THE IMPACT OF A THERAPEUTIC GROUP PROCEDURE ON SELF-DIFFERENTIATION

by

Linda Coffield

A Research Paper

Submitted in Partial Fulfillment of the
Requirements for the
Master of Science degree
With a Major in
Marriage & Family Therapy
Approved: 2 Semester Credits

John M. Williams Ph.D.
Investigation Advisor

The Graduate College
University of Wisconsin-Stout
August, 2000

ABSTRACT

Coffield, Linda, M.

The Impact of a Therapeutic Group Procedure on Self-Differentiation

Marriage & Family Therapy, Dr. John Williams, 8/00, 37 pages

APA format

Self-differentiation and healthy boundaries have been associated with the ability to maintain healthy stable relationships. According to Murray Bowen, a dominant force since the 1950s in developing a family systems therapy model, relational difficulties presented in therapy are often related to an individual's lack of differentiation and overly rigid or weak boundaries (Nichols & Schwartz, 1998). The question then arises, "If self-differentiation is desirable, how does an individual acquire it?" Bowen proposed that psychotherapy could produce moderate increases in a person's level of differentiation as well as by intentionally addressing personal intergenerational issues (Bowen, 1978; Kerr & Bowen, 1988). Others maintain that therapy as well as crises throughout our life in marriage, family life, friendships and careers are able to raise our levels of differentiation (Schnarch, 1997). This research will seek to discover whether a group procedure for individual development on healthy boundaries will positively impact the participants' levels of differentiation.

Bowen's theory has always centered around togetherness and individuality with emotional health involving a balance of these two forces (Nichols & Schwartz, 1998). Unbalance in the direction of togetherness is called fusion or undifferentiation. Differentiation is both the ability to separate feeling from thinking in a balanced way and to react emotionally towards family and others in a balanced rather than extreme way. A differentiated person is able to take definite stands on issues because s/he is able to think things through, decide what s/he believes, and then act on those beliefs.

This enables her to be close to others without being overly shaped by them (Nichols & Schwartz, 1998).

Healthy boundaries, according to clinical Psychologists, Dr. Henry Cloud and Dr. John Townsend (1992), are often confused by our family of origin or other past relationships. They believe that healthy boundaries can be learned and acquired even later in life. Cloud and Townsend contend that healthy boundaries result in freedom, a knowing of what, who, why, and how we are responsible for what lies within our boundaries. This leads to free choices of how we feel, think, act, believe, and relate to others rather than feeling controlled, or out of control with them. This research utilized Cloud and Townsend's work to lead the group procedures on healthy boundaries.

The Differentiation of Self Inventory (DSI) was given to the subjects prior to the nine week group and at the conclusion of the group. The pre and post inventory results were compared to see whether individuals' levels of differentiation were impacted by this group procedure. The research found this Boundaries group significantly and positively impacted the scores on the DSI of each individual who remained in the study. It may indicate that this cost and time effective group process is a beneficial way to supplement individual or family therapy and perhaps is a method of choice for an individual to work on improving their self-differentiation.

Table of Contents

TABLE 1

RESEARCH & CONTROL GROUP STATISTICS

PRE-INVENTORY RESEARCH GROUP MEANS & STANDARD DEV			POST-INVENTORY RESEARCH GROUP MEAN & STAND.DEV. RESULTS OF ANAL. OF VAR. BETW. PRE & POST RESEARCH & CONTROL GRPS.				
	X	SD		X	SD	F Stat	Significance
Raw Score	3.27		Raw Score	4.39	0.192	130.72	p<.000
Emot Reac	2.95	0.503	Emot Reac	4.07	0.114	27.27	p<.002
I Position	3.45	0.669	I Position	4.59	0.483	31.75	p<.001
Emot.Cut	3.74	0.311	Emot.Cut	5.04	0.256	64.18	p<.000
Fusion	3.14	0.333	Fusion	4.84	0.341	3.38	p<.116

PRE-INVENTORY CONTROL GROUP MEANS & STANDARD DEVIATIONS			POST-INVENTORY CONTROL GROUP MEAN & STAND.DEV.		
	X	SD		X	SD
Raw Score	3.63	0.183	Raw Score	3.47	0.296
Emot Reac	3.53	0.485	Emot Reac	3.2	0.691
I Position	3.66	0.385	I Position	3.68	0.284
Emot.Cut	4	0.269	Emot.Cut	3.75	0.153
Fusion	2.92	0.524	Fusion	3.14	0.439

TABLE 2

MEANS OF PAST & PRESENT EMOTIONAL ISSUES
PRIOR & PRESENT COUNSELING HISTORY

	PAST ISSUES	PRESENT ISSUE	Significance betw. research/control grp.
RESEARCH GRP.	X=4.5	X=2.5	p<.05
CONTROL GRP.	X=2.5	X=1.25	
DROP OUTS	X=4.7	X=3.6	

	PAST COUNSEL.	PRES. COUNSEL.
RESEARCH GRP.	3 YES, 1 NO	1 YES, 3 NO
CONTROL GRP.	1 YES, 3 NO	1 YES, 3 NO
DROP OUTS	4 YES, 5 NO	1 YES, 8 NO

TABLE 3

DROP OUT STATISTICS

RAW SCORE	X=3.09
PAST ISSUES	X=4.7
PRESENT ISSUE	X=3.6
PAST COUNSEL	4 YES, 5 NO
PRES COUNSEL	1 YES, 8 NO

The Impact of a Therapeutic Group Process on Self-differentiation

Introduction

Several factors impacting emotional health are reviewed in this section. Bowen's concept of family systems and self differentiation, and Cloud and Townsend's concepts of healthy boundaries are discussed as key factors in attaining emotional maturity and health. Various ways to increase self-differentiation are reviewed. Group procedures for individual development is discussed as an option for impacting self differentiation. Cloud and Townsend's work on healthy boundaries is related to the Bowenian process of differentiation. Their group process materials are described as they were a main tool utilized for this research. The benefits and rationales for using a group process for this research are discussed and finally, the assessment tool, The Differentiation of Self Inventory, is briefly described as a valid and useful tool used in this study.

Factors Impacting Emotional Health

Many factors have been found to impact individuals' emotional and mental health and their capacity to have mutually rewarding relationships with others. The ability to bond and attach with others is a key factor. Others include: self-confidence and high self-esteem; the ability to comfortably socialize with others; having access to encouraging and supportive family, friends or mentors; and many more (NMHA MHIC, 5/00). Some individuals are more fortunate in their early acquirement of the above characteristics, others struggle with these their whole life. Every individual as an adult, however, is left with the business of working through their own family's patterns of thinking, acting, believing, and communicating that perhaps hinder healthy relationships. In a variety of psychological literature self-differentiation and healthy boundaries have been found to be key factors in an individual's ability to maintain healthy stable relationships.

