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BOWEN FAMILY SYSTEMS THEORY: EXPOSURE OF CHILDREN'S TRIANGULATION, CROSS-CULTURAL VALIDATION OF DIFFERENTIATION, AND EMBEDMENT OF CO-SLEEPING PHENOMENON

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BOWEN FAMILY SYSTEMS THEORY: EXPOSURE OF CHILDREN'S TRIANGULATION, CROSS-CULTURAL VALIDATION OF DIFFERENTIATION, AND EMBEDMENT OF CO-SLEEPING PHENOMENON

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La utilización de estos artículos en esta memoria, está en conocimiento de los coautores, tanto doctores como no doctores. Además, estos últimos tienen conocimiento de que ninguno de los trabajos aquí reunidos podrá ser presentado en ninguna otra tesis doctoral.

En Santiago de Compostela, 20 de septiembre de 2020.

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Que la presente tesis, se corresponde con el trabajo realizado por D. Kleanthis Neophytou, bajo mi dirección, y autorizo su presentación, considerando que reúne los requisitos exigidos en el Reglamento de Estudios de Doctorado de la USC, y que como directora de esta no incurre en las causas de abstención establecidas en la Ley 40/2015.

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En Santiago de Compostela, 18 de septiembre de 2020.

Fdo. Rosa María Rivas Torres

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TO

Murray Bowen (1913 - 1990)

a heretic, yet disciplined thinker

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I thank all researchers and theoreticians whose work I have used to develop my own thinking, arguments, and research presented in this thesis. I particularly thank my clients at my Family Counselling private practice whose own personal stories enabled me to first detect co-sleeping's potential morbid effects presented in this thesis. Finally, I thank the 840 anonymous individuals who took the time to respond to my research battery questionnaires.

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ABSTRACT

The present PhD thesis emerged within the context of Bowen Family Systems Theory and is submitted in *compendium of publications* format. Thesis' main corpus consists of three (and a fourth supplementary) published articles. Thesis' introduction aims at presenting Bowen Theory's systemic themes and core constructs that were originally developed through systematic clinical observations of nuclear families. Thesis concludes with an integrative discussion of family systems theory and the published articles. In terms of the published articles, two of them sprang from clinical observations made during my school and family counselling practice within the Greek cultural context. Article "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" builds upon recurrent clinical observations that children's medical-model oriented diagnoses were oftentimes paradoxically normalizing children's morbid triangulation and thus unintentionally perpetuating their family of origin pathology. Article "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" discusses theoretically and attempts to validate empirically recurrent clinical observations that once a family reported a time-persistent co-sleeping practice, that family was oftentimes characterized by deep-rooted family-wide morbid interrelationships. Lastly, articles "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" and "Cross-cultural validity of Bowen Theory in southern European countries" attempt to both examine theoretically and extend empirically Bowen Theory's cross-cultural applicability.

PUBLICATIONS COMPENDIUM

Article 1
Neophytou, K., & Rodríguez-González, M. (2020). Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect. *Systems Research and Behavioral Science.* Advanced online publication. https://onlinelibrary.wiley.com/doi/abs/10.1002/sres.2669

Journal Citation Reports: 81/108 (Social Sciences, Interdisciplinary), Q3, 0.731 (imp. f.)

Contribution: Original conceptualization of the work, Conceived and designed the methodology, Analysed the case studies, Wrote the paper including drafting manuscript (first draft) and editing manuscript

Article 2
Neophytou, K., Schweer-Collins, M. L., Rodríguez-González, M., Jódar, R., & Skowron, E. A. (2020). The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context. *The American Journal of Family Therapy.* Advanced online publication. https://doi.org/10.1080/01926187.2020.1783388

Journal Citation Reports: 42/47 (Family Studies), Q4, 0.564 (impact factor)

Contribution: Original conceptualization of the work, Conceived and designed the methodology, Collected and curated the data, Chose analysis tools, Performed the analysis, Wrote the paper including drafting manuscript (first draft) and editing manuscript

Article 3
Neophytou, K., Rodríguez-González, M., & Lampis, J. (2020). Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration. *Systems Research and Behavioral Science.* Advanced online publication. https://onlinelibrary.wiley.com/doi/full/10.1002/sres.2690

Journal Citation Reports: 81/108 (Social Sciences, Interdisciplinary), Q3, 0.731 (imp. f.)

Contribution: Original conceptualization of the work, Collected and curated the data, Contributed to the conception and design of the methodology and to the writing of the paper, Edited manuscript

Supplementary Article
Lampis, J., Rodríguez-González, M., Cataudella, S., Relvas, A. P., **Neophytou, K.**, & Agus, M. (2019). Cross-cultural validity of Bowen Theory in southern European countries. *Australian and New Zealand Journal of Family Therapy*, *40*(4), 457–482. https://onlinelibrary.wiley.com/doi/abs/10.1002/anzf.1394

Journal Citation Reports: 45/47 (Family Studies), Q4, 0.308 (impact factor)

Contribution: Collected and curated the Greek data, Literature search, Redrafted introduction and discussion sections related to Greek participants

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SUMMARY IN ENGLISH

The present PhD thesis emerged within the scientific context of Bowen Family Systems Theory (Bowen Theory or BFST; Bowen, 1992; Kerr & Bowen, 1988). Thesis' main corpus consists of three (with a supplementary) published articles in journals included in the Journal Citation Reports. The present summary introduces the fundamental BFST themes and ideas while delineating how each of the four published articles relates to different aspects of Bowen Theory. The summary closes with the presentation of the key ideas included in the *Discussion and Conclusions* part of the thesis.

A Bowen Family Systems Theory: Fundamental themes and ideas

Bowen Theory (1992; Kerr & Bowen, 1988) is considered "one of the most comprehensive theories of human functioning from a systems perspective" (Rodríguez-González et al., 2015, p. 48), thereby providing a coherent foundation for family systems theory (Lam & Chan-So, 2015). Bowen Theory emphasized the importance of the nuclear family's emotional and relational context to understanding individual behavior and emotional functioning (e.g., Klever, 2003; Knauth & Skowron, 2004). Bowen transformed the way that families were understood and consequently treated, as he went beyond the medical model and paid attention to the "family side of the problem" (p. 149). The medical model, a term coined by R. D. Laing, refers to the "set of procedures in which all doctors are trained" (1971, p. 39). The set of procedures includes among others complaint, history, examination, diagnosis, treatment, and/or prognosis which are systematically applied by an expert medical doctor onto an individual within whom a physical illness is thought to be contained (Bowen, 1992; Elkins, 2017; Laing, 1971). Bowen Theory introduced a fundamental paradigmatic shift in the theory and techniques of the established medical model. The medical model retained an individual frame of reference, whereas BFST introduced a holistic familial frame of reference.

Bowen (1992) believed that "Man's family is a *system.* . . . that family can provide answers to the medical model dilemma of psychiatry" (p. 151). Therefore, Bowen Theory's systemic themes and cornerstone constructs are introduced in a dynamic integrative format whose organizing principle is the interlocking and powerful emotional forces that characterize the nuclear family.

Nuclear family emotional system and dynamic operations

The nuclear family is conceptualized as a powerful *emotional system* in which individual behaviour is thought to be directed by fundamental systemic forces. The terms familial unit, field, as well as system may all be used interchangeably as they all imply a complex dynamic interrelationship among nuclear family's members (Bowen 1992; Kerr & Bowen, 1988). In essence, the hallmark notion of the nuclear family being construed as an emotional system is that "a change in one part of the system is followed by compensatory change in other parts of the system" (Bowen, 1992, p. 155).

According to Bowen Theory (1992; Kerr & Bowen, 1988), once the level of anxiety within a family exceeds the nuclear system's adaptive capacity, then surplus anxiety is expected to be mismanaged and transmitted to one or more family subsystems; a familial function termed *family projection process*. Surplus anxiety's transmission is expected to lead to gradual impairment either uniquely or in combination of the affected familial subsystems i.e., of the spousal relationship, spouse, and/or child. Put differently, the family projection process is a dysfunctional emotional mechanism of the nuclear system.

What is more, Bowen Theory (1992; Kerr & Bowen, 1988), predicts that if sufficient changes occur within the nuclear family emotional system then the *anxiety binding process will shift its direction accordingly*. Specifically, if the nuclear emotional unit is sufficiently altered then the previously symptomatic subsystem(s) is expected to become asymptomatic and in response, the previously asymptomatic subsystem(s) is expected to become symptomatic.

Within the nuclear family emotional system, relationships are expected to be *dynamically reciprocated* (Bowen, 1992). Specifically, once an under-functioning family member would behave weak, dependent, and in emotional need, for any possible reason, then and in response, another family member is expected to over-function to accommodate former's needs (Kerr & Bowen, 1988). These ongoing relational reciprocities within an emotionally charged family unit are expected to result in the assignment of a variety of *functioning positions* to the family members. The assigned functioning positions may deeply affect an individual's emotional and physical health as well as one's personality in terms of intellectual functioning, behaviour, feelings, attitudes, and beliefs. A typical example of a functioning position is the *sibling position*

which might define the nuclear family's expectations for each child (Bowen, 1992; Kerr & Bowen, 1988).

A family member is dynamically related not only with the rest of the nuclear family members but with one's own functioning position as well. As it is explained in the thesis, the functioning position may have a profound effect on the family member. On the other hand, should the symptoms of an under-functioning member improve, then the reciprocating family member is expected to seize over-functioning and to develop physical and/or an emotional dysfunction themselves. This is so, as the previously reciprocating under-functioning member was in fact serving the purpose of stabilising the over-functioning member's health (Bowen, 1992; Kerr & Bowen, 1988).

In view of the above, *symptoms* have their own distinct function within the nuclear family emotional system. According to BFST, if the family surplus anxiety is successfully contained within the spousal subsystem, then the offspring is expected to be less affected and more able to lead their lives with less disturbance. If a spouse's functioning is impaired, then the other spouse is prone to function better. If a child's functioning is impaired, then the other family members as well as the spousal relationship are prone to function better (Bowen, 1992; Kerr & Bowen, 1988). Thus, the affected family subsystem serves a *double defective/protective function*. The affected subsystem absorbs disproportionately the family surplus anxiety while at the same time appears to protect the rest of the family members, including their relationships (Bowen, 1992; Kerr & Bowen, 1988).

Moreover, Bowen (1992) introduced the systemic construct of *multiple generation transmission process,* an ongoing inter-family projection process, which carries on from one generation to the other. Bowen defined the construct as "the principle of projection of varying degrees of immaturity . . . to different children when the process is repeated over a number of generations" (p. 205). Therefore, an individual's maturity and adaptive capacity are not only the product of one's nuclear family emotional system's influences throughout development, but also the product of preceding generations' influences (Noone, 2015).

The current status of affairs in mental health: Article 1

Freud (1917) asserted that "psycho-analysis must keep itself free from any hypothesis that is alien to it, whether of an anatomical, chemical or physiological kind, and must operate entirely with purely psychological auxiliary ideas" (p. 3134). Bowen (1992) believed that "family concepts may eventually become the basis for a new and different theory about emotional illness" (p. 151). Regrettably, the current status of affairs in mental health is neither founded on psychological modes of thinking nor on family concepts. Article titled "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Publications Compendium: Article 1) documents medical model's current hegemony in the mental health field. Specifically, the article draws from the dynamism and richness of Bowen Theory's scope and depth and attempts to expose established medical model's potential detrimental effects (i.e., faux diagnoses and false medicalization) on children's mental health.

B Differentiation of self: Definition and evaluation

One of Bowen Theory's cornerstone constructs is the differentiation of self (DoS; Bowen, 1992; Kerr & Bowen, 1988). Bowen ascribed two fundamental dimensions to DoS, namely the intrapsychic and the interpersonal. In terms of the intrapsychic dimension, well differentiated individuals have the capacity to choose whether to be guided by their intellect or emotions (Skowron & Friedlander, 1998). Bowen (1992) asserted that individuals with a higher capacity to distinguish between the two processes "have the most flexibility and adaptability in coping with life stresses, and the most freedom from problems of all kinds" (p. 356). In terms of the interpersonal dimension, well differentiated individuals retain the "ability to preserve autonomy within the context of deep intimacy with important others" (Skowron & Dendy, 2004, p. 339). Similarly, these individuals "achieve emotional maturity and independence without losing the capacity to connect emotionally with others" (Charles, 2001, pp. 280-281).

Bowen's elaborated theory includes a thorough clinical evaluation scale for the core construct of DoS, namely the Differentiation of Self Scale (DofSS; Bowen 1992; Kerr & Bowen, 1988). The thesis offers a detailed explanation of the DofSS alongside its uses. However, and contrary to Bowen's precautions (1992) that the multidimensional nature of the cornerstone construct of DoS poses significant difficulties in its psychometrically

sound measurement, a variety of empirically validated instruments have been developed so far (e.g., Anderson & Sabatelli, 1992; Bartle-Haring et al., 2005; Bray et al., 1984; Haber, 1993; Hovestadt et al., 1985; Licht & Chabot, 2006; McCollum, 1991). Nevertheless, the Differentiation of Self Inventory - Revised (DSI-R; Skowron & Schmitt, 2003) is the only instrument that evaluates both DoS' theoretical dimensions i.e., the interpersonal and the intrapsychic.

The DSI-R (Skowron & Schmitt, 2003) is the predominant, most recognized, and most psychometrically validated measure of Bowen's cornerstone construct of differentiation of self (Rodríguez-González et al., 2015; Sloan & Dierendonck, 2016). Researchers across the world recognized the demand for the development of culturally responsive measures and consequently adapted and validated the DSI-R to their respective non-U.S. cultures. Specifically, psychometrically sound Chinese (Lam & Chan-So, 2015), Italian (Lampis et al., 2017), Spanish (Rodríguez-González et al., 2015), and Turkish (Işık & Bulduk, 2015) versions of the DSI-R are published in English language scientific journals. Within the thesis, these four cross-cultural DSI-R versions are discussed in detail, in terms of their psychometric properties, factor structure, item distribution per factor, and statistical methodology employed. Additionally, for each DSI-R version, both factor and item similarities and differences with the original scale are depicted.

Cross-cultural extension of Bowen Theory: Article 2 and Supplementary article

In spite of the impetus to develop culturally sensitive, valid, and reliable constructs, measures, and methods, the application of western paradigms to understand ethnic diverse non-Western individuals and families remains the mainstream approach (Lam & Chan-So, 2015). Thus, and in order to address the bias inherent in the use of differing culture oriented instruments (e.g., Goh, 2011; Yan & Lam, 2000), articles "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Publications Compendium: Article 2) and "Cross-cultural validity of Bowen Theory in southern European countries" (Publications Compendium: Supplementary article) aim at expanding the cross-cultural exploration of Bowen's core construct of the DoS. Specifically, article 2 attempts to adapt and validate the DSI-R (Skowron & Schmitt, 2003) to the Greek language and culture. Supplementary article attempts to test the

comparative validity of the Emotional Cutoff and Emotional Reactivity subscales of the DSI-R among the Italian, Portuguese, Spanish, and Greek cultural contexts.

C Co-sleeping: A reflection of triangulation?

The present thesis discusses the differing co-sleeping definitions put forward insofar and adopts those presented by Mileva-Seitz et al. (2017). Mileva-Seitz et al. defined co-sleeping as "shared sleep that includes room-sharing, bed-sharing, and everything in between" and bed-sharing as "the practice of parent and child sharing a sleeping surface" (p. 4).

The thesis presents in detail the complexity of the co-sleeping construct and the many variables that have been empirically associated insofar. Examples of the associated variables are the time onset (e.g., Santos et al., 2017), parental attitudes (e.g., Cassels, 2013; Keller & Goldberg, 2004), family's socioeconomic status (e.g., Colson et al., 2013; Tan, 2009), husband's support of bed sharing and number of children younger than 12 years staying in the house (Tan 2009), and maternal educational achievement (e.g., Blair et al., 2010). Further to co-sleeping's polymorphous nature and association with an array of variables, co-sleeping appears to be a considerably culturally influenced (Jain et al., 2011; Owens, 2002) family practice; thus, co-sleeping is discussed in detail from a cultural perspective with a specific reference to Greek culture.

Co-sleeping family practice: Lack of a systemic conceptualization

To the best of our knowledge, the various co-sleeping conceptualizations (i.e., Kaymaz et al., 2015; Keller & Goldberg, 2004; Santos et al., 2017; Teti & Crosby, 2012) appear to adopt a dyadic-level approach. Article "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) introduces a novel systemic family-level approach to co-sleeping. Specifically, article's main theoretical contention is that time-persistent culturally non normalized co-sleeping may reflect the operation of morbid triangulation processes within the nuclear family. Therefore, the thesis introduces in detail the cornerstone BFST construct of triangulation.

Triangulation: Processes and empirical associations

Triangulation is a relational boundary violation, which leads to emotional distress and directs towards dysfunctional ways of managing dyadic disputes and conflicts (Amato & Afifi, 2006). As it is predicted in BFST, once the relationship of the two (typically of the spouses) is stressed then the third, in the outsider position, will be pulled by the conflicting dyad into their emotionally tensed field (e.g., Peleg, 2008, 2014) to serve either as an anxiety outlet and/or a relationship stabilizer (Kerr & Bowen, 1988).

Thesis discusses empirical studies that support the association between marital discord and children's triangulation (e.g., Amato & Afifi, 2006; Buchanan et al., 1991; Fosco & Grych, 2010). Additionally, the thesis discusses empirical studies that support triangulation's deleterious effects on offspring (e.g., Amato & Afifi, 2006; Bresin et al., 2017; Buehler et al. 2009; Buehler & Welsh, 2009; Wang & Crane, 2001) and triangulation's association with lower levels of DoS (e.g., Bresin et al., 2017; Peleg, 2014; Ross et al., 2016).

Embedding co-sleeping phenomenon within Bowen Theory: Article 3

To the best of our knowledge, the potential association between the triangulation processes that operate within a nuclear family and the culturally non-normative persistent co-sleeping family practice has not yet been studied. Correspondingly, co-sleeping family practice has not yet been linked either theoretically or empirically with family systems theory and in particular with Bowen Theory.

Article "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) examines theoretically as well as empirically its suggested notion that culturally non-normative persistent co-sleeping practice may reflect an unfavorable emphasis on the *togetherness life force* at the expense of the *individuality life force* (Bowen, 1992; Kerr & Bowen, 1978). In view of co-sleeping's configuration i.e., a targeted child co-sleeping with one or both parents, this might further reflect the operation of unfavorable triangulation processes within the nuclear family emotional system.

D Discussion and Conclusions

This final part discusses separately each of the thesis' threefold purpose alongside each corresponding article's (Publications Compendium) findings. Subsequently, this part brings our thesis to an end by presenting limitations, future directions, and final reflections.

1 Exposure of children's concealed morbid triangulation

First thesis' purpose is a theoretical attempt to expose children's, oftentimes concealed, triangulation within their family of origin. Purpose's realization is reflected in the publication of the article "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Publications Compendium: Article 1). *The article joins its voice in advocating the necessity for fundamental changes in the western predominant paradigm regarding clinical conceptualizations of and approaches to psychopathology and psychotherapy.* The thesis presents and discusses in detail various literature examples of the evolving opposing advocacy and controversy around the western prevailing clinical diagnostic and psychotherapeutic paradigm.

In brief, Anand and Malhi (2011) attribute to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM; currently published at its fifth edition; American Psychiatric Association [APA], 2013) two fundamental flaws: the DSM (a) compartmentalizes psychopathology and partitions it "into distinct disorders" and (b) discounts "the subjective and inter-subjective experience that are an integral part of human life" (p. 349). Similarly, Elkins (2017) takes issue not only with the medical model (Bowen, 1992; Laing, 1971), which he considers to be "wrong" (p. 669), but also with the DSM (APA, 2013), which he considers to be a "medical diagnostic system and a key component of the medical model" (p. 670). Likewise, Jacob et al. (2013) point to DSM's (APA, 2013) international influence despite its original purpose to serve U.S. psychiatry. Yet, contrary to its international acclaim, Jacob et al. stress that for many DSM nosological categories an "epidemiological, neurobiological, cross-cultural and behavioral research validity . . . remains elusive" (p. 13).

Further to article's "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Publications Compendium: Article 1), Anand and Malhi's (2011), Elkins' (2017), and Jacob et al.'s (2013) joint opposition to

the western prevailing medical model paradigm regarding psychopathology and psychotherapy, the thesis presents and discusses similar views, which depart from recent genetic lines of research (e.g., Craddock & Owen, 2010; Plomin et al., 2009; Smoller et al., 2008).

In sum, the current dominance of the medical model (Bowen, 1992; Elkins, 2017; Laing, 1971) as well as of its key toolset, the DSM (APA, 2013), have been an issue of a heated and evolving controversy. As an alternative to medical model's and DSM's paradigm, article "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Publications Compendium: Article 1) suggests that a holistic, systems-oriented paradigm may overcome, once relevant, the possible limitations of the medical model's and DSM's applications. Such an alternative is founded on the conclusion that families are described by high systemic complexity (Vemuri, 1978), thereby the application of the transdiscipline of systems thinking (Jackson, 2010; Von Bertalanffy, 1950) is necessitated.

In essence, article "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Publications Compendium: Article 1) argues that the medical model seems to operate within a decontextualized restricted disease-carrier-child mind frame, hence potentially ascribing faux diagnoses and false medical treatments to healthy children (e.g., Cassels, 2013; Marecek & Hare-Mustin, 2009; Moreno et al., 2007; Pressman & Imber, 2011).

2 Cross-cultural validation of the construct of differentiation of self

The application of Bowen Theory to the fictitious case study of the "Stylianou family" (Publications Compendium: Article 1) refers to a theoretical corpus that was introduced almost 50 years ago (Bowen 1992; Kerr & Bowen, 1988). Nevertheless, BFST still poses as a popular orientation for clinical family therapy (e.g., Keller & Noone, 2019; Titelman & Reed, 2018). Additionally, BFST gradually received international as well as intercultural recognition and acceptance (e.g., Işık & Bulduk, 2015; Lam & Chan-So, 2015; Lampis et al., 2017; Rodríguez-González & Kerr, 2011).

Bowen (1992) asserted that his theoretical postulates had universal applicability and that the cornerstone construct of DoS was applicable to all individuals (Lam & Chan-So, 2015). Along these lines, present thesis' purpose seeks to examine theoretically and

extend empirically Bowen Theory's (1992; Kerr & Bowen, 1988) cross-cultural applicability towards two distinct yet interrelated directions. Article "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Publications Compendium: Article 2) extends the cross-cultural exploration of Bowen's cornerstone construct of the DoS. Article "Cross-cultural validity of Bowen Theory in southern European countries" (Publications Compendium: Supplementary article) tests comparatively the validity of the Emotional Cutoff and Emotional Reactivity factors of the DSI-R (Skowron & Schmitt, 2003), among the Italian, Portuguese, Spanish, and Greek cultural contexts.

The thesis discusses in detail cross cultural literature (e.g., Goh, 2011; Liang et al., 2016; Stewart & Bond, 2002) and concludes that responsible practice entails a thorough examination of the cross-cultural validity of Bowen's (1992; Kerr & Bowen, 1988) cornerstone propositions to assess the effectiveness of BFST informed evaluations and interventions (Rodríguez-González et al., 2015). Consequently, present thesis attempts to contribute to such a responsible multicultural practice through empirical research presented in the articles "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Publications Compendium: Article 2), and "Cross-cultural validity of Bowen Theory in southern European countries" (Publications Compendium: Supplementary article).

Present thesis' Greek cultural context appears to be a fertile ground for the cross-cultural exploration of BFST (Bowen, 1992; Kerr & Bowen, 1988). According to our knowledge up to date, no academic research relevant to Bowen Theory has yet been conducted in Cyprus; a deficiency that appears to reflect a severe lack of systemic thinking and approaches within our country. Additionally, Cypriot families are oftentimes characterized by a lack of intra-family as well as inter-family boundaries across generations, with triangulation and lack of offspring differentiation appearing to be culturally normalized. Therefore, Bowen Theory appears to match the Cypriot familial culture/dynamics.

Article "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Publications Compendium: Article 2) adds to the English published literature regarding the existing cross-cultural versions of the DSI-R (Skowron & Schmitt, 2003) i.e., in alphabetical order, Chinese (Lam & Chan-So, 2015), Italian

(Lampis et al., 2017), Spanish (Rodríguez-González et al., 2015), and Turkish (Işık & Bulduk, 2015). The article adapted and validated the DSI-R (Skowron & Schmitt, 2003) within a Greek-Cypriot sample and presented with distinct results. The Greek DSI-R compares favourably with the DSI-R (Skowron & Schmitt, 2003) in terms of internal consistencies and construct validity.

Following a detailed comparison between the Greek DSI-R and the original DSI (Skowron & Friedlander, 1998) and DSI-R (Skowron & Schmitt, 2003), the thesis presents and discusses in detail comparisons between the Greek DSI-R and each of the existing published cross-cultural DSI-R validations. These comparisons are concluded with an attempt to interpret article's "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Publications Compendium: Article 2) empirical findings. The attempted interpretation centres around two aspects of the cornerstone construct of DoS, as this construct is reflected in the DSI-R. Firstly, the thesis addresses article's empirical findings in terms of Greek DSI-R's factor structure and secondly, in terms of Greek DSI-R' item distribution.

In sum, findings regarding the four-factor structure of the Greek DSI-R are considered expected. With the exception of the Spanish version (Rodríguez-González et al., 2015), the DSI-R (Skowron & Schmitt, 2003) appears to have a theoretically consistent four factor structure, yet with necessary accompanying cultural adaptations in respect to the Fusion with Others factor; as these adaptations are reflected in the Italian (Lampis et al., 2017), Turkish (Işık & Bulduk, 2015), and Chinese (Lam & Chan-So, 2015) versions of the DSI-R.

In contrast, findings regarding Greek DSI-R's replication of the original DSI-R's (Skowron & Schmitt, 2003) item distribution were unexpected. All validations to other languages and cultural contexts (i.e., Italian: Lampis et al., 2017, Turkish: Işık & Bulduk, 2015; Chinese: Lam & Chan-So, 2015; Spanish: Rodríguez-González et al., 2015) presented with culturally adapted DSI-R item distributions. More specifically, the Fusion with Others (Skowron & Schmitt, 2003) factor was the DSI-R subscale that underwent systematic cultural adaptations in all cross-cultural validations (see corresponding Tables 2,3,4, and 5). The thesis discusses in detail DSI originators' (Skowron & Friedlander, 1998) predictions concerning the Fusion with Others factor's need for further cultural adaptation in combination with later cross-cultural validation findings concerning the said

factor (e.g., Lam & Chan-So, 2015; Lampis et al., 2017; Rodríguez-González et al., 2015).

Notwithstanding the above, the unexpected results in terms of the Greek DSI-R's replication of the original DSI-R's (Skowron & Schmitt, 2003) item distribution, could be partially explained by the findings of article titled "Cross-cultural validity of Bowen Theory in southern European countries" (Publications Compendium: Supplementary article). Article's focus on the variances of two DSI-R (Skowron & Schmitt, 2003) subscales (Emotional Cutoff and Emotional Reactivity) among southern European countries pose, to the best of our knowledge, as the first *comparative* cross-cultural study within Europe. Therefore, the article introduces a new line of cross-cultural research of European populations and attests to the possibility that although a research instrument (for Supplementary article: DSI-R subscales of Emotional Cutoff and Emotional Reactivity) might be empirically validated as such within different target-cultures (for Supplementary article: Italian, Spanish, Portuguese, Greek), the empirical validations do not necessarily rule out differences among the target-cultures. Such a critical approach might offer a possible partial explanation to the Greek DSI-R's unexpected replication of the original DSI-R's item distribution.

3 Embedment of co-sleeping phenomenon within Bowen Theory

In sum, the present thesis argues for a critical yet culturally sensitive approach towards conceptualizing and researching into the *family* and its systemic dynamics. Article "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) *applies a research methodology that recognizes the cultural relevance of the familial construct* in that family conveys different meanings within different cultures (e.g., Coontz, 2005; Gladding, 2015; Weinstein, 2013). The article departs from an initial assessment of co-sleeping's prevalence within the Cypriot culture. In that, the article contributes to establishing a co-sleeping prevalence index for Cyprus given the nonexistence of such an estimate (Mileva-Seitz et al., 2017).

In turn, the article utilizes Bowen Theory (1992; Kerr & Bowen, 1988) as a systemic framework to conceptualize anew the co-sleeping family practice. The article conceives persistent culturally non normalized co-sleeping as an overly attached (i.e, *symbiotic;*

Bowen, 1992) relationship between a parent and the targeted child and examines co-sleeping from a systemic vantage point. In other words, persistent co-sleeping is embedded within the larger nuclear family and is examined, to the best of our knowledge for the first time, as an emotional process of the *whole* familial emotional unit. Therefore, the article attempts to transcend the attachment paradigm (Ainsworth et al., 1978; Bowlby, 1982) and adopt a holistic/systemic view of co-sleeping families.

As far as empirical findings were concerned, article "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) reported the following. Adult research participants, who reported co-sleeping with their parent(s) beyond the culturally normative co-sleeping age, exhibited statistically significant lower DoS levels. In addition to the differentiation deficiencies, same research participants were significantly associated with higher chronic anxiety; a finding the corroborated the former, as chronic anxiety "increases as level of differentiation decreases" (Kerr & Bowen, 1988, p. 117). Finally, the persistent co-sleeping group reported statistically significant guilt experienced within their relationships with parent(s) as well as statistically significant intense feelings of abandonment if moved away from them; with both findings being consistent with the persistent co-sleepers' lower levels of differentiation of self (Bowen 1992; Kerr & Bowen, 1978).

Article's (Publications Compendium: Article 3) empirical results corroborate Lampis and Cataudella (2019) reported results that compared to attachment variables, differentiation variables were stronger predictors of adult relationship adjustment. Similar to article's results, Cepukiene's (2020) empirical findings revealed that differentiation of self "had the highest significant impact" (p. 10) on adults' psychosocial functioning compared to childhood attachment. Moreover, article's findings corroborate Skowron and Dendy's (2004) reported empirical association between attachment theory and BFST. In addition, article's findings are in accordance with Ross et al. (2016) documented associations between insecure attachment dimensions and triangulation. More importantly, and in agreement with our article's described theoretical premise, that attachment processes (as these are reflected in persistent co-sleeping) are embedded within (as opposed to being bridged with; Dallos & Vetere, 2012) a systemic context, Ross et al. suggested that the dyadic process of attachment originates and operates within

the triadic systemic field; with attachment eventually affecting the individual's level of DoS.

This article's (Publications Compendium: Article 3) empirical findings seem to validate a number of relevant suggestions appearing in the co-sleeping empirical literature. Specifically, article's findings seem to validate Teti et al.'s (2015) suggestion that at the presence of bed-sharing, more attention should be paid to the marital and emotional health of the spouses. Likewise, the article's findings are in close accordance with Cortesi et al.' (2008) suggestion that once co-sleeping is reported, family relationships should be considered and evaluated, as persistent co-sleeping might be related to the overall familial functioning, including couple and maternal health. Moreover, Messmer et al. (2012) corroborate further article's findings as well those of Cortesi et al.'s (2008) and Teti et al.'s (2015) studies, as they reported a significant decline of marital satisfaction while the weekly bed-sharing hours increased, and this relationship was particularly true for the reactive bed-sharing mothers.

4 Limitations, future directions, and final reflections

The present thesis concludes with a discussion pertaining to its limitations and future directions. Limitations are discussed from two differing perspectives, firstly, the theoretical integration and secondly, the empirical methodology employed. Firstly, a limitation of the present thesis lies in that it does not address today's challenge to develop a common psychotherapeutic language. Although the thesis aspires to support Bowen Theory's capacity to shed a different light on mental health issues, this aspiration should not be construed as favouring systems thinking over non-systems thinking. Our thesis' aspiration, although we did very little towards this direction, includes the strive for a synergy among the various systemic and non-systemic psychotherapeutic paradigms. Secondly, in order to effectively look beyond the traditionally researched individual and dyadic parts of the nuclear family, system-level empirical approaches are necessitated. However, as Cepukiene (2020) has recently observed "research studies exploring complex models of relationships between different variables" based on theoretical assumptions concerning the familial (systemic) level of operation are still lacking. Unfortunately, our thesis does not contribute towards filling in this gap.

Similarly, future directions are discussed from two differing perspectives, firstly empirical research and secondly, clinical therapy and evaluation. In terms of future directions in empirical research, our suggestions depart from our thesis' supported notion that Bowen Theory retains the capacity to functionally embed individual- and dyadic-level theoretical observations and empirical findings. Viewed from such a perspective, future directions in terms of Bowen Theory's empirical research appear to be vast. Thesis discusses three possible examples of how non-systemic lines of research might be embedded (i.e., adolescents' false self behaviour: Harter et al., 1996; Weir & Jose, 2010; parentification: Burton et al., 2018; Hooper, 2007; parenting typology: Baumrind, 1966; Kuppens & Ceulemans, 2019) within BFST.

In terms of future directions in clinical therapy/evaluation, and as far as Cyprus is concerned, we hope that article's "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Publications Compendium: Article 1) publication will contribute to the much needed cross fertilization of educational psychology's work with systemic thinking and ideas. We consider such a cross fertilization crucial as for example, "a five-fold increase in drug recommendations for children implies that doctors and clinicians are not considering all possibilities before administering a diagnosis of ADHD" (Cassels, 2013, p. 14). Likewise, we consider the enrichment of educational psychology academic preparatory programs, in Cyprus and elsewhere, to be a much needed future direction.

Finally, thesis' main purpose, including its accompanying articles', could be summarized (a) in the axiom that mental health problems are observer-dependent problems and (b) in the notion that Bowen Theory may indeed open the observational lens to the entirety of the family and free the clinical mind "from the narrow conceptual boundaries of individual theory" (Bowen, 1992, p. 156).

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RESUMO EN GALEGO

A presente tese de doutoramento xurdiu no contexto científico da teoría familiar sistémica de Bowen (teoría de Bowen ou TFSB; Bowen, 1992; Kerr e Bowen, 1988). O corpus principal da tese consta de tres artigos (máis un complementario) publicados en revistas incluídas no *Journal Citation Reports*. Este resumo expón os temas e ideas fundamentais da TFSB, ao tempo que explica como cada un do catro artigos publicados se relaciona con diferentes aspectos da teoría de Bowen. O resumo termina coa presentación das ideas clave incluídas nos apartados da tese "Discusión" e "Conclusións".

