates for Progress Interaction Model
Figure 4.16  Female Fusion and Female Power by Baseline Progress for Males
Figure 4.17  Female Fusion and Female Power by Baseline Progress for Females
Findings and Study Hypotheses

The study hypothesized that the client factors of power and differentiation would be significant in explaining couples’ therapy outcomes as measured by relationship satisfaction and progress on the problem. All of the hypotheses were at least partially supported by the findings. The next section will review each hypothesis in regards to the different outcome measures. Following that there is a general discussion of the overall study findings.

Hypothesis 1

The first hypothesis suggested a relationship between differentiation and power would exist such that lower levels of differentiation and lower power scores would correlate. There was only minimal support for this hypothesis in the study. Correlations between differentiation and power were significant only for males and only on two of the four differentiation subscales. Male I position and emotional cutoff scales were positively correlated with power. Results suggested that males who endorse I-position statements such as (“I am able to say no to others even when I feel pressured by them”) and who are less likely to endorse emotional cutoff statements (“I tend to have difficulty expressing...
my feelings to people I care for”) were more likely to endorse a unilateral direct form of power. There were no significant correlations between power scores and differentiation level for female partners. It should be noted that the power strategies measure was less than satisfactory. The only meaningful score possible was for an assertive form of communication, (i.e. direct and unilateral). This limited the power measure and it may be that other power strategies may be related to differentiation for both males and females. The significant relationships were for males and may indicate a more traditionally masculine stance (i.e. using I position and not being emotionally cutoff, along with being assertive).

Hypothesis 2

Satisfaction Findings

The second hypothesis was that controlling for differentiation, power scores would be significantly related to both of the outcomes – satisfaction and progress on the problem. It was suggested that higher power scores, that is more unilateral and direct means of approaching one’s partner to get what you want, would be predictive of better outcomes. The hypothesis tested the client factor of power in couple therapy outcomes. Looking first at the results for relationship satisfaction, the most significant result here was that female power scores significantly predicted increases in relationship satisfaction over time. In terms of overall increase in relationship satisfaction it appeared that in this study it was a good thing when the female partner was able to take a more direct and assertive stance with her partner. However, two other aspects of the power results were also interesting. At baseline, it was the male power scores that helped explain the variance in satisfaction. So while female power provided an indicator of change in
satisfaction it was male power that significantly explained the initial level of satisfaction. Finally, female power scores were negative in terms of satisfaction differentials which meant when females reported being more direct and assertive, the differences between males and females in satisfaction increased. This perhaps suggests that there is a certain complexity to the way couples negotiate power and how satisfied they are with their relationship whereby one party clearly impacts the other. The findings partially supported hypothesis 2 in regards to the satisfaction outcome.

Progress Findings

When examining the results using progress on the problem as the outcome measure the power variable showed less of an impact. Here male power scores were significant in explaining females’ report of progress over time. The result was negative which meant that females reported greater progress over time when males reported being less direct and assertive with them. Thus there was only limited support for hypothesis 2 when using progress as the outcome measure.

Hypothesis 3

Satisfaction Findings

The third hypothesis suggested that differentiation would be a significant client factor in accounting for couple therapy outcomes. Female differentiation scores were significant in explaining satisfaction for all parameters in level1 – baseline satisfaction, differential in satisfaction and change in satisfaction. Female emotional reactivity scores significantly explained variance in baseline satisfaction such that a greater level of female differentiation indicated greater levels of satisfaction for both partners. In addition, the differential between partners in satisfaction, which would seem to indicate they view the
relationship in more similar ways, decreased when females’ emotional cutoff scores were high. Finally, change in satisfaction was significantly explained by greater female differentiation in terms of fusion with others. Using relationship satisfaction as the outcome, hypothesis 3 was partially supported in that several indicators of female differentiation were related to satisfaction and change in satisfaction. Hypothesis 3 was not supported however by differentiation levels of male partners where there were no significant findings.

*Progress Findings*

Turning to the results for progress on the problem, there were several significant findings for both male and female partners in regards to the differentiation variable. For both male and female partners there were three different differentiation subscales that significantly explained reports of progress at baseline (after session 2). For males, their level of emotional reactivity and I position scores indicated that the greater the differentiation level the more progress males saw at baseline. The same was true for female fusion scores, the more the female partner expressed differentiation here the more progress males reported at baseline.

For females, baseline progress was significantly explained by male emotional cutoff, female emotional cutoff and female I position. The first two of the differentiation subscales indicated again that the greater the level of differentiation the more progress at baseline. Oddly, the female I position score was negative and indicated the opposite result. Lower differentiation in terms of I position indicated greater progress at baseline. So, generally speaking, higher levels of differentiation were predictive of greater progress at baseline, except in the case of female I position.
In terms of increases in progress over time, there were also multiple significant differentiation results. For males, two female differentiation subscales significantly predicted male reports of increased progress. Here again the result was odd since female I position was positive – greater differentiation explained increased progress – but, female fusion was negative which suggested the opposite result. In terms of fusion, less differentiation significantly explained increased progress for males. Thus, males reported seeing increased progress in therapy when females were more differentiated in terms of I position, but less differentiated in terms of fusion.

Likewise, females had a similarly puzzling result where their report of increased progress was significantly related to greater differentiation for females in terms of their I position and emotional reactivity. But, they also reported increased progress when females expressed less differentiation in terms of emotional cutoff. Perhaps the results are indicative of the complexity of differentiation. Both males and females apparently agreed on one thing and that was they both saw increased progress when the female partner expressed greater differentiation in terms of I position.

Hypothesis 3 was generally supported when using progress on the problem as the outcome. In total, differentiation subscales appeared as significant predictors 11 times and were significant in explaining either baseline reports of progress or increases in progress.
Hypothesis 4

Satisfaction Findings

The final hypothesis indicated that there would be an interaction effect for power and differentiation and that interaction would help explain therapeutic outcomes. Figure 4.6 illustrated the interaction effect of female differentiation and power when relationship satisfaction was used as the outcome variable. This significant effect demonstrated that females with higher power and differentiation scores significantly impacted couples satisfaction levels both at intake and over time. As can be seen in the figure, those couples in which the female partner had a high emotional cutoff score and a high power score were more satisfied at baseline and showed greater increases in satisfaction than any other group. When females reported the lowest levels of differentiation and power those couples started out least satisfied and saw their relationship satisfaction decrease over time. None of the other possible interaction effects proved to be significant thus hypothesis 4 was also partially supported since there was a significant interaction between power and differentiation, but the significant effect was for female partners only. Still, the result is interesting in that it indicated that for the female partner the client factors of differentiation and power have a significant impact on the satisfaction of both members of the couple.

Progress Findings

For progress, the interaction effects found were between female fusion and female power. The result was significant in explaining the baseline report of progress for both male and female partners (See figure 4.16 and 4.17). In this case, when female partners reported greater differentiation in the area of fusion and greater power both males and
females reported a greater sense of progress at baseline. As with satisfaction, it appeared here that greater female differentiation and more direct, assertive behaviors were significant for both partners report of progress at session 2. Thus, using progress as an outcome hypothesis 4 was also partially supported.