The Process of Self differentiation

According to Murray Bowen, a dominant force since the 1950s in developing a family systems therapy model, relational difficulties presented in therapy are often related to an individual's lack of differentiation and overly rigid or weak boundaries (Nichols & Schwartz, 1998). Bowen saw all people as beginning life as part of an undifferentiated ego mass - the family. Over the course of time, in order to be emotionally healthy he believed we must differentiate, learning to establish our own identity and separating ourselves out from our family (Foley, 1974).

Bowen believed that most children emerge from their families with relatively the same level of differentiation as their parents. He called this the multi-generational transmission process where the transmission of differentiation follows a pattern across generations. He also believed that a person's level of differentiation is a relatively fixed trait, taking a long time to change. He saw a family's quality of communication as a product of the family members' levels of differentiation. This led to him believing that a family's communication was unlikely to permanently improve until their levels of differentiation improved (Nichols & Schwartz, 1998). The question then arises, "If self-differentiation is desirable yet resistant to change, how does an individual acquire it?"

One of the methods Bowen saw as helpful to the process of differentiation was looking at the multi-generational family history. As a person recognizes the unhealthy patterns of which they are just one link, they can gain the perspective necessary to break the chain and begin the differentiation process. Bowen also proposed that psychotherapy could produce moderate increases in a person's level of differentiation by helping an individual de-triangulate from others within his family (Foley, 1974). According to Bowen, when a relationship between two people in a system gets uncomfortable, one of them will triangle in a third party, relieving the tension between the two. These triangles shift and move as family members interact and end up creating unstable relationships. He proposed that a person is differentiated out of this

by de-triangling, learning to relate to others by responding rather than reacting (Foley, 1974).

Guerin, a prominent student of Bowen's, defines differentiation as "the process of partially freeing oneself from the emotional chaos of one's family (Nichols & Schwartz, 1998)." David Schnarch, in his book Passionate Marriage (1997), maintains that therapy as well as crises throughout our life in marriage, family life, friendships and careers are able to raise our levels of differentiation. The psychological literature does not directly address a third option, using group procedures for individual development, which could provide a family like atmosphere conducive to learning about and practicing the new thinking and skills of self-differentiation.

Healthy Boundaries in Relation to Differentiation

Dr. Henry Cloud's and Dr. John Townsend's (1992) ideas on healthy boundaries are very similar to the basic Bowenian concept of differentiation. They define healthy boundaries as knowing "what is me and what is not me..." boundaries show us where we end and someone else begins, leading us to a sense of ownership. Cloud and Townsend also felt that our families or other past relationships often confuse us about our parameters. Learning healthy boundaries helps us intentionally let constructive people, beliefs, and actions pass in and out of our boundaries. It also helps us grow in our judgment of which people, attitudes or actions we may need to keep out of our life and boundaries at that present time. Cloud and Townsend contend that healthy boundaries result in freedom and lead to free choices of how we feel, think, act, believe, and relate to others rather than feeling controlled, or out of control with them. This is similar to Bowen's idea that by learning to relate to others by responding rather than reacting, an individual is able to relate to others freely in a person to person manner (Foley, 1974).

Cloud and Townsend's work includes published group materials which teach

the basic ideas and tools needed for an individual to begin discovering and setting their own healthy boundaries. A group setting could have several positive advantages in helping people learn and practice self-differentiation. Real lasting change takes an understanding of self, a willingness to change, time, and practice (Wallace, Bergin & Garvey, 1997). A therapeutic group is designed to provide a non-threatening, warm atmosphere where individuals can learn, role play, practice outside of group and then bring back their successes, trials or questions on the changes they are trying to make. As early as the 1940s Kurt Lewin, known for his Field Theory of behavior, discovered that group discussions are superior to individual instruction or lecturing for changing ideas and behavior (Nichols & Schwartz, 1998). Groups stimulate typical patterns of social interaction. They provide opportunities for reality testing in a relatively non threatening atmosphere where distorted perceptions may be corrected and new ways of behaving experimented with (Handlon & Parloff, 1962).

Research Instrument-DSI

In 1997 and 1998, Skowron and Friedlander conducted three rather large studies with the intent of developing a self report measure of self-differentiation as described by Bowen's theory. The Differentiation of Self Inventory sub scales correlated significantly with the amount and intensity of symptomatic distress, maladjustment, anxiety, and marital satisfaction. Their research results were consistent with Bowen's theory and the Differentiation of Self Inventory proved to be a valid clinical assessment tool which was selected as the instrument of choice for this research.

Statement of the Problem

This research sought to discover whether a group procedure on developing healthy boundaries would increase the participants' levels of differentiation. Subjects for this research consisted of four to ten individuals who voluntarily signed up to attend the Boundaries Group offered in the Spring of 2000 through a local church in the Eau

Claire, WI area. The only prerequisite for the subjects was that they were over the age of eighteen. Prior to their first group session the subjects were given information about the research and those who were willing to participate were given consent forms, demographic forms and the Differentiation of Self Inventory (DSI). An equal sized control group was also given the research forms. Willing subjects from the same church or of a similar sex and age were used to gain a similar comparison group. They completed the forms prior to and after the completion of the group but did not attend the group.

The Boundaries Group was led by myself, a second year Marriage and Family Therapy graduate student. The concept of healthy boundaries in the group process for this research was based on Cloud and Townsend's work. The group involved short video segments and a participant's guide book that encouraged small group discussion. It taught the basic ideas and tools needed for an individual to begin discovering and setting their own healthy boundaries. At the completion of the group all group and control subjects took the DSI once again. The pre and post inventory results were compared to see whether individuals' levels of differentiation were impacted by this psycho-therapeutic group.

In the author's opinion this group proved to be an affordable way for individuals to work on long term basic changes within themselves. In these days of managed care the typical client may be seen only ten times before their insurance coverage is depleted. This does not always allow for the necessary length of time it takes to make the desired depth of change. Should a therapist see a client having a great need to self-differentiate before they can make much headway in therapy, they could refer them to an appropriate therapeutic group such as this. After or concomitantly with the group process the therapist could possibly work more quickly and effectively with the client.

Research Hypotheses

There are two hypotheses this research wishes to address. The first is that there will be a positive relationship between an individual's participation in the Boundaries Group and their level of self differentiation as measured by the DSI. The second is that there will be no significant increase in self-differentiation within the control group who have not attended the Boundaries Group.