A Teoría dos sistemas familiares de Bowen: temas e ideas fundamentais

A teoría de Bowen (1992; Kerr e Bowen, 1988) considérase "unha das teorías máis completas do funcionamento humano desde unha perspectiva sistémica" (Rodríguez-González *et al*., 2015, p. 48), e proporciona así unha base coherente para a teoría familiar sistémica (Lam e Chan-So, 2015). A teoría de Bowen destaca a importancia do contexto emocional e relacional da familia nuclear para comprender o comportamento e o funcionamento emocional do individuo (p. ex., Klever, 2003; Knauth e Skowron, 2004). Bowen transformou a maneira en que se entendía e, en consecuencia, se trataba as familias, indo alén do modelo médico e prestando atención ao "papel que ten a familia no problema" (p. 149). O *modelo médico*, termo acuñado por R. D. Laing, refírese ao "conxunto de procedementos nos cales están formados todos os médicos" (1971, p. 39). Ese conxunto de procedementos inclúe, entre outros, as queixas, a historia clínica, o exame, o diagnóstico, o tratamento ou o prognóstico, que son aplicados sistematicamente por un médico experto a un individuo en cuxo interior se cre que existe unha enfermidade física (Bowen, 1992; Elkins, 2017; Laing, 1971). A teoría de Bowen introduciu un cambio paradigmático fundamental na teoría e nas técnicas do modelo médico establecido. O modelo médico conserva un marco de referencia individual, mentres que a TFSB introduciu un marco de referencia familiar holístico.

Bowen (1992) consideraba que "A familia do home é un *sistema* [...]. Esta familia pode dar resposta ao dilema do modelo médico da psiquiatría" (p. 151). Por tanto, os conceptos sistémicos e os constructos fundamentais da teoría sistémica de Bowen

introdúcense nun formato integrador dinámico cuxo principio organizador son as poderosas forzas emocionais entrelazadas que caracterizan a familia nuclear.

Sistema emocional da familia nuclear e procesos dinámicos

A familia nuclear concíbese como un poderoso *sistema emocional* onde se considera que o comportamento individual está dirixido por forzas sistémicas fundamentais. Os termos *unidade familiar*, *campo familiar* e *sistema familiar* poden utilizarse indistintamente, xa que todos implican unha interrelación dinámica complexa entre os membros da familia nuclear (Bowen, 1992; Kerr e Bowen, 1988). En esencia, a noción distintiva de que a familia nuclear se interpreta como un sistema emocional é que "un cambio nunha parte de sistema é seguido por un cambio compensatorio noutras partes do sistema" (Bowen, 1992, p. 155).

Segundo a teoría de Bowen (1992; Kerr e Bowen, 1988), unha vez que o nivel de ansiedade dentro dunha familia excede a capacidade adaptativa do sistema nuclear, cabe esperar que o exceso de ansiedade se xestione mal e se transmita a un ou máis subsistemas familiares; unha función familiar denominada *proceso de proxección familiar*. Cabe esperar tamén que a transmisión da ansiedade excedente conduza a unha deterioración gradual, quer de maneira única, quer de maneira combinada, dos subsistemas familiares afectados —por exemplo, a relación conxugal, o cónxuxe ou o/a fillo/a. Dito doutra maneira, o proceso de proxección familiar é un mecanismo emocional disfuncional do sistema nuclear.

Ademais, a teoría de Bowen (1992; Kerr e Bowen, 1988) predí que, se teñen lugar suficientes cambios dentro do sistema emocional da familia nuclear, o *proceso impulsado por ansiedade cambiará a súa dirección en consecuencia.* En concreto, se a unidade nuclear emocional se ve significativamente alterada, cabe esperar que o subsistema ou subsistemas previamente sintomáticos se volvan asintomáticos e, en resposta, que o subsistema ou subsistemas previamente asintomáticos se volvan sintomáticos.

Dentro do sistema emocional da familia nuclear, espérase que as relacións sexan *dinamicamente recíprocas* (Bowen, 1992). En concreto, unha vez que un membro da familia cun funcionamento insuficiente se comporta como unha persoa débil, dependente e con necesidades emocionais, polo motivo que for, espérase que, en resposta, outro membro da familia funcione en exceso para se adaptar ás necesidades do primeiro (Kerr

e Bowen, 1988). Cabe esperar que estas reciprocidades relacionais que existen dentro dunha unidade familiar cargada de emocións teñan como resultado a asignación de diversas *posicións funcionais* aos membros da familia. As posicións funcionais asignadas poden afectar profundamente á saúde física e emocional dun individuo, así como á súa personalidade en termos de funcionamento intelectual, comportamento, sentimentos, actitudes e crenzas. Un exemplo típico dunha posición funcional é a *posición entre irmáns* que pode definir as expectativas da familia nuclear para cada fillo/a (Bowen, 1992; Kerr e Bowen, 1988).

Un membro da familia está relacionado dinamicamente non só co resto dos membros da familia nuclear, senón tamén coa propia posición funcional de cada un. Como se explica na tese, a posición funcional pode ter un efecto profundo nos membros dunha familia. Por outra banda, se melloran os síntomas dun membro cun funcionamento insuficiente, espérase que o membro da familia recíproco padeza un funcionamento excesivo e desenvolva unha disfunción física e/ou emocional. Isto é así, xa que o membro da familia que, de maneira recíproca, tiña un funcionamento insuficiente, estaba, en realidade, a servir ao propósito de estabilizar a saúde do membro que funcionaba en exceso (Bowen, 1992; Kerr e Bowen, 1988).

Á vista do anterior, os *síntomas* teñen a súa propia función distintiva no sistema emocional da familia nuclear. Segundo a TFSB, se o exceso de ansiedade familiar se contén con éxito dentro do subsistema conxugal, espérase que a descendencia se vexa menos afectada e sexa máis capaz de levar a súa vida con menos molestias. Se o funcionamento dun cónxuxe se deteriora, o outro cónxuxe tende a funcionar mellor. Se o funcionamento dun/ha fillo/a se deteriora, o resto dos membros da familia, así como a relación conxugal, tenden a funcionar mellor. Por tanto, o subsistema familiar afectado cumpre *a dobre función de ser defectuoso e protector*. O subsistema afectado absorbe de maneira desproporcionada o exceso de ansiedade da familia e, ao mesmo tempo, parece protexer o resto dos membros da familia, incluídas as relacións entre eles (Bowen, 1992; Kerr e Bowen, 1988).

Ademais, Bowen (1992) introduciu o constructo sistémico de *proceso de transmisión multixeracional*, un proceso continuo de proxección interfamiliar que pasa dunha xeración a outra. Bowen definiu o constructo como "o principio de proxección de diversos graos de inmadurez [...] a diferentes fillos/as cando o proceso se repite ao longo

de varias xeracións" (p. 205). Por tanto, a madurez e a capacidade de adaptación dun individuo non son só produto das influencias do sistema emocional da familia nuclear ao longo do seu desenvolvemento, senón tamén produto das xeracións anteriores (Noone, 2015).

A situación actual da saúde mental: Artigo 1

Freud (1917) afirmou que "a psicanálise debe manterse libre de calquera hipótese que lle sexa allea, sexa esta de tipo anatómico, químico ou fisiolóxico, e debe operar enteiramente con ideas auxiliares puramente psicolóxicas" (p. 3134). Bowen (1992) consideraba que "os conceptos familiares poden acabar converténdose na base dunha teoría nova e diferente sobre a enfermidade emocional" (p. 151). Lamentablemente, a situación actual da saúde mental non se basea en modos psicolóxicos de pensamento nin en conceptos familiares. O artigo titulado "Triangulated Children's Reality: Medical Model's Concealing Effect versus Family Systems' Revealing Effect" (compendio de publicacións: artigo 1) documenta a hexemonía actual do modelo medico no campo da saúde mental. En concreto, o artigo parte do alcance do dinamismo e a riqueza da teoría de Bowen, e tenta expor os posibles efectos prexudiciais do modelo médico establecido (é dicir, falsos diagnósticos e falsa medicalización) na saúde mental dos/as nenos/as.

B Diferenciación do *self*: definición e avaliación

Un dos constructos fundamentais da teoría de Bowen é a diferenciación do *self* (DdS; Bowen, 1992; Kerr e Bowen, 1988). Bowen atribuíalle dúas dimensións fundamentais á DdS: a saber, as dimensións intrapsíquica e interpersoal. No que respecta á dimensión intrapsíquica, os individuos ben diferenciados teñen a capacidade de decidir se queren ser guiados polo intelecto ou polas emocións (Skowron e Friedlander, 1998). Bowen (1992) afirmou que os individuos cunha maior capacidade para distinguir entre os dous procesos "teñen maior flexibilidade e adaptabilidade para facer fronte aos estresores da vida e menos problemas de todo tipo" (p. 356). No que respecta á dimensión interpersoal, os individuos ben diferenciados conservan a "capacidade de preservar a autonomía no contexto dunha intimidade profunda con outras persoas importantes" (Skowron e Dendy, 2004, p. 339). Da mesma maneira, estes individuos "alcanzan a madurez e independencia

emocional sen perder a capacidade de se conectar emocionalmente cos demais" (Charles, 2001, pp. 280-281).

A elaborada teoría de Bowen inclúe unha escala de avaliación clínica completa para o constructo central que é a DdS, que é a Differentiation of Self Scale (DofSS); Bowen, 1992; Kerr e Bowen, 1988). A tese ofrece unha explicación detallada da DofSS xunto cos seus usos. No entanto, e contrariamente ás precaucións de Bowen (1992), segundo as cales a natureza multidimensional do constructo fundamental que é a DdS supón dificultades considerables para a súa correcta medición psicométrica, até agora desenvolvéronse diversos instrumentos validados empiricamente (por exemplo, Anderson e Sabatelli, 1992; Bartle-Haring *et al*., 2005; Bray *et al.*, 1984; Haber, 1993; Hovestadt *et al.*, 1985; Licht e Chabot, 2006; McCollum, 1991). Con todo, o Differentiation of Self Inventory - Revised (DSI-R; Skowron e Schmitt, 2003) é o único instrumento que avalía as dúas dimensións teóricas da DdS: a interpersoal e a intrapsíquica.

O DSI-R (Skowron e Schmitt, 2003) é a medición predominante, así como a máis recoñecida e validada psicometricamente, do constructo central de Bowen que é a diferenciación do *self* (Rodríguez-González *et al*., 2015; Sloan e Dierendonck, 2016). Investigadores de todo o mundo recoñeceron a necesidade de levar a cabo medicións respectuosas coas culturas e, en consecuencia, adaptaron e validaron o DSI-R nas súas respectivas culturas non estadounidenses. En concreto, publicáronse en revistas científicas, en inglés, varias versións psicometricamente válidas do DSI-R: unha chinesa (Lam e Chan-So, 2015), unha italiana (Lampis *et al*., 2017), unha española (Rodríguez-González *et al*., 2015) e unha turca (Işık e Bulduk, 2015). Na tese analízanse en detalle estas catro versións transculturais do DSI-R: as súas propiedades psicométricas, a súa estrutura factorial, a distribución de ítems por factor e a metodoloxía estatística empregada. Ademais, para cada versión do DSI-R, móstranse as similitudes e diferenzas dos factores e ítems coa escala orixinal.

Extensión transcultural da teoría de Bowen: Artigo 2 e Artigo complementario

Malia o ímpeto por desenvolver constructos, medicións e métodos respectuosos coas culturas, válidos e fiables, a aplicación de paradigmas occidentais para comprender os individuos e familias non occidentais de etnias diversas segue sendo o enfoque principal

(Lam e Chan-So, 2015). Por tanto, e co fin de corrixir o nesgo inherente ao uso de instrumentos orientados a unha cultura diferente (por exemplo, Goh, 2011; Yan e Lam, 2000), os artigos "The Differentiation of Self Inventory – Revised: A Validation Study in the Greek Cultural Context" (compendio de publicacións: artigo 2) e "Cros-Cultural Validity of Bowen Theory in Southern European Countries" (compendio de publicacións: artigo complementario) teñen como obxectivo expandir a exploración intercultural do constructo central de Bowen que é a diferenciación do *self*. En concreto, o artigo 2 tenta adaptar e validar o DSI-R (Skowron e Schmitt, 2003) á lingua e cultura gregas. O artigo complementario tenta probar a validez comparativa das subescalas de *corte emocional* e *reactividade emocional* do DSI-R nos contextos culturais italiano, portugués, español e grego.

C Coleito: un reflexo da triangulación?

A presente tese analiza as diferentes definicións de *coleito* postuladas até o momento e adopta as presentadas por Mileva-Seitz *et al*. (2017). Mileva-Seitz *et al*. definen o coleito como un "sono compartido, que implica compartir o cuarto, a cama e todo o demais", e a cama compartida como "a práctica de compartir a superficie para durmir entre pais e fillo/a" (p. 4).

A tese presenta en detalle a complexidade do constructo do coleito e as moitas variables que se asociaron empiricamente con el até o momento. Algúns exemplos das variables asociadas son: o momento de inicio (p. ex., Santos *et al*., 2017), as actitudes parentais (p. ex., Cassels, 2013; Keller e Goldberg, 2004), o nivel socioeconómico da familia (p. ex., Colson *et al.*, 2013; Tan, 2009), a aceptación por parte do esposo do feito de compartir a cama e o número de nenos/as menores de 12 anos que quedan na casa (Tan, 2009) e o nivel educativo da nai (p. ex., Blair *et al.*, 2010). Á parte da natureza polimorfa do coleito e a súa asociación cunha serie de variables, o coleito parece ser unha práctica familiar cunha influencia considerable da cultura (Jain *et al.*, 2011; Owens, 2002); así, analízase en detalle desde unha perspectiva cultural cunha referencia específica á cultura grega.

Práctica familiar do coleito: falta dunha conceptualización sistémica

Até onde sabemos, as diversas concepcións do coleito (p. ex., Kaymaz *et al.*, 2015; Keller e Goldberg, 2004; Santos *et al.*, 2017; Teti e Crosby, 2012) parecen adoptar un enfoque a nivel diádico. O artigo "Embedding Co-Sleeping Practice within the Family Systems Paradigm: Novel Theoretical Conceptualization and Initial Empirical Exploration" (compendio de publicacións: artigo 3) introduce un novo enfoque sistémico a nivel familiar para o coleito. En concreto, o principal argumento teórico do artigo é que o coleito non normalizado culturalmente e persistente no tempo pode reflectir o funcionamento de procesos de triangulación mórbidos dentro da familia nuclear. Por tanto, a tese presenta en detalle o constructo fundamental que é a triangulación na TFSB.

Triangulación: procesos e asociacións empíricas

A triangulación é unha violación dos límites relacionais que conduce á angustia emocional e leva a formas disfuncionais de manexar as disputas e conflitos diádicos (Amato e Afifi, 2006). Como prevé a TFSB, unha vez que a relación de dous (normalmente os cónxuxes) se volve problemática, o terceiro, na posición de estraño, será arrastrado pola díada en conflito ao seu terreo emocionalmente tenso (p. ex., Peleg, 2008, 2014) para servir como saída para a ansiedade ou como estabilizador da relación (Kerr e Bowen, 1988).

A tese analiza estudos empíricos que defenden a relación entre a discordia marital e a triangulación dos/as fillos/as (p. ex., Amato e Afifi, 2006; Buchanan *et al.*, 1991; Fosco e Grych, 2010). A tese analiza tamén estudos empíricos que defenden os efectos prexudiciais da triangulación nos/as fillos/as (p. ex., Amato e Afifi, 2006; Bresin *et al.*, 2017; Buehler *et al.* 2009; Buehler e Welsh, 2009; Wang e Crane, 2001) e a asociación entre a triangulación e uns menores niveis de DdS (p. ex., Bresin *et al.*, 2017; Peleg, 2014; Ross *et al.*, 2016).

Integrando o fenómeno do coleito na teoría de Bowen: Artigo 3

Até onde sabemos, aínda non se estudou a posible relación entre os procesos de triangulación que operan dentro dunha familia nuclear e a práctica familiar do coleito persistente e culturalmente non normativa. En consecuencia, a práctica familiar do coleito

aínda non se relacionou, nin teórica nin empiricamente, coa teoría dos sistemas familiares e, en particular, coa teoría de Bowen.

O artigo "Embedding Co-Sleeping Practice within the Family Systems Paradigm: Novel Theoretical Conceptualization and Initial Empirical Exploration" (compendio de publicacións: artigo 3) examina tanto teórica como empiricamente a idea proposta de que a práctica do coleito persistente e culturalmente non normativa pode ser reflexo dunha énfase desfavorable na *forza vital da unión* fronte á *forza vital da individualidade* (Bowen, 1992; Kerr e Bowen, 1978). Segundo a forma de coleito, isto é, se o/a neno/a en cuestión dorme con un ou con ambos pais, pode reflectir aínda máis o funcionamento de procesos de triangulación desfavorables dentro do sistema emocional da familia nuclear.

D Debate e conclusións

Esta parte final analiza por separado cada un dos tres obxectivos da tese xunto cos achados de cada un dos artigos correspondentes (compendio de publicacións). A continuación, a nosa tese toca á súa fin nesta parte presentando as limitacións, as orientacións futuras e as reflexións finais.

1. Exposición dos/as nenos/as á triangulación mórbida oculta

O primeiro obxectivo da tese é un intento teórico de expoñer a triangulación dos nenos, a miúdo oculta, na súa familia de orixe. O logro deste obxectivo reflíctese na publicación do artigo "Triangulated Children's Reality: Medical Model's Concealing Effect versus Family Systems' Revealing Effect" (compendio de publicacións: artigo 1). *O artigo suma a súa voz a aqueles que defenden a necesidade de cambios fundamentais no paradigma occidental predominante con respecto ás concepcións clínicas e aos enfoques da psicopatoloxía e a psicoterapia.* A tese presenta e analiza en detalle varios exemplos na literatura da crecente oposición e da polémica acerca do paradigma de diagnóstico clínico e psicoterapéutico predominante en Occidente.

En resumo, Anand e Malhi (2011) atribúenlle ao *Manual diagnóstico e estatístico de trastornos mentais* (DSM; publicado actualmente na súa quinta edición; Asociación Estadounidense de Psiquiatría [APA], 2013) dous defectos fundamentais: o DSM (a) compartimenta a psicopatoloxía e divídea "en distintos trastornos" e (b) descarta "as experiencias subxectiva e intersubxectiva, que son parte integral da vida humana" (p.

349). Do mesmo modo, Elkins (2017) non só cuestiona o modelo médico (Bowen, 1992; Laing, 1971), que considera "erróneo" (p. 669), senón tamén o DSM (APA, 2013), ao consideralo un "sistema de diagnóstico médico e unha peza clave do modelo médico" (p. 670). Así mesmo, Jacob *et al.* (2013) sinalan a influencia internacional do DSM (APA, 2013), malia o seu propósito orixinal como ferramenta da psiquiatría estadounidense. Ademais, contrariamente ao seu recoñecemento internacional, Jacob *et al.* destacan que, para moitas categorías nosolóxicas do DSM, a "validez da investigación epidemiolóxica, neurobiolóxica, transcultural e condutual [....] segue sen concretarse" (p. 13).

Ademais dos artigos "Triangulated Children's Reality: Medical Model's Concealing Effect versus Family Systems' Revealing Effect" (compendio de publicacións: artigo 1), o de Anand e Malhi (2011), o de Elkins (2017) e o de Jacob *et al.* (2013), en oposición conxunta ao paradigma do modelo médico predominante en Occidente con respecto á psicopatoloxía e á psicoterapia, a tese presenta e analiza puntos de vista similares, que parten de liñas xenéticas de investigación recentes (p. ex., Craddock e Owen, 2010; Plomin *et al.*, 2009; Smoller *et al.*, 2008).

En resumo, o predominio actual do modelo médico (Bowen, 1992; Elkins, 2017; Laing, 1971), así como da súa ferramenta clave, o DSM (APA, 2013), é un tema que suscita unha polémica cada vez máis acalorada. Como alternativa ao modelo médico e ao paradigma do DSM, o artigo "Triangulated Children's Reality: Medical Model's Concealing Effect versus Family Systems' Revealing Effect" (compendio de publicacións: artigo 1) suxire que un paradigma holístico e orientado aos sistemas pode superar, cando sexa pertinente, as posibles limitacións das aplicacións do modelo médico e do DSM. A devandita alternativa baséase na conclusión de que as familias se describen por medio dunha gran complexidade sistémica (Vemuri, 1978), polo que é necesaria a aplicación da transdisciplina do pensamento sistémico (Jackson, 2010; Von Bertalanffy, 1950).

En esencia, o artigo "Triangulated Children's Reality: Medical Model's Concealing Effect versus Family Systems' Revealing Effect" (compendio de publicacións: artigo 1) defende que o modelo médico parece operar dentro dun marco mental limitado e descontextualizado segundo o cal o/a neno/a é portador/a da enfermidade, polo que potencialmente formula diagnósticos e prescribe tratamentos médicos equivocados para

nenos/as sans/sas (p. ex., Cassels, 2013; Marecek e Hare-Mustin, 2009; Moreno *et al.*, 2007; Pressman e Imber, 2011).

2. Validación transcultural do constructo da diferenciación do *self*

A aplicación da teoría de Bowen ao estudo de caso ficticio da "familia Stylianou" (compendio de publicacións: artigo 1) refírese a un corpo teórico que se introduciu hai case 50 anos (Bowen 1992; Kerr e Bowen, 1988). Con todo, a TFSB aínda se presenta como unha orientación popular para a clínica de terapia familiar (p. ex., Keller e Noone, 2019; Titelman e Reed, 2018). Ademais, a TFSB ten cada vez máis recoñecemento e aceptación, tanto a nivel internacional como intercultural (p. ex., Işık e Bulduk, 2015; Lam e Chan-So, 2015; Lampis *et al.*, 2017; Rodríguez-González e Kerr, 2011).

Bowen (1992) afirmou que os seus postulados teóricos tiñan aplicabilidade universal e que o constructo fundamental que é a DdS era aplicable a todos os individuos (Lam e Chan-So, 2015). Neste sentido, o obxectivo da presente tese é examinar teoricamente e estender empiricamente a aplicabilidade transcultural da teoría de Bowen (1992; Kerr e Bowen, 1988) en dúas direccións distintas pero relacionadas entre si. O artigo "The Differentiation of Self Inventory – Revised: A Validation Study in the Greek Cultural Context" (compendio de publicacións: artigo 2) amplía a exploración intercultural do constructo fundamental que é a diferenciación do *self* de Bowen. O artigo "Cross-Cultural Validity of Bowen Theory in Southern European Countries" (compendio de publicacións: artigo complementario) avalía comparativamente a validez dos factores de *corte emocional* e *reactividade emocional* do DSI-R (Skowron e Schmitt, 2003), nos contextos culturais de Italia, Portugal, España e Grecia.

A tese analiza en detalle a literatura transcultural (p. ex., Goh, 2011; Liang *et al.*, 2016; Stewart e Bond, 2002) e conclúe que a práctica responsable implica un exame exhaustivo da validez transcultural das propostas fundamentais de Bowen (1992; Kerr e Bowen, 1988) para avaliar a efectividade das avaliacións e intervencións da TFSB (Rodríguez-González *et al.*, 2015). En consecuencia, a presente tese tenta contribuír a unha práctica multicultural responsable a través da investigación empírica presentada nos artigos "The Differentiation of Self Inventory – Revised: A Validation Study in the Greek Cultural Context" (compendio de publicacións: artigo 2) e "Cross-Cultural Validity of

Bowen Theory in Southern European Countries" (compendio de publicacións: artigo complementario).

O contexto cultural grego da presente tese parece ser un terreo fértil para a exploración transcultural da TFSB (Bowen, 1992; Kerr e Bowen, 1988). Até onde sabemos, até este momento aínda non se realizou en Chipre ningunha investigación académica relevante para a teoría de Bowen; unha deficiencia que parece reflectir a grave carencia dun pensamento e un enfoque sistémicos no noso país. Ademais, as familias chipriotas caracterízanse a miúdo pola falta de límites intra e interfamiliares entre xeracións; ademais, as triangulacións e a falta de diferenciación da descendencia parecen estar culturalmente normalizadas. Por tanto, a teoría de Bowen parece coincidir coa cultura e as dinámicas familiares chipriotas.

O artigo "The Differentiation of Self Inventory – Revised: A Validation Study in the Greek Cultural Context" (compendio de publicacións: artigo 2) súmase á literatura publicada en inglés acerca das versións transculturais existentes do DSI-R (Skowron e Schmitt, 2003); é dicir, por orde alfabética, a chinesa (Lam e Chan-So, 2015), a italiana (Lampis *et al.*, 2017), a española (Rodríguez-González *et al.*, 2015) e a turca (Işık e Bulduk, 2015). O artigo adapta e valida o DSI-R (Skowron e Schmitt, 2003) nunha mostra grecochipriota, e presenta distintos resultados. O DSI-R grego compárase favorablemente co DSI-R (Skowron e Schmitt, 2003) en canto á consistencia interna e á validez do constructo.

Tras unha comparación detallada entre o DSI-R grego e o DSI (Skowron e Friedlander, 1998) e o DSI-R (Skowron e Schmitt, 2003) orixinais, a tese presenta e analiza en detalle comparacións entre o DSI-R grego e cada unha das validacións transculturais existentes publicadas. Estas comparacións conclúen cun intento de interpretar os achados empíricos do artigo "The Differentiation of Self Inventory – Revised: A Validation Study in the Greek Cultural Context" (compendio de publicacións: artigo 2). O intento de interpretación céntrase en dous aspectos do constructo fundamental que é a DdS, xa que este constructo está reflectido no DSI-R. A tese aborda os achados empíricos do artigo no que respecta, en primeiro lugar, á estrutura factorial do DSI-R grego e, en segundo lugar, á distribución de ítems do DSI-R grego.

En resumo, as conclusións relativas á estrutura de catro factores do DSI-R grego son as esperadas. Coa excepción da versión española (Rodríguez-González *et al.*, 2015),

o DSI-R (Skowron e Schmitt, 2003) parece ter unha estrutura teoricamente consistente de catro factores, pero é necesaria unha adaptación cultural con respecto ao factor da fusión cos outros; adaptación que si se reflicte nas versións do DSI-R italiana (Lampis *et al.*, 2017), turca (Işık e Bulduk, 2015) e chinesa (Lam e Chan-So, 2015).

Pola contra, os resultados relativos á réplica que fai o DSI-R grego da distribución de ítems do DSI-R orixinal (Skowron e Schmitt, 2003) non son os esperados. Todas as validacións a outros idiomas e contextos culturais (é dicir, o italiano: Lampis *et al.*, 2017, o turco: Işık e Bulduk, 2015; o chinés: Lam e Chan-So, 2015, e o español: Rodríguez-González *et al.*, 2015) foron presentadas cunha distribución de ítems do DSI-R adaptada culturalmente. Máis concretamente, o factor da *fusión cos outros* (Skowron e Schmitt, 2003) é a subescala do DSI-R que experimentou adaptacións culturais sistemáticas en todas as validacións transculturais (véxanse as táboas 2, 3, 4 e 5 correspondentes). A tese analiza en detalle as predicións que os creadores orixinais do DSI (Skowron e Friedlander, 1998) fixeron acerca da necesidade dunha maior adaptación cultural do factor da *fusión cos outros* en combinación con achados de validacións transculturais posteriores relativos ao devandito factor (p. ex., Lam e Chan-So, 2015; Lampis *et al.*, 2017; Rodríguez-González *et al.*, 2015).

Non obstante, os resultados inesperados no que respecta á réplica do DSI-R grego da distribución de ítems do DSI-R orixinal (Skowron e Schmitt, 2003) poderían explicarse parcialmente polos achados do artigo titulado "Cros-Cultural Validity of Bowen Theory in Southern European Countries" (compendio de publicacións: artigo complementario). O artigo céntrase nas variacións das dúas subescalas do DSI-R (Skowron e Schmitt, 2003) (*corte emocional* e *reactividade emocional*) entre os países do sur de Europa, e sitúase, até onde sabemos, como o primeiro estudo transcultural *comparativo* de Europa. Por tanto, o artigo introduce unha nova liña de investigación transcultural en poboacións europeas e certifica a posibilidade de que, aínda que un instrumento de investigación (para o artigo complementario, as subescalas do DSI-R *corte emocional* e *reactividade emocional*) poida ser validado empiricamente como tal nas diferentes culturas de destino (para o artigo complementario, a italiana, a española, a portuguesa e a grega), as validacións empíricas non descartan necesariamente que haxa diferenzas entre as culturas estudadas. Tal enfoque crítico podería ser unha explicación

parcial para a distribución de ítems inesperada da réplica do DSI-R grego respecto do DSI-R orixinal.

3. Integración do fenómeno do coleito na Teoría de Bowen

En definitiva, a presente tese avoga por un enfoque crítico pero culturalmente sensible para a conceptualización e a investigación da familia e a súa dinámica sistémica. O artigo "Embedding Co-Sleeping Practice within the Family Systems Paradigm: Novel Theoretical Conceptualization and Initial Empirical Exploration" (compendio de publicacións: artigo 3) *aplica unha metodoloxía de investigación que recoñece a relevancia cultural do constructo familiar* onde a familia transmite distintos significados nas diferentes culturas (p. ex., Coontz, 2005; Gladding, 2015; Weinstein, 2013). O artigo parte dunha avaliación inicial da prevalencia do coleito na cultura chipriota. Así, contribúe a establecer un índice da prevalencia do coleito en Chipre, dada a inexistencia de tal estimación (Mileva-Seitz *et al.*, 2017).

Á súa vez, o artigo utiliza a teoría de Bowen (1992; Kerr e Bowen, 1988) como un marco teórico sistémico para conceptualizar de novo a práctica familiar do coleito. O artigo concibe o coleito persistente e culturalmente non normalizado como unha relación excesivamente apegada (é dicir, *simbiótica*; Bowen, 1992) entre un dos pais e o/a fillo/a en cuestión, e examina o coleito desde un punto de vista sistémico. Noutras palabras, o coleito persistente insírese na familia nuclear máis ampla e examínase —por primeira vez, até onde sabemos— como un proceso emocional de toda a unidade emocional familiar. Por tanto, o artigo tenta transcender o paradigma do apego (Ainsworth *et al.*, 1978; Bowlby, 1982) e adoptar unha visión holística ou sistémica das familias que dormen xuntas.

En canto aos achados empíricos, o artigo "Embedding Co-Sleeping Practice within the Family Systems Paradigm: Novel Theoretical Conceptualization and Initial Empirical Exploration" (compendio de publicacións: artigo 3) indica o seguinte: os participantes adultos da investigación que informaron de que durmiran cos seus pais (coleito) alén da idade culturalmente normativa para durmir xuntos, mostraron de forma estatisticamente significativa uns niveis máis baixos de DdS. Ademais desa menor diferenciación, os mesmos participantes da investigación asociábanse en boa medida a unha maior ansiedade crónica; un achado que corroborou o anterior, xa que a ansiedade crónica

"aumenta a medida que diminúe o nivel de diferenciación" (Kerr e Bowen, 1988, p. 117). Finalmente, o grupo de coleito persistente reportou experiencias de culpabilidade estatisticamente significativas nas súas relacións cos pais, así como sentimentos intensos de abandono estatisticamente significativos ao se afastar deles, sendo ambos achados coherentes cos niveis menores de diferenciación do *self* dos que practicaban o coleito persistente (Bowen 1992; Kerr e Bowen, 1978).

Os resultados empíricos do artigo (compendio de publicacións: artigo 3) corroboran os resultados sinalados por Lampis e Cataudella (2019) segundo os cales, en comparación coas variables de apego, as variables de diferenciación foron uns preditores máis fortes do axuste da relación adulta. De maneira similar aos resultados do artigo, os achados empíricos de Cepukiene (2020) revelaron que a diferenciación do *self* "tivo máis impacto significativo" (p. 10) no funcionamento psicosocial dos adultos ca no apego infantil. Ademais, os achados do artigo corroboran a asociación empírica de Skowron e Dendy (2004) entre a teoría do apego e a TFSB. Ademais, os achados do artigo danlle a razón a Ross *et al.* (2016), que documentaron unha relación entre as dimensións de apego inseguro e a triangulación. Máis importante aínda —e de acordo coa premisa teórica descrita no noso artigo, de que os procesos de apego (que se reflicten no coleito persistente) están integrados (no canto de funcionar como pontes; Dallos e Vetere, 2012) nun contexto sistémico—, Ross *et al.* suxeriron que o proceso diádico de apego se orixina e opera dentro do campo sistémico triádico, e que o apego acaba afectando ao nivel de DdS do individuo.

Os achados empíricos deste artigo (compendio de publicacións: artigo 3) parecen validar unha serie de suxestións relevantes que aparecen na literatura empírica do coleito. En concreto, os achados do artigo parecen validar a suxestión de Teti *et al.* (2015) de que, ao observar que se practica o coleito, cómpre prestar máis atención á saúde marital e emocional dos cónxuxes. Así mesmo, os achados do artigo están en estreita concordancia coa recomendación de Cortesi *et al.* (2008) de que, unha vez que se informa do coleito, deben terse en conta e avaliarse as relacións familiares, xa que o coleito persistente podería estar relacionado co funcionamento familiar xeral, incluídas a saúde conxugal e materna. Ademais, Messmer *et al.* (2012) corroboran os achados doutros artigos, así como os dos estudos de Cortesi *et al.* (2008) e Teti *et al.* (2015), xa que sinalan unha diminución

significativa da satisfacción conxugal conforme aumentan as horas en que se comparte a cama á semana, especialmente no caso das nais receptivas a compartir a cama.

4. Limitacións, direccións futuras e reflexións finais

A presente tese conclúe cunha discusión sobre as súas limitacións e direccións futuras. As limitacións analízanse desde dúas perspectivas diferentes: en primeiro lugar, a integración teórica e, en segundo lugar, a metodoloxía empírica empregada. En primeiro lugar, unha limitación da presente tese radica en que non aborda o desafío actual de desenvolver unha linguaxe psicoterapéutica común. Aínda que a tese aspira a defender a capacidade da teoría de Bowen para ler a unha luz diferente os problemas de saúde mental, non debe interpretarse que esta aspiración favorece o pensamento sistémico sobre o non sistémico. A aspiración da nosa tese, mesmo se avanzamos moi pouco nesta dirección, é a procura dunha sinerxía entre os diversos paradigmas psicoterapéuticos sistémicos e non sistémicos. En segundo lugar, para poder ver máis alá das partes individuais e diádicas da familia nuclear que se investigaron tradicionalmente, son precisos enfoques empíricos ao nivel do sistema. Con todo, como observou recentemente Cepukiene (2020), aínda faltan "estudos de investigación que exploren modelos complexos de relacións entre diferentes variables" baseados en supostos teóricos sobre o nivel do funcionamento familiar (sistémico). Por desgraza, a nosa tese non contribúe a encher este baleiro.