Taken together the results for progress and satisfaction outcomes suggested that power and differentiation levels for females had a significant impact on change over time for both partners. The interaction effects for satisfaction (female emotional cutoff and power) and progress (female fusion and power) indicate that for both members of the couple better outcomes are seen when the female partner reports greater differentiation and when she is able to take a more direct and assertive stance in terms of power. In this way, both male and female partners appeared to agree about what contributes most to a positive outcome.

At the same time, the conflicted results regarding female differentiation variables suggested that for females to be direct and assertive and express greater differentiation may not be a simple process. Perhaps this is a reflection of more traditional approaches to male and female roles whereby females are “supposed” to be less assertive and direct. Tension surrounding how one is supposed to be and what is necessary to see a positive outcome could help explain the conflicted results. For example, males reported seeing progress over time when females were more differentiated in terms of I position (“I tend to feel pretty stable under stress”), but expressed less differentiation in terms of fusion (“I often agree with others just to appease them”). It could be that they seek both of these opposing aspects of differentiation from their female partners at the same time. If so, this may also help to understand how females could report that for progress they saw more
progress when their I position scores were negative at baseline, but positive over time. A similar sort of paradox seemed to occur regarding power and satisfaction where females who were more direct and assertive predicted both increasing satisfaction for the partners over time and an increased differential in satisfaction. While females being more direct and assertive indicated greater gains in overall satisfaction, there is perhaps a built in tension produced by increased differentials in satisfaction that occurred as well.

Summary of Overall Findings

The two outcome measures of satisfaction and progress produced different results which were interesting to consider. The power variable appeared to be more significant in explaining satisfaction rather than progress. Power was a significant variable in terms of baseline, differential and change in satisfaction. In addition, the most striking result for satisfaction was the interaction of female power and female emotional cutoff in terms of explaining satisfaction at baseline and over time.

Power was a less prominent result in the progress outcome where instead more of the differentiation subscales proved significant. In terms of progress on the problem, several of the differentiation subscales significantly explained both initial levels of progress and increased progress over time. Female I position was the significant predictor of progress for both male and female partners. The interaction of power and differentiation was significant only for explaining initial levels of progress.

Perhaps the differences in results for satisfaction and for progress reflect the differing views partners’ take in assessing their relationship. It seems likely that the items encompassing satisfaction focus one’s view on a longer term, overall relationship perspective. Progress was measured in terms of solving the problem that brought the
couple into therapy and probably provided a different lens through which to evaluate the relationship. If this distinction were valid, it might make sense that perceptions of power and a couples’ balance of power might have more to do with overall satisfaction. At the same time, progress could potentially be seen more clearly through one’s responses in terms of differentiation. Highly emotionally reactive responses or reactions to cutoff from one’s partner would seem unlikely signs of progress while the ability to take an I position in the relationship could more easily be seen as a sign the couple is getting somewhere. In order to provide more support for this conjecture collecting data on change in differentiation and change in power strategies would be necessary and an avenue for future research. However, Bowen Theory would suggest that differentiation would be less likely to change quickly and so we would expect to see less change in differentiation during the early part of therapy. It would be interesting to note changes in perception of power strategies on the part of both partners and each partner’s perception of the use of power strategies by the other partner in the early phase of therapy to see if power strategies change in conjunction with changes in satisfaction.

The client factors of differentiation and power did have a significant impact on participant’s reports of relationship satisfaction, both at the start of therapy and over the first six sessions of treatment. Male power scores and female emotional reactivity scores were best at explaining the average level of relationship satisfaction at intake. Perhaps this makes sense when one considers that for many couples the female partner is the initiator of therapy with the male partner sometimes ‘dragged’ into the process (Doss, Atkins, & Christensen, 2003; Moynehan & Adams, 2007). When male partners reported
being able to be direct with their partner (I tell them what I want) and when female partners expressed less emotional reactivity then satisfaction scores at intake were higher.

Interestingly, all of the remaining significant predictors of relationship satisfaction were scores from the female partners. Figure 4.2 illustrated the differential in satisfaction scores by female partner’s emotional cutoff. This result suggested that when females reported using behaviors that would reflect emotional cut-off less, the differences in satisfaction scores between male and female partners were reduced. As can be seen from the figure, part of the reduction in difference is due to male partners reporting less satisfaction when the female partner reports using emotional cut-off less. This may suggest that males are more comfortable with emotional cut-off on the part of their partners and that when partners use emotional cut-off less, males are less satisfied. The question is, what is the partner doing if they are not behaving in ways that reflect emotional cut-off? The second significant influence on differences in satisfaction came from female partner’s power score (See figure 4.3). In this case, the higher her power score, the greater the differences in satisfaction level between partners. The difference in the differential is primarily being accounted for by female partners’ reduced satisfaction score. In other words, while males report a slightly higher satisfaction when their female partners are more direct in terms of power, the females in the sample report lower satisfaction. Here it is females who may experience a loss of relationship satisfaction when they seek to assert themselves more directly.

The findings regarding change over time in satisfaction add to the picture. Here female’s differentiation in the form of less fusion with others and power scores were both predictive of significant increases in satisfaction. In both cases higher scores were
predictive of greater change in satisfaction. When females were less likely to endorse behavior that reflected fusion or “over closeness” with others, relationship satisfaction increased over time. At the same time, female’s power scores also predicted an increase in satisfaction during therapy. This was interesting since higher female power scores were also significant in predicting the differential between partners in satisfaction scores. Perhaps the best case scenario for explaining this result is that it appears that at the outset couples in which the woman uses more direct and assertive ways of communicating her needs show larger differentials in satisfaction, with the male partner higher than the female partner, however, as therapy progresses these same couples show a greater increase in satisfaction than couples who have female partners who are less assertive.

The final result regarding satisfaction as an outcome examined the interaction of power and differentiation. Here again the significant result was in the female partners’ scores. Figure 4.6 illustrates the relationships clearly. The result indicated that when females were less likely to endorse behavior that would reflect emotional cut-off and when they had higher power scores overall satisfaction both started at the highest level and increased at the greatest rate. Likewise, when female partners reported low power scores and a higher tendency to endorse behaviors that reflect emotional cut-off, satisfaction started low and went down over the course of therapy. This is perhaps the clearest result in the study and it suggested that, at least for female partners, the client factors of power and differentiation did make a significant contribution to the outcome of relationship satisfaction for both partners.
In summary, using relationship satisfaction as an outcome the significant predictors of initial satisfaction, partner differentials in satisfaction and change in satisfaction were all primarily driven by the female partner’s scores. The results suggested that the client factors of power and some aspects of differentiation were useful in terms of predicting satisfaction. The satisfaction outcomes are for both male and female partners which meant that for the most part when females expressed greater differentiation in the form of less emotional cut-off and less fusion and used a more direct approach to power, both partners expressed greater satisfaction with the relationship.

The client factors of power and differentiation also had a significant impact on couple members’ reports of progress on the problem that brought them into therapy. As mentioned before, the majority of couples came to therapy for help resolving conflicts. Thus the sense of making progress in terms of resolving conflicts is a different outcome than how satisfied one is with the overall relationship. While the client factors of power and differentiation did have an impact on reports of progress, the results were more conflicted than those for satisfaction.