Assumptions & Limitations

The most basic assumption in this study is that at least four to ten individuals who voluntarily sign up for the group will be willing to participate in the research. There is also an assumption that because this is a voluntary group those choosing to come are aware of some boundary problems within their life and are motivated to change. This motivation could be a key factor in their positive change. Limitations may include people joining the group and agreeing to participate in the research but then dropping out or having poor attendance. This would not provide an accurate reflection of those individuals' potential to improve their self-differentiation. Efforts will be made to encourage attendance while respecting individual's decisions to not attend or continue the study.

Literature Review

Introduction

This review of literature will briefly describe Bowen's theory of differentiation and discuss several pertinent studies. Most of the literature regarding differentiation relates back to Bowen's theory in which differentiation of self was a major construct. Until fairly recently Bowen's concepts, though respected and fairly well accepted, have gone empirically untested. Several recent studies have lended further credibility to his propositions. Several author's writings on psychological boundaries will be reviewed in relation to self-differentiation including Cloud and Townsend's, the authors of the group materials used for this research.

Current literature reveals that psychological boundaries appear to be an integral part of an individual's ability to self differentiate. Group procedures and their ability to promote change and, more specifically, their ability to impact boundaries and self differentiation will be discussed. Based on the benefits of group therapy cited in the research literature a group procedure for individual development on healthy boundary building was chosen as an effective mode of choice for impacting self-differentiation in this study. Various instruments for measuring self differentiation will be reviewed. The Differentiation of Self Inventory (DSI) was found to be the most comprehensive, reliable and valid self-report measure of differentiation to date and was selected as the pre and post measurement for this research.

Self-differentiation

Bowen's attempts to differentiate from his family of origin as well as his experiences as a psychiatrist working with mothers and their schizophrenic children led to his evolving theory of self-differentiation. His interest in mother-child symbiosis, schizophrenic families, and later his work with couples, led to the formation of his concept of differentiation of self (Nichols & Scwhartz, 1998). He described this construct as two interrelated processes. One process occurs within the individual and can be considered a type of emotional maturity. The individual develops the ability to

separate their thinking and feeling processes and avoid emotional reactivity. The second process represents relational maturity, the ability to remain both separate and connected within the emotional relationship system. A well differentiated individual is capable of emotional closeness without losing their sense of oneness (Bohlander, 1999).

An undifferentiated person's thought process is so flooded with feelings he has absorbed or reacted to from those around him that he is unable to think objectively. At the same time this lack of intrapsychic differentiation is occurring there is also a lack of differentiation between himself and others. He reacts emotionally, positively or negatively, to the directives of family or authority figures. He has little autonomous or independent identity. He tends to be fused with others, stating what he feels when asked what he thinks and repeating what he's heard when asked what he believes. He either conforms or may try to look pseudo- independent through counter-conformity (Nichols & Schwartz, 1998). Bowen believed that emotional health involves a balance of togetherness and individuality. Unbalance in the direction of togetherness is called fusion and Bowen believed this unresolved emotional attachment to family must be resolved rather than accepted or rejected before an individual can differentiate a mature, healthy personality.

Several recent studies have resulted in increasing empirical support of Bowen's construct. In a study conducted by Bohlander (1999), differentiation of self was found to be a major factor in men's' psychological sense of well-being within marriage along with the factors of interactional-emotional needs and sexual needs. In a prior study (1995), Bohlander found similar results for women within their marriages. Skowron and Friedlander, University at Albany, State University of New York, designed the Differentiation of Self Inventory (DSI) in order to examine Bowen's construct and proposition that differentiation of self is a critical personality variable to mature development and attainment of psychological health (Skowron & Friedlander, 1998). Bowen (1978) stated that less differentiated individuals experience greater

chronic anxiety. He also proposed that less differentiated individuals become dysfunctional under stress more easily and therefore suffer more psychological and physical symptoms such as somatization, depression, alcoholism, and psychoticism (Bowen, 1976, 1978; Kerr & Bowen, 1988). In Skowron and Friedlander's research, six hundred and nine adults took part in a series of three studies in which DSI scores reflecting less emotional reactivity, cutoff, and fusion with others, and a greater ability to take an "I position", predicted lower chronic anxiety, better psychological adjustment and greater marital satisfaction.

Kosek (1998) also conducted a study to test Bowen's proposition that individuals generally pick mates who have the same levels of differentiation. 109 heterosexual couples were tested with the Differentiation of Self Inventory to assess differences and similarities among the spouses scores on self-differentiation. Results indicated that the means for women, with the exception of the Emotional Cutoff scale, were significantly lower than the men's and that on all scales there were significant sex differences. The husband's means were higher on the Emotional Reactivity, Fusion with Others and I Position while the wives' mean on Emotional Cutoff was significantly higher. Wives tended to express their state of emotionality by interacting with their husbands in ways that emphasized emotional reactivity while the husbands tended to express their state of emotionality by disengaging from their wives. Wives scored lower on adhering to their convictions or beliefs.

This study did not find that couples generally have the same degree of differentiation. Much of the findings suggested that women tend to develop their sense of self in connection with others moreso than men. Women may differ in regards to the commonly accepted idea that development takes place within a process of separation (Kosek, 1998). This brings up several interesting possibilities. Are women socialized to be less differentiated or is there an innate difference between the sexes where women gain more of their self identity from relationships? Should scores on the DSI or similar inventories have different norms for men and women reflecting healthy self-

differentiation or do women in general need to improve in this area more than men? Whatever the case, it is apparent from general therapy research that both men and women struggle with issues of self-differentiation and any helpful methods of improving individuals' development in this area is pertinent and useful.

Psychological Boundaries in Relation to Self-differentiation

Salvador Minuchin (1974), a pioneer in structural family therapy, proposed that boundaries are a set of invisible rules and demands which govern the structure of the family. "Boundaries of a subsystem are the rules defining who participates and how." (p.53). He believed healthy boundaries were open enough for a subsystem to receive the resources it needs but closed enough to protect itself. Minuchin proposed that enmeshed relationships occur when boundaries are too open. Minuchin considered relationships to be disengaged or cut off when boundaries are too closed. The function of boundaries according to Minuchin is to protect the differentiation of the system or subsystems having specific functions and making specific demands (p. 30). It is evident from what Minuchin says, in spite of his linking of boundaries with systems that boundaries can challenge individuals to think about and respond to their families.