Da mesma maneira, as direccións futuras analízanse desde dúas perspectivas diferentes: en primeiro lugar, a investigación empírica, e en segundo lugar, a terapia e a avaliación clínicas. Con respecto ás direccións futuras na investigación empírica, as nosas suxestións parten da idea defendida pola tese de que a teoría de Bowen conserva a capacidade de incorporar funcionalmente observacións teóricas e achados empíricos a niveis individual e diádico. Vistas desde esa perspectiva, as direccións futuras en termos da investigación empírica da teoría de Bowen parecen ser vastas. A tese analiza tres posibles exemplos de como as liñas de investigación non sistémicas poderían integrarse na TFSB (por exemplo, o comportamento falso do *self* dos adolescentes: Harter *et al.*, 1996; Weir e Jose, 2010; a parentificación: Burton *et al.*, 2018; Hooper, 2007 ou a tipoloxía parental: Baumrind, 1966; Kuppens e Ceulemans, 2019).

En canto ás direccións futuras da terapia e a avaliación clínica, e no que respecta a Chipre, esperamos que a publicación do artigo "Triangulated Children's Reality: Medical Model's Concealing Effect versus Family Systems' Revealing Effect" (compendio de publicacións: artigo 1) contribúa ao moi necesario intercambio de ideas do traballo da psicoloxía educativa co pensamento e as ideas sistémicas. Consideramos crucial un intercambio de ideas como, por exemplo, que "un incremento cinco veces superior nas recomendacións de medicamentos para nenos implica que os médicos e os clínicos non están a considerar todas as posibilidades antes de emitir un diagnóstico de TDAH" (Cassels, 2013, p. 14). Así mesmo, consideramos que o enriquecemento dos programas de preparación académica de psicoloxía da educación, en Chipre e noutros lugares, é unha orientación moi necesaria para o futuro.

Por último, o obxectivo principal da tese, incluídos os artigos que a acompañan, podería resumirse (a) no axioma de que os problemas de saúde mental son problemas que dependen do observador e (b) na idea de que a teoría de Bowen pode abrir a lente da observación á totalidade da familia e liberar a mente clínica "dos estreitos límites conceptuais da teoría individual" (Bowen, 1992, p. 156).

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RESUMEN EN ESPAÑOL

La presente tesis doctoral surgió dentro del contexto científico de la Teoría Familiar Sistémica de Bowen (Teoría de Bowen o TFSB; Bowen, 1992; Kerr y Bowen, 1988). El corpus principal de la tesis consta de tres artículos (con uno complementario) publicados en revistas incluidas en el Journal Citation Reports. El presente resumen expone los temas e ideas fundamentales de la TFSB al tiempo que explica cómo cada uno de los cuatro artículos publicados se relacionan con diferentes aspectos de la teoría de Bowen. El resumen termina con la presentación de las ideas clave incluidas en los apartados de la tesis *Discusión y Conclusiones*.

A Teoría de los Sistemas Familiares de Bowen: temas e ideas fundamentales

La teoría de Bowen (1992; Kerr y Bowen, 1988) se considera "una de las teorías más completas del funcionamiento humano desde una perspectiva sistémica" (Rodríguez-González et al., 2015, p. 48), proporcionando así una base coherente para la teoría familiar sistémica (Lam y Chan-So, 2015). La teoría de Bowen enfatizó la importancia del contexto emocional y relacional de la familia nuclear para comprender el comportamiento y funcionamiento emocional del individuo (p.ej., Klever, 2003; Knauth y Skowron, 2004). Bowen transformó la manera en la que se entendía, y en consecuencia, se trataba a las familias, yendo más allá del modelo médico y prestando atención al "al papel que la familia tiene en el problema" (p.149). El modelo médico, término acuñado por R. D. Laing, se refiere al "conjunto de procedimientos en los que están cualificados todos los médicos" (1971, p.39). El conjunto de procedimientos incluye, entre otros, quejas, antecedentes, examen, diagnóstico, tratamiento y/o pronóstico, que son aplicados sistemáticamente por un médico experto a un individuo dentro del cual se cree que está contenida una enfermedad física (Bowen, 1992; Elkins, 2017; Laing, 1971). La Teoría de Bowen introdujo un cambio paradigmático fundamental en la teoría y técnicas del modelo médico establecido. El modelo médico conservó un marco de referencia individual, mientras que la TFSB introdujo un marco de referencia familiar holístico.

Bowen (1992) creía que "La familia del hombre es un *sistema.* . . . esta familia puede dar respuesta al dilema del modelo médico de la psiquiatría" (p. 151). Por lo tanto, los conceptos sistémicos y los constructos fundamentales de la Teoría sistémica de Bowen

se introducen en un formato integrador dinámico cuyo principio organizador son las poderosas y entrelazadas fuerzas emocionales que caracterizan a la familia nuclear.

Sistema emocional de la familia nuclear y procesos dinámicos

La familia nuclear se conceptualiza como un poderoso *sistema emocional* en el que se cree que el comportamiento individual está dirigido por fuerzas sistémicas fundamentales. Los términos unidad, campo y sistema familiar pueden utilizarse indistintamente, ya que todos implican una interrelación dinámica compleja entre los miembros de la familia nuclear (Bowen 1992; Kerr y Bowen, 1988). En esencia, la noción distintiva de que la familia nuclear se interpreta como un sistema emocional es que "un cambio en una parte de sistema es seguido por un cambio compensatorio en otras partes del sistema" (Bowen, 1992, p. 155).

Según la Teoría de Bowen (1992; Kerr y Bowen, 1988), una vez que el nivel de ansiedad dentro de una familia excede de la capacidad adaptativa del sistema nuclear, se espera que el exceso de ansiedad sea mal manejado y transmitido a uno o más subsistemas familiares; una función familiar denominada *proceso de proyección familiar*. Se espera que la transmisión de la ansiedad excedente conduzca a un deterioro gradual, ya sea de manera única o en combinación, de los subsistemas familiares afectados, por ejemplo, de la relación conyugal, del cónyuge y/o del hijo. Dicho de otra manera, el proceso de proyección familiar es un mecanismo emocional disfuncional del sistema nuclear.

Es más, la Teoría de Bowen (1992; Kerr y Bowen, 1988) predice que si ocurren suficientes cambios dentro del sistema emocional de la familia nuclear, en consecuencia, el *proceso de la ansiedad de vínculo cambiará su dirección* En concreto, si la unidad nuclear emocional está suficientemente alterada, entonces se espera que el/los subsistema/as previamente sintomáticos se vuelvan asintomáticos y, en respuesta, se espera que el/los subsistema/as previamente asintomáticos se vuelvan sintomáticos.

Dentro del sistema emocional de la familia nuclear, se espera que las relaciones sean *dinámicamente recíprocas* (Bowen, 1992). En concreto, una vez que un miembro de la familia que no funciona bien se comporta como débil, dependiente y con necesidad emocional, por cualquier motivo posible, entonces y en respuesta, se espera que otro miembro de la familia funcione en exceso para adaptarse a las necesidades del primero (Kerr y Bowen, 1988). Se espera que estas reciprocidades relacionales en marcha dentro

de una unidad familiar cargada de emociones den como resultado la asignación de una variedad de *posiciones funcionales* a los miembros de la familia. Las posiciones funcionales asignadas pueden afectar profundamente a la salud física y emocional de un individuo, así como a su personalidad en términos de funcionamiento intelectual, comportamiento, sentimientos, actitudes y creencias. Un ejemplo típico de una posición funcional es la *posición entre hermanos* que podría definir las expectativas de la familia nuclear para cada hijo (Bowen, 1992; Kerr y Bowen, 1988).

Un miembro de la familia está relacionado dinámicamente no solo con el resto de los miembros de la familia nuclear, sino también con la propia posición funcional de cada uno. Como se explica en la tesis, la posición funcional puede tener un efecto profundo en los miembros de una familia. Por otro lado, si mejoran los síntomas de un miembro que no funciona bien, se espera que el miembro de la familia recíproco sufra un funcionamiento excesivo y desarrolle una disfunción física y/o emocional. Esto es así, ya que el miembro de la familia que anteriormente funcionaba de manera recíproca con un funcionamiento insuficiente estaba sirviendo al propósito de estabilizar la salud del miembro que sobre funcionaba (Bowen, 1992; Kerr y Bowen, 1988).

En vista de lo anterior, los *síntomas* tienen su propia función distintiva dentro del sistema emocional de la familia nuclear. Según la TFSB, si el exceso de ansiedad familiar se contiene con éxito dentro del subsistema conyugal, se espera que la descendencia se vea menos afectada y sea más capaz de llevar sus vidas con menos molestias. Si el funcionamiento de un cónyuge se ve afectado, entonces el otro cónyuge es propenso a funcionar mejor. Si el funcionamiento de un niño se ve afectado, el resto de los miembros de la familia, así como la relación conyugal, tienden a funcionar mejor. Por tanto, el subsistema familiar afectado cumple *la doble función de ser defectuosa y protectora*. El subsistema afectado absorbe de manera desproporcionada el exceso de ansiedad de la familia y al mismo tiempo parece proteger al resto de los miembros de la familia, incluidas sus relaciones (Bowen, 1992; Kerr y Bowen, 1988).

Además, Bowen (1992) introdujo el constructo sistémico de *proceso de transmisión multigeneracional*, un proceso continuo de proyección interfamiliar, que continua de una generación a otra. Bowen definió el constructo como "el principio de proyección de diversos grados de inmadurez. . . a diferentes niños cuando el proceso se repite a lo largo de varias generaciones" (p. 205). Por lo tanto, la madurez y la capacidad de adaptación

de un individuo no son solo el producto de las influencias del sistema emocional de la familia nuclear a lo largo del desarrollo, sino también el producto de las generaciones anteriores (Noone, 2015).

La situación actual de la salud mental: Artículo 1

Freud (1917) afirmó que "el psicoanálisis debe mantenerse libre de cualquier hipótesis que le sea ajena, ya sea de tipo anatómico, químico o fisiológico, y debe operar enteramente con ideas auxiliares puramente psicológicas" (p.3134). Bowen (1992) creía que "los conceptos familiares pueden eventualmente convertirse en la base de una teoría nueva y diferente sobre la enfermedad emocional" (p. 151). Lamentablemente, la situación actual de la salud mental no se basa en modos psicológicos de pensamiento ni en conceptos familiares. El artículo titulado "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Compendio de Publicaciones: Artículo 1) documenta la hegemonía actual del modelo medico en el campo de la salud mental. Específicamente, el artículo se basa en el alcance del dinamismo y la riqueza de la Teoría de Bowen e intenta exponer los posibles efectos perjudiciales del modelo médico establecido (es decir, falsos diagnósticos y falsa medicación) en la salud mental de los niños.

B Diferenciación del self: definición y evaluación

Uno de los constructos fundamentales de la Teoría de Bowen es la diferenciación del self (DdS; Bowen, 1992; Kerr y Bowen, 1988). Bowen atribuyó dos dimensiones fundamentales a la DdS, concretamente la dimensión intrapsíquica y la interpersonal. En cuanto a la dimensión intrapsíquica, los individuos bien diferenciados tienen la capacidad de elegir si quieren ser guiados por su intelecto o por sus emociones (Skowron y Friedlander, 1998). Bowen (1992) afirmó que los individuos con una mayor capacidad para distinguir entre los dos procesos "tienen mayor flexibilidad y adaptabilidad para hacer frente a los estresores de la vida y menos problemas de todo tipo" (p.356). En términos de la dimensión interpersonal, los individuos bien diferenciados conservan la "capacidad de preservar la autonomía dentro del contexto de intimidad profunda con otras personas importantes" (Skowron y Dendy, 2004, p. 339). De manera similar, estos

individuos “alcanzan la madurez e independencia emocional sin perder la capacidad de conectarse emocionalmente con los demás” (Charles, 2001, pp. 280-281).

La elaborada Teoría de Bowen incluye una escala de evaluación clínica completa para el constructo central de la DdS, concretamente la Differentiation of Self Scale (DofSS); Bowen 1992; Kerr y Bowen, 1988). La tesis ofrece una explicación detallada de la DofSS junto con sus usos. De todas maneras y contrariamente a las precauciones de Bowen (1992) de que la naturaleza multidimensional del constructo de piedra angular de la DdS plantea dificultades significativas en su medición psicométrica, hasta ahora, se han desarrollado una variedad de instrumentos validados empíricamente (por ejemplo, Anderson y Sabatelli, 1992; Bartle -Haring et al., 2005; Bray et al., 1984; Haber, 1993; Hovestadt et al., 1985; Licht y Chabot, 2006; McCollum, 1991). Sin embargo, el Differentiation of Self Inventory - Revised (DSI-R; Skowron y Schmitt, 2003) es el único instrumento que evalúa las dos dimensiones teóricas de la DdS, es decir, la interpersonal y la intrapsíquica.

El DSI-R (Skowron y Schmitt, 2003) es la medida del constructo fundamental de Bowen de diferenciación del self predominante, más reconocida y validada psicométricamente (Rodríguez-González et al., 2015; Sloan y Dierendonck, 2016). Investigadores de todo el mundo reconocieron la necesidad para el desarrollo de medidas culturalmente sensibles y, en consecuencia, adaptaron y validaron el DSI-R a sus respectivas culturas no estadounidenses. En concreto, las versiones del DSI china (Lam y Chan-So, 2015), italiana (Lampis et al., 2017), española (Rodríguez-González et al., 2015) y turca (Işık y Bulduk, 2015) con solidez psicométrica y publicadas en inglés en revistas científicas. Dentro de la tesis, estas cuatro versiones transculturales del DSI-R se discuten en detalle, en términos de sus propiedades psicométricas, estructura factorial, distribución de ítems por factor y metodología estadística empleada. Además, para cada versión del DSI-R, se muestran las similitudes y diferencias de factores e ítems con la escala original.

Extensión transcultural de la teoría de Bowen: Artículo 2 y artículo complementario

A pesar del ímpetu para desarrollar constructos, medidas y métodos culturalmente sensibles, válidos y fiables, la aplicación de paradigmas occidentales para comprender a los individuos y familias no occidentales de diversidad étnica sigue siendo el enfoque

principal (Lam y Chan-So, 2015). Por lo tanto, y con el fin de corregir el sesgo inherente en el uso de instrumentos orientados a diferentes culturas (por ejemplo, Goh, 2011; Yan y Lam, 2000), los artículos "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Compendio de Publicaciones: Artículo 2) y "Cross-cultural validity of Bowen Theory in southern European countries" (Compendio de Publicaciones: Artículo complementario) tienen como objetivo expandir la exploración intercultural del constructo central de Bowen de la diferenciación del self. En concreto, el artículo 2 intenta adaptar y validar el DSI-R (Skowron y Schmitt, 2003) a la lengua y cultura griega. El artículo complementario intenta probar la validez comparativa de las subescalas de Corte Emocional y Reactividad Emocional del DSI-R entre el contexto cultural italiano, portugués, español y griego.

C Colecho: ¿un reflejo de la triangulación?

La presente tesis discute las diferentes definiciones de colecho postuladas hasta el momento y adopta las presentadas por Mileva-Seitz et al. (2017). Mileva-Seitz et al. definió el colecho como "el sueño compartido que incluye compartir la habitación, compartir la cama y todo lo demás" y compartir la cama como "la práctica de compartir la superficie para dormir entre padres e hijo" (p. 4).

La tesis presenta en detalle la complejidad del constructo del colecho y las muchas variables que se han asociado empíricamente hasta el momento. Algunos ejemplos de las variables asociadas son: el momento de inicio (p.ej., Santos et al., 2017), actitudes parentales (p.ej., Cassels, 2013; Keller y Goldberg, 2004), el nivel socioeconómico de la familia (p.ej., Colson et al., 2013; Tan, 2009), el apoyo del esposo al hecho de compartir la cama y el número de niños menores de 12 años que se quedan en casa (Tan, 2009) y el logro educativo de la madre (p.ej., Blair et al., 2010). Además de la naturaleza polimorfa del colecho y su asociación con una serie de variables, el colecho parece ser una práctica familiar considerablemente influenciada por la cultura (Jain et al., 2011; Owens, 2002); por lo tanto el colecho se analiza en detalle desde una perspectiva cultural con una referencia específica a la cultura griega.

Práctica familiar del colecho: Falta de una conceptualización sistémica

Según nuestro conocimiento, las diversas conceptualizaciones del colecho (i.e., Kaymaz et al., 2015; Keller y Goldberg, 2004; Santos et al., 2017; Teti y Crosby, 2012) parecen adoptar un enfoque a nivel diádico. El artículo "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Compendio de Publicaciones: Artículo 3) introduce un nuevo enfoque sistémico a nivel familiar para el colecho. Específicamente, el principal argumento teórico del artículo es que el colecho culturalmente no normalizado persistente en el tiempo puede reflejar la operación de procesos de triangulación mórbidos dentro de la familia nuclear. Por lo tanto, la tesis presenta en detalle el constructo fundamental de triangulación de la TFSB.

Triangulación: Proceso y asociaciones empíricas

La triangulación es una violación de los límites relaciones, que conduce a la angustia emocional y dirige hacia formas disfuncionales de manejar disputas y conflictos diádicos (Amato y Afifi, 2006). Como se predice en la TFSB, una vez que la relación de los dos (normalmente de los cónyuges) se vuelve problemática, el tercero en la posición de forastero, será arrastrado por la diada en conflicto a su terreno emocionalmente tenso (p.ej., Peleg, 2008, 2014) para servir como una salida de la ansiedad y/o un estabilizador de la relación (Kerr y Bowen, 1988).

La tesis discute estudios empíricos que apoyan la asociación entre la discordia marital y la triangulación de los hijos (p.ej., Amato y Afifi, 2006; Buchanan et al., 1991; Fosco y Grych, 2010). Además, la tesis argumenta estudios empíricos que apoyan los efectos perjudiciales de la triangulación en los hijos (p.ej., Amato y Afifi, 2006; Bresin et al., 2017; Buehler et al. 2009; Buehler y Welsh, 2009; Wang y Crane, 2001) y la asociación de la triangulación con menores niveles de DdS (p.ej., Bresin et al., 2017; Peleg, 2014; Ross et al., 2016).

Integrando el fenómeno del colecho en la teoría de Bowen: Artículo 3

Hasta donde sabemos, aún no se ha estudiado la posible asociación entre los procesos de triangulación que operan dentro de una familia nuclear y la práctica familiar del colecho persistente culturalmente no normativa. En consecuencia, la práctica familiar de colecho

aún no se ha relacionado ni teórica ni empíricamente con la teoría de los sistemas familiares y, en particular, con la Teoría de Bowen.

El artículo "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Compendio de Publicaciones: Artículo 3) examina tanto teóricamente como empíricamente la noción sugerida de que la práctica del colecho persistente y culturalmente no normativa puede reflejar un énfasis desfavorable en la *fuerza vital de la unión* a expensas de la *fuerza vital de la individualidad* (Bowen, 1992; Kerr y Bowen, 1978). En vista de la configuración del colecho, es decir, un niño concreto que duerme con uno o ambos padres podría reflejar aún más la operación de procesos de triangulación desfavorables dentro del sistema emocional de la familia nuclear.

D Discusión y Conclusiones

Esta parte final analiza por separado cada uno de los propósitos triples de la tesis junto con los hallazgos de cada artículo correspondiente (Compendio de Publicaciones). Posteriormente, esta parte pone fin a nuestra tesis presentando limitaciones, orientaciones futuras y reflexiones finales.

1. Exposición de los niños a la triangulación mórbida oculta

El primer propósito de la tesis es un intento teórico de exponer la triangulación de los niños, a menudo oculta, dentro de su familia de origen. La realización del propósito se refleja en la publicación del artículo "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Compendio de Publicaciones: Artículo 1). *El artículo se une a su voz para defender la necesidad de cambios fundamentales en el paradigma predominante occidental con respecto a las conceptualizaciones clínicas y los enfoques de la psicopatología y la psicoterapia.* La tesis presenta y discute en detalle varios ejemplos de la literatura de la defensa y la controversia opuestas en evolución en torno al paradigma de diagnóstico clínico y psicoterapéutico predominante en occidente.

En resumen, Anand y Malhi (2011) atribuyen al Manual Diagnóstico y Estadístico de Trastornos Mentales (DSM; publicado actualmente en su quinta edición; Asociación Estadounidense de Psiquiatría [APA], 2013) dos defectos fundamentales: el DSM (a)

compartimenta la psicopatología y la divide "en distintos trastornos" y (b) descarta "la experiencia subjetiva e intersubjetiva que son parte integral de la vida humana" (p.349). Del mismo modo, Elkins (2017) cuestiona no solo el modelo médico (Bowen, 1992; Laing, 1971), que considera "erróneo" (p.669), sino también el DSM (APA, 2013), al considerarlo un "sistema de diagnóstico médico y una pieza clave del modelo médico" (p.670). Asimismo, Jacob et al. (2013) señalan la influencia internacional del DSM (APA, 2013) a pesar de su propósito original de servir a la psiquiatría estadounidense. Además, contrariamente a su reconocimiento internacional, Jacob et al. destaca que para muchas categorías nosológicas del DSM una "validez de investigación epidemiológica, neurobiológica, transcultural y conductual . . .continúa siendo imprecisa" (p.13).

Además de los artículos "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Compendio de Publicaciones: Artículo 1), el de Anand y Malhi (2011), el de Elkins (2017), y el de Jacob et al. (2013), en oposición conjunta al paradigma del modelo médico predominante en occidente con respecto a la psicopatología y a la psicoterapia, la tesis presenta y discute puntos de vista similares, que parten de líneas genéticas recientes de investigación (p. ej., Craddock y Owen, 2010; Plomin et al., 2009; Smoller et al., 2008).

En resumen, el predominio actual del modelo médico (Bowen, 1992; Elkins, 2017; Laing, 1971), así como de su conjunto de herramientas clave, el DSM (APA, 2013), ha sido un tema de acalorada controversia en evolución. Como alternativa al modelo médico y al paradigma del DSM, el artículo "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Compendio de Publicaciones: Artículo 1) sugiere que un paradigma holístico y orientado a los sistemas puede superar, una vez sea relevante, las posibles limitaciones de las aplicaciones del modelo médico y del DSM. Dicha alternativa se basa en la conclusión de que las familias son descritas por una gran complejidad sistémica (Vemuri, 1978), por lo que es necesaria la aplicación de la transdisciplina del pensamiento sistémico (Jackson, 2010; Von Bertalanffy, 1950).

En esencia, el artículo "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Compendio de Publicaciones: Artículo 1) argumenta que el modelo médico parece operar dentro de un marco mental limitado y descontextualizado en el cual el niño es portador de la enfermedad, por lo que potencialmente atribuye diagnósticos y tratamientos médicos falsos para niños sanos (p.

ej., Cassels, 2013; Marecek y Hare-Mustin, 2009; Moreno et al., 2007; Pressman e Imber, 2011).

2. Validación transcultural del constructo de diferenciación del self

La aplicación de la Teoría de Bowen al estudio de caso ficticio de la "familia Stylianou" (Compendio de Publicaciones: Artículo 1) se refiere a un cuerpo teórico que se introdujo hace casi 50 años (Bowen 1992; Kerr y Bowen, 1988). Sin embargo, la TFSB todavía se presenta como una orientación popular para la clínica de terapia familiar (p.ej., Keller y Noone, 2019; Titelman y Reed, 2018). Además, la TFSB recibió gradualmente reconocimiento y aceptación tanto internacional como intercultural (p.ej., Işık y Bulduk, 2015; Lam y Chan-So, 2015; Lampis et al., 2017; Rodríguez-González y Kerr, 2011).

Bowen (1992) afirmó que sus postulados teóricos tenían aplicabilidad universal y que el constructo fundamental de DdS era aplicable a todos los individuos (Lam y Chan-So, 2015). En este sentido, el propósito de la presente tesis busca examinar teóricamente y extender empíricamente la aplicabilidad transcultural de la Teoría de Bowen (1992; Kerr y Bowen, 1988) hacia dos direcciones distintas pero interrelacionadas. El artículo "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Compendio de Publicaciones: Artículo 2) amplía la exploración intercultural del constructo principal de la diferenciación del self de Bowen. El artículo "Cross-cultural validity of Bowen Theory in southern European countries" (Compendio de Publicaciones: Artículo complementario) evalúa comparativamente la validez de los factores Corte Emocional y Reactividad Emocional del DSI-R (Skowron y Schmitt, 2003), entre los contextos culturales de Italia, Portugal, España y Grecia.

La tesis discute en detalle la literatura transcultural (p.ej., Goh, 2011; Liang et al., 2016; Stewart y Bond, 2002) y concluye que la práctica responsable implica un examen exhaustivo de la validez transcultural de las propuestas fundamentales de Bowen (1992; Kerr y Bowen, 1988) para evaluar la efectividad de las evaluaciones e intervenciones de la TFSB (Rodríguez-González et al., 2015). En consecuencia, la presente tesis intenta contribuir a una práctica multicultural responsable a través de la invetsigación empírica presentada en los artículos "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Compendio de Publicaciones: Artículo 2) y "Cross-

cultural validity of Bowen Theory in southern European countries" (Compendio de Publicaciones: Artículo complementario).

El contexto cultural griego de la presente tesis parece ser un terreno fértil para la exploración transcultural de la TFSB (Bowen, 1992; Kerr y Bowen, 1988). Según nuestro conocimiento actualizado, aún no se ha realizado en Chipre ninguna investigación académica relevante para la Teoría de Bowen; una deficiencia que parece reflejar una grave falta de pensamiento y enfoques sistémicos dentro de nuestro país. Además, las familias chipriotas de caracterizan a menudo por la falta de límites intrafamiliares e interfamiliares entre generaciones, existencia de triangulaciones y una falta de diferenciación de la descendencia que parecen estar culturalmente normalizadas. Por lo tanto, la Teoría de Bowen parece coincidir con la cultura/dinámicas familiares chipriotas.

El artículo "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Compendio de Publicaciones: Artículo 2) se suma a la literatura publicada en inglés con respecto a las versiones transculturales existentes del DSI-R (Skowron y Schmitt, 2003), es decir, en orden alfabético, la versión china (Lam y Chan-So, 2015), italiana (Lampis et al., 2017), española (Rodríguez-González et al., 2015) y turca (Işık y Bulduk, 2015). El artículo adaptó y validó el DSI-R (Skowron y Schmitt, 2003) dentro de una muestra grecochipriota y presentó distintos resultados. El DSI-R griego se compara favorablemente con el DSI-R (Skowron y Schmitt, 2003) en términos de consistencia interna y validez de constructo.

Tras una comparación detallada entre el DSI-R griego y el DSI original (Skowron y Friedlander, 1998) y el DSI-R (Skowron y Schmitt, 2003), la tesis presenta y discute en detalle comparaciones entre el DSI-R griego y cada una de las validaciones transculturales existentes publicadas. Estas comparaciones se concluyen con un intento de interpretar los hallazgos empíricos del artículo "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Compendio de Publicaciones: Artículo 2). El intento de interpretación se centra en dos aspectos del constructo principal de la DdS, ya que este constructo se refleja en el DSI-R. En primer lugar, la tesis aborda los hallazgos empíricos del artículo en términos de estructura factorial del DSI-R griego y, en segundo lugar, en términos de la distribución de ítems del DSI-R griego.

En resumen, las conclusiones relativas a la estructura de los cuatro factores del DSI-R griego fueron las esperadas. Con la excepción de la versión española (Rodríguez-González et al., 2015), el DSI-R (Skowron y Schmitt, 2003) parece tener una estructura con una consistencia teórica de cuatro factores, pero con las adaptaciones culturales necesarias con respecto al factor Fusión con los Otros; adaptaciones que se reflejan en las versiones del DSI-R italiana (Lampis et al., 2017), turca (Işık y Bulduk, 2015), y china (Lam y Chan-So, 2015).

Por el contrario, en la réplica que hace el DSI-R griego de la distribución de ítems del DSI-R original (Skowron e Schmitt, 2003) los resultados no fueron los esperados. Todas las validaciones a otros idiomas y contextos culturales (es decir, italiana: Lampis et al., 2017, turca: Işık y Bulduk, 2015; china: Lam y Chan-So, 2015; española: Rodríguez-González et al., 2015) fueron presentadas con una distribución de ítems del DSI-R adaptada culturalmente. Más específicamente, el factor Fusión con los Otros (Skowron y Schmitt, 2003) fue la subescala del DSI-R que experimentó adaptaciones culturales sistemáticas en todas las validaciones transculturales (véanse las Tablas 2, 3, 4 y 5 correspondientes). La tesis discute en detalle las predicciones que los creadores originales del DSI (Skowron y Friedlander, 1998) hicieron acerca de la necesidad de una mayor adaptación cultural del factor Fusión con los Otros en combinación con hallazgos de validación transculturales posteriores relativos a dicho factor (p.ej., Lam y Chan-So, 2015; Lampis et al., 2017; Rodríguez-González et al., 2015).

A pesar de lo anterior, los resultados inesperados en términos de la réplica del DSI-R griego de la distribución original de ítems del DSI-R (Skowron y Schmitt, 2003), podrían explicarse parcialmente por los hallazgos del artículo titulado "Cross-cultural validity of Bowen Theory in southern European countries" (Compendio de Publicaciones: Artículo complementario). El artículo se centra en las variaciones de las dos subescalas del DSI-R (Skowron y Schmitt, 2003) (Corte Emocional y Reactividad Emocional) entre los países del sur de Europa y se posiciona, según nuestro conocimiento, como el primer estudio transcultural *comparativo* en Europa. Por lo tanto, el artículo introduce una nueva línea de investigación transcultural en poblaciones europeas y atestigua la posibilidad de que, aunque un instrumento de investigación (para el Artículo complementario: las subescalas del DSI-R Corte Emocional y Reactividad Emocional) pueda ser validado empíricamente como tal en diferentes culturas de destino (para el Artículo

complementario: italiana, española, portuguesa y griega), las validaciones empíricas no descartan necesariamente las diferencias entre culturas de destino. Tal enfoque crítico podría ofrecer una posible explicación parcial a la réplica inesperada del DSI-R griego de la distribución original de ítems del DSI-R.

3. Integración del fenómeno del colecho en la Teoría de Bowen

En resumen, la presente tesis aboga por un enfoque crítico pero culturalmente sensible hacia la conceptualización e investigación de la familia y su dinámica sistémica. El artículo "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Compendio de Publicaciones: Artículo 3) *aplica una metodología de investigación que reconoce la relevancia cultural del constructo familiar* en el que la familia transmite distintos significados dentro de diferentes culturas (p. ej., Coontz, 2005; Gladding, 2015; Weinstein, 2013). El artículo parte de una evaluación inicial de la prevalencia del colecho en la cultura chipriota. Y así, el artículo contribuye a establecer un índice de prevalencia del colecho para Chipre dada la inexistencia de tal estimación (Mileva-Seitz et al., 2017).

A su vez, el artículo utiliza la Teoría de Bowen (1992; Kerr y Bowen, 1988) como un marco teórico sistémico para conceptualizar de nuevo la práctica familiar del colecho. El artículo concibe el colecho persistente culturalmente no normalizado como una relación excesivamente apegada (es decir, *simbiótica*; Bowen, 1992) entre un padre y el niño objetivo y examina el colecho desde un punto de vista sistémico. En otras palabras, el colecho persistente está incrustado dentro de la familia nuclear más grande y se examina, según nuestro conocimiento por primera vez, como un proceso emocional de *toda* la unidad emocional familiar. Por lo tanto, el artículo intenta trascender el paradigma del apego (Ainsworth et al., 1978; Bowlby, 1982) y adoptar una visión holística / sistémica de las familias que duermen juntos.

En cuanto a los hallazgos empíricos, el artículo "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Compendio de Publicaciones: Artículo 3) refirió lo siguiente. Los participantes adultos de la investigación, que informaron que dormían junto con sus padres (colecho) más allá de la edad culturalmente normativa para dormir juntos, mostraron niveles estadísticamente significativos de DdS más bajos. Además de las

deficiencias en diferenciación, los mismos participantes de la investigación se asociaron significativamente con una mayor ansiedad crónica; un hallazgo que corroboró el primero, ya que la ansiedad crónica "aumenta a medida que disminuye el nivel de diferenciación" (Kerr y Bowen, 1988, p. 117). Finalmente, el grupo de colecho persistente reportó experiencias de culpabilidad estadísticamente significativa dentro de sus relaciones con los padres, así como sentimientos intensos de abandono estadísticamente significativos si se alejaba de ellos; siendo ambos hallazgos consistentes con los niveles más bajos de diferenciación del self de los que practicaban colecho persistente (Bowen 1992; Kerr y Bowen, 1978).

Los resultados empíricos del artículo (Compendio de Publicaciones: Artículo 3) corroboran los resultados informados por Lampis y Cataudella (2019) que, en comparación con las variables de apego, las variables de diferenciación fueron predictores más fuertes del ajuste de la relación adulta. De manera similar a los resultados del artículo, los hallazgos empíricos de Cepukiene (2020) revelaron que la diferenciación del self "tuvo el mayor impacto significativo" (p. 10) en el funcionamiento psicosocial de los adultos en comparación con el apego infantil. Además, los hallazgos del artículo corroboran la asociación empírica de Skowron y Dendy (2004) entre la teoría del apego y la TFSB. Además, los hallazgos del artículo están de acuerdo con Ross et al. (2016) que documentaron asociaciones entre dimensiones de apego inseguro y triangulación. Más importante aún, y de acuerdo con la premisa teórica descrita en nuestro artículo, de que los procesos de apego (que se reflejan en el colecho persistente) están incrustados dentro (en lugar de hacer de puentes; Dallos y Vetere, 2012) de un contexto sistémico, Ross et al. Alabama. sugirió que el proceso diádico de apego se origina y opera dentro del campo sistémico triádico; con el apego que eventualmente afecta el nivel de DdS del individuo.

Los hallazgos empíricos de este artículo (Compendio de publicaciones: Artículo 3) parecen validar una serie de sugerencias relevantes que aparecen en la literatura empírica del colecho. Específicamente, los hallazgos del artículo parecen validar la sugerencia de Teti et al. (2015) de que ante la presencia de compartir la cama, se debe prestar más atención a la salud marital y emocional de los cónyuges. Asimismo, los hallazgos del artículo están en estrecha concordancia con la recomendación de Cortesi et al. (2008) de que una vez que se informa del colecho, las relaciones familiares deben considerarse y evaluarse, ya que el colecho persistente podría estar relacionado con el funcionamiento

familiar general, incluyendo pareja y salud materna. Además, Messmer et al. (2012) corroboran los hallazgos de otros artículos, así como los de los estudios de Cortesi et al. (2008) y Teti et al. (2015), ya que informaron de una disminución significativa de la satisfacción conyugal mientras aumentaban las horas semanales de compartir la cama, especialmente en el caso de las madres receptivas a compartir la cama.