As with satisfaction, female differentiation variables seemed to have the greatest explanatory power in terms of increased progress over time. For both male and female partners, the female partners’ differentiation levels in the form of less fusion and less emotional cut-off significantly predicted progress. Both male and female partners reported increased progress when female I position (“I usually do not change my behavior simply to please another person”) was high. This appeared to be an indication that both members of the couple see progress increasing when the female partner is able to express differentiation by taking more of an I position in the relationship. At the same
time however, results for male partners indicated they saw more progress when female partners acted less differentiated in terms of fusion. In other words, when females acted in more of a fused manor (“Sometimes I feel sick after arguing with my spouse/partner”), males reported greater progress. This contrary result suggested that the complexity of differentiation maybe difficult to untangle. It appeared that in this study male partners saw progress when female partners were more differentiated in terms of I position, but less so in terms of fusion. There may be some balance between taking an I position, and appearing to be thoughtful and caring that the DSI subscales are unable to capture.

Clinical and Research Implications

Understanding all of the factors involved in positive therapeutic outcomes for couples is probably an impossible task. Clinicians can be aided therefore by research that highlights the most significant factors. Common factors research has done this in the area of therapeutic alliance, suggesting that alliance is a key to good outcomes. This study turned the attention to client factors that could provide therapists with similar aid. Previous work has indicated such client factors may account for up to 40% of the variance in therapeutic outcomes (Lambert, 1992; Miller, Duncan, & Hubble, 1997; Wampold, 2001). There are perhaps hundreds of client factors, many of which fall beyond any clinicians’ reasonable influence. For example, there is probably little a clinician can do regarding a clients’ age or income level. This study sought to examine two client factors which were deemed to be theoretically significant to the majority of couples entering therapy. Previous research suggested that the concept of differentiation had meaning and potential power to help explain outcomes (Griffin, & Apostal, 1993; Skowron, 1999). Likewise, research into power dynamics indicated that power is
potentially a major factor brought by clients into therapy. The final remaining question is what does this all mean for clinicians seeking to help couples in therapy and what does it mean in terms of future research?

Clinical Implications

Several aspects of differentiation and power were shown to be significant client factors in explaining therapeutic progress, although more from the female partner than from male partners. Female partners’ differentiation and power levels produced significant findings especially in the area of change in satisfaction and progress over time. Since increased satisfaction and/or progress on the problem are typical clinical goals the result suggests that further study of these two client factors has potential clinical value. There was evidence that suggested that clinicians can benefit from attempting to assess clients’ level of differentiation and their power use in terms of how direct and assertive each partner is in getting what they want from one another. The research suggests that clinicians would be wise to consider issues of power and differentiation in forming treatment plans for couples.

Claire Rabin (1995) offered a theoretical treatment approach that used balancing of power between partners as a key strategy. Other authors have offered similar suggestions for treatment that include helping couples learn to deal with their power dynamics (Parker, 2003; Real, 2007). Rabin’s recommendations for treatment include a number of exercises that appear to overlap with the goal of increased differentiation, especially for the female partner. Building from previous work by Pepper Schwartz, Rabin sought to offer a model approach to therapy that takes into account issues of power between partners (Rabin, 1995, Schwartz, 1994). Her book, Equal Partners Good
Friends, suggested a possible clinical approach to treating couples, and the current study provided some empirical support for such an approach to treatment.

For example, Rabin suggested that while many couples come to therapy for help with conflict, what lies underneath such conflicts is difficulty in sharing power. She proposes that part of treatment be aimed at helping partners empower one another. However, to accomplish such power sharing is not easy according to Rabin. Her book provides clinicians with suggestions for how to work on such goals and many of her suggested interventions match the goals of increased differentiation. She recommends helping partners learn to focus on themselves and their own emotional expression rather than on their partner. One means of accomplishing this is to spend a session asking one partner to watch, but not intervene or comment as the other interacts with the therapist. The goal is to help the client establish something like an I position in the presence of their partner. Rabin’s work is primarily theoretical with empirical evidence based in her own clinical experience in private practice. This study provided some evidence that treatment models like Rabin’s that focus on a few key client factors could help clinicians as they struggle through the complexities of couples’ therapy.

Treatment approaches like Rabin’s emphasize the need to help couples address power dynamics and often focus on helping the female partner to establish more of a voice, or I position, in the relationship. The findings here generally support such an approach. In terms of the findings here, clinicians may want to focus on helping female partners improve their differentiation level and their use of power in terms of assertive behaviors. Bowen theory suggests that when one partner in a relationship seeks to work on their own level of differentiation two things will begin to happen. First, that partner
can expect initial backlash from the other partner. Second, the person pursuing
differentiation can expect that by focusing on their development rather than on changing
the other person they will experience improved relationships in the long run. Findings
here support just such a theory where both males and females reported that over time they
experienced greater satisfaction and saw more progress when females reported a higher
level of differentiation in terms of their I position. At the same time, perhaps the negative
differentiation findings are indicative of the potential backlash from males or the fear of it
by females.

Clearly the findings suggest that female differentiation and power levels are a
factor in couples’ outcomes and thus clinicians can benefit from careful consideration of
these factors. As noted above, part of the complexity of couples’ therapy is the clinicians
need to be able to focus on the female factors and at the same time engage males enough
in the treatment process to keep them in therapy. Over time males too report progress
when their female partners expressed greater differentiation. However, at baseline males
may be less excited about their female partners taking more assertive positions in the
relationship. Interestingly, at baseline males saw better outcomes when females expressed
their higher level of differentiation in terms of fusion or emotional reactivity. Thus,
although males reported that over time female I position mattered, at the start of therapy
other aspects of their partner’s differentiation seemed to account for variation in
satisfaction scores. High scores in female fusion and emotional reactivity suggest that
their partners’ ability not to act in ways that were too volatile or over-involved allowed
male partners to have higher levels of satisfaction and believe the problem was closer to
being resolved.
Research Implications

The study provided a unique look at couples therapy process and outcomes by using dyadic, longitudinal data to examine the impact of two factors that had not previously been explored together. Differentiation and power each provided some significant results as client factors which suggest that pursuit of further research with larger samples is warranted. In addition, the research design and analysis itself was useful and should encourage others in the use of similar designs to help in extending our understanding of the therapeutic process. The use of client factors as a framework for helping to narrow the focus and limit some of the complexity involved in couples’ therapy was also justified.

While significant client factors were found, it is also true that some of what was not found may also be significant for future researchers. Figure 4.6 provided the clearest example of the impact of differentiation and power on couple satisfaction. However, it must be noted that it was hoped that such a result would be true for all of the differentiation subscales and for both male and female partners. This lack of significant findings also needs to be explained. Several factors could be at work in explaining why the findings were not more substantial.

In terms of measurement, it has already been noted that the power measure as used in the study proved to be less than satisfactory. Measuring power continues to be a difficult area for researchers and it was no different here. Development of a meaningful and reliable measure of power is a significant priority for future research since it seems unlikely that issues of power are not a factor in couples’ therapy. As far as the differentiation measure was concerned, the DSI is the most frequently used measure to
date. As a measure it did provide some significant results, however it also had some difficulties. The four subscales all purport to measure differentiation suggesting that the subscales should be significantly correlated. In this study, the DSI subscales often did not significantly correlate or showed relatively low levels of correlation. This suggests potential problems with the measure itself.