Anne Cope Wallace, in her book Setting Psychological Boundaries (1997), writes that our boundaries represent our unique inner territory. She states, "In `recognizing and respecting our boundaries we affirm ourselves, our rights in all our relationships and the rights of others. When we fail to defend ourselves, to stand up for ourselves under attack, we lose some treasured part of ourselves - our integrity, belief in ourselves, the real "I" at the core of the inner self. Each time there is a little death. When we fail to respect the rights of others, we inflict losses, large and small, that may shake the core of lives of all we touch... If we do not establish clear boundaries in our relationships and a strong sense of identity separate from our parents and family members, we do not grow into emotionally balanced human

beings. Both Minuchin's and Wallace's boundary language fit very well with the idea of self-differentiation.

Drawing again from Bowen's theory, fusion between a child and their parent(s) will result in a lack of differentiation within the adult child. Left undealt with this pattern will pass on to the succeeding generations (Bowen, 1978). Minuchin looked at the other extreme as well. If the individual attempts to resolve overly intense attachments to the family of origin by physical or emotional distancing, he experiences emotional cut off, another form of undifferentiation. Wallace states, as we draw invisible boundary lines it is not to keep enemies out but to preserve our relationships. Clearly defined boundaries allow us to communicate openly and directly.

According to Wallace, if we grow up in homes where there is poor communication or understanding, or enter into destructive marriages, boundaries are not respected and we become confused, vulnerable, and insecure. If our boundaries are weak we do not respect or defend our inner selves. We do not know how to. We are confused as to what our roles or rights are. We continually try to please others, becoming victims, allowing others to take advantage of us and never understanding why we feel bitter or resentful. Yet, she maintains, no one can take advantage of us unless we allow it. On the other hand, rigid boundary lines translate to rigid rules. With rigid boundaries we tend to isolate ourselves and become as detached as possible so we don't feel anything. We do not communicate or let anyone get too close or we may get hurt. Minuchin called this disengagement.

Wallace states that in healthy families, members have flexible boundaries that are resilient but strong. The family is a connecting unit, supportive of each other with three or four generations interacting and communicating. There is a clear sense of individual rights and responsibilities and the freedom to express feelings, opinions and to make choices. Flexible boundaries are constantly changing and adapting, particularly during times of crises such as birth, death, marriage, illness, and job loss or promotion. This type of cooperative and supportive relationship style within a family

which encourages individuality creates an environment, according to Bowen's theory, which would foster self-differentiation within it's separate members.

Dr. Henry Cloud's and Dr. John Townsend's ideas on healthy boundaries are very similar to Minuchin's and Wallace's as well as to the basic Bowenian concepts of differentiation. They define healthy boundaries as knowing "what is me and what is not me..." boundaries show us where we end and someone else begins, leading us to a sense of ownership. Cloud and Townsend also felt that our families or other past relationships often confuse us about our parameters. Learning healthy boundaries helps us to intentionally let constructive people, beliefs, and actions permeate our boundaries and keep destructive people, attitudes or actions out. They contend that healthy boundaries result in freedom; a knowing of what, who, why, and how we are responsible for what lies within our boundaries. This, they say, leads to free choices of how we feel, think, act, believe, and relate to others rather than feeling controlled, or out of control with them.

Dr. Henry Cloud has a background in clinical psychology as well as graduate level theological training. He is a clinical psychologist with experience in both in-treatment and out-treatment settings and currently has a private practice in Newport Beach, California. He is a specialist in adult psychotherapy, biblical models of personality functioning and character growth, and spiritual issues of psychopathology. Dr. John Townsend has a Masters in Theology and a Ph.D. in clinical psychology. He is a clinical psychologist and a marriage, family and child therapist. He also has extensive in-patient and out-patient experience. Townsend specializes in biblical models of character growth and spiritual issues of psychopathology.

Cloud and Townsend are co-founders of the Minirth-Meier Clinic West. They have co-authored many books regarding boundaries within self, marriage and in parenting. Their backgrounds bring a rich blend of spirituality and psychology to their work. Their published resources on developing healthy boundaries served as the psycho educational materials for the small group in this research.

Groups Promoting Change

Taking into consideration Bowen's theory, Wallace's ideas, and Cloud and Townsend's writing one can conclude, as this author has, that boundaries are an integral part, if not the major core, of an individual's ability to self-differentiate. Why choose a psycho-educational group as the mode of change for this research? According to Henry and Susan Spitz (1999), group therapy is nearing it's 100th anniversary. It was spurred on by the enormous amount of psychological trauma from WWII. Veterans were treated in group settings so many people could be seen in less time. During the community health movement in the '60s and '70s when many of the chronically mentally ill were deinstitutionalized there was a surplus of those needing psychiatric help and a shortage of trained therapists. Again, group therapy filled a desperate need. In the 1990s we experienced health care reforms. Managed care, with its economically based form of health care delivery, put a high premium on time and cost efficiency. High priority was placed on brief, symptom focused treatments as well as time limited group techniques. Group therapy seems to have grown out of necessity and economics but if it did not offer any more than this it seems it would not remain a viable or ethical mode of help and change.

Some people see group psychotherapy as involving specialized treatment led by a trained leader who evaluates and selects members who come together to address their individual psychological problems (Wallace, 1997). Interpersonal interaction within the group is a central factor in facilitating a process of change in the behavior, self-awareness and symptoms of each group member. There are many types of group formats yet in general they have many of the same benefits. Yalom (1985) developed a list of the "curative factors" present in groups which make them so helpful and effective. The first is the dissemination of information. An informed group can more rapidly focus on its task, avoiding the pitfalls of becoming detoured by misconception, myths, and fears. The second is the ability of the group to instill hope. This is not false reassurance according to Yalom. It comes from a strong sense of

positive group morale. Those who are further along can strongly impact those who are struggling by their reassuring encouragement. Members can also be encouraged by seeing how far other members have come in their struggle.

Groups also lend a feeling of universality - a destigmatization of people which counters feelings of low self esteem, uniqueness or freakishness. Members feel less isolated. According to Yalom groups also provide a sense of altruism, a therapeutic benefit that comes with one person's ability to help another. Those with low self esteem and poor self images tend to minimize the effect they have on others. The group offers an opportunity for people to see their influence on others through sharing advice and personal experiences, and by the leader modeling altruistic empathic behavior. Groups also provide an outlet for the replaying of feelings stemming from their families of origin. There are many possibilities for reactivation of unresolved family issues stimulated by the development of new relationships in a group.

A significant benefit of a group over individual therapy is the members' ability to develop their social skills. This may be a primary goal or a positive by product. As they become more comfortable in their group they may be able to generalize this comfort to other interpersonal settings. Another benefit Yolam lists is the exposure group members have to differing thoughts and actions of other members. The leaders and peers within the group provide alternative behavior choices which members can imitate and try out. Group therapy also provides opportunities for gaining insight and learning. Members have a chance to learn about the motivational basis for their behavior, acquire insight into familial origins of their current problems, and learn experientially through ongoing relationships with the leader and other members. A greater personal awareness comes from the interpretations and feedback of the members and leader (Yalom, 1985).