4. Limitaciones, direcciones futuras y reflexiones finales

La presente tesis concluye con una discusión sobre sus limitaciones y direcciones futuras. Las limitaciones se discuten desde dos perspectivas diferentes, en primer lugar, la integración teórica y, en segundo lugar, la metodología empírica empleada. En primer lugar, una limitación de la presente tesis radica en que no aborda el desafío actual de desarrollar un lenguaje psicoterapéutico común. Si bien la tesis aspira a respaldar la capacidad de la Teoría de Bowen para arrojar una luz diferente sobre los problemas de salud mental, esta aspiración no debe interpretarse como que favorece el pensamiento sistémico sobre el pensamiento no sistémico. La aspiración de nuestra tesis, aunque hicimos muy poco en esta dirección, incluye la búsqueda de una sinergia entre los diversos paradigmas psicoterapéuticos sistémicos y no sistémicos. En segundo lugar, para poder mirar de manera eficaz más allá de las partes individuales y diádicas de la familia nuclear que se han investigado tradicionalmente, se necesitan enfoques empíricos a nivel de sistema. Sin embargo, como ha observado recientemente Cepukiene (2020), todavía faltan "estudios de investigación que exploren modelos complejos de relaciones entre diferentes variables" basados en supuestos teóricos sobre el nivel de funcionamiento familiar (sistémico). Lamentablemente, nuestra tesis no contribuye a llenar este vacío.

De manera similar, las direcciones futuras se discuten desde dos perspectivas diferentes, en primer lugar la investigación empírica y, en segundo lugar, la terapia y la evaluación clínicas. En términos de direcciones futuras en la investigación empírica, nuestras sugerencias parten de la noción, apoyada por nuestra tesis, de que la Teoría de Bowen conserva la capacidad de incorporar funcionalmente observaciones teóricas y hallazgos empíricos a nivel individual y diádico. Visto desde esa perspectiva, las direcciones futuras en términos de la investigación empírica de la Teoría de Bowen parecen ser vastas. La tesis discute tres posibles ejemplos de cómo las líneas de investigación no sistémicas podrían integrarse dentro de la TFSB (es decir, el

comportamiento falso del self de los adolescentes: Harter et al., 1996; Weir y Jose, 2010; parentificación: Burton et al., 2018; Hooper, 2007 ; tipología parental: Baumrind, 1966; Kuppens y Ceulemans, 2019).

En cuanto a las direcciones futuras de la terapia/evaluación clínica, y en lo que respecta a Chipre, esperamos que la publicación del artículo "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Compendio de Publicaciones: Artículo 1) contribuya al muy necesario intercambio de ideas del trabajo de la psicología educativa con el pensamiento y las ideas sistémicas. Consideramos crucial un intercambio de ideas como, por ejemplo, "un incremento de cinco veces más recomendaciones de medicamentos para niños implica que los médicos y los clínicos no están considerando todas las posibilidades antes de emitir un diagnóstico de TDAH" (Cassels, 2013, p. 14). Asimismo, consideramos que el enriquecimiento de los programas de preparación académica de psicología de la educación, en Chipre y en otros lugares, es una dirección futura muy necesaria.

Finalmente, el propósito principal de la tesis, incluidos los artículos que la acompañan, podría resumirse (a) en el axioma de que los problemas de salud mental son problemas que dependen del observador y (b) en la noción de que la Teoría de Bowen puede abrir la lente de la observación a la totalidad de la familia y liberar la mente clínica "de los estrechos límites conceptuales de la teoría individual" (Bowen, 1992, p. 156).

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PART A: INTRODUCTION OF THESIS' SCIENTIFIC FIELD

1 BOWEN FAMILY SYSTEMS THEORY

1.1 FROM *PHYSIO-* TO *PSYCHO*PATHOLOGY: A TRANSITION IN MENTAL HEALTH

Sigmund Freud introduced a radical theory[1]. Before a U.S. audience, Freud confronted his medical colleagues with these observations "You have been trained to find an anatomical basis for the functions of the organism and their disorders, to explain them chemically and physically. . . . For that reason psychological modes of thought have remained foreign to you" (1917, p. 3133). In essence, Freud recognized that psychological thinking was alien to psychiatry, therefore predicted that his developing paradigm would be received with suspicion and denied of any scientific contribution. However, contrary to expectations,, Freud achieved in providing psychiatry with its missing psychological groundwork and in embedding psychological thinking into the medical paradigm (Gong et al., 2015; Jacob et al., 2013). Put differently, Freud succeeded in extending medical model's perspective from the physical into the mental health sphere as well (Elkins, 2017; Gutkin, 2012).

The medical model, a term coined by R. D. Laing, refers to the "set of procedures in which all doctors are trained" (1971, p. 39). The set of procedures includes among others complaint, history, examination, diagnosis, treatment, and/or prognosis which are systematically applied by an expert medical doctor onto an individual within whom a physical illness is contained (Bowen, 1992; Laing, 1971). Freud, a medical doctor specialized in neuropathology (Jacobs, 2003; Roudinesco, 2016), developed his unique and comprehensive psychoanalytic paradigm within the medical model's parameters, as he adopted an individualistic approach towards the problems of the *psyche* (Roudinesco, 2016).

Psychoanalysis established a unique approach to treat neuroses. Patients were assisted towards recovery by free associating and verbalizing the material that came to their minds, at any given moment during therapy (Freud, 1917).. The crucial therapeutic modality was to gradually expose patients' unconscious which was expected to reveal

[1] Freud has been characterized "a decipherer of enigmas . . . a 'disillusionist' of the imaginary . . . a debunker of myths regarding consciousness" (Roudinesco, 2016, p. 3).

repressed conflicts. The unconscious conflicts were thought to be the cause[2] of patients' symptoms (Freud, 1917). Notably, the concealed unconscious forces were oftentimes thought to involve patients' own parent(s). Nevertheless, patients' parent(s) were involved only by inference in psychoanalytic therapy , as parent(s) were treated as a possible internalized repressed malfunction.

Another considered important psychoanalytic therapeutic tool was the process of transference (Freud, 1917). Patient's early relationship with parent(s) was expected to be projected as a distorted image onto the neutral and detached therapist and thus early relationships would be replicated during psychoanalytic treatment. While the transference would unfold, patient's internalized pathology was expected to gradually surface to consciousness. Consequently, patient would be relieved from emotional illness which was thought to be caused by a repressed childhood burden (Freud, 1917). Freud's intuitive therapeutic stance i.e., his quiet uninvolved therapeutic position, enabled him to develop a comprehensive theory that involves complex psychic processes which unfold both within the psychoanalyzed patient and throughout the progression of the psychoanalytic relationship (Jacobs, 2003). In Freud's own words "the patient . . . tells of his past experiences . . . confesses to his wishes and his emotional impulses. The doctor listens, tries to direct the patient's processes of thought, exhorts, forces his attention in certain directions, gives him explanations and observes the [provoked by the therapist] reactions" (1917, p. 3131).

1.2 FROM THE INDIVIDUAL TO THE FAMILY: THE NEXT TRANSITION IN MENTAL HEALTH

Subsequent to Freud, Murray Bowen had a leading role in advancing the next radical theory in mental health (Weinstein, 2013). Bowen acknowledged psychoanalysis' pioneering contribution and stated that Freud "discovered a new order of human illness" and that Freud further developed an evolutionary "treatment method to go with it" (Kerr & Bowen, 1988, p. 353). However, while Bowen was developing his own theoretical paradigm as a counterpoint to psychoanalysis, the Freudian movement had been established around the world and a network of psychoanalytic institutes had evolved

[2] In contrast to the family systems paradigm, psychoanalysis is considered a deterministic theory (Jacobs, 2003).

(Roudinesco, 2016). The Freudian approach had achieved in becoming the "unquestioned standard of the profession" (Kerr & Bowen, 1988, p. 354). Additionally, Freudian theory had been popularized through media, lectures, and seminars to such an extent that it went undisputed both by the academic and the lay person (Jacobs, 2003; Roudinesco, 2016). Unsurprisingly, Bowen's realizations were "if I ever come to know precisely what I think about psychiatry, and I have the courage to say it in the open forum, I will be kicked out of the profession" (Kerr & Bowen, 1988, p. 358). Bowen was aware that he was following "in the footsteps of such heretics as Darwin and Freud" (James Framo's Commentary, in Bowen, 1992, p. ii).

Bowen's reasoning compelled him to challenge Freud's endorsement of the existing medical model. Bowen stated that inherent in the medical model were "the subtle implications that the patient is the helpless victim of a disease or malevolent forces outside his control" (1992, p. 148). The medical model appears to articulate an individual theory and thus draws inferential conclusions about the individual's family. Similarly, it appears to lack in direct observations and accounts for the patient's family dynamics, although the latter encapsulate the individual under "therapy". Medical model's theoretical and therapeutic concern involves thoroughly the patient, yet their family system is excluded from it. The medical model appears to operate within a disease-carrier-individual frame of mind and allows for the individual's nuclear family to go undetected (Anand & Malhi, 2011; Jacob et al., 2013).

1.3 BOWEN FAMILY SYSTEMS THEORY: RECOGNIZING THE POWER OF THE FAMILY

Bowen Family System Theory (Bowen Theory or BFST; Bowen, 1992; Kerr & Bowen, 1988) is considered "one of the most comprehensive theories of human functioning from a systems perspective" (Rodríguez-González et al., 2015, p. 48), thereby providing a coherent foundation for family systems theory (Lam & Chan-So, 2015). Similarly, Nichols and Schwartz (1998) acknowledged that BFST had been recognized as the most thorough and thoughtful set of ideas within the family therapy discipline. BFST emphasized the importance of the familial emotional and relational context to understanding individual behavior and emotional functioning (e.g., Klever, 2003; Knauth & Skowron, 2004). Bowen Theory formulates a relational paradigm as the individual personality is construed within one's familial relational/emotional context. Bowen's

relational conception of *self* poses as a psychologically viable approach, as any other *in isolation* approach would be alien to our relational human nature. As ancient Greek philosopher Aristotle has eloquently put it:

> Man is by nature a social animal; an individual who is unsocial naturally and not accidentally is either beneath our notice or more than human . . . Anyone who either cannot lead the common life or is so self-sufficient as not to need to . . . is either a beast or a god. (Politics, trans. 2000)

Bowen Theory shifted the focus from the individual to the family, with the essential goal of mapping the intra-family as well the inter-family relationships across generations; thus, BFST articulated a systemic theory of relationships (Barker & Chang, 2013; Doherty & McDaniel, 2010; Weinstein, 2013). Bowen (1992) transformed the way that families were understood and consequently treated as he went beyond the medical model and paid attention to the "family side of the problem" (p. 149). Within the roots and the development of BFST, a fundamental paradigmatic shift occurred in the theory and techniques of the established medical model. The medical model retained an individual frame of reference; BFST introduced a holistic familial frame of reference.

The originating roots of BFST are traced back to Bowen's psychiatric appointment at the Menninger Clinic towards the end of 1940s (Doherty & McDaniel, 2010; Weinstein, 2013). Bowen was treating a variety of problems such as alcoholism, depression, and schizophrenia both in inpatient and outpatient clinics. An essential notion of psychoanalysis was that the therapist should remain uninvolved and detached not only from the patient but also from their family as well, so that the transference relationship would evolve intact. Contrary both to his own psychoanalytic training (Weinstein, 2013) and to his colleagues' practice, Bowen included in his clinical focus patients' own families, given that Menninger Clinic's inpatient individuals suffering from schizophrenia, offered him ample opportunities to study them (Kerr & Bowen, 1988). However, given the conventional individual psychiatry standards of the Menninger Clinic, Bowen moved on to the National Institute of Mental Health (NIMH) in 1954 (Doherty & McDaniel, 2010; Kerr & Bowen, 1988). The NIMH appointment offered

Bowen a unique opportunity to study holistically the nuclear family as a single emotionally functioning system.

During the NIMH appointment, a novel five-year project was initiated which opened a new world of unknown clinical phenomena to be observed. The entire nuclear families of patients suffering from schizophrenia were hospitalized. The families consisted of the two parents, the patient, and one or two siblings who were free from emotional difficulties. The research ward could accommodate up to five nuclear families for a duration of one to three years (Kerr & Bowen, 1988). The hospitalization of nuclear families, which was an innovative practical arrangement of the NIMH project, allowed Bowen and his group to observe the whole family functioning concurrently from a novel external vantage point.

Bowen developed a multi-latitudinal reasoning in family therapy due to his remarkably extensive and comparative studies of numerous disciplines such as "psychiatry, psychoanalysis, psychology, medicine, sociology, anthropology, ethology, physiology, biology, philosophy, social work, religion, mathematics, physics, botany, chemistry, evolution, systems theory, astronomy, palaeontology and many others" (Kerr & Bowen, 1988, p. 359). Bowen's multi-latitudinal reasoning in combination with the newfound world of clinical phenomena, which emerged during the NIMH project, culminated in the advancement of BFST, which in turn contributed decisively to the development of a drastic paradigmatic shift in psychotherapy, and the emergence of a new discipline, namely family systems theory. Bowen captured the essence of the new discipline:

> The study of the family provides a completely new order of theoretical models for thinking about man. . . . Man's family is a *system.* . . . I believe knowledge about the family system may provide the pathway for getting beyond static concepts and into the functional concepts of systems. I believe that family can provide answers to the medical model dilemma of psychiatry . . . (1992, p. 151).

Consequently, the existing individual- and dyadic-level constructs were unable to capture the novel clinical world that appeared once the nuclear family unit, and not the individual, was put under clinical study. Bowen Theory's original theoretical language was oftentimes presented by Bowenian experts in the format of a list consisted of eight constructs[3]. Specifically, Gilbert (2006) authored a book titled "The eight concepts of Bowen Theory". Similarly, Hall (2014) presented Bowen Theory under the chapter title "The eight processes". Likewise, the "Bowen Center for the Study of the Family" adopted an eight-concept approach (Kerr, 2000).

Bowen directs the therapist into becoming "a kind of 'expert' in understanding family systems and an 'engineer' in helping the family restore itself to functioning equilibrium" (1992, p. 157). Additionally, Bowen Theory's over-all goal is to help "family members become 'system experts' who could know the family system so well that the family could readjust itself" (Bowen, 1992, p. 157). Moreover, the family is conceptualized "as a combination of 'emotional' and 'relationship' systems. The term 'emotional' refers to the force that motivated the system and 'relationship' to the ways it is expressed" (Bowen, 1992, p. 158). Taken all together, Bowen Theory's conception of the therapist as a family-system engineer, of the family members as family-system experts, and of the family possessing readjustment processes alongside an optimal functioning equilibrium , direct attention to BFST's systemic dynamic nature. Therefore, the following section attempts to introduce Bowen Theory's cornerstone themes in a dynamic integrative format whose organizing principle is the interlocking and powerful emotional forces that characterize the nuclear family. Specifically, the nuclear family emotional system is initially discussed. Next, the following dynamic emotional/relational processes are presented which are considered indispensable operations of the nuclear family system itself: family projection process and the shifts in its direction, relational reciprocation, functioning and sibling positions, role reversal in functioning positions, the

[3] The eight constructs are: (1) nuclear family emotional system, (2) family projection process, (3) sibling position, (4) multiple generation transmission process, (5) differentiation of self, (6) emotional cutoff, (7) triangulation, and (8) societal emotional process. The first four constructs are discussed in the present section. The fifth and sixth constructs are discussed both in the present and the following section as they hold a central role in the present thesis. Likewise, the subsequent section is dedicated to the seventh construct. The last eighth construct, societal emotional process, is an extension of the "basic theory about the family into the larger societal arena" (Bowen 1992, p. 386) and thus outside of the scope of the present thesis.

defective/protective nature of symptoms, and mirror opposite personality characteristics (Bowen 1992; Kerr & Bowen, 1988). Subsequently, another BFST major theme is discussed, namely the multiple generation transmission process. The present chapter concludes with Bowen Theory's perspective on the individual, namely the cornerstone construct of differentiation of self (Skowron & Friedlander, 1998).

1.3.1 Nuclear family emotional system and dynamic operations

The nuclear family is conceptualized as a powerful *emotional system* in which individual behaviour is thought to be directed by fundamental systemic forces. The terms familial unit, field, as well as system may all be used interchangeably as they all imply a complex dynamic interrelationship among nuclear family's members. The interrelationships among family members create and sustain a dynamic emotional field which in return impacts members' inter- and intra-functioning. An analogy to this assumption would be the solar gravitational field where all planets are governed by the same gravitational forces that they all interdependently create (Bowen, 1992; Kerr & Bowen, 1988). In essence, the hallmark notion of the nuclear family being construed as an emotional system is that "a change in one part of the system is followed by compensatory change in other parts of the system" (Bowen, 1992, p. 155).

An early on, yet significant NIMH project observation, was that the patient was emotionally connected in a powerful way with particular members of the nuclear family and most often with the mother (Kerr & Bowen, 1988). In fact, the "mother and schizophrenic 'child' were so involved with one another, so influenced by one another, that it was difficult to think of them as two separate people" (Kerr & Bowen, 1988, pp. 6-7)[4]. It was further observed that the emotional relationships among the rest of the family members were similarly powerful and, what is more, that all relationships were interdependent. Consequently, it appeared that the father's as well as siblings' functioning were reinforcing and perpetuating the ailing yet powerful mother-patient connection. Therefore, it was not only difficult to view the mother and patient-child as two separate individuals, but it was also difficult to view the family as consisting of individuals

[4] The emotionally charged mother-patient connection had already been recognized and conceptualized in different theoretical ways with the psychoanalytic conceptualization being grounded on the mother's and patient's unconscious drives. However, Bowen has radically withdrawn these views.

functioning independently from one another. In view of these observations, the appropriate way to conceive the nuclear family appeared to be as an emotional system i.e., as a separate, yet *total* emotional entity in its own right; emotional relationships were interdependent and involved the entirety of the nuclear family members (Kerr & Bowen, 1988).

According to Bowen Theory, once the level of anxiety within a family exceeds the nuclear system's adaptive capacity, then surplus anxiety is expected to be mismanaged and transmitted to one or more family subsystems. Surplus anxiety's transmission is expected to lead to gradual impairment either uniquely or in combination of the affected familial subsystems i.e., of the spousal relationship, spouse, and/or child (Bowen, 1992; Kerr & Bowen, 1988). Put differently, the *family projection process* is a dysfunctional emotional mechanism of the nuclear system. Specifically, the family projection is an anxiety binding process which concentrates the emotional system's dysfunction on one or more familial subsystems, which in turn leads the targeted subsystem to gradual deterioration. This characteristic process of the nuclear family emotional system reflects a fundamental theme of BFST i.e., that a dysfunction within a family subsystem is in reality a dysfunction of the total family unit. In other words, the dysfunction is not inherent in the spousal relationship, spouse, and/or child family subsystem but it is rather a misplaced dysfunction of the *whole* nuclear family emotional unit.

What is more, Bowen Theory predicts that if sufficient changes occur within the nuclear family emotional system then the *anxiety binding process will shift its direction accordingly*. Specifically, if the nuclear emotional unit is sufficiently altered then the previously symptomatic subsystem(s) is expected to become asymptomatic and in response[5] the previously asymptomatic subsystem(s) is expected to become symptomatic. Kerr (Kerr & Bowen, 1988) offered the following illustrating example of a family anxiety projection shift occurring over the course of the family life.

During the first marital years, anxiety might be bound within the most adaptive spouse i.e., the spouse who may be trying to preserve marital cohesion at the expense of oneself. However, over time, a different family anxiety projection pattern may be

[5] As it was noted above, a hallmark feature of the nuclear family being construed as an emotional system is that changes in one subsystem are followed by compensatory changes in other subsystem(s) (Bowen, 1992; Kerr & Bowen, 1988).

initiated. The previously anxiety-internalizing spouse may become more expressive and more confrantational with their spouse. Consequently, the family anxiety projection process is expected to gradually shift its direction towards the marital relationship wherein spouses will be blaming one another for the marital problems. During this discord period, the couple is expected to focus on what is "wrong" with the other, thereby possibly affecting the marital coherence and allowing for marital conflict to escalate. In sum, the once contained within the internalizing spouse, marital anxiety is expected to be transmitted into the marital relationship. The previously symptomatic spouse (who adapted at the expense of oneself) is expected to gradually become less symptomatic and the previously unaffected marital relationship is expected to gradually be ridden by escalating conflicts. Over the years, the troubled couple may shift its focus on what is "wrong" with their child and thus a new anxiety projection pattern might emerge. The next anxiety target (i.e., the child) is expected to gradually become symptomatic and the spousal discord is expected to gradually "escape" from family's precocuupied focus. Noteworthy, if for any reason the nuclear family system is altered, then any previous anxiety projection pattern might be re-enacted. For example, if the symptomatic offspring moves away from family, then either a spouse or the spousal relationship or both are expected to become symptomatic once more. It is emphasized that the prospect of symptom shift, from one subsystem to the other, attests to BFST's major tenet that symptoms are not innate to the ailing subsystem but are reflections of a system-wide dysfunction of the *whole* nuclear family.

Within the nuclear family emotional system, relationships are expected to be *dynamically reciprocated*. An example of reciprocation would be a relationship between an under- and an over-functioning member (Kerr & Bowen, 1988). Specifically, once an under-functioning family member would behave weak, dependent, and in emotional need, for any possible reason, then and in response, another family member would over-function to accommodate former's needs. These reciprocating responses are thought to evolve in an escalating cycle where the over-functioning member's protectiveness would reinforce the under-functioning member's weakness and vice versa. Another example of relational reciprocation would be an escalating cycle that involves one member being worried about another who appears to be in need for support. This cyclical reciprocation is expected to result in the former member becoming more worried than they would

originally wish, and the latter member becoming more in need, than they would originally wish. Observations of this type of relational reciprocities, such as overadequate - inadequate, decisive - indecisive, dominant – submissive, were evident in an array of clinical cases (Kerr & Bowen, 1988). Interestingly, BFST allows for the possibility of a weak, in emotional need family member to be imaginary perceived as such by another member. This imaginary perception could potentially trigger the development of the reciprocating relational cycles described above (Kerr & Bowen, 1988).

The ongoing relational reciprocities within an emotionally charged family unit are expected to result in the assignment of a variety of *functioning positions* to the family members. The assigned functioning positions may deeply affect an individual's emotional and physical health as well as one's personality in terms of intellectual functioning, behaviour, feelings, attitudes, and beliefs. Functioning positions gradually become consolidated and develop into solid points of reference for the family system (Bowen, 1992; Kerr & Bowen, 1988). A typical example is the *sibling position*[6] which might define the nuclear family's expectations for each child. These thoroughly integrated within-the-system expectations might, for example, result in the oldest child feeling responsible to take care of the younger siblings. Therefore, first-born personalities appear to share a lot of commonalities which easily distinguish them from different-order siblings (Kerr & Bowen, 1988). At the same time, a first-born child is expected to cyclically contribute to the consolidation of the youngest child's behaviour. Correspondingly, the youngest child is expected to contribute to the consolidation of the first-born child's behaviour to a similar extent. These reciprocating, yet polarized functioning positions are expected to gradually become typical features of the nuclear family emotional system.

A family member is dynamically related not only with the rest of the nuclear family members but with one's own functioning position as well. As it was noted above, the functioning position may have such a profound effect that the family member may even develop physical symptoms. For example, an offspring who is constantly in the centre of

[6] Bowen (1992) endorsed Toman's (1961) work on the ten basic sibling personality profiles that fitted with sibling positions. However, Bowen qualified Toman's personality profiles by the potential effects resulting from any anxiety projection process and/or any assignment of a functioning position. In other words, family anxiety binding mechanisms and/or functioning positions may either override or consolidate a sibling's position expected influence.

the family's focus and burdened with unrealistic family expectations may absorb family's surplus anxiety and develop stress related physical symptoms. On the other hand, the physical (as well as the emotional and behavioural) symptoms of an under-functioning member may improve should the reciprocating family member seizes to over-function (e.g., in the case of a divorce or death) or becomes in need himself/herself (e.g., in the case of becoming ill). Moreover, Bowen Theory predicts that in the absence of the under-functioning member, the over-functioning member would present a physical and/or an emotional dysfunction, as the previously reciprocating under-functioning member was in fact serving the purpose of stabilising the over-functioning member's health (Kerr & Bowen, 1988).

In view of the above, *symptoms* have their own distinct function within the nuclear family emotional system. If the family surplus anxiety is successfully contained within the spousal subsystem, then the offspring is expected to be less affected and more able to lead their lives with less disturbance. If a spouse's functioning is impaired, then the other spouse is prone to function better. If a child's functioning is impaired, then the other family members as well as the spousal relationship are prone to function better (Kerr & Bowen, 1988). Clearly, the affected family subsystem serves a *double defective/protective function*. The affected subsystem absorbs disproportionately the family surplus anxiety at its own expense. At the same time, the affected subsystem appears to protect the rest of the family members, including their relationships, and allows them to function with less or even with no disturbance (Bowen, 1992; Kerr & Bowen, 1988).

These characteristic reciprocating observations led Bowen to conclude that a family member's behavior could only be understood within the context of the rest of the family members' behaviors. Additionally, Bowen observed that once a family member would exhibit an intense personality characteristic then its *mirror opposite characteristic* would be exhibited in an analogous intensity, by the reciprocating family member. These polarized, mirror opposite characteristics would reinforce each other to such an extent that the same family members would act differently within their polarized relationship than within their relationships outside the nuclear family emotional system (Kerr & Bowen, 1988).

1.3.2 Multiple generation transmission process

Bowen was a family therapist who developed a comprehensive theory regarding the *multiple generation transmission process* and its consequent effects on the nuclear family emotional system (Kerr & Bowen, 1988; Klever, 2005). Based on his NIMH project, Bowen introduced the formal systemic construct of an ongoing inter-family projection process which carries on from one generation to the other. Bowen maintained that "in most families the parents transmit part of their immaturity to one or more children" (1992, p. 168).

In a later paper, Bowen (1992) defined the construct of multiple generation transmission process as "the principle of projection of varying degrees of immaturity . . . to different children when the process is repeated over a number of generations" (p. 205). Therefore, an individual's maturity and adaptive capacity are not only the product of one's nuclear family emotional system's influences throughout development, but also the product of preceding generations' influences (Noone, 2015). In fact, Kerr (Kerr & Bowen, 1988) re-termed the construct into *multigenerational emotional process* to ascribe a more dynamic and broader nature to it. According to Kerr, the process "is anchored in the emotional system and includes emotions, feelings, and subjectively determined attitudes, values, and beliefs that are transmitted from one generation to the next" (Kerr & Bowen, 1988, p. 224). Arguably, not only previous generations influence systemically the next, but the latter may influence systemically the former, meaning that a reciprocal impact may transpire across generations.

Bowen Theory maintains that the functioning level of family members as well as of nuclear families is connected across generations through predictable and orderly patterns. This is to say that the functioning of family members and of nuclear families across generations is not the exclusive result of random hereditary processes (Kerr & Bowen, 1988). In fact, Bowen maintained that although following "a genetic-like pattern" (1992, p. 410), the multigenerational transmission process is unrelated to genes.

As it was noted above, BFST contends that family system surplus anxiety may be localized in three possible subsystems namely, spouse, spousal relationship and/or child/children. The three corresponding family projection patterns existed throughout human history and date back to our primitive states (Kerr & Bowen, 1988). The historical existence of a limited type of family anxiety binding patterns renders the predictability of

intergenerational transmission trends possible. Once an emotional problem develops within a nuclear family emotional system, then a certain kind of family projection pattern is expected to be realized. The realized family projection pattern is expected to influence in a predictable manner the next family of creation. In other words, the quality and intensity of a family's relationship problems are considered to be influenced by the quality and intensity of the preceding family's relationship problems. According to Kerr and Bowen (1988), this intergenerational effect applies across generations and bears its own dynamic longitudinal consequences.

Bowen Theory asserts that within a nuclear family, each member functions in a way that either promotes or hinders the maturation of the rest of the family members and thus contributes (or hinders) to the maturation of the individuals belonging to the next generation. Clinical examples, discussed by Kerr (Kerr & Bowen, 1988; chapter 8), portrayed how specific behaviors within a nuclear family directed the multigenerational emotional process towards one direction instead of another. Three clinical examples follow.

First example delineates that while a spouse promotes emotional spousal proximity, the same spouse equally promotes a healthy emotional separation between parents and their children. Consequently, children's healthy emotional separation is expected to empower them to promote a healthy separation of their own children once they become parents. In contrast, if a spouse promotes emotional spousal separation, then the alienated spouse is expected to reactively promote emotional proximity typically with one of the children[7]. The targeted child is expected to lack in levels of maturity and in turn will indirectly promote a lack of maturity in their own children (Kerr & Bowen, 1988).

Second example involves a daughter who achieved a lower maturity level due to her being constantly under the preoccupied focus of her parents. The daughter married and had two sons. Given her multigenerational disposition, she was prone to be overinvolved with daughters rather than with sons. Therefore, her reaction to the effects of the emotional distance from her husband and her under involvement with her sons, was to become withdrawn and depressed. The mother's resulting withdrawn behavior allowed the sons not to be trapped in her preoccupied focus and thus develop a higher maturity

[7] A fundamental process of the nuclear family termed triangulation (discussed later in section *3.2 Triangulation: Processes and empirical associations*).

level than her. However, Kerr (Kerr & Bowen, 1988) noted that had the mother had daughters, her expected over involvement with them would protect the mother from her own depression but would impede the daughters' maturation[8]; and consequently the next generation's nuclear family.

Third example suggests that a physical difficulty in a spouse may attract the other spouse's attention and anxiety. The resulting reciprocating relationship (i.e., complementary under- and over-functioning positions) is expected to allow children to achieve a higher maturity level compared to the maturity level that the spouses had achieved within their own family of origin. However, had one spouse been free (or freed) from physical difficulties, then the children may have been caught in the spouses' center of anxiety[9]. That would possibly result in impeding children's efforts towards maturity and independence, which in turn would impede the next generation's efforts to grow independent of their own parents (Kerr & Bowen, 1988).

Overall, the multiple generation transmission process "provides a broader framework of the study of human behaviour and allows for the inclusion of considerably more variables in understanding individual differences in adaptiveness" (Noone, 2015, p. 40). Undoubtedly, Bowen made a major contribution in advancing a family perspective within a holistic multigenerational framework. Likewise, Bowen succeeded in advancing a personality perspective within his systemic paradigm.

1.3.3 Bowen Theory's perspective on the Individual: Differentiation of Self

Differentiation "is a cornerstone construct of the theory" (Bowen, 1992, p. 363) and may be "approached in numerous ways" (Kerr & Bowen, 1988, p. 89). Present section approaches differentiation's aspect of being a dynamic process of the nuclear family emotional system, which affects individual members. Bowen Theory conceptualizes the interlocking family relationships as a de facto emotional "stuck togetherness" (Bowen, 1992, p. 150), which forms the "undifferentiated family ego mass" (Bowen, 1992, p. 159).

[8] A relational configuration that exemplifies symptoms' double protective/defective function discussed in the previous section (*1.3.1 Nuclear family emotional system and dynamic operations*).

[9] A systemic function that exemplifies potential shifts in the direction of the family's anxiety projection process discussed in the previous section (*1.3.1 Nuclear family emotional system and dynamic operations*).

Another BFST fundamental tenet is that the undifferentiated family ego mass's functioning is "governed by the interplay of two counterbalancing 'life forces' . . . defined as individuality and togetherness" (Kerr & Bowen, 1988, p. 58). The instinctual life-force of individuality drives the child to gradually develop an emotionally separate own self who can think and behave autonomously. The opposing instinctual life-force of togetherness drives the child to remain connected and operate as one with and within the nuclear family.

Accordingly, Bowen's (1992; Kerr & Bowen, 1988) conceptualization of family relationships refers to the varying degrees of emotional closeness (i.e., togetherness) and distance (i.e., individuality) among family members. Family relationships may be polarized with one pole being the extremely intense relationships. An example of such extreme emotional intensity would be a mother's *symbiotic* relationship with a child. Such a relationship is expected to lead to a child's ego fusion with mother's ego, resulting in the child developing into a *no-self*[10]. A counter pole example would be an alienated rejecting even conflicting relationship of a child with one's nuclear family. Both poles of the emotional closeness/distance continuum hinder an individual's expected gradual separation from the family's ego mass. In fact, each resultant distinctive balance between the emotional forces of togetherness and individuality reflects a corresponding level[11] of an individual's differentiation of self (Hall, 2014). According to Bowen (1992), the "over-all goal is to help individual family members to rise up out of the emotional togetherness that binds us all" (p. 371). Specifically, Bowen Theory propels individual family members to exercise reason even amidst strong familial emotional influences.

In terms of its individual facet, the construct of differentiation of self has been considered by some authors as a "personality variable most critical to mature development and the attainment of psychological health" (Skowron & Friedlander, 1998, p. 235). In fact, differentiation of self is considered a universal developmental target (Bowen, 1992; Kerr & Bowen, 1988; Knerr & Bartle-Haring, 2010) expected to be

[10] Bowen's (1992) conceptualization of *no-self* reflects the morbid unsuccessful differentiation from one's family ego mass (discussed above).

[11] However, this should be viewed in light of Bowen Theory's fundamental principle that a family member's level of differentiation of self may fluctuate depending on the nuclear family system's equilibrium of the time (Bowen 1992; Kerr & Bowen, 1988). A more detailed explanation is offered in section *2 Differentiation of Self: Evaluation.*

attained at the individual level[12] (e.g., Choi & Murdock, 2017; Drake et al., 2015; Sloan & Dierendonck, 2016). Bowen (1992; Kerr & Bowen, 1988) ascribed two fundamental dimensions to differentiation of self: an intrapsychic and an interpersonal. Next, the two dimensions are described beginning with the intrapsychic dimension.

Frost (2015) as well as Skowron and Dendy (2004) asserted that at the core of BFST lies the "degree to which people are able to distinguish between the feeling process and the intellectual process" (Bowen, 1992, p. 355). Skowron and Friedlander (1998) explained that well differentiated individuals have the capacity to choose whether to be guided by their intellect or emotions. Thus, they allow themselves to experience strong affect[13] while being able to refer to reason and logic at will, if needed. Bowen (1992) further asserted that individuals with a higher capacity to distinguish between the two processes "have the most flexibility and adaptability in coping with life stresses, and the most freedom from problems of all kinds" (p. 356). Highly differentiated individuals continuously utilize the intellectual system even amidst an intensely functioning emotional system and thus attain a higher degree of flexibility in response to stressful situations. Based on BFST, Skowron and Dendy (2004) delineated that differentiated individuals maintain the capacity to rationally examine circumstances, while being mindful of their own emotions, and to experience intense emotions while being able to apply reason effectively. In contrast, poorly differentiated individuals are caught in an

[12] Although fuelled by and defined within the nuclear family emotional system (Bowen, 1992).