In addition to this, in most of the models estimated only a few of the possible differentiation subscales were significant which raises the question of how to explain non-significant subscales. In the models analyzed all four subscales were used with both males and females meaning that there were 8 possible significant results. At the most no more than 3 of the 8 subscales were significant for any of the models, whether that be for satisfaction or progress, at baseline or over time, for males or females. This raises the question, if one aspect of differentiation is significant, why are all aspects not significant?

Perhaps this reflects issues with the measure, the construct of differentiation or both. The four subscales measure three aspects of differentiation that reflect autonomic responses – emotional reactivity, emotional cutoff, and fusion. It is difficult to measure these types of responses using a measure that itself requires some measure of reflection. The responses themselves are thought to be made without much conscious thought and yet participants need to consciously affirm or deny such behaviors. On the other hand, the I position subscale seeks to measure a more positive, reflective side of differentiation. Items here run the risk of being affirmed due to greater social desirability. Taken together with the correlation issue the study suggests that more work still needs to be done in terms of trying to establish how to measure differentiation.
The measurement issues also suggest possible theoretical issues with the concept of differentiation. One of the appealing parts of Bowen theory is its broad explanation of human interactions which allows clinicians multiple approaches to helping clients change. On the other hand, one of the downsides of the theory is the difficulty involved in measuring one of its most central components. If differentiation is indeed the key to helping clients make progress in treatment, it is not too helpful a key if it is also unmeasureable. This is not to say that it needs to be perfectly measureable, but it loses usefulness as a construct if there is not at least a way of reliably approximating what a high level of differentiation looks like. Bowen (1978) and others have suggested that differentiation is not measureable in other than a clinical assessment. However, if such a clinical assessment is truly possible, then reliable measures ought to be possible. If not, then the theory itself may need some revision. Beyond the issue of measurement, the lack of more substantial findings regarding differentiation as a client factor means researchers may need to go back and continue to think more deeply about what differentiation really is.

One possibility is that it is not the separate aspects of differentiation that matters but their interaction or their balance. If it is not possible to be perfectly differentiated (Bowen, 1978) then it may be that aspects of the lack of differentiation work in proportions that allow individuals to be more functional. It would appear from these results that I position and emotional cut-off may work in concert for females so that both partners in the relationship are more satisfied. The lack of significant findings for males in this sample is certainly a concern and may speak to the fact that the construct of
differentiation needs to be operationalized in some way that speaks to male behavioral responses that the DSI does not capture.

Limitations
Like all research projects this one had its share of limitations. Several factors make it difficult to generalize the findings to a large degree. First of all, the sample size while adequate for the analysis was still small (Gonzalez & Griffin, 1999; Griffin & Gonzalez, 1995; Kenny, Kashy, & Cook, 2006). This was especially true for the findings regarding progress since the progress measure was not used until session 2. The limited sample size reduced the power of the analysis in terms of finding smaller, but still significant differences. The findings would be bolstered by the addition of more couples.

A second limitation to be considered was the nature of the clinic in which couples received treatment. Like many university based clinics, the OSU Couple and Family Therapy clinic offered services on a sliding fee scale and this alone may have shaped the sample group. In addition, the therapists that staff the clinic are all student therapists and the very fact that they are in training may have impacted couples, particularly in decisions about whether or not to continue treatment.

The major limitation to the study however was the difficulty encountered in using the Power Strategies Scale. The scale appeared to measure power in a way that was quite useful to understanding couples’ relationships and the conflicts that occur in therapy. Items were formed around interpersonal aspects of power and developed around the question of getting someone to do what you want them to do. Unfortunately, the wording of items and recommended format for use proved unworkable and thus resulted in necessary changes to the scale itself. While the result is a useable measure of power, it
was also a less than ideal one. In this case the power measure indicated the degree to which partners were unilateral and direct with each other in terms of resolving their conflicts. Partners who were more direct and assertive had a higher score on the power measure. The power scale became a single continuous measure of how direct and assertive partners were with each other. Power dynamics seem to be more complex than this and while the resulting scale did provide some significant results, it also limited how much can be said about couples and power. The power scale difficulties highlighted again the complex nature of power and thus the struggle to find good, reliable measures.

Future Research

While great effort has gone into establishing common factors and their impact on therapy outcomes, less attention has been given to the impact of client factors. There are many possible client factors that could be considered. Investigation of client factors could aid clinicians in improving the therapeutic process and outcomes for couples. The study attempted to explore two major client factors and their impact on couples’ therapy outcomes. Results suggested that both power and differentiation have some significant effects on couple’s therapy progress and these two client factors warrant further research. Clinicians can clearly be aided in their task of helping couples if a few key client factors could be identified as having significant impact on treatment outcomes. Findings here suggest that further exploration with a different and larger sample could expand the results into something more generalizable. In addition, the development and use of a better power measure would also help researchers as they seek to understand the power dynamics involved between couple members in treatment.
BIBLIOGRAPHY


APPENDIX A

OSU COUPLE AND FAMILY THERAPY CLINIC INTAKE QUESTIONNAIRE
Dear Client(s):

Welcome to the Ohio State Couple and Family Therapy Clinic. Our primary goal is to provide you with high quality therapeutic services in order to help you meet the needs that have brought you here. The following questionnaire is used by the clinic staff to make assessments of you and your family and is part of your treatment here. The staff of the Couple and Family Therapy Clinic is also interested in documenting the effectiveness of the treatment you receive at the clinic for research purposes.

We would like you to participate in an ongoing study being conducted here at the Clinic. For the study you will be asked to complete this initial questionnaire as usual. Then, you will be asked to complete a short questionnaire after sessions 2 through 6. In addition, we are also requesting to be able to keep the video of your third session for 3 years, so that it can be coded for particular therapist-client interactions, and that you agree to be placed in a pool to be randomly selected to be interviewed about your experience in therapy. This interview will be videotaped and transcribed for research purposes. The videotape coding and transcription will be done by research assistants who will not know your name or situation, they will also be asked to sign a confidentiality agreement so that your confidentiality will be protected in the same way it is protected here in the clinic. These videotapes will never leave the clinic and will not be viewed by anyone other than your therapist, your therapist’s supervisor, and research assistants. We encourage you to participate in this study. You have the option of completing the after session questionnaires only, or allowing us to use your third session videotapes for research purposes or being placed in a pool to be selected for an interview or all three. We hope that you will choose all three, but the consent form for research allows you to choose which options you would like. All adults in your family over the age of 18 will be asked to participate in this study and consent to it. If you or any family member decides to participate you will get a $10 reduction to your first session fee if you elect to do the after session questionnaire only, or allow us to save your third session videotape for three years, or if you elect to be placed in a pool to be interviewed at a later time. If you elect two options you will receive a $20 reduction in your first session fee. If you elect to participate in all three of the research options you will receive a $30 reduction in your first session fee. If your fee is less than $30 your second session fee will be reduced by the remainder.
You or your family members will not be identified in anyway in any of the reports that are written from this project. The only identifier we will be using for the data is your case number. Only clinic staff will have access to your file which would connect your name and case number. As explained on the consent form, we will maintain your confidentiality. If you elect not to participate in this project, this in no way will affect the services you receive at the clinic.

The following set of questions refers to you and the family members with whom you are receiving treatment here at The Couple and Family Therapy Clinic. This information will help us to get a quick "snap shot" of you and your family as we begin our work with you, and also allow us to chart your progress through treatment.