Group cohesion is another important benefit. It provides the glue that bonds members together for a common purpose. Positive feelings that develop toward the group and members forms the foundation for group cohesion. Yalom states it is not a

change in itself but a pre condition for change. Without cohesion the group would not be able to progress to any further stages of development. Cohesion acts as a layer of protection for members - an emotional shock absorber. Finally, there is a power in groups to unleash affect. This is beneficial within groups that tend to intellectualize and minimize affect. It may, on the other hand, need to be monitored closely for groups whose members have poor impulse control, mood swings and a history of a strong affect leading to a worsened psychological state (Yalom, 1985).

Group Therapy's Impact on Boundaries and Self-differentiation

These curative factors that Yolam cites provide strong rationales for group therapy being an effective mode of choice for impacting self-differentiation. In most of the case studies in Wallace's research where individual's were able to change their unhealthy psychological boundaries, supportive groups were listed as a key. They may have been 12 Step AA groups, parenting groups, or other support groups but they all served as places where the individual could learn they had boundary options. They were able to practice these options, share about their experiences, and grow towards healthier ways of thinking and acting. Each individual also mentioned learning to set limits and gaining the ability to express those limits (healthy boundaries) as an important key to resolving their family of origin issues which in turn impacted their current spouse, children, and friend relationships.

Looking at the multi-generational family history was one of the methods Bowen saw as helpful to the process of differentiation. He felt that as a person recognized the unhealthy patterns of which they are just one link, they could gain the perspective necessary to break the chain and begin the differentiation process. Learning about our limits, what we are and are not responsible for and setting limits is the very basis of Cloud and Townsend Healthy Boundaries material. Research, although limited in the direct area of group therapy's impact on self-differentiation, seems to point to group therapy as being a motivating and helpful factor in the boundary/self differentiation building process.

Testing Self-differentiation

Scales that measure an individual's self-differentiation were not developed until fairly recently. Several self report scales were developed between 1978 and 1991. These included Kear's (1978) Differentiation of Self Scale, the Emotional Cut-off Scale (McCollum, 1991), the Family of Origin Scale (Hovestadt, Anderson, Piercy, Cochran, & Fine, 1985), and the Personal Authority in the Family System Questionnaire (Bray, Williamson, & Malone, 1984). They each contribute important aspects to the study of the field according to Skowron and Friedlander (1998), but they tended to describe the interpersonal and intergenerational family processes which did not include the full range of interpersonal components of differentiation. None of these tests, according to Skowron and Friedlander, focused on the intrapsychic aspects of differentiation.

Several self-report measures exist for separation-individuation developed by Hoffman, 1984; Levine, Green, & Millon, 1986; Lover, Aries, & Batgos, 1990, however they were designed for use with late adolescents rather than adults and none contained items that dealt with marital relations or that reflected problems in achieving a balance between intimacy and autonomy. Individuation involves the achievement of independence and a unique sense of identity while differentiation of self is the capacity to maintain autonomous thinking and achieve a clear sense of self in the context of emotional relationships with important others (Skowron & Friedlander, 1998).

Based on three separate studies, Skowron and Friedlander developed the final form of the Differentiation of Self Inventory which was used in this research. To adequately measure differentiation, the researchers included both the intrapsychic and interpersonal aspects. The DSI is composed of 4 scales including Emotional reactivity, taking an I Position, Emotional Cut off, and Fusion with Others which are described in more detail in the Methodology section. The results of Skowron and Friedlander's studies upheld Bowen's propositions. Higher differentiation scores predicted significantly less symptomatic distress as well as greater marital satisfaction.

The DSI appears to be a well researched, reliable and valid self-report measure of differentiation and a useful tool for this particular research.

Throughout various literature the link between boundaries and self-differentiation is clear. Based on current psychological literature it appears that a group process on individual development of healthy boundaries could very well bring about positive change in an individual's self differentiation. The DSI should prove to be a valid and reliable tool in measuring research subjects' current state of self differentiation prior to and after attending the group.

Research Methodology

Null hypothesis

The null hypothesis for this research is that a group procedure on developing healthy boundaries will have no significant impact on the participants' levels of differentiation. If this hypothesis is correct there will be no significant difference between each research subject's DSI pre group score and post group score.

Subjects

The subjects were completely voluntary. Brochures and announcements were disseminated through a local church bulletin which described the Boundaries group several weeks prior to the beginning of the group. The group leader's phone number was provided as well as a sign up sheet. The only stipulation for the subjects was that they were of adult age, 18 years or older. Over several weeks those individuals interested in the group signed up or called for information. Fifteen individuals indicated an interest. Twelve were female and three were male. Nine of the fifteen actually came to the initial meeting where the group and research were described. The males never attended a meeting when another male was there. After a few meetings, though they were encouraged to continue attending, they dropped out. Several women found the 12 week commitment to be too much and dropped out as well. This left a core group of four persons.

The core group of subjects ended up being four women, three of whom were

married and had children, and ranging from the ages of 41 to 53. They were employed either part or full time. Their yearly household incomes ranged from under 10,000 (a single, full-time student) to the $40,000-60,000 range. They either had some college education or were college graduates. All of the subjects were European American. Three of the four indicated they had prior counseling and two indicated they were currently being counseled. Their past mental health issues tended to include: depression, anxiety, marital problems, communication problems and family conflict. Two of the four had dealt with physical abuse. Present issues they listed were communication difficulties and family conflict with two stating they were currently struggling with anxiety.

Though it was a small group they were faithful in attendance and enthusiastic participants; asking questions, making comments, and sharing their insights and growth with each other. Four individuals who were similar in age and gender made up the control group. Two men were included in this group. They all were churchgoers but not necessarily of the same church as the research subjects. They completed the research forms but did not attend the Boundaries Group. The subjects' ages ranged from 35 to 45. All were married (1 separated) with children and most were employed part or full-time (one homemaker). Three were college graduates and one had some high school. All of the subjects were European American. Past mental health issues indicated were depression, anxiety, suicidal thoughts and family conflict. Only one of the four had prior or current counseling. The current mental health issues varied with research subjects checking from 0 to 2 issues including: loss and death issues; marital problems; family conflict; and communication difficulties.

Compared to the voluntary research subjects the control group had fewer past issues checked and much fewer current issues checked. Other than this their general demographics such as ethnicity, education/income level, marital and parental status were fairly similar and provided a good comparison group.

In the first session the participants were briefed on the group and the research.