[13] One of the principal scientific pillars of Bowen Theory was evolution and biology (Noone & Papero, 2015). Bowen (1992) believed that humans are "the most complex form of life that evolved from the lower forms" (p. 304). What is more, Bowen believed that human emotional functioning includes biological forces such as "instinct, reproduction, the automatic activity controlled by the autonomic nervous system, subjective emotional and feeling states. . . . far more human activity is governed by man's emotional system than he has been willing to admit" (p. 305). Papero (2015) also observed that human emotional functioning can be active below the threshold of awareness and may have an effect on all aspects of an individual's life. Alongside the earlier developed basic emotional system, the more evolutionary advanced intellectual system distinguishes humans from the lower forms of life. Normally, the most recently developed cerebral cortex function operates in conjunction with the emotional system and enables the individual to orient life according to logic and intellect (Bowen, 1992; Papero, 2015). Papero (2015) distinguishes the intellectual system from the cognitive system as he asserts that the two are not synonymous. Indeed, Bowen conceptualized the intellectual system as the acquired ability to apply one's cognitive skills. Nevertheless, the emotional system retains its capacity to override the intellectual system and nullify intellect's guiding beneficial influence on individual behaviour.

emotional world (Bowen, 1992), apply emotional reasoning i.e., decide based on what "feels right" (Skowron & Friedlander, 1998, p. 235), and are more emotionally reactive (Kerr & Bowen, 1988).

Further to its intrapsychic dimension (ability to separate thinking from feeling and to apply logical reasoning over emotions) discussed above, the construct of differentiation of self incorporates an interpersonal dimension as well (Bowen 1992; Kerr & Bowen, 1988). Originally, interpersonal maturity is reflected in an individual's developmental ability to gradually separate oneself from the family of origin (Charles, 2001) i.e., to differentiate oneself from the family's undifferentiated ego mass (noted above; Bowen, 1992). Furthermore, Skowron and Dendy (2004) clarified that in the adulthood years, Bowen's construct of differentiation of self involves the interpersonal "ability to preserve autonomy within the context of deep intimacy with important others" (p. 339). Similarly, Charles (2001) maintained that a correct interpretation of Bowen's cornerstone construct of differentiation would mean the individual's ability "to achieve emotional maturity and independence without losing the capacity to connect emotionally with others" (pp. 280-281). Bowen (1992) delineated that highly differentiated individuals are able to maintain their sense of self while in relationships with others. In sum, differentiation of self entails "the ability to maintain independence as well as intimacy in relation to others" (Choi & Murdock, 2017, p. 22).

In contrast and in terms of interpersonal functioning, poorly differentiated individuals may fuse with or *emotionally cutoff* from other family members. Fused individuals are "stuck" in their family of origin and seek acceptance and approval through their compliant behaviour (Kerr & Bowen, 1988). Emotionally cutoff individuals reactively distance themselves from others, lead an overly independent life, and deny the importance of family (Nichols & Schwartz, 1998). Fused and emotionally cutoff individuals are similar in terms of their need for approval from others and of their compliant behaviour. Yet, emotionally fused individuals are threatened by separation whereas emotionally cutoff individuals are threatened by intimacy (Skowron & Friedlander, 1998). Therefore, poorly differentiated individuals are expected to either fuse with or hide from others (Kerr & Bowen, 1988). Additionally, poorly differentiated individuals are characterized by strong emotional needs and heightened insecurity which

force them to give up or under develop their personality in exchange of love and acceptance from others (Charles, 2001; Bowen, 1992).

1.4 THE CURRENT STATUS OF AFFAIRS IN MENTAL HEALTH

As early as 1917, Freud asserted that "psycho-analysis must keep itself free from any hypothesis that is alien to it, whether of an anatomical, chemical or physiological kind, and must operate entirely with purely psychological auxiliary ideas" (p. 3134). Moreover, Bowen (1992) believed that *family* "will grow in importance with each passing generation. . . . [and] that family concepts may eventually become the basis for a new and different theory about emotional illness, and that this in turn will make its contribution to medical science and practice" (p. 151). Regrettably, the current status of affairs in mental health is neither founded on *psychological modes of thinking* nor on a *whole family* theoretical orientation. Article titled "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Publications Compendium: Article 1) documents medical model's current hegemony in the mental health field. Specifically, the article draws from the dynamism and richness of Bowen Theory's scope and depth and attempts to expose medical model's potential detrimental effects (i.e., faux diagnoses and false medicalization) on children's mental health. A more detailed account of article's rationale and objectives is delineated in the next part, Objectives.

2 DIFFERENTIATION OF SELF: EVALUATION

2.1 DIFFERENTIATION OF SELF: CLINICAL EVALUATION

Bowen's elaborated theory includes a thorough clinical evaluation scale for the core construct of differentiation of self. Founded on Bowen's clinical practice, the Differentiation of Self Scale (DofSS) "is an effort to classify all levels of human functioning, from the lowest possible levels to the highest potential level, on a single dimension" (Bowen, 1992, p. 472). DofSS specifies that everyone possesses a unique level of differentiation which can be evaluated through clinical information. DofSS ranges from zero to 100, where one hundred would ideally be assigned to the theoretically completely differentiated adult. However, as Bowen had stressed "the completely differentiated person . . . has not yet been born" (1992, p. 494). In contrast, a completely undifferentiated individual (i.e., a no-self individual) would be placed at the bottom of the DofSS continuum.

According to Bowen (1992; Kerr & Bowen, 1988), higher differentiated individuals are more aware of their emotions and better able to rationally temper them. They can better cope with uncertain and ambiguous situations whilst remaining calm in intimate relationships. Higher differentiated individuals exercise sufficient control over their emotional system thus they can apply themselves freely and derive satisfaction from both goal-directed activity and intimate relationships. Higher differentiated individuals maintain a clear sense of identity which offers them strong feelings of security and higher self-esteem. Their values and beliefs are the product of gradual self-reflection and self-development. Changes in their value- and belief-system are possible to occur, but they result from an inner self-evaluation process rather than from outside pressures to conform. Expectedly, they do not yield in unfounded pressures to alter their own convictions. At the top point of the DofSS lies the perfect self, "which man has not yet achieved" (Bowen, 1992, p. 200). Higher differentiated individuals are "more likely to achieve success in every aspect of life" (Charles, 2001, p. 281).

In contrast, BFST (Bowen 1992; Kerr & Bowen, 1988) argues that lower differentiated individuals intensely react to rejection and lack of love, and intensely seek justice once they feel they were wronged. They hold other people responsible for their own selves and happiness. Emotional closeness with others is impaired by mechanisms

such as distancing, isolation, conflict, violence, and physical illness. Lower differentiated individuals strongly "long for closeness" yet they are at the same time "*allergic* to it" (Bowen, 1992, pp. 165-166). Expectedly, lower differentiated individuals' emotional and intellectual systems are flooded by one another. They are dominated by their own feeling world and employ emotional decisioning. Their energy is devoted in love and seeking love, thus little energy is left for self-determination and goal-directed activity. Additionally, a lower differentiated "self is expressed in dogmatic authoritativeness, in the compliance of a disciple, or in the opposition of a rebel" (Bowen, 1992, p. 202). In essence, lower differentiated individuals are transient personalities who overvalue or devalue oneself and refer to religion, cultural values, law, the physician, or any other source to support their position in life. Additionally, they lack in own beliefs and convictions and adapt quickly to the prevailing ideology (Bowen 1992; Kerr & Bowen, 1988).

A prominent feature of the DofSS is that it assesses the level of an individual's *solid self* (Bowen, 1992). The solid self is considered to remain unaffected during anxiety provoking circumstances and may not be influenced by the nuclear family emotional system pressures. Bowen (1992) clarified that the solid self's responses to daily challenges are "this is who I am, what I believe, what I stand for, and what I will do or will not do" (p. 365). Consequently, Bowen Theory emphasizes that necessary precautions should be taken against the misleading presence of the *pseudo-self* while applying the DofSS in clinical practice. BFST allows for the possibility that an individual may convincingly project a pseudo-self which might be mistakenly taken for a solid self for decades. The pseudo-self is considered to be susceptible to daily challenges, for example to nuclear family system's pressures. The pseudo-self may be reinforced by family approval or further fluctuate to avoid rejection and achieve family acceptance. Moreover, a negatively appearing pseudo-self could be projected in response to either a long-term family conflict or as a means to create distance among conflicting parts (Bowen 1992; Kerr & Bowen, 1988).

Taken all together, Bowen (1992) argued that the correct clinical evaluation of an individual's level of differentiation of self should be a time prolonged process involving a series of clinical interviews and interaction. Furthermore, the correct clinical evaluation should involve individual's life course up to present-day as well as one's intergenerational

emotional process (Bowen 1992; Kerr & Bowen, 1988). Otherwise, a time-limited and individual-oriented clinical evaluation that ignores the nuclear family system as well as its intergenerational influences is not expected to successfully tap the individual's level of differentiation of self (Bowen 1992; Kerr & Bowen, 1988).

However, and contrary to Bowen's precautions (1992) that the multidimensional nature of the cornerstone construct of differentiation poses significant difficulties in its psychometrically sound measurement, a variety of empirically validated instruments have been developed so far.

2.2 DIFFERENTIATION OF SELF: EMPIRICAL EVALUATION

Several researchers approached empirically and measured different aspects of Bowen's core construct of differentiation of self[14]. However, and to the best of our knowledge, none of the empirical approaches has operationalized the bidimensional nature of differentiation of self in a complete manner (Schnarch & Regas, 2012). Some empirical efforts focused mainly on the interpersonal dimension whereas others focused mainly on the intrapsychic dimension of differentiation of self.

Specifically, the "Emotional Cutoff Scale" (ECS; McCollum, 1991) measures cut off from the family of origin. The "Adult Behavioral and Emotional Reactivity Index" (ABERI; Bartle-Haring et al., 2005) measures the behavioral and emotional reactivity to parents. The "Family of Origin Scale" (FOS; Hovestadt et al., 1985) collects self-perceived levels of health in the family of origin. However, Schnarch and Regas (2012) maintained that the aforementioned scales "ignore other significant relationships and intrapsychic aspects of differentiation" (p. 640). Similarly, both the "Personal Authority in Family Systems Questionnaire" (PAFS; Bray et al., 1984) and the "Differentiation in the Family Systems Scale" (DIFS; Anderson & Sabatelli, 1992) focus on interpersonal differentiation, yet ignore the intrapsychic component of differentiation (Schnarch & Regas, 2012). In contrast, the "Level of Differentiation of Self Scale" (LDSS; Haber, 1993) and the "Chabot Emotional Differentiation Scale" (CEDS; Licht & Chabot, 2006) focus on the intrapsychic component of differentiation while ignoring its interpersonal

[14] Differentiation measures that are not grounded in Bowen Theory (e.g., the "Crucible Differentiation Scale"; Schnarch & Regas, 2012) are not presented as they fall outside the scope of the present thesis.

dimension (Schnarch & Regas, 2012). Consequently, any theoretically sufficient operationalization of the construct of differentiation of self is expected to include both the interpersonal and intrapsychic dimensions (Bowen, 1992). The Differentiation of Self Inventory (DSI; Skowron & Friedlander, 1998) and the Differentiation of Self Inventory - Revised (DSI-R; Skowron & Schmitt, 2003) are the only exception to the lack of instruments incorporating such a comprehensive two-dimensional operationalization.

2.3 THE DIFFERENTIATION OF SELF INVENTORY

The DSI-R is the predominant, most recognized, and most psychometrically validated measure of Bowen's cornerstone construct of differentiation of self (Rodríguez-González et al., 2015; Sloan & Dierendonck, 2016). In fact, Sloan and Dierendonck (2016) described DSI-R as the "de facto instrument for the majority of researchers and practitioners interested" (p. 147) in differentiation of self. Rodriguez-Gonzalez et al. (2015) reported that a PsycInfo search between the years of 1980 to 2010 revealed that half of the published research selected the DSI (or DSI-R) as an instrument for measuring differentiation of self. In terms of international influence English, Chinese, French, Italian, Portuguese, Russian, and Spanish language psychometrically sound DSI-R versions exist (Lampis et al., 2017; Rodríguez-González et al., 2015). The predominance of the DSI and DSI-R is a reasonable outcome, as they are the only psychometrically sound instruments designed to specifically measure "both the intrapsychic and interpersonal components, that is, the thinking-feeling and separateness-togetherness dimensions" (Skowron & Friedlander, 1998, p. 236).

The DSI is a multidimensional self-report instrument that focuses on adults aged 25 or older as well as on their significant interpersonal relationships including those with their families of origin (Skowron & Friedlander, 1998). In accordance to Bowen Theory (1992), Skowron and Friedlander defined differentiation of self "as the degree to which one is able to balance (a) emotional and intellectual functioning and (b) intimacy and autonomy in relationships" (1998, p. 235). The dual intrapsychic and interpersonal component of differentiation of self was reflected in the four subscales that constituted the DSI namely the (a) Emotional Reactivity, (b) I Position, (c) Emotional Cut Off and (d) Fusion with Others. The Emotional Reactivity (11 items) tapped into an individual's response "to environmental stimuli with emotional flooding, emotional lability, or hypersensitivity" (Skowron & Friedlander, 1998, p. 239). The I Position (11 items)

reflected an individual's clear sense of self and one's thoughtful adherence to personal convictions amidst peer pressure. The Emotional Cut Off (12 items) tapped into an individual's defences such as overfunctioning, distancing, or denial and fears of engulfment triggered by intimacy and vulnerability feelings in interpersonal relationships. The Fusion with Others (nine items) reflected interpersonal overinvolvement including mechanisms such as triangulation and parental overidentification.

Skowron and Friedlander (1998) reported DSI's internal consistency with values of alpha coefficient ranging from .74 to .85 for the four subscales and .88 for the full scale. Later studies revealed that the Fusion with Others subscale was consistently falling behind reliability as well as construct validity in comparison to the remaining three subscales (Skowron & Schmitt, 2003). Consequently, Skowron and Schmitt (2003) revised DSI which resulted to the 46-item DSI-R (Appendix B). The DSI-R comprised of the same four initial DSI subscales. The Emotional Reactivity, I position, and Emotional Cut Off subscales retained their original items. Fusion with Others was revised, and results yielded a subscale consisted of 12 items which demonstrated improved construct validity and internal consistency. Internal consistency reliability coefficients for DSI-R ranged from .81 to .89 for the four subscales and .92 for the full scale.

Drake et al. (2015) developed a shorter version of the DSI-R, namely the Differentiation of Self Inventory – Short Form (DSI-SF), in a series of three studies. First study reduced the items of DSI-R based on Item Response Theory (De Ayala, 2009). Second study established DSI-SF's positive correlation with self-esteem and negative correlations with symptoms of depression, state anxiety, trait anxiety, and perceived stress. Additionally, a positive relationship was established between the DSI-SF subscales and the Level of Differentiation of Self Scale (Haber, 1993). Third study confirmed DSI-SF 4-week test-retest reliability which ranged from .72 (Fusion with Others subscale) to .85 (DSI-SF full scale; Drake et al., 2015, p. 101).

Sloan and Dierendonck (2016) commented on DSI-SF yet with certain considerations. DSI-SF's development relied on a sample consisted solely of college-age participants. Additionally, a factor analysis was missing from the empirical methodology and a confirmatory factor analysis was not reported for the short form. Lastly, the DSI-SF did not present with an equivalent number of items per subscale. Based on the observed limitations, Sloan and Dierendonck (2016) developed the Brief DSI-R. Initially,

an exploratory factor analysis was conducted followed by a confirmatory factor analysis which compared the model fit among Brief DSI-R, DSI-SF, and DSI-R on the study's two adult samples. Lastly, DSI-R's and Brief DSI-R's correlations with attachment anxiety, attachment avoidance, and effortful control were compared. Brief DSI-R showed a better model fit compared to the two other instruments. Additionally, the Brief DSI-R showed similar statistical relationships with the DSI-R, on the various correlated variables (Sloan & Dierendonck, 2016). DSI-SF and Brief DSI-R item distribution per subscale in comparison with the original DSI-R's is shown in Table 1.

Table 1

Item Distribution per Subscale for DSI-R[a], DSI-SF[b], and Brief DSI-R[c]

	DSI-R Subscale											
	Emotional Cutoff			Emotional Reactivity			Fusion with Others			I Position		
	Instrument											
	DSI-R	DSI-SF	Brief DSI-R	DSI-R	DSI-SF	Brief DSI-R	DSI-R	DSI-SF	Brief DSI-R	DSI-R	DSI-SF	Brief DSI-R
Items	2			1			5	5		4	4	
	3		3	6			9			7	7	7
	8	8		10			13	13	13	11	11	
	12			14	14	14	17	17	17	15		15
	16	16		18	18	18	22			19		19
	20		20	21	21	21	25	25	25	23	23	
	24		24	26	26		29			27		
	28	28	28	30	30	30	33		33	31		31
	32			34	34	34	37			35	35	
	36			38			44	44	44	41		
	39		39	40			45			43	43	43
	42						46					
Total items	12	3	5	11	6	5	12	5	5	11	6	5
a	.84	.81	.76	.89	.84	.85	.86	.74	.76	.81	.72	.70

[a] Differentiation of Self Inventory – Revised (Skowron & Schmitt, 2003)
[b] Differentiation of Self Inventory – Short Form (Drake et al., 2015)
[c] Brief Differentiation of Self Inventory - Revised (Sloan & Dierendonck, 2016)

The proliferation of psychometrically sound instruments allowed for the empirical examination of Bowen's key construct of differentiation of self. Empirical research supported Bowen Theory's predictions concerning differentiation of self's association with indices of individual maturity and psychological as well as physical health (Bowen,

1992; Kerr & Bowen, 1988). Differentiation of self was found to be positively associated with psychosocial development (e.g., Cepukiene, 2020; Jenkins et al., 2005), better interpersonal functioning (e.g., Chung & Gale, 2009; Kruse, 2007), increased psychological well-being (e.g., Frederick et al., 2016; Rodríguez-González et al., 2016), and better cognitive and emotional self-control, and higher self-esteem (Chung & Gale, 2006). In contrast, differentiation of self was found to be negatively associated with anxiety (e.g., Peleg, 2005; Skowron & Friedlander, 1998), depression (e.g., Elieson & Rubin, 2001; Kim-Appel et al., 2007), attachment anxiety and avoidance (e.g., Skowron & Dendy, 2004; Sloan & Dierendonck, 2016), and physical health problems (e.g., Kim-Appel et al., 2007; Rodríguez-González et al., 2019).

However, Anderson and Sabatelli (1990) pointed to the particular conceptual and operational challenges that the core construct of differentiation of self comes with. What is more, BFST evaluative criteria for ascribing an individual a higher (or a lower) differentiation level "may be highly varied and may depend on a unique set of culturally enforced norms and values" (Lam & Chan-So, 2015, p. 87). Thus, responsible empirical research entails a thorough examination of the cross-cultural validity of Bowen's cornerstone propositions (Rodríguez-González et al., 2015). Consequently, we discuss next empirical research that focused on the cross-cultural adaptation and validation of the DSI-R.

2.4 DIFFERENTIATION OF SELF INVENTORY: CROSS-CULTURAL VALIDATIONS

Cognizant of the cross-cultural challenges, Skowron and Friendlader (1998), the originators of DSI-R, recognized that only approximately 10% of their samples were minority members. Therefore, they urged for further research with ethnic diverse samples to assess Bowen's (1992; Kerr & Bowen, 1988) assertion of differentiation of self being a universally applicable construct. Moreover, Skowron and Friedlander predicted that "in Latino-Latina, Native American, or Asian cultures, for example, Fusion with Others might not correlate significantly with chronic anxiety, psychological symptoms" (p. 243). Chun and MacDermid (1997) supported such a prediction with the clarification that a lack of differentiation from the family of origin could be regarded a deficiency within an individualistic society but regarded less negative or even an advantage within a collectivist society.

Empirical evidence offered initial validity to the construct of differentiation of self being culturally relevant. Chung and Gale (2006) found that European American undergraduate students scored significantly higher on all DSI-R subscales compared to their peers from collectivistic Korean culture. Similarly, Tuason and Friedlander (2000) concluded that differentiation within Filipino culture did not translate into a departure from the collective but rather into construing an identity, and into finding a voice within one's family and community. In the same vein, and contrary to individualistic expectations, adolescents reporting greater intergenerational fusion had higher self-esteem (Korea: Chun & MacDermid, 1997) and did not experience elevated anxiety or depressive symptoms (Italy: Manzi et al., 2006).

Up to date, most BFST research studies were conducted with Caucasian samples in the United States, yet with an accompanying extensive discussion about their transcultural applicability (Rodríguez-González et al., 2015). Therefore, researchers across the world recognized the demand for the development of culturally responsive measures and consequently adapted and validated the DSI-R to their respective non-U.S. cultures. Specifically, psychometrically sound, non English language versions of the DSI-R are reported in Chinese (Lam & Chan-So, 2015), Italian (Lampis et al., 2017), Japanese (Kudo & Fujiu, 2009), Portuguese (Major et al., 2014), Russian (Glebova et al., 2011), Spanish (Rodríguez-González et al., 2015), and Turkish (Işık & Bulduk, 2015). The purpose of these studies was to adapt and subsequently examine the validity and reliability of the DSI-R to each, distinct cultural context. Such undertake, would allow researchers to better comprehend the construct of differentiation of self within varying cultural contexts (i.e., collectivistic vs. individualistic) and ethnic populations.

Next, the Chinese, Italian, Spanish and Turkish versions of the DSI-R are presented in terms of their psychometric properties, factor structure, item distribution per factor, and statistical methodology employed. Additionally, for each DSI-R version, a table is produced to depict both factor and item similarities and differences with the original scale. The Portuguese and Japanese DSI-R versions are published in their respective native language journals, thus further information could not be secured. Similarly, there is no published literature for the Russian DSI-R.

2.4.1 Chinese validation

The evaluation of the psychometric properties of the Chinese DSI-R (C-DSI; Lam & Chan-So, 2015) was conducted in three consecutive studies. Study 1 examined the factor structure, internal consistency, and concurrent as well as construct reliability of the C-DSI. Researchers collected their sample based on two criteria, (a) adherence to DSI's (Skowron & Friedlander, 1998) target population i.e., adults aged 25 and older and (b) collection of a balanced sample through the solicitation of participants from varying sources (e.g., school teachers, university students, church program participants). Final sample comprised of 401 participants with a mean age of 36.74 (*SD* = 9.77). Prior to the assessment of the C-DSI factor structure, scale analyses were carried out including item – response distributions, item – total correlations, subscale – full scale correlations, and item – subscale correlations. Based on the low item – total correlations, four items were deleted: item *2. I have difficulty expressing my feelings to people I care for* (*r* = .029), item *32. I would never consider turning to any of my family members for emotional support* (*r* = .070), item *37. When making decisions, I seldom worry about what others will think* (*r* = .010), and item *42. Our relationship might be better if my spouse/partner would give me the space I need* (*r* = .090). Feedback solicited immediately after the return of the paper and pencil questionnaires, indicated that two items were regarded ambiguous by the Chinese participants: item *3. I often feel inhibited around my family* and item *40. I feel things more intensely than others do* and thus they were deleted.

A principal components factor analysis identified five factors with eigenvalues bigger than one, explaining 41.79% of the variance. The three original DSI-R subscales were retained i.e., I Position, Emotional Reactivity, and Emotional Cutoff. I Position subscale was pure and comprised of 10 of the original loading items. Emotional Reactivity scale comprised of nine original items and of two items from the original Fusion with Others subscale. Similar to the I Position subscale, Emotional Cutoff comprised purely of eight of the original loading items. The original Fusion with Others scale was restructured into two subscales i.e., Fusion with Others and Fusion with Family. Concerning the three original DSI-R subscales retained, two items were regrouped: item *35. My self-esteem really depends on how others think of me* was regrouped from the I Position subscale to the Fusion with Others subscale; item *38. I often wonder about the*

kind of impression I create was regrouped from the Emotional Reactivity subscale to the Fusion with Others subscale (Table 2).

Table 2

Chinese Differentiation of Self Inventory – Revised Factor Structure in Relation to the Original Inventory

Factor*	Labelled**	Original items included	Non-original items***	Original items missing
1	I Position (10/11)	4, 7, 11, 15, 19, 23, 27, 31, 41, 43	- - -	35
2	Emotional Reactivity (11/11)	1, 6, 10, 14, 18, 21, 26, 30, 34	13(FO), 29(FO)	38, 40
3	Emotional Cutoff (8/12)	8, 12, 16, 20, 24, 28, 36, 39	- - -	2, 3, 32, 42
4	Fusion with Others (6/12)	5, 17, 25, 33	35(IP), 38(ER)	13, 29, 37
5	Fusion with Family (5/12)	9, 22, 44, 45, 46	- - -	

* from highest to lowest eigenvalue
** in parenthesis (total items / total original items)
*** in parenthesis the original factor; FO = Fusion with Others, IP = I Position, ER = Emotional Reactivity

Cronbach's alpha for C-DSI full scale was .868 and for each subscale: I Position .805; Emotional Reactivity .803; Emotional Cutoff .721; Fusion with Others .759, and Fusion with Family .676. Intercorrelations among the subscales ranged from .139 to .617. Correlations among subscales and full scale ranged from .385 to .848. Analyses of item – subscale correlations yielded a range of .276 to .625 for all items ($p < .01$).

Study 2 found the C-DSI to be a temporally stable scale. Based on a sample of 253 successfully paired cases, C-DSI test – retest reliability for a period of two months was found to be .779 ($p < .001$). Subscales' reliability ranged from .633 to .745 ($p < .01$). Additionally, the paired t test did not yield any statistical differences between Time 1 and Time 2 mean C-DSI scores ($t = -.317$, $p > .05$).

Study 3 tested the discriminant and construct validity of the C-DSI. The C-DSI and the General Contentment Scale (Hudson, 1982) were administered to two groups, each consisting of 100 adults, aged 25 years and older. The General Contentment Scale is an assessment scale for the degree or magnitude of nonpsychotic depression. The clinical group consisted of individuals in psychological or family counselling services at the time

of the study. The nonclinical group consisted of individuals who never received psychological or family counselling services and did not manifest any emotional or interpersonal symptoms, at the time of the study. Results of *t* tests indicated that C-DSI possessed adequate discriminant validity. Specifically, the clinical group showed statistically significant ($p < .001$) lower levels of differentiation, as measured by the C-DSI full scale and subscales. Intercorrelations of C-DSI full scale and subscales with the General Contentment Scale ranged from .396 to .898 and all were statistically significant ($p < .001$).

2.4.2 Italian validation

Lampis et al. (2017) evaluated the psychometric properties of the Italian DSI-R (It-DSI-R). Researchers recruited 671 Italian participants for their study, aged 19 – 69 years ($M = 35.85$, $SD = 11.74$). Nationality criteria were Italian citizenship and Italian as the native language. Participants were university students along with their acquaintances and relatives (snowball sampling). For the purposes of construct validity analyses, a subsample of 131 respondents was used that comprised of psychology undergraduate students, aged 21–59 year ($M = 25.74$, $SD = 8.14$).

The larger sample was divided into two subsamples with 335 and 336 participants, respectively. An exploratory factor analysis with a principal components extraction method examined the factor structure of the It-DSI-R on the first subsample. Scree plot test indicated a substantial break at the fifth factor onward, with the initial four factors accounting for 37.06% of the variance: first factor's eigenvalue = 6.87, second = 5.19, third = 3.03, and fourth = 1.96. Scree plot test results in combination with cumulative variance explained, eigenvalues, and factor loadings led researchers to the choice of a four-factor model. The four extracted factors resembled highly the original DSI-R factor/item structure. The It-DSI-R differed from the original DSI-R in only five items that loaded on a different factor compared to the original: *29. Arguments with my parent(s) or sibling(s) can still make me feel awful*, *37. When making decisions, I seldom worry about what others will think*, *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*, and *46. I worry about people close to me getting sick, hurt, or upset.*

Contrary to the misplaced loadings of the above five items, a subsequent confirmatory factor analysis (second subsample; $N = 336$) indicated that the original DSI-R factor structure modelled satisfactorily the Italian data. However, given the poor functioning of the five items of the Fusion with Others subscale, researchers decided to exclude the items from further analyses and the final It-DSI-R scale (Table 3). Pearson correlations between the It-DSI-R full scale and the four subscales ranged from .50 to .77. Interscale correlations ranged from -.07 to .45. Cronbach's alpha for the full scale was .84 and for the four subscales was Emotional Reactivity = .78, Emotional Cutoff = .85, I Position = .77 and Fusion with Others = .75.

In order to examine construct validity, the associations of the It-DSI-R with (a) couple adjustment and (b) mental health symptoms were assessed. Couple adjustment was measured with the Dyadic Adjustment Scale (DAS; Spanier, 1976) which evaluates aspects of a couple's functioning. DAS consists of four subscales: Consensus, Satisfaction, Cohesion, and Affective expression. Results ($N = 75$) indicated that It-DSI-R total score was significantly and positively correlated with DAS total score and all DAS subscales.

A sample of 131 participants was used for conducting mental health related analyses. Specifically, mental health symptoms were assessed with the State-Trait Anxiety Inventory for Adults, T-Anxiety scale (Spielberger, 1983) which assesses stable trait anxiety. Additionally, mental health symptoms were assessed by the Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1994) which reflects nine primary symptomatology dimensions: Somatization, Obsessive Compulsion, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism. Among other indices, the SCL-90-R includes the Global Severity Index as well. Results indicated statistically significant, negative correlations among the It-DSI-R total score and all its four subscales with trait anxiety. Moreover, results indicated statistically significant, negative correlations with all SCL-90-R indices i.e., the Global Severity Index and the nine symptomatology dimensions.

Table 3

Italian Differentiation of Self Inventory – Revised Factor Structure in Relation to the Original Inventory

Factor*	Labelled**	Original items included	Non-original items	Original items missing
1	Emotional Reactivity (11/11)	1, 6, 10, 14, 18, 21, 26, 30, 34, 38, 40	- - -	- - -
2	Emotional Cutoff (12/12)	2, 3, 8, 12, 16, 20, 24, 28, 32, 36, 39, 42	- - -	- - -
3	I Position (11/11)	4, 7, 11, 15, 19, 23, 27, 31, 35, 41, 43	- - -	- - -
4	Fusion with Others (7/12)	5, 9, 13, 17, 22, 25, 33	- - -	29, 37, 44, 45, 46

* from highest to lowest eigenvalue
** in parenthesis (total items / total original items)

2.4.3 Spanish validation

Rodríguez-González et al. (2015) carried out the Spanish validation of the DSI-R (S-DSI). Spanish nationality was assessed by birth and current residency in Spain, while dual-nationality and non-Spanish origin participants were excluded. Study's sample comprised of 1047 adults, aged from age 25 to 68 years. Authors solicited participants through an internet and mail-based survey of a concurrent project.

Sample was split into a calibration sample (N = 522) and a second subsample (N = 525) to cross validate the analyses results. Initially, an exploratory factor analysis was conducted with a principle components extraction method. Factor analysis resulted in four factors with eigenvalues from 8.5 to 1.99, explaining 35% of the variance. The two, lowest eigenvalue factors did not represent a theoretically meaningful structure and were comprised of items loading on a mix of the original DSI-R subscales. Therefore, these items were not considered for further analyses.

With a loading cut point of .30, 19 items loaded on Factor 1 (12.4% of variance). Given that ten of the 11 originally loading items on Emotional Reactivity subscale loaded on Factor 1, it was decided that Factor 1 represented the corresponding DSI-R subscale. Remaining Emotional Reactivity subscale item 6, loaded on Factor 2. Item content analysis and BFST reflection led to the decision to retain item 6 at its loading factor.

Remaining nine items that loaded on Factor 1 were handled as follows. Original Fusion with Others subscale items *29. Arguments with my parent(s) or sibling(s) can still make me feel awful, 44. Sometimes I feel sick after arguing with my spouse/partner* and *46. I worry about people close to me getting sick, hurt, or upset* were retained on Factor 1. Authors argued that items 29, 44, and 46 represented concrete, functional aspects of Emotional Reactivity within Spanish culture relational interactions. The six loading items left, from the original factors of Fusion with Others and I Position, were deleted and not included in subsequent analyses. Consequently, S-DSI Factor 1, was labelled Emotional Reactivity and comprised of 13 items (Table 4).

Fifteen items loaded higher than .30 on Factor 2. All twelve items of the original Emotional Cutoff subscale loaded on Factor 2 thus it was labelled correspondingly. Furthermore, although item *6. When someone close to me disappoints me, I withdraw from him/her for a time* was originally included within the Emotional Reactivity subscale, authors considered item 6 as theoretically relevant to Emotional Cutoff and retained it within this factor. Remaining items *13. When my spouse/partner criticizes me, it bothers me for days* and *25. I often agree with others just to appease them* loaded concurrently on other factors and did not present with any theoretical relevance to Emotional Cutoff; thus they were dropped from further analyses. Consequently, S-DSI Emotional Cutoff factor comprised of 13 items (Table 4).

Succeeding confirmatory factor analyses on the cross-validation subsample tested two models. The original DSI-R four-factor structure did not have an adequate fit with the Spanish data whereas the two-factor model had a good fit. Inter-correlation between Emotional Reactivity and Emotional Cutoff subscales was reported to be $r = .34$. Subscale to full scale correlations were reported to be for the Emotional Reactivity .84 and for the Emotional Cutoff .79. Reported internal consistency reliabilities were Cronbach's alpha for Emotional Reactivity .84, for Emotional Cutoff .78 and for the full scale .85.