If you do not wish to answer one of the questions, please skip that one, and go on to the next one. We hope that you will complete all the questions. This will provide your therapist with valuable information about you and your family that will enable him/her to develop a treatment plan more quickly. The questionnaire should take you about 30 minutes to complete. When you have finished, please place the questionnaire in the envelope provided and give it to your therapist.

If you elect to participate in the research study, you will be asked to complete a form that should take you about 5 to 10 minutes to complete after your second through sixth sessions. It asks you about your relationship (if you are currently in one), your current and extended family relationships and how you feel about the progress of treatment. Once you have completed this 1 page form place it in the envelope provided and drop it into the box at the clinic door. Your therapist will not have access to this information, so please feel free to answer as honestly as possible. You will be asked to indicate your willingness to participate in an interview during your time here. The focus of this session would be to gather information about relational processes and its change in therapy. The interview will last for 45-50 minutes on a day that is convenient to you. The interview like all our sessions will be videotaped. Transcription will be done by clinic staff and all identifying data will be removed from the document. Again, your participation in this part of the project is completely voluntary, but would help us to understand what factors contribute to the most effective treatment.

Thank you in advance for your time and attention to these questions and the project. If you have questions please feel free to ask your therapist, or me (614-688-3259). If for any reason these questions upset or concern you, please don’t hesitate to talk to your therapist about your feelings. If you don’t want to talk with your therapist about it and would like a referral to another therapist, please feel free to call me.
PART II:

CONSENT FORM
FOR PARTICIPATING IN RESEARCH
AT THE OHIO STATE FAMILY THERAPY CLINIC

As part of our mission, we are interested in finding out how therapy benefits families such as yours. We have several ways of meeting this goal. One way is through the use of questionnaires. Members of your family will be asked to complete questionnaires before you begin therapy. The questions asked are about you, and your relationships with significant others. These questionnaires will be used to enhance therapy and as research tools in better understanding the therapeutic process. Under no circumstance will your information and your name or family members’ names be associated when reporting the data we collect. All information will be reported in aggregate form. To clarify, the questionnaires you will be given at your first session are part of the services you receive at the clinic. They will help us to get a quick “snap shot” of you and your family, as well as help us assess your progress.

Additionally, you can choose to participate in other projects that are ongoing at the clinic. Answering the questions on these questionnaires is completely voluntary. If you choose not to participate, this will not impact the services you receive at the clinic. The project currently ongoing in the clinic focuses on the impact of various relationships – with your partner, your immediate family and your extended family – on the outcome of treatment. You will be asked to complete a one page form after each session 2 through 6. We are asking all adults in your family who are 18 years of age and over to participate. If you and your family members choose to participate, please sign below in the space provided. All participating family members will be required to sign on the same consent form.

Another option you can choose is to allow us to save the third session videotape for a maximum of three years. Ordinarily we simply tape over sessions or erase the tape, but we would like to be able to use the tape to record therapist-client behaviors that enhance therapy.

Additionally, you can also elect to be placed in a client pool to be randomly selected to be interviewed about your experience in therapy.

You will note that before you sign you are asked to circle which option you have elected.

By signing this consent form, you are agreeing that you understand that the information you provide in the questionnaires described above will be used in aggregate form for research purposes. The purpose of the research is to validate the changes that
occur during the treatment process. If you choose to allow us to save the third session videotape, you are also agreeing to allow us to save this tape for a maximum of three years for research purposes only, all members over the age of 18 participating in this therapy session must agree to allow us to save the videotape. If you choose you may also elect to be placed in a group of clients who will be randomly selected to be interviewed about their experience in therapy.

Option 1: After Session Questionnaires Only
Option 2: Save third session videotape only
Option 3: Place me on a list to be randomly selected to be interviewed

Signed by all participating members 18 years of age or older:

Please circle the option(s) you are electing: 1 2 3

Signatures: Date:
__________________________  ______________________
__________________________  ______________________
__________________________  ______________________
__________________________  ______________________

Witness (OSU CFT CLINIC THERAPIST)
__________________________
__________________________

Suzanne Bartle-Haring, Ph.D.
Principal Investigator
The Ohio State University Consent to Participate in Research

Study Title: OSU Couple
& Family Therapy Clinic
Assessment III

Researcher: Suzanne Bartle-Haring, PhD.

Sponsor: OSU Couple
and Family Therapy
Clinic

This is a consent form for research participation. It contains important information about this study and what to expect if you decide to participate.

Your participation is voluntary.

Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate. If you decide to participate, you will be asked to sign this form and will receive a copy of the form.

Purpose: As part of our mission, we are interested in finding out how therapy benefits families such as yours. We have several ways of meeting this goal. One way is through the use of questionnaires. Members of your family will be asked to complete questionnaires before you begin therapy. The questions asked are about you, and your relationships with significant others. These questionnaires will be used to enhance therapy and as research tools in better understanding the therapeutic process. The project currently ongoing in the clinic focuses on the impact of various relationships – with your partner, your immediate family and your extended family – on the outcome of treatment.

Procedures/Tasks:

Under no circumstance will your information and your name or family members’ names be associated when reporting the data we collect. All information will be reported in aggregate form. To clarify, the questionnaires you will be given at your first session are part of the services you receive at the clinic. You will be asked to complete a one page form after each session 2 through 6. We are asking all adults in your family who are 18 years of age and over to participate, if you and your family members choose to participate, please sign below in the space provided. All participating family members will be required to sign on the same consent form.

Another option you can choose is to allow us to save the third session videotape for a maximum of three years. Ordinarily we simply tape over sessions or erase the tape, but we would like to be able to use the tape to record therapist-client behaviors that enhance
therapy. Additionally, you can also elect to be placed in a client pool to be randomly selected to be interviewed about your experience in therapy. You will note that before you sign you are asked to circle which option you have elected.

**Duration:**

You may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship with The Ohio State University.

**Risks and Benefits:** The research conducted here at the clinic will aid therapists in providing better services to both you and future clients. The risks of participation are minimal as every effort has been taken to assure that all responses are kept confidential.

**Confidentiality:**

Efforts will be made to keep your study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your participation in this study may be disclosed if required by state law. Also, your records may be reviewed by the following groups (as applicable to the research):

- Office for Human Research Protections or other federal, state, or international regulatory agencies;
- The Ohio State University Institutional Review Board or Office of Responsible Research Practices;
- The sponsor, if any, or agency (including the Food and Drug Administration for FDA-regulated research) supporting the study.

**Incentives:** If you or any family member decides to participate you will get a $10 reduction to your first session fee if you elect to do the after session questionnaire only, or allow us to save your third session videotape for three years, or if you elect to be placed in a pool to be interviewed at a later time. If you elect two options you will receive a $20 reduction in your first session fee. If you elect to participate in all three of the research options you will receive a $30 reduction in your first session fee. If your fee is less than $30 your second session fee will be reduced by the remainder.

**Participant Rights:**

You may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you are a student or employee at Ohio State, your decision will not affect your grades or employment status.

If you choose to participate in the study, you may discontinue participation at any time without penalty or loss of benefits. By signing this form, you do not give up any personal legal rights you may have as a participant in this study.
An Institutional Review Board responsible for human subjects research at The Ohio State University reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Contacts and Questions:
For questions, concerns, or complaints about the study you may contact Suzanne Bartle-Haring, PhD at 614-688-3259.