They readily agreed to fill out forms for the research. These included a consent form, a demographics form, and the DSI (See Appendix forms 1, 2, and 3). To increase confidentiality they were assigned a number which was written on the demographic form and on the DSI along with their initials but not their full name. Attending the group for this study was inexpensive. The subjects paid $8.00 for their own participant's guide but there were no other charges. During the subsequent sessions the groups were led with Cloud and Townsend's video and participant guide material.

The groups began with viewing a ten to fifteen minute video section which taught how to define and develop healthy boundaries and how to recognize unhealthy boundaries within themselves and others. Questions from the participants guide were then discussed drawing from the video information and processing how they could apply it to their own lives. The group was encouraged to ask any questions they had about their personal lives and relationships regarding boundaries. They were asked to read the next weeks material in the participants guide prior to the next session. They were also asked to practice what they had learned about boundaries during the week with their family and other relationships and to bring back their stories of success or difficulties to share with the group. The group met for a total of twelve weeks not including the initial introduction session but including the final post inventory taking session.

Relationship Between Research Method & Null Hypothesis

For the null hypothesis to be fulfilled, the Boundaries Group would be found to have no significant effect on the DSI scores of the research subjects. This could indicate several things. It may indicate that the Boundary Group material used in the research had no real relationship to an individual's self differentiation. It could also indicate that the group process itself was a poor method of communicating the information so that it makes no significant impact. Another possibility is that significant change in self differentiation was not able to be made in the 12 week length of time. If the null hypothesis is not supported by the research it would indicate that the

Boundary material and the group format were significantly helpful to the research subjects' process of self differentiation.

Instrument - Differentiation of Self Inventory

The DSI is composed of 4 scales including Emotional reactivity, taking an I Position, Emotional Cut off, and Fusion with Others. The Emotional Reactivity sub scale reflects "the degree to which a person responds to environmental stimuli with emotional flooding, emotional lability, or hypersensitivity." Taking an I position refers to a person's ability to maintain a clearly defined sense of self and remain true to their personal convictions when pressured by others to do otherwise. The Emotional Cutoff sub scale reflects a person's tendency to pull away from others when they are overwhelmed by emotionality in their family relationships. They may feel threatened by intimacy and fear engulfment. The Fusion with Others sub scale reflects emotional over involvement with others, including triangulation (diverting conflict between two people by involving a third) and over identification with parents.

Internal consistency using Cronbach's alpha suggested high reliabilities for the DSI total scale and each of the four sub scales. Confirmatory factor analyses demonstrated support for the DSI sub scales as empirically distinct dimensions of the construct, differentiation of self (Skowron & Friedlander, 1998). The level of differentiation as measured by the DSI, correlated highly with a measure of chronic anxiety, revealing its favorable construct validity. Bowen believed that lack of differentiation is closely equated with chronic anxiety whereas highly differentiated individuals are more free of symptoms and generally better adjusted. He also proposed that more highly differentiated individuals establish more satisfying marriages. The DSI research results corroborated these propositions. DSI scores correlated significantly with the amount and intensity of a subject's symptomatic distress. Higher scores of differentiation were significantly correlated with higher marital satisfaction as well.

The DSI was based on research subjects who were between the ages of 25

and 65. They were typically educated, married, half had children, and 82-90% were white with the rest being of various ethnicities including African American, Asian American, Latino, and Native American. 10 to 15% were currently in therapy and 45 to 52% had sought therapy in the past. Due to the recent development of this inventory there are no established norm tables. The DSI was chosen over other instruments due to its multi-dimensional nature and it's ability to measure both intrapsychic and interpersonal components of self differentiation.

Data Collection & Analysis of Data

Subjects' results from the DSI were gathered prior to the group and upon completion of the group. To compute the DSI full-scale scores, raw scores on all items in the Emotional Reactivity, Emotional Cutoff, and Fusion With Others sub scales and on one item in the I Position sub scale (#35) were reversed, so that higher scores reflected greater differentiation. Scores on all the items were then summed and divided by the total number of items, so that the full-scale score possibilities ranged from 1 (low differentiation) to 6 (high differentiation). In order to compare the sub-scale and full-scale scores, each sub scale was computed by reversing the above indicated items, summing the item scores, and then dividing by the number of items in the sub scale (Emotional Reactivity=11, I Position=11, Emotional Cutoff=12, and Fusion With Others=9). The scores on each sub scale ranged from 1 to 6, just as the full scale, with higher numbers indicating greater differentiation (Skowron & Freidlander, 1998). For ease in scoring see Appendix 1 where the reversed scoring and subscale compositions are listed.

The data was analyzed descriptively by computing the mean scores. It was also analyzed statistically at the interval level using the Pearson's r correlation and a multi variant T test.

Control of Variables

The largest variable to cause concern was whether subjects would attend enough sessions to actually learn and benefit from the material. To control this

variable data was only utilized from subjects who attended ten or more of the sessions. This left a core group of four women. Special care was made to review material which any subject had missed and their participant's guide provided the basic information for each session as well. Although the research subjects were voluntary, care was taken to solicit a control group of subjects having similar characteristics in order to provide a valid comparison.

Results

Table 1 provides the means and standard deviations for the pre and post - inventories of both the research and control groups. It also shows the two way analysis of variance with repeated measures on the pre-inventory and post-inventory scores using the research and control groups as the independent variables. It is encouraging that the final analyses showed the research group's statistics as highly significant and all were above the control group statistics. There were no significant differences between the control groups pre and post inventory scores although their post scores were actually slightly lower than their pre scores.

Research subject's pre and post inventory scores reveal a highly significant difference of $p < .000$ to $p < .002$. Each sub-category revealed a significant difference except for Fusion. The Fusion sub category showed no significant difference between pre inventory or post inventory scores within or between the control and research groups. This indicates they all had fairly similar scores for fusion before and after the research.

Table 2 displays the means of past and present emotional issues and the prior and present counseling history of both the control and research groups. Control group subjects had a mean of 2.5 past emotional issues and a mean of 1.25 present issues. These issues are listed on the demographic sheet and include such items as depression, anxiety, alcohol or drug abuse, marital problems, communication difficulties, sexual difficulties, loss or death issues, suicidal thoughts, family conflict, physical abuse, and sexual abuse (See appendix B). The control group had one out of

the four who had prior counseling and one out of the four who was in current counseling.

The research subjects' mean of past emotional issues was 4.5 and a mean of 2.5 for present emotional issues. Based on an analysis of variance there was a significant difference of $p<.05$ between the control and research subjects in this area with the research group having significantly more past and present issues. Three out of the four research subjects had been in prior counseling and one out of four was currently in counseling.