Table 4

Spanish Differentiation of Self Inventory – Revised Factor Structure in Relation to the Original Inventory

Factor*	Labelled**	Original items included	Non-original items***	Original items missing
1	Emotional Reactivity (13/11)	1, 10, 14, 18, 21, 26, 30, 34, 38, 40	29(FO), 44(FO), 46(FO)	6
2	Emotional Cutoff (13/12)	2, 3, 8, 12, 16, 20, 24, 28, 32, 36, 39, 42	6(ER)	- - -

* from highest to lowest eigenvalue
** in parenthesis (total items / total original items)
*** in parenthesis the original factor; FO = Fusion with Others, ER = Emotional Reactivity

2.4.4 Turkish validation

Isik and Bulduk (2015) used two independent samples for their validation of the Turkish DSI-R (T-DSI). Sample 1 comprised of 221 adults aged 42 to 65 (*M* = 48.56; *SD* = 8.68) who were parents of university students. Sample 1 was used as a calibration sample upon which T-DSI factor structure was explored. Sample 2 comprised of 187 adults, aged 25 to 56 (*M* = 37.48; *SD* = 9.23) who were helping professionals attending a family counselling training program, at the time of the study. Sample 2 served as a cross validation sample for the sample-calibration findings. Research participants completed written questionnaires of the T-DSI. Additionally, participants completed written questionnaires of the State-Trait Anxiety Inventory for Adults, Form Y, T-Anxiety scale (Spielberger, 1983), which assesses stable trait anxiety.

Initial statistical analyses confirmed data entry accuracy and assumptions of normal distribution for both samples. Next, a confirmatory factor analyses yielded an unacceptable fit of the original DSI-R four-factor model to the data. Thus, a principal components exploratory factor analysis was conducted to assess the most representing structure of the Turkish data. Seven factors emerged with eigenvalues greater than one, accounting for 40.9% of the variance. Twenty items were deleted; 16 items on the basis that they had simultaneous loadings larger than .30 on two or three factors, and four items on the basis that they had less than .30 loadings. The scree plot indicated a substantial

break after four factors, which explained 32.6% of the variance. A subsequent factor analysis was performed on the remaining 26 items of the T-DSI with a forced four-factor structure. The four factors accounted for 50.4% of the variance; Emotional Reactivity 19.4%; I Position 13.9%; Emotional Cutoff 9.5%; Fusion with Others 7.6%. All 26 items loaded on their original DSI-R respective factors. Subsequently, a confirmatory factor analysis was performed to test the generalizability and validation of the 26-item, four-factor model. Results did not indicate a good fit of the model to the data thus six items were deleted, with the resulting 20-item four-factor model describing adequately the data (Table 5).

Table 5

Turkish Differentiation of Self Inventory – Revised Factor Structure in Relation to the Original Inventory

Factor*	Labelled**	Original items included	Non-original items	Original items missing
1	Emotional Reactivity (5/11)	21, 26, 34, 38, 40	- - -	1, 6, 10, 14, 18, 30
2	I Position (5/11)	19, 23, 27, 31, 41	- - -	4, 7, 11, 15, 35, 43
3	Emotional Cutoff (5/12)	3, 8, 16, 20, 36	- - -	2, 12, 24, 28, 32, 39, 42
4	Fusion with Others (5/12)	5, 17, 22, 33, 45	- - -	9, 13, 25, 29, 37, 44, 46

* from highest to lowest eigenvalue
** in parenthesis (total items / total original items)

The four subscales' intercorrelations ranged from .14 to .43. Construct validity assessments included correlations with State-Trait Anxiety Inventory for Adults, T-Anxiety scale (Spielberger, 1983) which assesses stable trait anxiety. T-DSI total score correlation with trait anxiety was r = -.64. Subscales correlations with trait anxiety were Emotional Reactivity: -.57; I Position: -.32; Emotional Cutoff: -.33, and Fusion with Others: -.56. All correlations were negative and statistically significant (p < .001). Cronbach's alpha was used to assess internal reliability for the T-DSI full scale and subscales: T-DSI full scale = .81; Emotional Reactivity = .78, I Position = .75, Emotional Cutoff = .77, Fusion with Others = .74. Pearson's product-moment correlation was used

to assess the test-retest reliability of the T-DSI. Within a five-week interval, temporal stability correlation was $r = .74$.

2.5 CROSS-CULTURAL EXTENSION OF BOWEN THEORY

In spite of the impetus to develop culturally sensitive, valid, and reliable constructs, measures, and methods, the application of western paradigms to understand ethnic diverse non-western individuals and families remains the mainstream approach (Lam & Chan-So, 2015). Thus, and in order to address the bias inherent in the use of differing culture oriented instruments (e.g., Goh, 2011; Yan & Lam, 2000), article titled "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Publications Compendium: Article 2) aims at expanding the cross-cultural exploration of Bowen's core construct of the differentiation of self. Specifically, the article focuses on the validation of the DSI-R within a sample of ethnic Greek Cypriots. The validation study lies on back translation methodologies which are considered the most reliable choice for securing semantic equivalence between source and target languages (Dhamani & Richter, 2011). Additionally, the validation incorporates structural equation modelling methodology (Hu & Bentler, 1999), which has become the standard method for the intercultural validations (e.g., Işık & Bulduk, 2015; Rodríguez-González et al., 2015) of the DSI-R. A more detailed account of article's rationale and objectives is delineated in the next part, Objectives.

3 CO-SLEEPING: A REFLECTION OF TRIANGULATION?

3.1.1 CO-SLEEPING: A POLYMORPHOUS FAMILY PRACTICE

Co-sleeping definition is characterized by fluidity in the literature; a fluidity exacerbated by the parallel use of similar meaning constructs such as *bed-sharing* and *room-sharing*. Mileva-Seitz et al. (2017) defined co-sleeping as an overarching practice which includes room-sharing and bed-sharing. Specifically, co-sleeping was defined as "shared sleep that includes room-sharing, bed-sharing, and everything in between"; whereas bed-sharing was defined as "the practice of parent and child sharing a sleeping surface" (Mileva-Seitz et al., 2017, p. 4). In contrast, the Canadian Paediatric Society (2016) distinguished co-sleeping from bed-sharing. Co-sleeping was defined as parents and baby sleeping in the same room but not on the same surface. Bed sharing was defined as parents "sleeping on the same surface" (Canadian Paediatric Society, 2016) with their baby.

Bed-sharing appears to be a self-explanatory construct, as it clearly points out to the sharing of the same sleeping surface (e.g., Luijk et al., 2013; Santos et al., 2017; Teti et al., 2015). An equally self-explanatory construct is room-sharing, provided that the construct is used in contrast to bed-sharing (e.g., Teti et al., 2015). However, Jain et al. (2011) underlined that in most of the sleeping arrangements literature, the constructs of bed-sharing and co-sleeping are used interchangeably[15] (e.g., Cassels, 2013; Cortesi et al., 2008; Sobralske & Gruber, 2009).

The inconsistency in co-sleeping definitions does not arise exclusively from the various sleeping area arrangements (i.e., bed-sharing vs. room-sharing). Co-sleeping is a complex construct that involves multiple variables that need to be considered. For example, Luijk et al. (2013) operationalized co-sleeping, at the two-month assessment point of their research project, with the following question "*How often does your child sleep in the bed of the parents for a part of the night or the whole night?*" Any response more than three nights per week would qualify as a bed-sharing practice. However, at the

[15] Article "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) adopted Mileva-Seitz et al. (2017) overarching co-sleeping definition. Article made reference to bed-sharing once cited literature explicitly focused on sharing the same sleeping surface.

24-month project assessment point, researchers assessed co-sleeping differently "*Where does your child stay for the majority of the night?*"[16] In a different vein, Cortesi et al. (2008) operationalized co-sleeping "as parents and children sleeping in body contact with each other . . . more than five nights a week, for at least 1 year" (p. 92). Santos et al. (2017) adopted a different approach and defined bed-sharing as "habitual sharing of the bed between the child and the mother, for sleeping, for part of the night or the whole night" (p. 163). Cited co-sleeping operationalisations highlight the multiplicity of co-sleeping variables involved such as target child's age, number of nights per week, number of nightly hours or portion of the night, adult co-sleeper combination (father, mother, or both), sleeping surface (parents' bed, child's bed, a third bed), and proximity (from rooming-in to body contact).

In addition to its typical/physical aspects mentioned above, co-sleeping is markedly characterized by its time onset. Santos et al. (2017) identified four time-related co-sleeping trajectories namely (a) early-only, (b) late-onset, (c) persistent, and (d) non bed-sharers, which differed significantly in terms of children's mental health. Moreover, co-sleeping was found to be associated with corresponding parental attitudes i.e., intentional and reactive. Intentional co-sleepers referred to parents originally intending to do so and who proactively initiated such a practice from early infancy. Reactive co-sleepers referred to parents who did not intend to co-sleep but reactively did so in response to problematical circumstances (Cassels, 2013; Keller & Goldberg, 2004; Mileva-Seitz et al., 2017). Contrary to intentional co-sleeping parents, reactive co-sleeping parents experienced their child's frequent night waking as highly disrupting (Keller & Goldberg, 2004). Expectedly, reactive co-sleeping parents found their unwilling practice to be stressful (Lozoff et al., 1984). In contrast, intentional co-sleeping parents seemed to experience child's night waking as expected and natural in the course of development, thereby experiencing the waking as non-disruptive (Keller & Goldberg, 2004; Lozoff et al., 1996).

Furthermore, empirical research associated co-sleeping with a variety of family characteristics. Tan (2009) associated co-sleeping with "urban/rural differences, mother's ethnicity, mother's occupation, family income, husband's support on bed sharing, number

[16] Available options were child's own bed or parents' bed (Luijk et al, 2013). The family-system oriented possibilities of the child sleeping with one parent either in a third bed or in child's own bed appear to have been neglected.

of children younger than 12 years staying in the house, and breast-feeding practice" (p. 422). Lozoff et al. (1984) associated co-sleeping with lower socioeconomic status. In their 17-year longitudinal study, Colson et al. (2013) identified lower maternal educational level and lower household income as factors associated with an increase in co-sleeping rates. Blair et al.'s (2010) four-year longitudinal study associated negatively maternal educational achievement and social class with late-onset bed-sharing. The same study associated all three bed-sharing types (early-only, late-onset, and constant) with breastfeeding at 12 months.

Regarding child related factors, Cortesi et al. (2008) associated co-sleeping with later bedtime, shorter night-time sleep duration, bedtime resistance, and sleep related anxiety. Night-time fears, as a child associated factor, were identified by both Cortesi et al. (2008), and Jenni et al. (2005). Girls and boys were found to equally co-sleep within cultures that promote such a sleeping arrangement (Huang et al., 2010).Furthermore, additional co-sleeping related factors, listed in Mileva-Seitz et al.' (2017) review article, included infant irritability or illness, parental own sleep experiences, convenience, child safety, unavailability of other beds, enjoyment etc.

Taken all together, the interchangeable terminology, the various time-onset trajectories, the varying parental attitudes, and the plethora of the associated factors (e.g., socioeconomical status, family, parental, and target-child characteristics) underline the multi-meaning and multi-variable nature of co-sleeping practice. However, the multi-variable nature of co-sleeping practice has been conceptualized insofar within individual- and dyadic-level formulations. Present thesis and in particular article "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) conceptualizes co-sleeping beyond the individual and dyad area, and proposes anew a systemic approach situated within Bowen Theory. Sections *3.1.3 Co-sleeping family practice: Lack of a systemic conceptualization* and *3.3 Embedding co-sleeping phenomenon within Bowen Theory* introduce our proposed systemic approach which is formulated in detail in the corresponding article.

Further to co-sleeping's proposed systemic nature, co-sleeping appears to be a considerably culturally influenced family practice. Next section addresses co-sleeping practice within a cultural frame of reference.

3.1.2 CO-SLEEPING: THE CULTURAL CONTEXT

Following the mammalian pattern, mothers have been sleeping in close proximity with their offspring, as co-sleeping possessed historically a survival infant value (McKenna, 1986). Co-sleeping has been the prevailing sleeping arrangement throughout evolution (Thoman, 2006) with modern societies deviating from that norm, yet with extensive cross-cultural differences (Luijk et al., 2013; Mileva-Seitz et al., 2017). In a prevalence heat map, developed by Mileva-Seitz et al. (2017), the extensively diverse rates of co-sleeping are apparent. Westernized type of societies generally report lower rates of co-sleeping compared to non-westernized societies; with Europe, and North and South[17] America reporting lower rates than African and Asian countries. Among different cultures, Latz et al. (1999) reported a ranging variability from 6% to 70% for children up to the age of four, and Kaplan and Poznanski (1974) reported a ranging variability from 4% to 23% for school-aged children. Luijk et al. (2013) reported on the 2001 "International Child Care Practices Study", which revealed a co-sleeping range from 2% to 88% among 21 countries. Further to the wide inter-cultural prevalence range, Mileva-Seitz et al. (2017) reported cases of wide intra-country variability, such as Canada, with the authors indicating that this discrepancy might reflect Canada's intra-cultural diversity. Similarly, Goldberg and Keller (2007) referred to the United States as another example of wide intra-country co-sleeping variability, which possibly reflects U.S. multi-racial and multi-ethnic society[18].

The cultural context influences parenting practices, which in return influence parents' child rearing decisions including co-sleeping (Jenni & O'Connor, 2005). Co-sleeping is endorsed and promoted by collectivistic cultures[19] whose families form the basic economic units of production (Owens, 2002) and value interdependency, closeness, togetherness, and solidarity (Jain et al., 2011; Owens, 2002). The collectivistic values that are reflected in the widespread practice of co-sleeping, are symbolized in the Japanese custom of the preservation of an infant's umbilical cord. According to anthropologist Ivry

[17] However, Owens (2004) referred to the indigenous populations of the Americas as strongly encouraging co-sleeping. In addition, one of Santos et al.'s (2017) conclusions was that bed-sharing was a common practice in Pelotas, the capital city of Rio Grande do Sul, Brazil.

[18] Other explanations were the multiple regional and socioeconomic statuses (Goldberg & Keller, 2007).

[19] In her commentary, Dettwyler (1997) emphasized that among co-sleeping cultures "it isn't a matter of being accepted or encouraged, [bed-sharing] is simply what they do" (p. 160).

(2010), Japanese hospitals traditionally place part of the umbilical cord in a special keepsake box, for the mother to take home. Japanese believe that the umbilical cord is directly related to baby's well-being, therefore by conserving it, they symbolically protect infant's welfare throughout life. Alternatively, Japanese believe that the umbilical cord symbolizes infant's fate, thereby if the umbilical cord is not preserved, the infant's spiritual fate is not expected to be fortunate (Selin & Stone, 2009). Put in ethnographical terms, the Japanese umbilical cord custom establishes a tight familial bond with offspring, thereby reflecting Japan's emphasis on familial cohesion and respect to and connection among generations.

In contrast, westernized industrialized cultures emphasize independence, private space, autonomy, individual achievement, and self-assertiveness, thereby actively encouraging solitary sleep (Jain et al., 2011; Owens, 2002). Solitary sleep is considered an early independence and individualism promoting parental practice. Western type of cultural values is reflected in the U.S. tradition of bronzing baby's first pair of shoes. Based on cultural anthropologists' repeated conclusions, American parents take pride in their baby's first steps as they symbolize the first steps towards autonomy, independence, and self-reliance (Johnson et al., 2013).

In terms of the cultural context of the present thesis, Greek culture has been largely regarded collectivistic (Hofstede, 1984; Olivari et al., 2015; Zervides & Knowles, 2007). Traditional Greek culture is considered to promote family loyalty, adherence to societal norms, and the establishment of relational harmony among social groups (Zervides & Knowles, 2007). However, given the potential societal effects of urbanization and economic development (Işık & Bulduk, 2015) and Cyprus' and Greece's memberships to the European Union, Greek culture may be considered a culture in a transition; where both collectivistic and individualistic cultural characteristics may be demonstrated (Kagitcibasi, 2005). In terms of Greek culture's orientation towards co-sleeping family practice, a lack of empirical studies is observed (Mileva-Seitz et al., 2017). Therefore, article "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) aims at empirically evaluating co-sleeping's prevalence within today's Greek culture.

3.1.3 CO-SLEEPING FAMILY PRACTICE: LACK OF A SYSTEMIC CONCEPTUALIZATION

To the best of our knowledge, the adopted co-sleeping conceptualizations insofar seem to be influenced by the attachment-paradigm (Ainsworth et al., 1978; Bowlby, 1982; Cassidy & Shaver, 2010), thereby neglecting a family systems perspective. For example, Santos et al. (2017) defined bed-sharing as a "habitual sharing of the bed between the child and the mother" (p. 163), thereby maintaining a dyadic level approach, while excluding the father from a possible co-sleeping arrangement. Similarly, Keller and Goldberg's (2004) study focused solely on mothers of preschool aged children and ignored the possibility both of co-sleeping fathers and of their contribution to the co-sleeping decisions. Kaymaz et al. (2015) viewed co-sleeping as parents and child sleeping together in the spousal bed thus excluding the possibility of either parent departing from the spousal relationship during night-time. Another notable example is Teti and Crosby's (2012) research procedure which included "continuous video-recordings of parent-infant interactions at bedtime and nighttime" (p. 943). Researchers offered accounts of what transpired within the homes under camera observation. However, in doing so, they portrayed fathers as almost totally absent from their domestic affairs, yet 93% of the reported mothers' sample were married. Consider the following account "mothers had the television on, allowed older children to play rough/make loud noises near the infant, appeared insensitive to the infant's needs (e.g., hunger), and kept their infants awake after the infant appeared ready for sleep" (Teti & Crosby, 2012, p. 948). Although researchers reported that fathers' involvement with their children during bed- and night-time was minimal compared to mothers' involvement, fathers' non-involvement was neither theoretically nor empirically evaluated. Had the fathers been more involved, mothers' night-time parenting, including co-sleeping decisions, might have been different.

Aforementioned co-sleeping conceptualizations (i.e., Kaymaz et al., 2015; Keller & Goldberg, 2004; Santos et al., 2017; Teti & Crosby, 2012) appear to adopt a dyadic-level approach to co-sleeping family practice, as they predominantly focus on a mother – target child co-sleeping template. Article "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) introduces a systemic family-level approach to co-sleeping. Specifically, article's main theoretical contention is that time-persistent culturally non normalized co-sleeping may reflect the operation of morbid

triangulation processes within the nuclear family. Therefore, we introduce next, the key systemic construct of triangulation, which refers to fundamental interrelational processes of the nuclear family emotional system.

3.2 TRIANGULATION: PROCESSES AND EMPIRICAL ASSOCIATIONS

Triangulation appeared as a core construct within several family therapy approaches. Minuchin (1974) discussed triangulation within the context of chronic boundary problems. Specifically, Minuchin described triangulation as a *rigid triad* in which a child is systematically drawn into spousal conflicts. Within the rigid triad "each parent demands that the child side with him against the other parent. Whenever the child sides with one, he is automatically defined as attacking the other. . . . Every movement he [the child] makes is defined by one parent as an attack" (1974, p. 102). Haley (1967) discussed triangulation within a different context i.e., the context of *declared alliances for* (something) vs. *denied coalitions against* (somebody). Haley characterized the latter as *perverse triangles* and attributed to them the following three primary features:

> The people responding to each other in the triangle are not peers, but of different generations. By "generation" we mean a different order in the power hierarchy. . . . 2. In the process . . . the person of one generation forms a coalition with the person of another generation against his peer. . . . 3. The coalition . . . is denied. That is, there is certain behavior which indicates a coalition which, when it is queried, will be denied as a coalition (pp. 16-17).

Further to Minuchin and Haley, Bowen (1992) defined the triangle as "the basic building block of any emotional system . . . In calm periods, two members of the triangle have a comfortable emotional alliance, and the third, in the unfavored 'outsider' position, moves either towards winning the favor of one . . . or toward rejection" (p. 160). According to Kerr and Bowen (1988) interpersonal relationships are prone to generate anxiety and tension. Once sufficient anxiety and tension is built up then a third person is expected to be drawn into the relationship to serve either as an anxiety outlet and/or a relationship stabilizer.

Put differently, triangulation is a relational boundary violation, which leads to emotional distress and directs towards dysfunctional ways of managing dyadic disputes and conflicts (Amato & Afifi, 2006). As it is predicted in BFST, once the relationship of the two (typically of the spouses) is stressed then the third, in the outsider position, will be pulled by the conflicting dyad[20] into their emotionally tensed field (e.g., Peleg, 2008, 2014). In fact, during escalated conflicts, there will be an expected pull towards multiple family members to be involved, and not only towards a third outsider, thereby a sequence of interlocking triangles might emerge (Bowen, 1992). Consequently, triangulation is a system wide dysfunction with a potential detrimental effect on the entirety of the nuclear family emotional system.

In the absence of an anxiety ridden family emotional system, triangles are expected to be under-operating and thus non-observable. However, given low differentiation levels and high anxiety levels within a family, triangles can be formulated automatically and operate intensely (e.g., Bresin et al., 2017; Peleg, 2014). In reality, triangles are in constant operation as the two members consisting the fused alliance are in the comfortable/preferred position whereas the third party is in the uncomfortable/outsider position. The possibility of the outsider party making efforts to occupy a preferred position is always present. Equally present is the possibility of the fused members trying to escape from high conflict by involving and pulling deeper the outsider party into the triangle (Bowen 1992; Kerr & Bowen, 1988).

Guided by Bowen Theory, Ponappa et al. (2017) studied 77 sibling dyads, aged 18-25. The authors documented the system-wide effects of triangulation and how the process involved and affected the entirety of the nuclear family members. Specifically, once a sibling felt triangulated, both siblings' perceptions of parental differential treatment[21] were affected. In addition, the triangulated sibling perceived higher levels of parental differential treatment in comparison to their sibling. Further to the association of triangulation with each individual relationship between parents and siblings, it was documented that triangulation was associated with the inter-sibling relationships.

[20] Peleg (2014) noted the important clarification that once a child moves toward a parent, at the same time, the child moves away from the conflicting parent.

[21] Parental differential treatment was defined as the perception, formed by parents and children, regarding any differences in how one or both parents behave toward one child in relation to parents' behaviour towards their siblings (Finzi-Dottan & Cohen, 2010).

Specifically, the level of parental differential treatment was negatively associated with inter-sibling perceived warmth, thereby interconnecting parental attitudes towards their children with children's own interrelationship.

Although triangulation can be realized and manifest itself in different possible ways, Bowen (1992) posited that a defining characteristic of triangulation is offspring being involved in parental conflicts. Empirical studies provided compelling support for the association between marital discord and children's triangulation (e.g., Amato & Afifi, 2006; Buchanan et al., 1991; Fosco & Grych, 2010; Hetherington, 1999). Amato and Afifi's (2006) research involving adult offspring of high-conflict marriages found that adult children felt more caught in the middle compared to adult children of low-conflict marriages and of dissolved marriages. This finding indicated the strong association of high spousal conflict with triangulation and particularly with feelings of caught in the middle. In fact, the researchers suggested that perpetuating high conflict marriages entrap offspring into the marital distress even until their adult years. Buchanan et al. (1991) found that interparental discord following divorce was associated with children's triangulation thereby suggesting that a marital relationship is not a prerequisite for triangulation to take place, whereas high conflict is. The critical role of interparental high-conflict in fueling triangulation, regardless of the existence of a marital relationship, is also supported by research indicating that post-divorce adolescents can adjust without significant difficulties; if parents contain their potential conflicts and maintain clear boundaries between parental and former spousal roles (Hetherington, 1999). Similarly, Fosco and Grych (2010) concluded that triangulation was not an outcome of a close adolescent-parent relationship but of the existence of persistent, highly dysregulated parental conflict.

Triangulation puts offspring at a grave risk for psychosocial problems as they are caught in untenable and confusing family relationships. Bowen (1992) explained that offspring is exposed to elevated parental anxiety, irritation, anger, and possibly hostility through their potential roles as allies and/or mediators. Benson et al. (1993) asserted that offspring's detrimental involvement into marital conflicts compromises adolescent's mental health and their social relationships with close friends and romantic partners. Empirical literature offered support to triangulation's deleterious effects on offspring. Empirical associations were demonstrated between triangulation and externalizing

problems (Amato & Afifi, 2006) as well as internalizing problems (e.g., Bresin et al., 2017; Buehler & Welsh, 2009; Wang & Crane, 2001). Buehler et al. (2009) demonstrated that "triangulation into marital conflict was uniquely associated with lower levels of perceived support from friends/peers and higher levels of perceived peer rejection" (p. 681). In addition, and based on their findings, the researchers suggested that over time, triangulation was associated with both externalizing and internalizing psychological problems. Moreover, empirical research offered consistent support to Bowen's theoretical assertion that triangulation is related to lower levels of differentiation of self (e.g., Bresin et al., 2017; Peleg, 2014; Ross et al., 2016).

In terms of formation, Bowen (1992) asserted that triangulation is a broad and complex systemic process. Triangulation could be expressed in numerous forms throughout the course of family life. For example, triangulation could be expressed in (a) the form of offspring drawn into spousal (including former spousal) discord, where they feel caught in the middle or torn between their parents (Fosco & Grych, 2010; Grych et al., 1992), (b) offspring experiencing loyalty conflicts towards parents (Amato & Afifi, 2006), (c) the formation of parent-child coalitions against the other parent (Charles, 2001), (d) the pressing need to support and defend the parent who appears to be the "weak" side or the "victim" of a spousal relationship, (e) offspring witnessing the negative descriptions and insults from one parent against the other (Grych et al., 1992), (f) offspring being blamed for the marital discord (Anderson & Fleming, 1986), and (g) the use of offspring as a communication link or as an information source about the other parent (Buchanan et al., 1991).

To sum up[22], triangulation transcends individual- and dyadic-level formulations and models transactions of a triadic nature. Triangulation may be conceived as a dysfunctional systemic process where a triadic familial structure is formed, which includes and maintains most of the times a dyadic coalition (Anderson & Fleming, 1986; Margolin et al., 2001). Additionally, triangulation entails the notion that the relational transactions

[22] The present section *3.2 Triangulation: Processes and empirical associations* cites some empirical studies dated many years ago. However, and to the best of our knowledge, these studies are unique both in exploring certain aspects of triangulation and in their reported empirical findings (i.e., Buchanan et al., 1991: a marital relationship is not a prerequisite for triangulation; Hetherington, 1999: adolescents' post-divorce adjustment is possible; Benson et al., 1993: adolescents' triangulation compromises social and romantic relationships). Therefore, we consider them to be particularly relevant to the present PhD's thematic area.

between two family members have a potentially lasting and harmful influence on a third family member and vice versa.

Next, we attempt to embed the co-sleeping family practice within BFST, as one of the present thesis' purposes is to suggest that time-persistent co-sleeping might reflect ongoing triangulation processes operating within the family emotional system. Specifically, article "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) delineates a novel theoretical paradigm for embedding co-sleeping practice within Bowen Theory.

3.3 EMBEDDING CO-SLEEPING PHENOMENON WITHIN BOWEN THEORY

To the best of our knowledge, triangulation processes that operate within a nuclear family have not yet been associated with the culturally non-normative persistent co-sleeping family practice. Correspondingly, co-sleeping family practice has not yet been linked either theoretically or empirically with family systems theory and in particular with Bowen Theory.

As it has been noted in section *1.3.3 Bowen Theory's perspective on the Individual: Differentiation of Self*, BFST conceptualizes the nuclear family as an emotional systems unit whose functioning is "governed by the interplay of two counterbalancing 'life forces' . . . defined as individuality and togetherness" (Kerr & Bowen, 1988, p. 58). Article "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) examines theoretically as well as empirically the suggested notion that culturally non-normative persistent co-sleeping practice may reflect an unfavorable emphasis on the togetherness life force at the expense of the individuality force. In view of co-sleeping's configuration i.e., a targeted child co-sleeping with one or both parents, this might further reflect the operation of unfavorable triangulation processes within the nuclear family emotional system.

Greek culture appears to be a fertile ground for studying and researching on the possible embedment of co-sleeping within Bowen Theory. Typical Greek families are often characterized by a lack of intra-family as well as of intergenerational familial boundaries; a lack that renders them susceptible to family structure disorganization and

particularly to triangulation formation. Intra- and inter-familial triangulation appears to be culturally normalized to such an extent that it may be considered a societal norm. The following brief real-life vignettes exemplify the potential lack of boundaries and potential formation of triadic familial relationships within Greek culture. (a) Parents, while referring to their child, include their own self in the description. Oftentimes, a parent will express oneself in the following context "We didn't complete our schoolwork yesterday" and/or "We didn't understand yesterday's class material" and/or "We are feeling ill today". (b) Once a divorce or death takes place within a family, extended family members will usually address the eldest child in this context "You are now the 'column' of the family. You are now responsible for your parent [typically the mother] and your younger siblings" meaning that it is now the eldest child's duty to take up the role of the non-domestic or deceased spouse. (c) It has been a long-standing tradition for parents to build a family house for their married-to-be daughter above or adjacent to their own house. Within such a housing arrangement, a mother was sending downstairs her eldest child to co-sleep (room-share) with his grandmother, so that the grandchild's presence would deter the grandfather from abusing the grandmother.

Article titled "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) aims at proposing and describing in detail the potential theoretical connections between Bowen Theory and co-sleeping family practice within the Greek cultural context. Additionally, the article describes in detail the developed empirical methodology to preliminary assess the proposed novel model. A more detailed account of Article's rationale and objectives is delineated in the next part, Objectives.

PART B: OBJECTIVES

Present thesis' purpose is threefold. Firstly, Bowen Family Systems Theory is employed to expose the potential detrimental effects of medical model's application in children's mental health. Secondly, Bowen Theory's cross-cultural applicability is further explored[23], through the adaptation and validation of the Differentiation of Self Inventory – Revised in Greek language. Thirdly, a novel systemic theoretical framework is developed in which co-sleeping phenomenon is embedded within Bowen Theory; followed by a preliminary empirical evaluation of the proposed embedment.

Each of the three published articles (Publications Compendium) corresponds to one of the thesis' three purposes. Next, each article's rationale and specific goals are presented.

[23] Supplementary article "Cross-cultural validity of Bowen Theory in southern European countries" (Compendium of Publications) extends further BFST's intercultural applicability. More specifically, the article tests comparatively the validity of emotional cut-off and emotional reactivity subscales of the DSI-R, among the Italian, Spanish, Greek, and Portuguese cultural contexts.

OBJECTIVES: ARTICLE 1

Article titled “Triangulated children's reality: Medical model’s concealing effect versus family systems’ revealing effect” (Publications Compendium: Article 1) portrays today’s predominance of the western-oriented medical model paradigm in mental health (Anand & Malhi, 2011). The article juxtaposes Bowen Family Systems Theory (BFST) with medical model, within the context of a case study, in order to reveal BFST’s capacity to expand and diversify the existing individualistic and physiological clinical perspectives. Additionally, the article draws on cognitive Explanatory Models (Kleinman, 1981) to depict how medical model oriented diagnoses may potentially be misconstrued by a dysfunctional nuclear family to such an extent that a child’s morbid triangulation may be further concealed. Specifically, the article aims at:

- Illuminating and critically challenging Diagnostic and Statistical Manual of Mental Disorders’ dogmatic clinical perspectives despite its atheoretical pretensions.
- Exposing medical model’s systematic de-emphasis of children’s familial environments and the detrimental effects of such a practice.
- Highlighting Bowen Theory’s capacity to holistically account for children’s familial emotional environments, thereby potentially attributing their psychological distress to its true, yet concealed, familial dysfunction.
- Arguing that the medical model seems to operate within a decontextualized restricted *disease-carrier-child* mind frame, hence potentially and conveniently directing parents away from their personal responsibility of their children’s distress.
- Suggesting a nondogmatic synergy between the medical model and the family systems paradigm to better serve children’s mental health needs.

OBJECTIVES: ARTICLE 2

Article titled "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Publications Compendium: Article 2) extends further the intercultural exploration of Bowen's core construct of the differentiation of self. Specifically, the Differentiation of Self Inventory – Revised (DSI-R) was translated and adapted in Greek language while utilizing a rigorous translation methodology. Similarly, rigorous statistical analyses were employed, following the original Differentiation of Self Inventory (DSI) and DSI-R instruments' development. Specifically, structural equation modelling (SEM) was utilized combined with an item-clustering procedure to overcome SEM's limitations in the presence of many single-item indicators. Resulting Greek DSI-R's factor structure and item composition was explored. Additionally, and identically to the original DSI's construct validity assessment, Greek DSI-R's association with a trait-anxiety measure was evaluated. Lastly, Greek DSI-R's implications for counselling and therapy are discussed as well as study's limitations are outlined. Specifically, the article aims at:

- Presenting an overview of the cornerstone systemic construct of the differentiation self as well as of its most acclaimed measurement instrument, namely the DSI-R
- Employing double / back translation methodology to adapt the original DSI-R instrument to Greek language
- Outlining the factor structure and item distribution of the existing culturally validated versions of the DSI-R
- Evaluating the psychometric properties of the Greek DSI-R as well its construct validity with a trait-anxiety measure
- Outlining the factor structure and item distribution of the Greek DSI-R as well as publishing the Greek DSI-R instrument

OBJECTIVES: ARTICLE 3

Article titled "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) points to the lack of a systemic approach towards co-sleeping family practice and attempts to situate co-sleeping phenomenon within Bowen Family Systems Theory. Based on theoretical and empirical literature, the article proposes a novel theoretical paradigm to embed co-sleeping within the triadic relational landscape. Then, it empirically examines the associations among co-sleeping and various Bowen Theory's key constructs. Empirical results are discussed from a Bowenian perspective, and given their striking nature, gender development theory is also employed. Specifically, the article aims at:

- Reviewing co-sleeping theoretical perspectives taken insofar
- Developing a novel typology for triangular relationships within families
- Embedding co-sleeping family practice within the family systems paradigm
- Associating co-sleeping family practice with Bowen Theory's cornerstone constructs such as differentiation of self, trait anxiety, and intergenerational emotional fusion.
- Discussing empirical results within the theoretical frame of BFST and gender development theory.

PART C: FULL TEXT OF THE PUBLICATIONS

The present part includes the full text of the three, and the supplementary, articles, which support the present thesis. The full text of each article follows:

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ARTICLE 1

Neophytou, K., & Rodríguez-González, M. (2020). Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect. *Systems Research and Behavioral Science.* Advanced online publication. https://onlinelibrary.wiley.com/doi/abs/10.1002/sres.2669

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ARTICLE 2

Neophytou, K., Schweer-Collins, M. L., Rodríguez-González, M., Jódar, R., & Skowron, E. A. (2020). The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context. *The American Journal of Family Therapy*. Advanced online publication. https://doi.org/10.1080/01926187.2020.1783388

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ARTICLE 3

Neophytou, K., Rodríguez-González, M., & Lampis, J. (2020). Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration. *Systems Research and Behavioral Science.* Advanced online publication. https://onlinelibrary.wiley.com/doi/full/10.1002/sres.2690

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SUPPLEMENTARY ARTICLE

Lampis, J., Rodríguez-González, M., Cataudella, S., Relvas, A. P., **Neophytou, K.**, & Agus, M. (2019). Cross-cultural validity of Bowen Theory in southern European countries. *Australian and New Zealand Journal of Family Therapy*, *40*(4), 457–482. https://onlinelibrary.wiley.com/doi/abs/10.1002/anzf.1394

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PART D: DISCUSSION AND CONCLUSIONS

This final part begins with presenting our thesis' threefold purpose. It then continues with a discussion that tracks closely each individual purpose alongside each purpose's corresponding published article (Publications Compendium). Subsequently, this part brings our thesis to an end by presenting our conclusions.