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

If you are injured as a result of participating in this study or for questions about a study-related injury, you may contact Suzanne Bartle-Haring, PhD at 614-688-3259.
Signing the consent form

I have read (or someone has read to me) this form and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form.

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<thead>
<tr>
<th>Printed name of subject</th>
<th>Signature of subject</th>
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<tr>
<td></td>
<td>AM/PM</td>
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<td>Date and time</td>
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<th>Printed name of person authorized to consent for subject (when applicable)</th>
<th>Signature of person authorized to consent for subject (when applicable)</th>
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<tr>
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<td>AM/PM</td>
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<td>Date and time</td>
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<th>Relationship to the subject</th>
<th>Date and time</th>
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Investigator/Research Staff

I have explained the research to the participant or his/her representative before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

<table>
<thead>
<tr>
<th>Printed name of person obtaining consent</th>
<th>Signature of person obtaining consent</th>
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Option 1: After Session Questionnaires Only
Option 2: Save third session videotape only
Option 3: Place me on a list to be randomly selected to be interviewed

Signed by all participating members 18 years of age or older:

Please circle the option(s) you are electing:  1  2  3
General Demographic Information

Case#:
Therapist Code:

Person:

1. What is your age? ___________

2. What is your gender? (Circle one)   Male   Female

3. What is your current relationship status? (Circle one)
   Married     Divorced
   Remarried    Widowed
   Cohabitating Single (never married)
   Separated    Dating (never married)

4. What is the duration of your current relationship? _________________

5. How many children do you have? _________________

6. How many children do you currently have living with you? __________

7. What is the age of the(se) child(ren)? __________________________

8. How many stepchildren do you have? ___________________________

9. How many stepchildren do you have living with you full time? ______

10. What is the age of the(se) stepchild(ren)?_______________

11. Circle your highest degree earned:
    Less than high school           Bachelor’s degree
    High school diploma            Master’s degree
    GED                              Professional degree
    Some college                    Ph.D., MD, JD
    Associates degree

12. What best describes your race/ethnicity?
   Native American
   Asian
   Hispanic
   Caucasian
   African American
   Other__________________
13. How many hours a week are you currently employed?
   Less than 10   36-40 hours
   10-20 hours   More than 40 hours
   21-35 hours

14. 'What is your occupation? (Circle one)
   Professional with degree
   Skilled labor or clerical
   Semi-skilled labor
   Factory worker
   Homemaker
   Unemployed
   Retired
   Student

15. What is your annual family income?
   Less than 10,000
   10,000-19,999   60,000-69,999
   20,000-29,999   70,000-79,999
   30,000-39,999   80,000-89,999
   40,000-49,999   90,000-99,999
   50,000-59,999   100,000 or more

16. Have you ever been to therapy before?   Yes   No

17. If yes, then:
   How many sessions did you attend?   ________________
   Who attended with you, if anyone? (circle all that apply)
       No one
       Partner/spouse
       Parents
       Children
       Friends
       Other (specify)_____________

18. Have you ever been in therapy for the same problem you are now seeking therapy for?   Yes   No
19. Have you or any of your family members been in treatment for alcohol or drug abuse?
   Yes  "No

20. Are you or any member of your family currently on medication? Yes   No
   If so, please list the member and the medication:
   ________________________________________________________________

21. Is there currently violence in your relationship?   Yes    No

22. Has there been violence in your current relationship?   Yes    No

23. Have you ever experienced violence in past intimate relationships?   Yes   No

24. Have you been the victim of abuse during childhood?   Yes    No

25. How long do you expect to come to therapy for this problem? (In number of sessions)
   __________

26. Who do you expect to be in therapy with you? (Circle all that apply)
   No one   Children
   Partner/spouse   Friends
   Parents   Other (specify)_________________

27. What are the most important things a therapist can do for you? Please rank the top 3
   by placing a 1 next to the most important, a 2 next to the second most important, and a 3
   next to the third most important.
   ___ Give advice
   ___ Listen
   ___ Provide options
   ___ Allow me/us to vent
   ___ Tell me/us what to do
   ___ Help us to understand each other
   ___ Other________________
28. What will be different about you and your relationships at the end of therapy?
   ___Feel better
   ___Get along better
   ___Fight less
   ___Communicate better
   ___Understand each other better
   ___Solve problems better
   ___Move toward making important decisions
   ___Other_____________

Adults (18 years of age and older)

Please complete the following set of questions if you are currently in a married or cohabitating relationship. If you are not currently married or cohabitating, please skip this section and go on to the next section.

Instructions: Please circle the number closest to how you have been feeling over the past month:

On a scale from 1 to 10, how satisfied would you say you are with your relationship, 1 meaning not satisfied at all and 10 meaning completely satisfied.

0 1 2 3 4 5 6 7 8 9 10

On a scale from 1 to 10, how committed would you say you are to your relationship, 1 meaning not committed at all and 10 meaning completely committed

0 1 2 3 4 5 6 7 8 9 10
OSU Clinic Intake Questionnaire

Each statement describes how a person might feel when starting therapy or approaching problems in their lives. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of how you feel right now, not what you have felt in the past or would like to feel. For all the statements that refer to your "problem", answer in terms of what issues led you to therapy today. “Here” refers to the clinic. You may skip any item that you do not wish to answer.

There are FIVE possible responses to each of the items in the questionnaire:
1 = Strongly Disagree  2 = Disagree  3 = Undecided  4 = Agree  5 = Strongly Agree

1. As far as I'm concerned, I don't have any problems that need changing.
2. I think I might be ready for some self-improvement.
3. I am doing something about the problems that had been bothering me.
4. It might be worthwhile to work on my problem.
5. I'm not the problem one. It doesn't make much sense for me to be here.
6. It worries me that I might slip back on a problem I have already changed, so I am here to seek help.
7. I am finally doing some work on my problem.
8. I've been thinking that I might want to change something about myself.
9. I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.
10. At times my problem is difficult, but I'm working on it.
11. Being here is pretty much a waste of time for me because the problem doesn't have to do with me.
12. I'm hoping this place will help me to better understand myself.
13. I guess I have faults, but there's nothing that I really need to change.
14. I am really working hard to change.
15. I have a problem and I really think I should work at it.
16. I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem.
17. Even though I'm not always successful in changing, I am at least working on my problem.
18. I thought once I had resolved my problem I would be free of it, but sometimes I still find myself struggling with it.
19. I wish I had more ideas on how to solve the problem.
20. I have started working on my problems but I would like help.
21. Maybe this place will be able to help me.
22. I may need a boost right now to help me maintain the changes I've already made.
23. I may be part of the problem, but I don't really think I am.
24. I hope that someone here will have some good advice for me.
25. Anyone can talk about changing; I'm actually doing something about it.
26. All this talk about psychology is boring. Why can't people just forget about their problems?
27. I'm here to prevent myself from having a relapse of my problem.
28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.
29. I have worries but so does the next guy. Why spend time thinking about them?
30. I am actively working on my problem.
31. I would rather cope with my faults than try to change them.
32. After all I had done to try to change my problem, every now and again it comes back to haunt me.
Instructions: There are many times when couples do not agree about matters that affect them both. In some of these situations the disagreements are minor, such as selecting a movie to see. Other situations involve important issues and may develop into an argument.