Although statistics were not figured for the research subject drop outs some interesting information was gleaned from the data (Table 3). The mean total raw score for the research subjects that dropped out of the group was 3.09, lower than both the control and research group. Four of the nine individuals who dropped out were below 3.0. They had a mean of 4.67 for past emotional issues and a mean of 3.56 for present emotional issues. These means were higher than either the control or research groups. Four of the drop outs had been in prior counseling while five had not. Only one was currently in counseling and eight were not in spite of their higher level of present emotional issues.

Discussion

The statistically significant differences found between the research and control groups post inventory scores disprove the null hypothesis and indicate that the boundary group did have an impact on the participants' levels of self-differentiation. This speaks well for the group format as a method of change as well as for the boundary information that was relayed and practiced within the group. They both proved to be highly helpful in improving each individual group member's level of self-differentiation.

It was not surprising that the control group's Total raw score mean was higher than the mean of the research group. It could be assumed that volunteers seeking to specifically work on their boundaries would possibly test at a lower level than those of

the control group who were not. Another interesting comparison was in the number of past and present emotional issues and whether subjects had been in past or were in current counseling (Tables 2 & 3). Again, it was not surprising that the research group had a higher mean than the control group in this area. They joined the group voluntarily wanting to work on their boundaries and as Bowen was cited in the introduction, poor self-differentiation and boundaries have been associated with a higher amount of psychological symptoms.

It is a possibility that the group subjects learned to define healthy boundaries and self-differentiation in the group and were therefore able to answer the DSI questions in a more positive light without truly being more differentiated. This author feels that even if that were the case, the subjects now had helpful knowledge they didn't have before and knew what a healthier direction for their lives would be. They could now take this knowledge and eventually become more self-differentiated as they put it to practice in their life. This author who was also the group leader feels the tested significant differences are genuine. Each group member gave personal testimonies as to how they were applying their knowledge of self-differentiation and how it was positively impacting their life.

The drop outs lower mean Total raw scores bring up several interesting points. First, is there perhaps a point on the differentiation scale which could indicate whether an individual would function well in the group or not? For instance if an individual's total raw pre-inventory score is near or below a 3.0 (6 being the highest score) could it indicate they may need more personal therapy to deal with their individual issues before they are ready to move on to a group/small discussion format? Five of the nine individuals who dropped out stated they were very uncomfortable with speaking in a small group and were in general not ready for the group. Two of the women had schedule conflicts and the other two were men who indicated they were uncomfortable being a minority in the group.

The drop out subjects' high amount of present emotional issues along with a

lack of current counseling may again point to the fact that those who were not in counseling were possibly in too much distress or without the basic skills to successfully attend the group.

Conclusions and Implications for the Field

The results of this study indicate that learning about and practicing principles of healthy boundaries within a group facilitates a greater development of self-differentiation within an individual. For therapists who believe as Bowen did, that personal progress in therapy is limited until an individual is able to become more self-differentiated, a group such as this one could be very helpful to a client by building a strong base for positive change. It could be the therapy method of choice, prepare an individual for therapy, or the group could coincide with therapy, enhancing the results.

More research is needed in the area of screening subjects to see if they are group ready. If not, what will help them get ready or are they individuals for whom a group simply would not work? This study seems to indicate that subjects having a high number of symptoms along with no current counseling support are not good candidates for attending and completing this type of group. Perhaps the group leader could prepare the group candidates by forewarning them of the likelihood that the material used would challenge them and they may feel worse about their boundaries before they feel better. Using a demographic form including the issues and counseling history of an individual could be useful as a screening instrument.

Another suggestion for leading this kind of group whether it is for research or not would be to use a pre/post instrument such as the DSI. This could provide the members with evidence of their progress, further encouraging their growth.

This research was based on a very small number of subjects as well as a specific group method. Though small, it revealed that a group procedure for individual development can be a powerful method of growth and change in an individual's process of self-differentiation. It would be helpful to the field for other studies to be done with a larger number of subjects utilizing the same or different materials related

to self-differentiation to see if there is a similar positive impact. Further study on the differences in differentiation for men and women and resulting appropriate norms would be useful as well.

The Impact of a Therapeutic 34
Appendix I

Appendix

Differentiation of Self Inventory

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. Be sure to answer every item and try to be as honest and accurate as possible in your responses.

		Not at all true of me					Very true of me
1.	People have remarked that I'm overly emotional.	1	2	3	4	5	6
2.	I have difficulty expressing my feelings to people I care for.	1	2	3	4	5	6
3.	I often feel inhibited around my family.	1	2	3	4	5	6
4.	I tend to remain pretty calm even under stress.	1	2	3	4	5	6
5.	I'm likely to smooth over or settle conflicts between two people whom I care about.	1	2	3	4	5	6
6.	When someone close to me disappoints me, I withdraw from him or her for a time.	1	2	3	4	5	6
7.	No matter what happens in my life, I know that I'll never lose my sense of who I am.	1	2	3	4	5	6
8.	I tend to distance myself when people get too close to me.	1	2	3	4	5	6
9.	It has been said (or could be said) of me that I am still very attached to my parent(s).	1	2	3	4	5	6
10.	I wish that I weren't so emotional.	1	2	3	4	5	6
11.	I usually do not change my behavior simply to please another person.	1	2	3	4	5	6
12.	My spouse or partner could not tolerate it if I were to express to him or her my true feelings about some things.	1	2	3	4	5	6
13.	Whenever there is a problem in my relationship, I'm anxious to get it settled right away.	1	2	3	4	5	6
14.	At times my feelings get the best of me and I have trouble thinking clearly.	1	2	3	4	5	6
15.	When I am having an argument with someone, I can separate my thoughts about the issue from my feelings about the person.	1	2	3	4	5	6
16.	I'm often uncomfortable when people get too close to me.	1	2	3	4	5	6
17.	It's important for me to keep in touch with my parents regularly.	1	2	3	4	5	6
18.	At times, I feel as if I'm riding an emotional roller coaster.	1	2	3	4	5	6
19.	There's no point in getting upset about things I cannot change.	1	2	3	4	5	6
20.	I'm concerned about losing my independence in intimate relationships.	1	2	3	4	5	6
21.	I'm overly sensitive to criticism.	1	2	3	4	5	6
22.	When my spouse or partner is away for too long, I feel like I am missing a part of me.	1	2	3	4	5	6
23.	I'm fairly self-accepting.	1	2	3	4	5	6
24.	I often feel that my spouse or partner wants too much from me.	1	2	3	4	5	6
25.	I try to live up to my parents' expectations.	1	2	3	4	5	6
26.	If I have had an argument with my spouse or partner, I tend to think about it all day.	1	2	3	4	5	6
27.	I am able to say no to others even when I feel pressured by them.	1	2	3	4	5	6
28.	When one of my relationships becomes very intense, I feel the urge to run away from it.	1	2	3	4	5	6
29.	Arguments with my parent(s) or sibling(s) can still make me feel awful.	1	2	3	4	5	6
30.	If someone is upset with me, I can't seem to let it go easily.	1	2	3	4	5	6
31.	I'm less concerned that others approve of me than I am about doing what I think is right.	1	2	3	4	5	6
32.	I would never consider turning to any of my family members for emotional support.	1	2	3	4	5	6
33.	I find myself thinking a lot about my relationship with my spouse or partner.	1	2	3	4	5	6
34.	I'm very sensitive to being hurt by others.	1	2	3	4	5	6
35.	My self-esteem really depends on how others think of me.	1	2	3	4	5	6
36.	When I'm with my spouse or partner, I often feel smothered.	1	2	3	4	5	6
37.	I worry about people close to me getting sick, hurt, or upset.	1	2	3	4	5	6
38.	I often wonder about the kind of impression I create.	1	2	3	4	5	6
39.	When things go wrong, talking about them usually makes it worse.	1	2	3	4	5	6
40.	I feel things more intensely than others do.	1	2	3	4	5	6
41.	I usually do what I believe is right regardless of what others say.	1	2	3	4	5	6
42.	Our relationship might be better if my spouse or partner would give me the space I need.	1	2	3	4	5	6
43.	I tend to feel pretty stable under stress.	1	2	3	4	5	6