Present thesis' purpose is threefold. Firstly, Bowen Family Systems Theory (Bowen Theory or BFST; Bowen 1992; Kerr & Bowen, 1988) is employed to expose the potential, detrimental effects of medical model's application in children's mental health. Secondly, Bowen Theory's cross-cultural applicability is explored further towards two directions: (a) the adaptation and validation of the Differentiation of Self Inventory – Revised (DSI-R; Skowron & Schmitt, 2003) in Greek language and culture and (b) the comparative validity testing of the Emotional Cutoff and Emotional Reactivity DSI-R subscales, among the Italian, Spanish, Greek, and Portuguese cultural contexts. Thirdly, a novel systemic theoretical framework is developed, which embeds co-sleeping family practice within Bowen Theory; followed by a preliminary empirical evaluation of the suggested embedment.

1 Exposure of children's concealed morbid triangulation

First thesis' purpose is a theoretical attempt to expose children's, oftentimes concealed, triangulation within their family of origin. Purpose's realization is reflected in the publication of the article "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect"[24] (Publications Compendium: Article 1). *The article joins its voice in advocating the necessity for fundamental changes in the western predominant paradigm regarding clinical conceptualizations of and approaches to psychopathology and psychotherapy.* Literature examples of the evolving opposing advocacy and controversy around the western prevailing clinical diagnostic and psychotherapeutic paradigm follow.

[24] Article is published in *Systems Research and Behavioral Science*, which is the official Journal of the *International Federation for Systems Research*. The Journal is included in the Journal Citation Reports™.

According to Anand and Malhi (2011), modern western (including considerable influences in other countries across the world) psychiatry and clinical psychology are dominated by the *Diagnostic and Statistical Manual of Mental Disorders'* (DSM; currently published at its fifth edition; American Psychiatric Association [APA], 2013) omnipotent presence. Anand and Malhi refer to the DSM as "the 'bible' of psychiatrists (more so because of its omnipresence than out of respect) it is regarded as *the* definitive authority on psychiatric diagnosis" (p. 348). Additionally, the DSM is currently entrenched within the U.S. healthcare system as a guiding authority for mental health medication and for mental health professionals' reimbursement, and within the U.S. legal system as a standard mental health reference manual. Nevertheless, Anand and Malhi attribute to DSM two fundamental flaws: the DSM (a) compartmentalizes psychopathology and partitions it "into distinct disorders" and (b) discounts "the subjective and inter-subjective experience that are an integral part of human life" (p. 349).

Similarly, Elkins (2017) takes issue not only with the medical model[25] (Bowen, 1992; Laing, 1971), which he considers to be "wrong" (p. 669) but also with the DSM (APA, 2013), which he considers to be a "medical diagnostic system and a key component of the medical model" (p. 670). Elkins underlines medical model's dominance of "almost every aspect of therapeutic psychology" (p. 668) for over a century, contrary to the existence of refuting evidence. The author recognizes the individual's relational/social nature which has been largely ignored by the medical model and advocates the importance of the social environment for personal development and healing to occur. Additionally, Elkins points out that bypassing the DSM would only be a half-measure as the *larger problem* would not be solved. For the larger problem to be solved, Elkins suggests the conception of a nonmedical approach to psychopathology and in turn a shift from a medical understanding to a nonmedical understanding of psychotherapy.

Likewise, Jacob et al. (2013) point to DSM's (APA, 2013) international influence despite its original purpose to serve U.S. psychiatry. Yet, contrary to its international acclaim, Jacob et al. stress that for many DSM nosological categories an "epidemiological, neurobiological, cross-cultural and behavioral research validity . . . remains elusive" (p. 13); thereby DSM remains in the hope of providing construct validity

[25] Discussed in *Part A: Introduction of thesis' scientific field*.

to some of its categories in the future. DSM nosological classification is based on the use of operational diagnostic criteria, which although they have served the goal of strengthening inter-rater reliability, they cannot compensate for the lack of robust concurrent validity and predictive power that in turn would qualify the diagnostic criteria to be considered *hard science*. Further to that, Jacob at al. highlight that the DSM's claimed "atheoretical approach, despite its pretensions, pushes a purely biomedical agenda" (p. 27) at the expense of other mental health approaches to psychopathology; thereby suggesting the further pursuit of a more *holistic* approach to mental health nosology.

Further to article's "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Publications Compendium: Article 1), Anand and Malhi's (2011), Elkins' (2017), and Jacob et al.'s (2013) joint opposition to the western prevailing medical model paradigm regarding psychopathology and psychotherapy, other researchers expressed similar oppositional views, albeit departing from non psychological reasonings. Article titles such as "Common disorders are quantitative traits" (Plomin et al., 2009), "Genetics of anxiety: Would the genome recognize the DSM?" (Smoller et al., 2008), and "Molecular genetics and the Kraepelinian dichotomy: One disorder, two disorders, or do we need to start thinking afresh?" (Craddock & Owen, 2010), all question the validity of DSM's (APA, 2013) diagnostic categories/disorders.

Specifically, Plomin et al. (2009) argued against DSM's (APA, 2013) core-foundation of developing a nosological nomenclature founded on observed symptoms instead on aetiology. Thus, and based on their genetic findings, Plomin et al. asserted that "there are no common disorders - just the extremes of quantitative traits"[26] (p. 877). Smoller et al. (2008) pointed to the striking proliferation of diagnostic labels. Between the first and the fourth publication of DSM "the number of diagnostic labels increased from approximately 100 to more than 300 [Follette and Houts, 1996]" (p. 371). Additionally, they observed that DSM's nosology was not founded on scientific hard

[26] In alignment with this assertion, Bowen frequently observed that "there is little schizophrenia in all of us" (Kerr & Bowen, 1988, p. 12), pointing to a trait-type of psychopathology. In other words, Bowen asserted that all families share the same systemic emotional dynamics and, in this sense, all families are quantitively the same; it is only quantitively that families differ (Bowen, 1992).

evidence rather than on a mix "of clinical observation, empirical research, historical tradition, and even political considerations" (p. 371). As far as the nosological categories are concerned, Smoller et al.,[27] in partial agreement with Plomin et al., argued that DSM's categorical boundaries appear not to be validated by empirical studies. Likewise, Craddock and Owen[28] (2010) questioned the validity of the boundaries among DSM's disorders and claimed that in terms of the future nosological nomenclature, the DSM's paradigm might merely "retain some quaint historical interest" (p. 91).

In sum, the current dominance of the medical model (Elkins, 2017; Bowen, 1992; Laing, 1971) as well as of its key toolset, the DSM (APA, 2013), have been an issue of a heated and evolving controversy. The above described crisis in clinical description as well as in psychotherapy invite the question: What is the alternative to medical model's and DSM's paradigm? Article "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Publications Compendium: Article 1) suggests that a holistic, systems-oriented paradigm may overcome, once relevant, the possible limitations of the medical model's and DSM's applications. However, prior to considering the potential advantages of a holistic, systems-oriented approach towards psychopathology and psychotherapy, the scientific origins of the modern transdiscipline of systems thinking (Jackson, 2010) are briefly considered, as they are not current; they date back more than seven decades.

Von Bertalanffy, in the landmark article on General System Theory published in 1950, observed what he characterized as a "remarkable phenomenon" (p. 134): the emergence, over time, of similar conceptualizations and frameworks within mutually independent, differing scientific disciplines. Specifically, Von Bertalanffy offered examples of how the natural sciences such as physics, biology, and medicine, as well as the social sciences such as psychology, economics, and philosophy, underwent a similar historical transformation in their scientific approaches. In their early years, the various scientific disciplines investigated phenomena by separating them into single elementary units, which were then studied independently from each other. The goal of such a reductionistic investigation was to understand phenomena as an interplay of single elementary units, which remained unaltered irrespective of the units being studied in

[27] Smoller et al.'s (2008) study focused on anxiety disorders.
[28] Craddock and Owen's (2010) study focused on major mood and psychotic illnesses.

isolation or as a whole. However, and over time, the various scientific disciplines followed a *remarkably* similar pattern of evolution in their investigation method: from deconstructing the phenomena into mutually independent single elementary units, the various disciplines moved on to examine the notion of *wholeness* and to ponder onthe notion of *systems*. Additionally, Von Bertalanffy noted that expressions such as system, gestalt, organism, interaction, the whole is more than the sum of its parts, and others were used interchangeably and essentially pointed to the notion of wholeness.

Von Bertalanffy (1950) summarized his landmark article in four conclusions. Three of these conclusions are pertinent both to present thesis and to article "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Publications Compendium: Article 1), and are presented next. Subsequently, we argue that Bowen Theory (Bowen, 1992; Kerr & Bowen, 1988), as for example it is applied in the fictitious case study presented in the article "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect", appears to validate all three of the following Bertalanffy's conclusions.

Firstly, Bertalanffy (1950) concluded that concepts that had been thus far considered vague, anthropomorphic, and/or metaphysic could in fact be converted into exact formulations. Secondly, the proposed investigation of systems may give rise to the elucidation of real and concrete problems that the *pigeonhole* classic scientific approach may not have been able to discover; with the proposed systemic investigation expected to be producing new and of a different order knowledge. Lastly[29], Bertalanffy concluded that similarly to the natural sciences, systemic principles and concepts could be applied to the field of psychology[30] as well.

The application of Bowen Theory (1992; Kerr & Bowen, 1988) to the fictitious case study of the "Stylianou family", presented in the article "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Publications Compendium: Article 1), appears to exemplify all three Bertalanffy's conclusions. Firstly, vague notions and ideas regarding familial functioning are indeed converted into exact formulation. Specifically, BFST's unique systemic themes and core constructs are

[29] Fourth conclusion being that the investigation of systems could offer new and important insights to the Philosophy of Science (Bertalanffy, 1950).

[30] Including to other social sciences such as economics, philosophy, and sociology (Bertalanffy, 1950).

applied to the "Stylianou family" case study to conceptualize the family's dynamics in a coherent manner. More specifically, the following BFST systemic themes and core-constructs are applied to the case study: operation of the nuclear family emotional system, family projection process, differentiation of self, triangulation, family projection process and shifts in its direction, relational reciprocation, role reversal in functioning positions, and defective/protective nature of symptoms; all discussed in *Part A: Introduction of thesis' scientific field*.

Secondly, the systemic paradigm allowed Bowen and his team to produce new and of a different order knowledge[31] (i.e., knowledge that derived especially from holistic, system-level observations and analyses). Specifically, the application of Bowen Theory's to the "Stylianou Family" case study, as opposed to the concomitant application of the medical model to the same case, exemplifies Bowen Theory's potential to yield a new and from a different vantage point conceptualization of individual psychopathology. Article's "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Publications Compendium: Article 1) aspired academic contribution lies exactly within the following reasoning.

The "Stylianou family" case study dual analyses attempt to expose how medical model's systematic de-emphasis of familial environments may direct mental health clinicians away from the true source of triangulated children's distress, an attention shift that may result in unintentionally perpetuating children's psychological distress. Alternatively, the application of Bowen Theory to the same case study attempts to delineate how the system paradigm may holistically account for children's familial emotional environments, thereby potentially attributing their psychological distress to its true, yet concealed, familial dysfunction. In essence, article "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Publications Compendium: Article 1) argues that the medical model seems to operate within a decontextualized restricted disease-carrier-child mind frame, hence potentially ascribing faux diagnoses and false medical treatments to healthy children (e.g., Cassels, 2013; Marecek & Hare-Mustin, 2009; Moreno et al., 2007; Pressman & Imber, 2011).

[31] Discussed in *Part A: Introduction of thesis' scientific field* as well as in the published articles (Compendium of Publications).

Finally, and in relation to the second Bertalanffy's conclusion, Bowen and his team (1992; Kerr & Bowen, 1988) demonstrated that the systemic paradigm could be applied to the field of psychotherapy in a meaningful way; that is the newfound family therapy discipline could meaningfully address real-life, concrete familial problems, within a holistic frame of reference; as this is delineated in the application of BFST in the "Stylianou family" case study.

In essence, Von Bertalanffy argued for the promotion of "unification and a focus on the 'whole' versus the individual, thus placing greater emphasis on organization rather than reduction among the sciences" (Meyer et al., 2013, p. 163). However, the gradual paradigmatic shift from moving the focus from the elementary elements to the *whole*, and from moving away from an individualistic towards a systemic view of psychopathology and psychotherapy had been an effortful task. The shift in psychological mind frames, which would eventually amount to the emergence of the family therapy discipline, required the overcoming of certain social barriers entrenched within the U.S. culture of the 1940s (Gladding, 2015).

The prevailing U.S. social ideology of the 1940s was that of rugged individualism. A healthy individual was considered the one who was adequate enough to deal with daily hardships; i.e., an individual who was self-reliant and free from the need of outside help and support (e.g., help from the state, family, peers; Gladding, 2015). Alongside rugged individualism was another predominant social perception: the individuals who managed to prosper in their lives were considered the ones that God had favoured (Strong et al., 2008). Therefore, the admittance of personal difficulties either within or outside one's family would equal to the admittance of neither being the elect nor independent and self-reliant enough (Gladding, 2015).

Additionally, the cultural standard regarding seeking advice on and discussing about marital and family issues was usually to confide with clergy, lawyers, and doctors. Given that those authorities led their lives within the same communities as the laypeople, clergy, lawyers, and doctors made themselves known and easily accessible to their community. Thus, any need for mental health specialists in the area of familial problems was particularly absent (Gladding, 2015).

Finally, the emergence of the family therapy discipline was also hindered by the prevailing psychological paradigms of the times. Psychological thinking was dominated

by psychoanalysis and behaviourism (Gladding, 2015; Weinstein, 2013). Both psychological paradigms strongly deterred from departing from the predominant individualistic views of psychological problems. Freudian transference would be contaminated by the involvement of others in therapy (Freud, 1917; Weinstein, 2013) and behavioural conditioning and counterconditioning could only be applied to the person in need. In general, the prevailing paradigms of psychoanalysis and behaviourism were "philosophically and pragmatically opposed to dealing with more than individual concerns" (Gladding, 2015, p. 5). The newfound clinical approach of family therapists that actively involved the nuclear family into therapy appeared to be "highly unorthodox" and "even controversial" (Weinstein, 2013, p. 8) according to the prevailing psychological ideology of the times. Nevertheless, the next decade of the 1950s is considered the decade of the genesis[32] of the family therapy discipline (Gladding, 2015; Weinstein, 2013), which gradually propelled and solidified the shift from a focus on the individual to a focus on the family system, in which the individual exists.

The paradigmatic shift derived from placing the focus on the family system instead on the familial parts that informs article "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Publications Compendium: Article 1), invites a question of a different order: Are familial systems complex enough that the application of the family therapy paradigm seems to be prudent? Following, we attempt to evaluate the familial system in terms of its complexity, i.e., we attempt to evaluate whether the nuclear family constitutes a simple or a complex system. Such an evaluation is central to the present thesis for reasons that are explained imminently.

Jackson and Keys (1984; for a further discussion see Jackson, 2010) introduced a template for classifying various problem-contexts. Jackson and Keys' goal was to assist towards the correct conceptualization of problems at hand by distinguishing problems from problems-contexts. With this distinction kept in mind, an initial correct assessment of any problem-context is considered crucial (a) in correctly understanding the problem

[32] The genesis of the family therapy movement is credited among others to the personal contributions of a number of insightful professionals, whose charismatic leadership launched a new therapeutic approach "in the face of well-established opposition groups, such as psychiatrists" (Gladding, 2015, p. 7). These pioneering professionals were Nathan Ackerman (1908–1971), Gregory Bateson (1904–1980), Don Jackson (1920–1968), Milton Erickson (1901–1980), Carl Whitaker (1912–1995), and Murray Bowen (1913–1990; American Association for Marriage and Family Therapy, 2008; Gladding, 2015).

at hand and (b) in correctly relating the problem to an appropriate problem-solving methodology. Jackson and Key's classification template consists of two dimensions: one dimension relating to the increasing divergence of values among the problem solvers and the other dimension relating to the increasing complexity of the problem system at hand. The second dimension, which is pertinent to the present thesis, classifies systems on a simple-to-complex continuum. Simple systems are considered those with a small number of elements with regular interactions and thus their understanding appears to be relatively straightforward. Complex systems are considered those that consist of many highly interrelated elements and thus are more difficult (or even impossible) to fully understand. Problems situated in simple systems are regarded easier to solve compared to problems situated in complex systems (Jackson & Keys, 1984).

Jackson and Keys (1984) discussed among others, criteria delineated by Vemuri (1978), in order to evaluate the level of complexity of a given system; where the more criteria met, the more complex a system would be regarded. As we argue next, families, in their capacity as social systems, appear to meet all four of the following Vemuri's criteria: Firstly, complex systems are not open to direct observation in their totality, thus only partial areas of the system may be directly observed. Consequently, it is difficult to fully resolve a complex system's nature. In turn, the causes of the problems situated in complex systems might be hidden or even concealed; a situation that impedes the ability of identifying appropriate solutions. Secondly, any understanding of the functioning of parts or of the entirety of a complex system is probabilistic in nature, i.e., complex systems may only be tentatively but not conclusively understood. Thus, one may only predict the effects of the identified solutions. The exact effects may only be observed after the solutions' implementation. Thirdly, complex systems are more *open* than *closed*[33], an observation that is especially true for social systems. Consequently, complex social systems are not static, but they may evolve over time due to their constant interaction with the outside environment. In turn, their unpredictable interaction with the environment makes their understanding increasingly difficult. Lastly, social complex systems consist of members who are affected by environmental influences such as

[33] Terms used in the sense of Bertalanffy's (1950) conception of an *open* system where "there is inflow and outflow" and of a *closed* system where "no materials enter or leave it" (p. 155). The analogy for social systems would be the presence or absence of interaction with the outside environment.

political, cultural, ethical. Consequently, social system members' reactions and decisions become even more difficult to be foreseen (Jackson & Keys, 1984).

Based on the above, family systems' complexity rather than simplicity appears to be apparent. Firstly, family systems are not fully but only partially observable. Secondly, family systems' nature and operation are not straightforward in their understanding but merely probabilistic. Thirdly, family social systems are not closed but are open to their outside environment and thus potentially evolving for better or worse. Lastly, family social systems do not consist of passive but consist of active and purposeful members who are affected by environmental influences.

As it was noted above, Jackson and Keys (1984) emphasized the grave importance of fully appreciating a problem-context in order to correctly pair the problem with an appropriate problem-solving methodology. In terms of the article "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Publications Compendium: Article 1), Jackson and Keys' notion of problem refer to individual psychopathology. Specifically, and in regard to the fictitious "Stylianou family" case study, individual psychopathology is reflected in John's troublesome school life. Jackson and Keys' notion of problem-context refers to the context that the individual's psychopathology may be located. Specifically, and in regard to the "Stylianou family" case study, the medical model's application locates psychopathology within an individualistic context i.e., John; whereas Bowen Theory's application *dislocates* psychopathology from John and locates it within a systemic context i.e., the "Stylianou family".

With the high complexity of the family-systems argument in place, we can now describe the clinical impasse that article "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Publications Compendium: Article 1) seeks to highlight. The current prevailing western clinical paradigm of the medical model and its key component, the DSM (APA, 2013), seem to operate within an isolating disease-carrier-child conceptual boundary, hence potentially ascribing faux diagnoses and false medical treatments to albeit healthy children. In contrast, Bowen Theory (1992; Kerr & Bowen, 1988) purposefully strives to bring the familial system's *high complexity* (Jackson, 2010; Jackson & Keys, 1984) to the foreground. As suggested in the corresponding article (Publications Compendium: Article 1), Bowen Theory

proposes anew a holistic paradigm to locate the source of psychopathology within the family members' interactions rather than within the individual. Bowen Theory transcends the prevailing cause-effect paradigm, abandons the linear perspectives in psychopathology (Pellegrini, 2009), and shifts from an individual to a familial view of psychopathology (Weinstein, 2013). BFST is not reductionistic in its approach, does not concentrate on breaking the family down to its parts, and does not focus on the family members independently from one another. Instead, BFST looks beyond the individual's presenting psychopathology, concentrates its attention on the interactions among family members, and conceives the nuclear family as the potential site of disease (Bowen 1992; Kerr & Bowen, 1988).

2 Cross-cultural validation of Bowen Theory

The application of Bowen Theory to the fictitious case study of the "Stylianou family" (Publications Compendium: Article 1) refers to a theoretical corpus that was introduced almost 50 years ago (Bowen 1992; Kerr & Bowen, 1988). Nevertheless, BFST still poses as a popular orientation for clinical family therapy (e.g., Keller & Noone, 2019; Titelman & Reed, 2018). Additionally, notwithstanding the fact that Bowen Theory was developed from real-life clinical observations of "middle class Caucasian American families in the United States" (Chung & Gale, 2006, pp. 367–368), BFST gradually received international as well as intercultural recognition and acceptance. Bowen Theory became an academic subject and a clinical orientation for helping professionals in many countries outside the United States (e.g., Chinese societies including China, Hong Kong, Singapore, Taiwan: Lam & Chan-So, 2015; Italy: Lampis et al., 2017; Spanish speaking countries including Argentine, Chile, Mexico, Spain: Rodríguez-González & Kerr, 2011; Turkey: Işık & Bulduk, 2015).

Bowen (1992) asserted that his theoretical postulates had universal applicability and that the cornerstone construct of differentiation of self was applicable to all individuals (Lam & Chan-So, 2015). While Bowen's assertions might hold true, a cross-cultural approach is demanded to assess the empirical validity of his universality assertions. According to Rodriguez-Gonzalez et al. (2016) "the question of BFST's transcultural relevance is one of the most pertinent lines of investigation at present . . . while an

increasing number of studies have begun to evaluate the transculturality of Bowen theory in recent years" (p. 12).

Along these lines, present thesis' second purpose seeks to examine theoretically and extend empirically Bowen Theory's (1992; Kerr & Bowen, 1988) cross-cultural applicability towards two distinct yet interrelated directions. Article titled "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context"[34] (Publications Compendium: Article 2) extends the cross-cultural exploration of Bowen's cornerstone construct of the differentiation of self. Article titled "Cross-cultural validity of Bowen Theory in southern European countries"[35] (Publications Compendium: Supplementary article) tests the comparative validity of the Emotional Cutoff and Emotional Reactivity subscales of the Differentiation of Self Inventory - Revised (DSI-R; Skowron & Schmitt, 2003) among the Italian, Spanish, Greek, and Portuguese cultural contexts.

Both published studies (Publications Compendium: Article 2 & Supplementary article) share the widely accepted notion that human behaviour does not exist independent of culture (Lichtman, 1990) and of context (Goh, 2011). Culture is comprised of a set of particular norms, which are utilized by a certain group of people to regulate their daily living in a common way (Bornstein, 2012). Cultural norms assign different meanings to life events (Triandis, 1995) and inform expectations of individual and group behaviours, which are cherished by a certain society (Johnson et al., 2013). Additionally, cultural norms present with unique, deeply rooted "ideas about how one needs to feel, think, and act as a functioning member of the culture" (Bornstein, 2012, p. 212). Consequently, differing ethnic individuals and families construct diverse self-concepts and approach the dilemma self-autonomy vs. interdependence, in culturally distinct ways (Oyserman & Lee, 2008).

Furthermore, Stewart and Bond (2002) claimed that most studies have not successfully tapped the gamut of the ethnic differences in individual and family functioning. Specifically, Helms (1992) referred to the minimization and/or exaggeration

[34] Article is published in *The American Journal of Family Therapy.* The Journal is included in the Journal Citation Reports™.

[35] Article is published in the *Australian and New Zealand Journal of Family Therapy*, which is the official Journal of the *Australian Association of Family Therapy*. The Journal is included in the Journal Citation Reports™.

of ethnic clients' pathology due to culturally insensitive clinical assessments (see Liang et al. 2016 for a review of racial/ethnic minority youth misdiagnoses). Similarly, Yang (1997) and Lu et al. (2010) called attention to the potential invalid ethnic conclusions based on norms developed from Caucasian populations. Likewise, Yan and Lam (2000) and Goh (2011) underlined the intrinsic cultural bias of implementing western-originated paradigms, as well as of oversimplified and uncritical interpretations.

In sum, responsible practice entails a thorough examination of the cross-cultural validity of Bowen's (1992; Kerr & Bowen, 1988) cornerstone propositions to assess the effectiveness of BFST informed evaluations and interventions (Rodríguez-González et al., 2015). Consequently, present thesis attempts to contribute to such a responsible multicultural practice through empirical research presented in the articles "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Publications Compendium: Article 2), and "Cross-cultural validity of Bowen Theory in southern European countries" (Publications Compendium: Supplementary article).

Present thesis' Greek cultural context appears to be a fertile ground for the cross-cultural exploration of BFST (Bowen, 1992; Kerr & Bowen, 1988). According to our knowledge up to date, no academic research relevant to Bowen Theory has yet been conducted in Cyprus; a deficiency that appears to reflect a severe lack of systemic thinking and approaches within our country. Additionally, as it was suggested in *Part A: Introduction of thesis' scientific field,* the psychological profile of Cypriot families is oftentimes characterized by a lack of intra-family as well as inter-family boundaries across generations, with triangulation and lack of offspring differentiation appearing to be culturally normalized. Therefore, Bowen Theory appears to match the Cypriot familial culture/dynamics.

Article "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Publications Compendium: Article 2) poses as a response to the Differentiation of Self Inventory (DSI; Skowron & Friedlander, 1998) originators' call for further ethnic diverse research to evaluate Bowen's (1992; Kerr & Bowen, 1988) assertion of differentiation of self being a universally applicable construct. As a result, the article adds to the English published literature regarding the existing cross-cultural versions of the DSI-R (Skowron & Schmitt, 2003) i.e., in alphabetical order, Chinese

(Lam & Chan-So, 2015), Italian (Lampis et al., 2017), Spanish (Rodríguez-González et al., 2015), and Turkish (Işık & Bulduk, 2015).

Similar to the Chinese (Lam & Chan-So, 2015), Italian (Lampis et al., 2017), Spanish (Rodríguez-González et al., 2015), and Turkish (Işık & Bulduk, 2015) versions, article's "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Publications Compendium: Article 2) linguistic and cultural adaptation procedure involved a rigorous translation/adaptation methodology. Specifically, we took notice of Hilton and Skrutkowski's (2002) observation that the translation of questionnaires for cross-cultural use "is fraught with methodological pitfalls related to colloquial phrases, jargon, idiomatic expressions, word clarity, and word meanings" (p. 1). Constructs and concepts may not have the same relevance across cultures, thus a plain word-for-word translation into a foreign language would not offer an adequate safeguard for conveying research instrument's genuine meanings.

Similarly to the Spanish (Rodríguez-González et al., 2015) and Turkish (Işık & Bulduk, 2015) versions, Greek DSI-R's (G-DSI-R) validation incorporates structural equation modelling methodology (SEM; Hu & Bentler, 1999), which appears to becoming the standard method for the DSI-R (Skowron & Schmitt, 2003) intercultural validations. Same rigorous statistical validation methodology was employed for the original DSI (Skowron & Friedlander, 1998) and subsequent DSI-R (Skowron & Schmitt, 2003) development.

Article "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Publications Compendium: Article 2) adapted and validated the DSI-R (Skowron & Schmitt, 2003) within a Greek-Cypriot sample and presented with distinct results. Although the confirmatory factor analysis with maximum likelihood (Amos, version 22.0; Arbuckle, 2014) initially suggested a poor-fitting model of the original four factor structure of the DSI-R (Skowron & Schmitt, 2003), other fit indices, based on recommendations from Hu and Bentler (1999), suggested an adequate fit. Original DSI-R model fit results in combination with latent factors showing moderate to strong correlations, and loadings on the four factors ranging from moderate to strong, suggested that the Greek version of the DSI-R (Appendix D) possesses good psychometric properties and that it is a valid instrument to use within the Greek Cypriot population.

The Greek DSI-R compares favourably with the DSI-R (Skowron & Schmitt, 2003) in terms of internal consistencies. Specifically, the total scales' internal consistencies are Cronbach's *a* for DSI-R = .92 and for G-DSI-R = .90. Greek DSI-R subscales show good to excellent internal consistencies, with the following *a* values (in parenthesis corresponding DSI-R subscale's internal consistency): Emotional Reactivity = .84 (.89), Emotional Cutoff = .72 (84), I Position = .79 (.81), and Fusion with Others = .78 (.86). Likewise, the G-DSI-R compares favourably with the original DSI (Skowron & Friedlander, 1998) in terms of construct validity. Specifically, G-DSI-R's association with a trait-anxiety measure (i.e., State-Trait Anxiety Inventory for Adults, Form Y, T-Anxiety Scale; Spielberger, 1983; Appendix C) is Pearson's *r* = -.75 whereas DSI's is -.64.

Following the above comparison with the original DSI (Skowron & Friedlander, 1998) and DSI-R (Skowron & Schmitt, 2003), next we discuss G-DSI-R in relation to each of the existing published cross-cultural DSI-R validations. We begin our discussion with a comparison with the DSI-R cross-cultural validation that resembles G-DSI-R the most (i.e., Italian: Lampis et al., 2017). We continue with a comparison with the Turkish (Işık & Bulduk, 2015) and then with the Chinese (Lam & Chan-So, 2015) validations. Lastly, we compare with the cross-cultural DSI-R validation that resembles the G-DSI-R the least (i.e., Spanish: Rodríguez-González et al., 2015). We conclude with a synthetic discussion of all the comparisons in combination with the G-SI-R's psychometric findings (Publications Compendium: Article 2).

Greek DSI-R's four factor structure resembles closely the Italian (Lampis et al., 2017) of the DSI-R (Skowron & Schmitt, 2003). In close approximation to the G-DSI-R, Lampis et al.'s (2017) Italian validation study suggested a factor model consistent with the DSI-R (Table 6). Empirical results yielded a four-factor solution with dimensions retaining almost in full the original loading items with the exception of five Fusion with Others items. Consequently, the Italian version of the DSI-R underwent not only minimum but also the least theoretical and statistical adjustment of the versions reported, with the exception of the G-DSI-R.

Table 6

Factor Structure of DSI-R[a] and Cross-cultural Versions

DSI-R and Greek[b] DSI-R	Italian[c,1,2]	Turkish[d,1,2]	Chinese[e,1,2]	Spanish[f,1,2]
Emotional Reactivity	Emotional Reactivity (11/11)	Emotional Reactivity (5/11)	I Position (10/11)	Emotional Reactivity (13/11)
I Position	Emotional Cutoff (12/12)	I Position (5/11)	Emotional Reactivity (11/11)	Emotional Cutoff (13/12)
Emotional Cutoff	I Position (11/11)	Emotional Cutoff (5/12)	Emotional Cutoff (8/12)	
Fusion with Others	Fusion with Others (7/12)	Fusion with Others (5/12)	Fusion with Others (6/12)	
			Fusion with Family (5/12)	

[a] Differentiation of Self Inventory – Revised (Skowron & Schmitt, 2003)
[b] Greek DSI-R retained the original DSI-R factor and item structure
[c] Italian: Lampis et al., 2017; [d] Turkish: Işık & Bulduk, 2015; [e] Chinese: Lam & Chan-So, 2015; [f] Spanish: Rodríguez-González et al., 2015
[1] from highest to lowest eigenvalue
[2] in parenthesis (total items / total original items)

Consistent with the factor model of the Greek and the Italian (Lampis et al., 2017) versions of the DSI-R (Skowron & Schmitt, 2003), the Turkish validated version (Işık & Bulduk, 2015) yielded a four-factor solution. Turkish DSI-R comprised of 20 items, with items being distributed equally per factor (Table 6). Turkish version resembled highly Drake et al.' (2015) Differentiation of Self Inventory - Short Form (DSI-SF). Ten of the 20 items of the DSI-SF were represented in the 20-item Turkish DSI-R: Emotional Reactivity items 21, 26, 34; I Position items 19, 23; Emotional Cutoff items 8, 16; Fusion with Others items 5, 17, 33.

Isik and Bulduk (2015) explained the non matching of certain Turkish DSI-R items with both the DSI-R (Skowron & Schmitt, 2003) and the DSI-SF (Drake et al., 2015) with reference to the distinct cultural characteristics of the Turkish population. For example, authors cited the almost unknown to the Turkish society *roller-coaster,* that is mentioned in item *18 At times I feel as if I'm riding an emotional roller–coaster,* explaining that item's meaning would be confusing to the Turkish population. However, although the linguistic differences were taken into account during the adaptation process, still 26 items did not function adequately within the Turkish sample.

Isik and Bulduk's (2015) concerns regarding DSI-R's item 18 was taken into special consideration during the adaptation process of the G-DSI-R. Specifically, prior to administering the online research battery, a brief pilot survey was conducted during which respondents were asked specifically to designate G-DSI-R items that appeared to be confusing or incomprehensible. Greek Cypriot respondents raised concerns regarding item 18. Therefore, the research team decided to qualify item 18 with a parenthetical explanatory note: *(i.e., I have intense emotional ups and downs)*, which respondents found to be adequately comprehensible.

In antithesis to the Greek, Italian (Lampis et al., 2017), and Turkish (Işık & Bulduk, 2015) versions, the Chinese version (Lam & Chan-So, 2015) departed from the original four-dimension model of the DSI-R (Skowron & Schmitt, 2003; Table, 6). Lam and Chan-So's validation study resulted in five dimensions intrinsic to the Chinese DSI-R; with the original I Position, Emotional Reactivity, and Emotional Cutoff dimensions retained, and the division of the original Fusion with Others into two dimensions (namely Fusion with Others and Fusion with Family). Lam and Chan-So's study was conducted within the Chinese culture, an eastern culture with a uniquely distinguishing philosophy from the western. Bond (1991) argued that within Chinese culture the *self* cannot be distinguished from the *others*. Chinese societies embody a strong "sense of mutuality, of being connected through affection, obligation, and responsibility to specific other people" (Bond, 1991, p. 19), thereby promoting interdependence over independence. Within western societies, the individual is construed as a psychological being, yet within Chinese culture as a social being (Bond & Hwang, 1986). Correspondingly, western families have been described as *differentiative* whereas Chinese families as *integrative* (Chin, 1979).