Listed below are numerous ways people behave when trying to get their partners to do what they want during a disagreement, or when they are trying to win an argument. For each of the behaviors, show how likely you are to use it by placing the appropriate number on the 1 to 5 scale in the space provided. Remember, it is important to answer honestly, not as you think you should behave, but as you actually might behave.

1=never  2=rarely  3=sometimes  4=often  5=always

As you consider each option, keep in mind what issues brought you and your partner to therapy. You may skip any item that you do not wish to answer.

1. I ask my partner to do what I want.  
2. I try to negotiate and compromise.  
3. I go ahead and do what I want without telling my partner.  
4. I sulk, refuse to talk to him/her, or act cold toward my partner.  
5. I keep reminding my partner of what I want until my partner gives in.  
6. I try to convince my partner my way is right.  
7. I become extremely pleasant, cheerful and smile a lot.  
8. I try to discuss the issue rationally.  
9. I tell my partner how important it is to me.  
10. I drop hints about what I want.  
11. I try to talk about it and discuss our needs and differences.  
12. I tell my partner what I want.  
13. I ignore my partner or won’t listen to his/her side.
These are questions concerning your thoughts and feelings about yourself and relationships with others. Please read each statement carefully and decide how much the statement is *generally true* of you on a 1 (not at all) to 6 (very) scale. If you believe that an item does not pertain to you (e.g., you are not currently married or in a committed relationship, or one or both of your parents are deceased), please answer the item according to your best guess about what your thoughts and feelings would be in that situation. You may skip any item that you do not wish to answer. Try to be as honest and accurate as possible in your responses. Use the following scale:

<table>
<thead>
<tr>
<th>Not at all</th>
<th>True of me</th>
<th>Very True of me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

1. People have remarked that I'm overly emotional.  
2. I have difficulty expressing my feelings to people I care for.  
3. I often feel inhibited around my family.  
4. I tend to remain pretty calm even under stress.  
5. I usually need a lot of encouragement from others when starting a big job or task.  
6. When someone close to me disappoints me, I withdraw from him/her for a time.  
7. No matter what happens in my life, I know that I'll never lose my sense of who I am.  
8. I tend to distance myself when people get too close to me.  
9. I want to live up to my parents' expectations of me.  
10. I wish that I weren't so emotional.  
11. I usually do not change my behavior simply to please another person.  
12. My spouse/partner could not tolerate it if I were to express to him/her my true feelings about some things.  
13. When my spouse/partner criticizes me, it bothers me for days.  
14. At times my feelings get the best of me and I have trouble thinking clearly.  
15. When I am having an argument with someone, I can separate my thoughts about the issue from my feelings about the person.  
16. I'm often uncomfortable when people get too close to me.  
17. I feel a need for approval from virtually everyone in my life.  
18. At times I feel as if I'm riding an emotional roller-coaster.  
19. There's no point in getting upset about things I cannot change.  
20. I'm concerned about losing my independence in intimate relationships.  
21. I'm overly sensitive to criticism.  
22. I try to live up to my parents' expectations.  
23. I'm fairly self-accepting.  
24. I often feel that my spouse/partner wants too much from me.  
25. I often agree with others just to appease them.  
26. If I have had an argument with my spouse/partner, I tend to think about it all day.  
27. I am able to say “no” to others even when I feel pressured by them.  
28. When one of my relationships becomes very intense, I feel the urge to run away from it.  
29. Arguments with my parent(s) or sibling(s) can still make me feel awful.  
30. If someone is upset with me, I can’t seem to let it go easily.  
31. I’m less concerned that others approve of me than I am in doing what I think is right.  
32. I would never consider turning to any of my family members for emotional support.  
33. I often feel unsure when others are not around to help me make a decision.  
34. I’m very sensitive to being hurt by others.  
35. My self-esteem really depends on how others think of me.
36. When I’m with my spouse/partner, I often feel smothered.
37. When making decisions, I seldom worry about what others will think.
38. I often wonder about the kind of impression I create.
39. When things go wrong, talking about them usually makes it worse.
40. I feel things more intensely than others do.
41. I usually do what I believe is right regardless of what others say.
42. Our relationship might be better if my spouse/partner would give me the space I need.
43. I tend to feel pretty stable under stress.
44. Sometimes I feel sick after arguing with my spouse/partner.
45. I feel it’s important to hear my parents’ opinions before making decisions.
46. I worry about people close to me getting sick, hurt, or upset.
**Directions:** This scale is designed to measure some of the emotions that: a) existed in the family in which you were raised; b) currently exist in one of your other relationships. Since each person and family is unique, there are no right or wrong answers. Just try to respond as honestly as you can. You may skip any item that you do not wish to answer. In reading the following statements, apply them to yourself and the appropriate relationship and then circle the rating that best fits. You may skip any item that you do not wish to answer. **Rate statements 1-12 as they apply to the family and parent(s) with whom you spent most your childhood.**

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I could trust my family to seek my best interests</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. Individuals in my family were blamed for problems that were not their fault</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Pleasing one of my parents often meant displeasing the other</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. I received the love and affection from my family I deserved</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. No matter what happened, I always stood by my family</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. At times, it seemed one or both of my parents disliked me</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7. Love and warmth were given equally to all family members</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. At times, I was used by my family unfairly</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>9. I felt my life was dominated by my parents’ desires</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>10. Individuals in my family were willing to give of themselves to benefit the family</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>11. I continue to seek closer relationships with my family</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>12. I often felt deserted by my family</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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</tbody>
</table>
Please respond to statements 13-24 as they apply to one relationship in your life. If you are MARRIED/PARTNERED, rate the statements as they apply to your relationship with your spouse or partner. If you are WIDOWED, rate the statements as you recall they applied to your relationship with your spouse/partner. If you are DIVORCED OR SINGLE, rate the statements as they apply to your closest relationship excluding parents or children. In reading the following statements, apply them to yourself and the appropriate relationship and then circle the rating that best fits. You may skip any item that you do not wish to answer.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>13. I try to meet the emotional needs of this person</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>14. I do not trust this individual to look out for my best interests</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>15. When I feel hurt, I say or do hurtful things to this person</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>16. This person stands beside me in times of trouble or joy</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>17. Before I make important decisions, I ask for the opinions of this person</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>18. There is unequal contribution to the relationship between me and this individual</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>19. When I feel angry, I tend to take it out on this person</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>20. We are equal partners in this relationship</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>21. We give of ourselves to benefit one another</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>22. I take advantage of this individual</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>23. I am taken for granted or used unfairly in this relationship</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>24. This person listens to me and values my thoughts</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Over the *last 2 weeks*, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for the items on the following list. You may skip any item that you do not wish to answer.