Differentiation of Self Inventory Subscale Composition (underlined means reverse scored):

Emotional Reactivity: 1, 6, 10, 14, 18, 21, 26, 30, 34, 38, 40

I Position: 4, 7, 11, 15, 19, 23, 27, 31, 35, 41, 43

Emotional Cutoff: 2, 3, 8, 12, 16, 20, 24, 28, 32, 36, 39, 42

Fusion With Others: 5, 9, 13, 17, 22, 25, 29, 33, 37

Received September 22, 1997
Revision received February 16, 1998
Accepted February 16, 1998 ■

Research participant demographics

Name:_____

Male___ Female___

Age___

Marital Status:
Never Married___
Cohabitating (living together)___
Married___
Separated___
Divorced___
Widowed___

Current Employment:
Full-time___
Part-time___
Homemaker___
Unemployed___
Full-time student___
Part-time student___
Retired___

Yearly Household Income
Under $10,000___
$10,001-$20,000___
$20,001-$30,000___
$30,001-$40,000___
$40,001-$60,000___

Children in Family

(circle one)	Age	Living primarily in home?
Male Female	____	yes no
Male Female	____	yes no
Male Female	____	yes no
Male Female	____	yes no
Male Female	____	yes no

Education
Grade 8 or less ___
Some High School___
High school grad.___
Some College___
College grad.___
College beyond BA/BS___

Ethnocultural Group
American Indian ___
Asian American ___
Black (African American)___
White (European American)___
Mexican American (Latino)___
Other___

Please check any of the issues below that you have experienced in your life in the past or presently.

	Past	Present		Past	Present
Depression	____	____	Loss or death issues	____	____
Anxiety	____	____	Suicidal thought	____	____
Alcohol or drug abuse	____	____	Family conflict	____	____
Marital problems	____	____	Physical abuse	____	____
Communication difficulties	____	____	Sexual abuse	____	____
Sexual difficulties	____	____	Prior counseling	____	____

References

About CTR (2000). Cloud-Townsend Resource. Available: http:///www.cloudtownsend.com/About-CTR/authors. htm (2000, May, 19).

Bohlander, R.W. (1999). Differentiation of self, need fulfillment, and Psychological well-being in married men. Psychological Reports, 84, 1274-1280.

Bowan, M. (1976). Theory in the Practice of psychotherapy. In P.J. Guerin, Jr. (Ed.), Family therapy: Theory and practice. 42-90. New York: Garner Press.

Bowan, M. (1978). Family Therapy in Clinical Practice. New York: Jason Aronson.

Bray, J.H., Williamson, D.S., & Malone, P.E. (1984). Personal authority in the family system: Development of a questionnaire to measure personal authority in intergenerational family processes. Journal of Marital and Family Therapy, 10, 167-178.

Cloud, H. & Townsend, J. Boundaries (1992). MI: Zondervan Publishing House

Cloud, H. & Townsend, J. Boundaries Participation Guide (1999). MI: Zondervan Publishing House

Foley, V., D., Ph.D. (1974). An Introduction to Family Therapy. New York: Grune & Stratton.

Healthy emotional development (5/00). National Association of Mental Health newsletter (on-line) Available: http://www.NMHAMHIC.

Hoffman, J.A. (1984). Psychological separation of late adolescents from their parents. Journal of Counseling Psychology, 31, 170-178.

Hovestadt, A.J., Anderson, W.T., Piercy, F.P., Cochran, S.W., & Fine, M. (1985). A family of origin scale. Journal of Marital and Family Therapy, 11, 287-297.

Kear, J.S. (1978). Marital attraction and satisfaction as a function of differentiation of Self. Unpublished doctoral dissertation, California School of Professional Psychology, Fresno.

Kerr, M.E. & Bowen, M. (1988). Family Evaluation. New York: Norton.

Kosek, R. B. (1998). Self-differentiation within couples. Psychological Reports, 83, 275-279.

Levine, J.B., Green, C.J., & Millon, T. (1986). Separation-Individuation Test of Adolescence. Journal of Personality Assessment, 50, 123-137.

McCollum, E.E. (1991). A scale to measure Bowen's concept of emotional cutoff. Contemporary Family Therapy, 13, 247-254.

Minuchin, S. (1974). Families & Family Therapy. Harvard: University Press.

Nichols, M. P., & Schwartz, R. C. (1998). Family Therapy Concepts and Methods (4th edition). MA: Allyn & Bacon.

Schnarch, D. (1997) Passionate Marriage.

Skowron, E. A., & Friedlander, M.L. (1998). The Differentiation of Self Inventory: development and initial validation. Journal of Counseling Psychology, 45, No. 3, 235-246.

Spitz, H. I, & Spitz, S.T. (1999). A Pragmatic Approach to Group Psychotherapy. Pennsylvania: Taylor & Francis.

Wallace, A. C. (1997). Setting Psychological Boundaries. Connecticut: Bergin & Garvey.

Yalom, I.D. (1985). Theory & Practice of Group Psychotherapy. New York: Basic Books.