<table>
<thead>
<tr>
<th>Item</th>
<th>Always agree</th>
<th>Almost always agree</th>
<th>Occasionally agree</th>
<th>Frequently disagree</th>
<th>Almost always disagree</th>
<th>Always disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Religious matters</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. Demonstrations of affection</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. Making major decisions</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4. Sex relations</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5. Conventionality (correct or proper behavior)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6. Career decisions</td>
<td>All the time</td>
<td>Most of the time</td>
<td>More often than not</td>
<td>Occasionally</td>
<td>Rarely</td>
<td>Never</td>
</tr>
<tr>
<td>7. How often do you discuss or have you considered divorce, separation, or terminating your relationship</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. How often do you and your partner quarrel</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Do you ever regret that you married (or lived together)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. How often do you and your mate “get on each other’s nerves”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
11. Do you and your mate engage in outside interests together

<table>
<thead>
<tr>
<th></th>
<th>Everyday</th>
<th>Almost everyday</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

How often would you say the following events occur between you and your mate?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Less than once a month</th>
<th>Once or twice a month</th>
<th>Once or twice a week</th>
<th>Once a day</th>
<th>More often</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Have a stimulating exchange of ideas</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. Work together on a project</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. Calmly discuss something</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Post Session Questionnaire

Date______________ Case # _________Session # _______Person #_______Therapist #_________

These are questions concerning your thoughts and feelings about yourself and relationships with others. Please read each statement carefully and decide how much the statement is generally true of you on a 1 (not at all) to 6 (very) scale. If you believe that an item does not pertain to you (e.g., you are not currently married or in a committed relationship, or one or both of your parents are deceased), please answer the item according to your best guess about what your thoughts and feelings would be in that situation. Try to be as honest and accurate as possible in your responses. You may skip any item that you do not wish to answer.

Not at all true of me                                          Very true of me
1                   2                    3                      4                 5                    6

____ 1. I have difficulty expressing my feelings to people I care for.
____ 2. I often feel inhibited around my family.
____ 3. I tend to distance myself when people get too close to me.
____ 4. My spouse/partner could not tolerate it if I were to express to him/her my true feelings about some things.
____ 5. I’m often uncomfortable when people get too close to me.
____ 6. I’m concerned about losing my independence in intimate relationships.
____ 7. I often feel that my spouse/partner wants too much from me.
____ 8. When one of my relationships becomes very intense, I feel the urge to run away from it.
____ 9. I would never consider turning to any of my family members for emotional support.
____ 10. When I’m with my spouse/partner, I often feel smothered.
____ 11. When things go wrong, talking about them usually makes it worse.
____ 12. Our relationship might be better if my spouse/partner would give me the space I need.

If you think about how you expect your life to be once your problem is resolved, how close do you think your life is to those expectations right now?

1           2           3         4          5          6          7          8            9            10
Not close at all                                                                                     Exactly as I expect
Please respond to statements 1-12 as they apply to one relationship in your life. If you are MARRIED/PARTNERED, rate the statements as they apply to your relationship with your spouse or partner. If you are WIDOWED, rate the statements as you recall they applied to your relationship with your spouse/partner. If you are DIVORCED OR SINGLE, rate the statements as they apply to your closest relationship excluding parents or children. In reading the following statements, apply them to yourself and the appropriate relationship and then circle the rating that best fits.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree nor Agree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I try to meet the emotional needs of this person</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>I do not trust this individual to look out for my best interests</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3.</td>
<td>When I feel hurt, I say or do hurtful things to this person</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4.</td>
<td>This person stands beside me in times of trouble or joy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5.</td>
<td>Before I make important decisions, I ask for the opinions of this person</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6.</td>
<td>There is unequal contribution to the relationship between me and this individual</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7.</td>
<td>When I feel angry, I tend to take it out on this person</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8.</td>
<td>We are equal partners in this relationship</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9.</td>
<td>We give of ourselves to benefit one another</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>10.</td>
<td>I take advantage of this individual</td>
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<td>2</td>
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<td>4</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
The following questions only apply to clients involved in intimate partnered relationships. If you are not currently involved in a relationship, you may skip this section.

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for the items on the following list. You may skip any item that you do not wish to answer.

<table>
<thead>
<tr>
<th></th>
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<td>2</td>
<td>1</td>
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<tr>
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<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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</tr>
<tr>
<td>3. Making major decisions</td>
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<td>3</td>
<td>2</td>
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<td>All the time</td>
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<td>Occasionally</td>
<td>Rarely</td>
<td>Never</td>
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<tr>
<td>7. How often do you discuss or have you considered divorce, separation, or terminating your relationship</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Do you ever regret that you married (or lived together)?</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Do you and your mate engage in outside interests together</td>
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<td>Almost everyday</td>
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<td>Never</td>
<td></td>
</tr>
</tbody>
</table>

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<th></th>
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<th>Less than once a month</th>
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</tr>
</thead>
<tbody>
<tr>
<td>12. Have a stimulating exchange of ideas</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. Work together on a project</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. Calmly discuss something</td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
APPENDIX C

INSTITUTIONAL REVIEW BOARD APPROVAL FORMS
Dear Dr. Bartle-Haring,

The Behavioral and Social Sciences IRB APPROVED the above referenced protocol.

**Date of IRB Approval: January 17, 2007**

**Date of IRB Approval Expiration: 12/15/2007**

In addition, the protocol was approved for a waiver of documentation of consent for the therapists participating in the study.

If applicable, informed consent (and HIPAA research authorization) must be obtained from subjects or their legally authorized representatives and documented prior to research involvement. The IRB-approved consent form and process must be used.

Changes in the research (e.g., recruitment procedures, advertisements, enrollment numbers, etc.) or informed consent process must be approved by the IRB before they are implemented (except where necessary to eliminate apparent immediate hazards to subjects).

This approval is valid for **one year** from the date of IRB review when approval is granted or modifications are required. The approval will no longer be in effect on the date listed above as the IRB expiration date. A Continuing Review application must be approved within this interval to avoid expiration of IRB approval and cessation of all research activities. A final report must be provided to the IRB and all records relating to the research (including signed consent forms) must be retained and available for audit for at least 3 years after the research has ended.

It is the responsibility of the investigator to promptly report to the IRB any serious, unexpected and related adverse events or potential unanticipated problems involving risks to subjects or others.

This approval is issued under The Ohio State University’s OHRP Federalwide Assurance #00006378. All forms and procedures can be found on the ORRP website – [www.orrp.osu.edu](http://www.orrp.osu.edu).

Please feel free to contact the IRB staff contact listed above with any questions or concerns.

Thomas Nygren, PhD, Chair
Behavioral and Social Sciences Institutional Review Board
Office of Responsible Research Practices
300 Research Foundation
1960 Kenny Road
Columbus, OH 43210-1063
Phone (614) 688-8457
Fax (614) 688-0366
[www.orrp.osu.edu](http://www.orrp.osu.edu)
Exp Approval CR/AM
November 15, 2007

Protocol Number: 2006B0292

Type of Review: Continuing Review and Appendix O Amendment - Expedited
Approval Date: November 14, 2007
IRB Staff Contact: Jacob R Stoddard
Phone: 614-292-0526
Email: stoddard.13@osu.edu

Dear Dr. Bartle-Haring,

The Behavioral and Social Sciences IRB APPROVED the Continuing Review of the above referenced protocol.

Date of IRB Approval: November 14, 2007
Date of IRB Approval Expiration: November 14, 2008
Expedited Review Category: 9

In addition, the IRB APPROVED the amendment request to amend the protocol dated 10/02/07—add Denitza Bantchevska as key personnel.

If applicable, informed consent (and HIPAA research authorization) must be obtained from subjects or their legally authorized representatives and documented prior to research involvement. The IRB-approved consent form and process must be used.

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Shari R. Speer, PhD, Chair
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