The Spanish validation study also presented with distinct results in comparison to the Greek, Italian (Lampis et al., 2017), Turkish (Işık & Bulduk, 2015), and Chinese (Lam & Chan-So, 2015) versions of the DSI-R (Skowron & Schmitt, 2003). Rodríguez-González et al. (2015) reported that the Spanish adaptation consisted of two robust factors; Emotional Reactivity and Emotional Cutoff (Table 6). Specifically, 10 of the 11 original items loaded on Emotional Reactivity and all 12 original items loaded on Emotional Cutoff, an almost complete replication of the two original factors. What is more, the Emotional Reactivity factor was expanded, as items 29, 44, and 46 were thought

to acquire an emotionally reactive meaning rather than reflecting aspects of Fusion with Others, within the Spanish cultural context.

In contrast to the Greek DSI-R, the remaining two factors of I Position and Fusion with Others did not seem to reflect similar aspects of differentiation of self within the Spanish culture. Rodríguez-González et al. (2015) reported that the latter finding was "consistent with other studies on Russian, Chinese, Portuguese and Filipino populations" (p. 54) where the two factors were found to have less cross-cultural validity. Specifically, authors reported Glebova et al.'s (2011) explanations that within Russian culture taking relational *I positions* "overlap[s] with other cultural expressions with different meaning and are associated with social desirability biases" (2015, pp. 54–55). Furthermore, researchers referred to Rodríguez-González and Kerr's (2011) empirical suggestion that within Portuguese culture I Position and Fusion with Others factors were less statistically distinct compared to DSI-R's (Skowron & Schmitt, 2003) respective factors.

Following the above comparison of the Greek validation with each of the validations of the DSI-R (Skowron & Schmitt, 2003) to other languages and cultural contexts (i.e., Italian: Lampis et al., 2017, Turkish: Işık & Bulduk, 2015; Chinese: Lam & Chan-So, 2015; Spanish: Rodríguez-González et al., 2015), we now attempt an interpretation of article's "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Publications Compendium: Article 2) empirical findings. Our attempted interpretation centres around two aspects of the cornerstone construct of differentiation of self, as this construct is reflected in the DSI-R. Firstly, we address article's empirical findings in terms of G-DSI-R's factor structure. Secondly, we address article's findings in terms of G-DSI-R' item distribution.

In terms of the G-DSI-R's factor structure, a first initial observation is apparent. Skowron and Schmitt (2003) reported a four-factor structure for the DSI-R whereas the cross-cultural validation studies reported insofar a range of two to five stable factors intrinsic to the DSI-R (Table 6). Specifically, the Spanish validated DSI-R version (Rodríguez-González et al., 2015) suggested a two-factor model, the Greek, Italian (Lampis et al., 2017), and Turkish (Işık & Bulduk, 2015) versions suggested a factor model replicating the DSI-R (i.e., a four-factor solution), and the Chinese version (Lam & Chan-So, 2015) suggested an extended five-factor model (Table 6). Consequently, the findings, summarized into a two to five stable cross-cultural factor structure, could

tentatively lead to the conclusion that the construct of differentiation of self might be dependent of culture. Likewise, and in terms of the DSI-R, a tentative conclusion could be that the instrument appears to be characterized by cross-cultural sensitivity.

However, a closer look at the cross-cultural validations of the DSI-R (Skowron & Schmitt, 2003) might consider the Chinese (Lam & Chan-So, 2015) findings in more detail. The Chinese version of the DSI-R presented with a five-factor model where the Fusion with Others factor was divided into two consisting dimensions namely, Fusion with Others and Fusion with Family (presented above). Nevertheless, the Chinese division of the Fusion with Others factor does not rule out altogether the theoretical validity of the factor (note that nine of the 12 original DSI-R items were retained; Table 2); the division merely adapts the Fusion with Others factor to the Chinese cultural context. In turn, the Fusion with Others factor may be considered a theoretically valid factor within the Chinese population, yet with the necessary suggested accompanying cultural modifications. Consequently, a tentative overall interpretation of the results, in terms of the Greek DSI-R's four factor structure could be the following: With the exception of the Spanish version, the DSI-R appears to have a theoretically consistent four factor structure, yet with necessary accompanying cultural adaptations in respect to the Fusion with Others factor, as these adaptations are reflected in the Italian (Lampis et al., 2017), Turkish (Işık & Bulduk, 2015), and Chinese versions of the DSI-R. With these observations kept in mind, article's "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Publications Compendium: Article 2) findings regarding the four-factor structure of the Greek DSI-R could be considered as highly expected.

In contrast to the expected findings in relation to the Greek DSI-R's factor structure, the findings concerning Greek DSI-R's replication of the original DSI-R's (Skowron & Schmitt, 2003) item distribution were highly unexpected. All validations to other languages and cultural contexts (i.e., Italian: Lampis et al., 2017, Turkish: Işık & Bulduk, 2015; Chinese: Lam & Chan-So, 2015; Spanish: Rodríguez-González et al., 2015) presented with culturally adapted DSI-R item distributions. More specifically, and as it was the case with the Chinese DSI-R (Lam & Chan-So, 2015), the Fusion with Others (Skowron & Schmitt, 2003) factor was the DSI-R subscale that underwent systematic

cultural adaptations in all cross-cultural validations (see corresponding Tables 2,3,4, and 5).

The cultural adaptations concerning the item structure of the Fusion with Others DSI-R subscale (; Skowron & Schmitt, 2003) were foreseen by the originators of the DSI (Skowron & Friedlander, 1998), who predicted that "in Latino-Latina, Native American, or Asian cultures, for example, Fusion With Others might not correlate significantly with chronic anxiety, psychological symptoms" (p. 243). In support of such a prediction, was Chun and MacDermid's (1997) clarification that a lack of differentiation from the parental family could be regarded a deficiency within an individualistic society but regarded less negative or even an advantage within a collectivistic society.

Specifically, and in terms of the DSI-R (Skowron & Schmitt, 2003) cross-cultural validations, Lampis et al. (2017) attributed the five-item discrepancy of the Fusion with Others factor to the Italian cultural characteristics. The researchers recognized that although some Fusion with Others items traced successfully relational boundary violation, some other items did not detect a similar, relational maladjustment. In particular, the poor functioning five items were thought to detect healthy, adaptive relational functioning that could "be interpreted in the Italian culture as reflecting a mature concern for significant others or in terms of adaptive attachment security in adult relationships" (Lampis et al., 2015, p. 150). Furthermore, Lam and Chan-So (2015; Chinese validation) reported a division of the original Fusion with Others to two dimensions, namely Fusion with Others and Fusion with Family. The novel dimension of Fusion with Family was comprised of five items that belonged to the original Fusion with Others subscale, with all items making explicit reference to family members. According to the authors "those familiar with Chinese culture have always known that Chinese relationships are familistic; the important role of family in all aspects of Chinese life has long been recognized" (Lam & Chan-So, 2015, p. 95). Finally, Rodríguez-González et al. (2015) attributed the elimination of the Fusion with Others subscale from the Spanish version, to possible prevalent Spanish cultural norms that seem to normalize and assign a different meaning to offspring being involved with their parents and being appreciative of their opinion and guidance. Researchers, argued that within the Spanish society, Fusion with Others might be reflected in "the form of excessive dependency on others' approval

and the tendency to hold few solid beliefs of one's own" (Rodríguez-González et al., 2015, p. 55).

Notwithstanding the above, the unexpected results, in terms of the Greek DSI-R's replication of the original DSI-R's (Skowron & Schmitt, 2003) item distribution, could be partially explained by the findings of article titled "Cross-cultural validity of Bowen Theory in southern European countries" (Publications Compendium: Supplementary article). The article attempted an in-depth cross-cultural analysis of the cornerstone construct of the differentiation of self (Bowen, 1992; Kerr & Bowen, 1988). Specifically, the article concentrated on the Emotional Cutoff and Emotional Reactivity subscales of the DSI-R (Skowron & Schmitt, 2003) and consisted of three consecutive studies. First article's study confirmed that the Emotional Cutoff and Emotional Reactivity DSI-R subscales were useful and culturally sensitive measures for evaluating these particular aspects of Bowen's construct of differentiation, within southern European countries.

Second article's study, which is pertinent to the issue at hand, suggested that although the two DSI-R subscales were valid measures to use in southern European countries, each participating country's sample was characterized by unique features in comparison to one another. Consequently, article's third study performed a multivariate analysis of variance, based on *country* as a variable, and the *two DSI-R subscales* (Skowron & Schmitt, 2003) as dependent variables. Findings were that, in comparison, within the Greek culture Emotional Cutoff was highest and within the Spanish culture Emotional Cutoff was the lowest. Additionally, the highest tendency towards Emotional Reactivity was found within the Spanish culture whereas the lowest tendency towards Emotional Reactivity was found within the Greek culture.

Article's "Cross-cultural validity of Bowen Theory in southern European countries" (Publications Compendium: Supplementary article) focus on the variances of two DSI-R (Skowron & Schmitt, 2003) subscales among southern European countries pose, to the best of our knowledge, as the first *comparative* cross-cultural study within Europe. Therefore, the article introduces a new line of cross-cultural research of European populations and attests to the possibility that although a research instrument (for Supplementary article: DSI-R subscales of Emotional Cutoff and Emotional Reactivity) might be empirically validated as such within different target-cultures (for Supplementary article: Italian, Spanish, Portuguese, Greek), the empirical validations do not necessarily

rule out differences among the target-cultures. In other words, although the Emotional Cutoff and Emotional Reactivity subscales were found to be valid measures to use within the target southern European countries, such findings do not indicate that the four countries necessarily share the same culture; with this conclusion being reflected in the different observed variance within each subscale, among the four target countries. Such a critical approach might offer a possible partial explanation to the Greek DSI-R's unexpected replication of the original DSI-R's item distribution.

3 Embedment of co-sleeping phenomenon within Bowen Theory

In sum, the present thesis argues for a critical yet culturally sensitive approach towards conceptualizing and researching into the *family* and its systemic dynamics. In spite of the "apparent simplicity" the family "was (and remains) a multivalent, polymorphous category" (Weinstein, 2013, p. 7). Nonetheless, formal definitions have been presented in the relevant literature. Irwin et al. (2007), in their report prepared for the World Health Organization's Commission on the Social Determinants of Health, defined family as "any group of people who dwell together, eat together, and participate in other daily home-based activities together" (p. 21). Likewise, the U.S. Census Bureau (2019) defined family as "a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family". Irwin et al.'s definition is broad in its scope and includes a variety of familial configurations (e.g., married or nonmarried couples, with or without children, single parent families). U.S. Census Bureau's definition, although narrower, essentially refers to an individual's family of origin (i.e., the family in which one grew up).

The differing formal definitions are in line with Coontz' (2005) assertions that the family construct appears to vary across cultures and that it is constantly re-institutionalized. More sspecifically, the construct of the family appears to fall into the category of *boundary objects* which are "plastic enough to adapt to local needs . . . yet robust enough to maintain a common identity across sites. . . . They have different meanings in different social worlds but their structure is common enough to more than one world to make them recognizable" (Star & Griesemer, 1989, p. 393).

Article "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration"[36] (Publications Compendium: Article 3) *applies a research methodology that recognizes the cultural relevance of the familial construct* in that family conveys different meanings within different cultures (e.g., Coontz, 2005; Gladding, 2015; Star & Griesemer, 1989; Weinstein, 2013). Specifically, westernized cultures are thought to emphasize individual independence, achievement, and self-assertiveness, thereby encouraging solitary sleep (Jain et al., 2011; Owens, 2002). On the other side, collectivistic cultures are thought to value interdependency , togetherness, and solidarity, thus endorsing co-sleeping practices (Jain et al., 2011; Owens, 2002). Notwithstanding the said cross-cultural differences, empirical literature converged to a possible association between co-sleeping children and sleep problems (e.g., Cortesi et al., 2008; Hayes et al., 2001). In addition, sleep problems have been associated with behaviour problems (e.g., Cassels, 2013). However, Cassels (2013) deterred from automatically associating co-sleeping with behavioural problems through sleep problems' mediation, as the Swedish and Japanese examples should be taken into account. Westernized Swedish culture poses as an atypical example as co-sleeping is considered "a normal family activity"[37] (Welles-Nystrom, 2005, p. 354). Yet, Swedish children have less behavioural and emotional difficulties compared to their American peers in contrast to their higher co-sleeping rates (Larsson & Frisk, 1999). Likewise, Japanese children present with the lowest rates of behavioural and emotional difficulties in contrast to their co-sleeping highest rates (Latz et al., 1999; Matsuura et al., 1989). As Latz et al. (1999) clearly put it "cultural differences seem to influence the relationship between sleep practices and sleep problems." (p. 339).

Consistent both with the above described cultural-relativity of the familial construct and the cross-cultural co-sleeping differences, article "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) departs from an initial assessment of co-sleeping's prevalence within the Cypriot culture. In that, the article

[36] Article is published in *Systems Research and Behavioral Science*, which is the official Journal of the *International Federation for Systems Research*. The Journal is included in the Journal Citation Reports™.

[37] According to Welles-Nystrom (2005) "Swedish children often co-sleep with both their parents until school age, when more boys than girls cease the practice" (p. 354).

contributes in establishing a co-sleeping prevalence index for Cyprus given the nonexistence of such an estimate (Mileva-Seitz et al., 2017).

In turn, the article utilizes Bowen Theory (1992; Kerr & Bowen, 1988) as a systemic framework to conceptualize anew the co-sleeping family practice. As it was delineated in *Part A: Introduction of thesis' scientific field*, a critical literature review revealed individualistic and dyadic (i.e., attachment informed) guided approaches taken insofar towards co-sleeping family practice. In contrast, the article conceives persistent culturally non normalized co-sleeping as an overly attached (i.e, *symbiotic;* Bowen, 1992) relationship between a parent and the targeted child, and examines co-sleeping from a systemic vantage point. In other words, persistent co-sleeping is embedded within the larger nuclear family and is examined, to the best of our knowledge for the first time, as an emotional process of the *whole* familial emotional unit. Therefore, the article attempts to transcend the attachment paradigm (Ainsworth et al., 1978; Bowlby, 1982) and adopt a holistic/systemic view of co-sleeping families. *In that, the article contributes to the recent theoretical and empirical literature that discusses the nature of the relationship between attachment theory and Bowen Theory.* This theoretical and empirical discussion is presented next.

Attachment theory (Ainsworth et al., 1978; Bowlby, 1982), which is credited with robust empirical support, maintains that the principal emotional bond between the primary caregiver and an offspring, significantly affects child's personality, psychological development, affect regulation, characteristic coping style, and resilience (Connors, 2011; Ross et al., 2016; for a systematic review and meta-analysis see Rasmussen et al., 2019). The early dyadic primary caregiver – offspring relationship is believed to develop internal working models, which in return define the individual's relationships from childhood throughout the adult years (Cassidy & Shaver, 2010; Connors, 2011).

Although Bowlby's attachment theory focuses on a dyadic relational template, both theorists (e.g., Dallos & Vetere, 2012; Hardy & Fisher, 2018) and researchers (e.g., Cepukiene, 2020; Lampis & Cataudella, 2019) have already drawn associations with Bowen Theory. In close accordance to the theoretical and empirical associations drawn between attachment and BFST, article "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration"

(Publications Compendium: Article 3) situates attachment processes, as these are reflected in the persistent co-sleeping practice, *within* the systemic paradigm.

Specifically, on a theoretical level, Dallos and Vetere (2012) suggested that triangulation connects and bridges systems thinking and practice with attachment theory. Authors argued that in addition to the child-mother and child-father relationships, the interparental relationship plays a distinctive role in shaping the child's attachment representations, thereby triangulation processes connect systemic theories with attachment theories. However, although we consider Dallos and Vetere's theoretical approach to be contextually relevant, article "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) theoretically contends that the specific relationship is not of a bridging nature but of an embedding one. Specifically, article's main argument is that the systemic approach, operating at a whole-family level of analysis, embeds attachment processes, which operate at a dyadic level of analysis. In other words, attachment theory enriches and adds detail to the relational transactions between parents and offspring within a systemic framework, given that "a mystery surrounding DoS [differentiation of self] is how it develops" (Ross et al., 2016, p. 402). In line with this theoretical reasoning, Hardy and Fisher (2018) asserted that "differentiation is not a product of secure attachment; rather, differentiation regulates the balance of attachment and autonomy" (p. 8).

In terms of empirical findings, article's "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) adult research participants, who reported co-sleeping with their parent(s) beyond the culturally normative co-sleeping age, exhibited statistically significant deficiencies in their differentiation of self levels. Additionally to the differentiation deficiencies, same research participants were significantly associated with higher chronic anxiety; a finding the corroborated the former, as chronic anxiety "increases as level of differentiation decreases" (Kerr & Bowen, 1988, p. 117). Finally, the persistent co-sleeping group reported statistically significant guilt experienced within their relationships with parent(s) as well as statistically significant intense feelings of abandonment if moved away from them; with

both findings being consistent with the persistent co-sleepers' lower levels of differentiation of self (Bowen 1992; Kerr & Bowen, 1978).

Our study's (Publications Compendium: Article 3) empirical results corroborate Lampis and Cataudella (2019) reported results that differentiation variables were stronger predictors of adult relationship adjustment compared to early attachment processes. Likewise, Cepukiene's (2020) empirical findings revealed that differentiation of self "had the highest significant impact" (p. 10) on adults' psychosocial functioning compared to childhood attachment[38]. Moreover, Cepukiene's findings offered partial statistical support to a complex mediational model grounded in Bowen Theory which included attachment processes as a mediating variable between childhood interparental relationship quality and differentiation of self.

Further to the above studies, article's "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) empirical findings corroborate Skowron and Dendy's (2004) reported empirical association between attachment theory and BFST. The researchers reported significant relationships between dimensions of adult attachment and factors of differentiation of self. Specifically, strong associations were found between attachment avoidance and emotional cutoff, and attachment anxiety and emotional reactivity. Skowron and Dendy concluded that although the concepts of attachment security and healthy differentiation of self refer to distinct relational constructs, "they also share at least two similar, underlying dimensions, namely the dialectic needs for intimacy and autonomy in human experience" (p. 349).

Moreover, article's "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) empirical findings are in accordance with Ross et al. (2016) documented associations between insecure attachment dimensions and triangulation; with higher levels of anxious and avoidant attachment associated with higher levels of triangulation. As we suggest in the article, and according to our supporting preliminary empirical data, persistent non normalized co-sleeping might

[38] Differentiation's strongest predictive power was found to be true compared to the rest of the study variables i.e., childhood interparental relationship and current couple relationship satisfaction (Cepukiene, 2020).

reflect embedded morbid triangulation processes within the family. Additionally, and in agreement with our article's described theoretical premise, Ross et al. suggested that the dyadic process of attachment originates and operates within the triadic systemic field; with attachment eventually affecting the individual's level of differentiation. Researchers' emphasis on attachment operating within triangulation processes lends support to our article's fundamental premise that attachment processes (as these are reflected in persistent co-sleeping) are embedded within (as opposed to being bridged with; Dallos & Vetere, 2012) a systemic context.

Further to article's "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3) aspired contribution to the discussion regarding the nature of the relationship between attachment theory (Ainsworth et al., 1978; Bowlby, 1982) and Bowen Theory (1992; Kerr & Bowen, 1988), the article aspires to respond with its empirical findings, to the evolving suggestions within the literature that persistent co-sleeping may be related with family-level dysfunctions. As it was noted above, article's research participants who reported co-sleeping with their parent(s) beyond the culturally normative co-sleeping age, exhibited statistically significant deficiencies in their differentiation of self levels. As noted elsewhere, differentiation of self was considered the principal outcome and global psychological functioning measure within Bowen Theory (Bowen, 1992; Kerr & Bowen, 1988). Furthermore, differentiation of self was viewed as a "personality variable most critical to mature development and the attainment of psychological health" (Skowron & Friedlander, 1998, p. 235). In addition to the differentiation deficiencies, research participants who practiced culturally non normalized co-sleeping were significantly associated with higher chronic anxiety, reported statistically significant guilt experienced within their relationships with parent(s), and reported statistically significant intense feelings of abandonment if moved away from parents.

Article's (Publications Compendium: Article 3) said empirical findings seem to validate a number of relevant suggestions appearing in the co-sleeping empirical literature. Specifically, Teti et al. (2015) suggested that bed-sharing might have reflected mothers' efforts to satisfy "needs for intimacy and emotional security, needs that perhaps are not being satisfactorily met in the marriage" (p. 173). Therefore, at the presence of

bed-sharing, the researchers urged for more attention being paid to the marital and emotional health of the spouses. Consequently, article's empirical findings appear to validate Teti et al.'s urge, as they point to the direction that persistent co-sleeping might reflect family system wide dysfunctions. Likewise, the article's findings are in close accordance with Cortesi et al.' (2008) suggestion that once co-sleeping is reported, family relationships should be considered and evaluated, as persistent co-sleeping might be related to the overall familial functioning, including couple and maternal health. Moreover, Messmer et al. (2012) corroborate further our article's findings as well those of Cortesi et al.'s (2008) and Teti et al.'s (2015) studies, as they reported a significant decline of marital satisfaction while the weekly bed-sharing hours increased, and this relationship was particularly true for the reactive bed-sharing mothers.

4 Final conclusions

Taken all together, the present thesis sought to contribute to the current theoretical and empirical literature concerning family systems/therapy and in particular Bowen Theory by (a) exposing the potential, detrimental effects of medical model's application in children's mental health (Publications Compendium: Article 1) and (b) exploring further BFST's cross-cultural applicability in two directions: (i) the adaptation and validation of the Differentiation of Self Inventory – Revised (DSI-R; Skowron & Schmitt, 2003) in Greek language and culture (Publications Compendium: Article 2), and (ii) the comparative validity testing of the Emotional Cutoff and Emotional Reactivity DSI-R subscales, among the Italian, Spanish, Greek, and Portuguese cultural contexts (Publications Compendium: Supplementary Article). Finally, by (c) developing a novel systemic theoretical framework, which embeds co-sleeping family practice within Bowen Theory; followed by a preliminary empirical evaluation of the suggested embedment (Publications Compendium: Article 3).

Nevertheless, our thesis presents with an array of limitations. Our thesis is submitted in the format of a Publications Compendium consisting of three, and one supplementary, published articles. Given that each article incorporates a discussion of its own limitations, a reproduction of the latter is considered redundant. Instead, we present our thesis' *global* limitations viewed from a whole synthetic standpoint. Next, we

consider our thesis' limitations from two differing perspectives namely, the theoretical integration and the empirical methodology employed.

A significant limitation of the present thesis lies in that it does not address today's challenge to develop a common psychotherapeutic language or in other words an integrative language, which will attempt to bridge the divide between system oriented and non-system oriented approaches. Present thesis aspires to theoretically and empirically support Bowen Theory's capacity to shed a different light on mental health issues, in other words, to provide with a different level of analysis and intervention the mental health field. However, such an aspiration should not be construed as favouring systems thinking over non-systems thinking. Our thesis' aspiration, although we did very little towards this direction, includes the strive for a synergy of the various psychotherapeutic paradigms so that mental health professionals' armamentarium would become broad enough to include treatment options that will effectively meet an individual's needs. Specifically, the mental health professionals' armamentarium is suggested to include the ability to engage in a whole family systemic view, where the focus may be shifted "from the parts (individual people) to the relationship between the parts (interaction between people)", without such a perspective being "written off as speculative philosophizing" (Kerr & Bowen, 1988, p. 10). At the same time, the professionals' armamentarium is suggested to combine the ability to recognize and evaluate appropriately the severity of an individual's mental health presenting symptoms, without undervaluing the clinical importance of such evaluation. We believe that a non-dogmatic synergy of the systemic and non-systemic approaches retains the capacity to contribute effectively to the development of a common psychotherapeutic language and to the diversification of mental health professionals' clinical mind.

Following the said limitations in terms of lacks in theoretical integration, we now address limitations regarding the empirical methodology employed for our thesis' purposes. Bowen Theory (Bowen, 1992; Kerr & Bowen, 1988) formulates a comprehensive and complex set of interrelationships among family members, thereby rendering its empirical research particularly challenging. As early as (1987), Westerman called for the need "of conceptual and methodological approaches that depart from those that have so far guided studies of dyadic relationships" (p. 87) in order to effectively employ family-level empirical research. This systemic type of empirical research is

considered crucial in order to look beyond the traditionally researched individual and dyadic parts of the nuclear family emotional system. However, as Cepukiene (2020) has recently observed "research studies exploring complex models of relationships between different variables" based on theoretical assumptions concerning the familial (systemic) level of operation are still lacking. Unfortunately, our thesis does not contribute towards filling in this particular gap as systemic models of familial interrelationships have not been tested.

Nevertheless, article's "The Differentiation of Self Inventory – Revised: A validation study in the Greek cultural context" (Publications Compendium: Article 2) findings, alongside article's "Cross-cultural validity of Bowen Theory in southern European countries" (Publications Compendium: Supplementary article) corroborating findings, contribute to the initiation of such family-level empirical research and clinical evaluation. In Cyprus, a complete lack of Bowen Theory driven research is observed alongside a complete lack of BFST driven therapy; thus, the contribution of the Greek validated version of the DSI-R (Skowron & Schmitt, 2003) is expected to steer towards new future directions regarding both BFST empirical research and clinical therapy/evaluation.

In terms of future directions in empirical research, we employ the same approach applied in the limitations' discussion above, in that we suggest global directions rather than summating the ones suggested individually in the published articles (Publications Compendium). Our suggestions, concerning the empirical future directions, depart from the following notion which is a recurrent theme within our thesis and in particular within article "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3). Bowen Theory (1992; Kerr & Bowen, 1988) explores the broader circumstances in which psychopathology is considered to be enmeshed. In turn, Bowen Theory transcends individual- and dyadic-level observations and analyses and focus on the broader nuclear family unit "as a single organism" (Weinstein, 2013, p. 5). Bowen Theory employs a *whole* level of analysis and thus views the nuclear family as a *single* and *total* emotional system. As it has been repeatedly argued in the present thesis as well as in the article (Publications Compendium: Article 3), *Bowen Theory retains the*

capacity to functionally embed[39] *individual- and dyadic-level theoretical observations and empirical findings*. Viewed from such a perspective, and as it has been preliminary empirically supported in the article (Publications Compendium: Article 3), future directions in terms of Bowen Theory's empirical research seem to be vast. Some fruitful examples of how the holistic Bowen Theory may embed non-holistic lines of research may be the following.

Parentification, usually viewed as *emotional* and/or *instrumental* (e.g., Burton et al., 2018; Hooper, 2007), may be considered as an expression of triangulation within the nuclear family. Such a hypothesis appears to merit empirical attention as triangulated (Bowen 1992; Kerr & Bowen, 1988) offspring may reverse their role towards the parent who they consider to be weak in comparison to a seemingly indifferent and more apt parent. Likewise, Harter's (e.g., Harter et al., 1996; Weir & Jose, 2010) seminal line of research, concerning *adolescents' false self behaviour,* may be viewed within the context of families hindering the promotion of their offspring's differentiation of self (Bowen 1992; Kerr & Bowen, 1988). Additionally, adolescents' false self behaviour could also be evaluated in terms of the distinction between the solid self and pseudo self, introduced by Bowen (1992). Lastly, another example of future directions in Bowen Theory's empirical research could be the embedment of Baumrind's (e.g., 1966; Kuppens & Ceulemans, 2019) landmark parenting typology. Empirical research could evaluate, among many other possibilities, the systemic-wide effects of each parenting type on the nuclear family. In a similar vein, all suggested examples (i.e., parentification, adolescents' false self behaviours, parenting types) could be evaluated either individually or in combination within Bowen's (1992; Kerr & Bowen, 1988) multigenerational transmission framework.

Moving further to our suggestions regarding future directions in Bowenian clinical therapy/evaluation, and as far as Cyprus is concerned, we initially note that psychological diagnoses of children and adolescents are typically initiated due to problems that minors

[39] Examples of how such an embedment could be both theoretically and empirically realized, were offered in the above discussion concerning the relationship of attachment theory (Ainsworth et al., 1978; Bowlby, 1982) with BFST (Bowen, 1992; Kerr & Bowen, 1988) as well as in the article "Embedding co-sleeping practice within the family systems paradigm: Novel theoretical conceptualization and initial empirical exploration" (Publications Compendium: Article 3).

face (and are first time observed) within the school settings. As it was delineated in article "Triangulated children's reality: Medical model's concealing effect versus family systems' revealing effect" (Publications Compendium: Article 1) school-based psychological evaluations are at grave risk of cultivating the potential explanatory illusion that children's and adolescents' school-based problems are at the same time school-rooted. Therefore, article's publication is expected to contribute to the much needed future direction of suggesting Bowen Theory as a systemic framework to inform educational psychology's everyday practice. Such a future cross fertilization of educational psychology's work with systemic thinking and ideas is considered crucial as for example, "a five-fold increase in drug recommendations for children implies that doctors and clinicians are not considering all possibilities before administering a diagnosis of ADHD" (Cassels, 2013, p. 14). To the extent that Cassels' observation (as well as similar observations voiced in the literature e.g., Pressman & Imber, 2011; Gutkin, 2012) holds true, we suggest that considerable ethical implications concerning minors' faux diagnoses and false medicalizations also emerge. Consequently, we consider the future enrichment of educational psychology academic preparatory programs, in Cyprus and elsewhere, a much needed future direction. Likewise, an in depth discussion among educational psychologists themselves, regarding their systemic role within the Cypriot educational setting, is also considered a fruitful future direction as this might extend their clinical evaluation scope to include a deeper look at minors' familial environments.

Further to the observed thesis' limitations and suggested future directions, we conclude with the following final reflections. James Framo (1972), a pioneer in family therapy (American Association for Marriage and Family Therapy [AAMFT], 2008), addressed the participants of the Conference on Systematic Research on Family Interaction[40] in a way that both validated Von Bertalanffy's (1950) assertions on the unlimited potential of the systemic paradigm (described above), and summated family therapy's powerful formulation of a different order theory:

> In reformulating concepts about the very nature of emotional disturbances and its treatment, the family therapy movement, a

[40] Took place at Eastern Pennsylvania Psychiatric Institute, in 1967.

> tour de force breakthrough, really, has yielded a mass of undigested information about the transactional nature of intimate relationships. Family therapy is not just a modality of treatment but a philosophy which offers a wholly new theoretical model for thinking about psychopathology, contexts and systems. (p. 6)

Likewise, and during the same conference, Jay Haley (Framo, 1972), another pioneer of the family therapy discipline (AAMFT, 2008), argued that "the family orientation in psychiatry does not merely suggest a revision of past psychological theory; it raises a basic question about the unit that should be studied and treated" (p. 14). Furthermore, Haley argued that "from this view, the difference between 'normal' people and individuals with psychiatric problems would be a difference in the current family situation (and treatment situation) in which the person is embedded" (p. 15). Alas, as Jackson (2006) asserted, today's "sold simple solutions to complex problems" fail because instead of being "holistic or creative enough" they are "simple, quick-fix panaceas" (p. 647), a situation that may hold applicable in today's mental health field as well. Present thesis' purpose, including its accompanying articles', could be summarized (a) in the axiom that mental health problems are observer-dependent problems and (b) in the notion that Bowen Theory may indeed open the observational lens to the entirety of the family and free the clinical mind "from the narrow conceptual boundaries of individual theory" (Bowen, 1992, p. 156).

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APPENDIX A

Greek Questionnaire Battery

USC UNIVERSIDADE DE SANTIAGO DE COMPOSTELA

Οικογενειακή Δυναμική & Διαφοροποίηση

Χαίρεται!

Η έρευνα μελετά τα ψυχολογικά εμπόδια και δυσκολίες που η οικογένεια προέλευσης "κληροδοτεί" στην οικογένεια της επόμενης γενιάς.

Η συμμετοχή στην έρευνα θα σε προβληματίσει για διάφορες όψεις της ζωής σου καθώς και για τις σχέσεις σου με την οικογένειά σου.

Είναι σημαντικό οι απαντήσεις σου να είναι ειλικρινείς. Για τον λόγο αυτό η συμμετοχή σου είναι εθελοντική, είναι εντελώς ανώνυμη και δεν σου ζητούνται πληροφορίες που να αποκαλύπτουν την προσωπική σου ταυτότητα. Η συνολική διάρκεια του ερωτηματολογίου είναι περίπου δεκαπέντε λεπτά.

Για απορίες και διευκρινίσεις, επικοινώνησε στο τηλ.: +35799778677 (Κλεάνθης Νεοφύτου BA, BSc, LLB, MS).

Ευχαριστώ!
* Required

1. Αν θέλεις να έχεις τα ανώνυμα αποτελέσματα του ερωτηματολογίου σου μαζί με μια ψυχολογική επεξήγηση, γράψε πιο κάτω ένα ανώνυμο, ασυνήθιστο κωδικό. Στείλε με ανώνυμο λογαριασμό email τον κωδικό που μόλις έγραψες στο nkleanthisn@gmail.com και θα σου στείλουμε τα αποτελέσματα μόλις η έρευνα ολοκληρωθεί. Σημείωσε κάπου τον κωδικό για να τον θυμάσαι.

Δημογραφικά Στοιχεία

Βρίσκεσαι στο 1ο μέρος του ερωτηματολογίου!

2. Φύλο *

Mark only one oval.

- ◯ άνδρας
- ◯ γυναίκα

3. Ηλικία *

Mark only one oval.

- 15
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- 68
- 69
- 70
- 71+

4. Σε ποια χώρα γεννήθηκες; *

5. Σε ποια χώρα κατοικείς μόνιμα; *

Mark only one oval.

- Κύπρο
- Ελλάδα
- άλλη

6. Διάλεξε ένα από τα ακόλουθα *

Mark only one oval.

- Έγγαμος/η
- Ξανά παντρεμένος/η
- Διαζευγμένος/η
- Συζώ με σύντροφο μετά από διαζύγιο
- Συζώ με σύντροφο, δεν έχω παντρευτεί
- Ελεύθερος/η
- Χήρος/α
- Άλλο

7. Έχεις παιδιά; *

Mark only one oval.

- όχι
- 1
- 2
- 3
- 4
- περισσότερα από 4

8. Εκπαίδευση *

Mark only one oval.

- απόφοιτος δημοτικού
- απόφοιτος γυμνασίου
- απόφοιτος λυκείου/τεχνικής
- απόφοιτος κολλεγίου/πανεπιστημίου
- κατέχω μεταπτυχιακό
- κατέχω διδακτορικό

9. Υπηκοότητα *

Mark only one oval.

- Κυπριακή
- Ελληνική
- Ευρωπαϊκή (μη Κυπριακή, μη Ελληνική)
- Άλλη

10. Εργασία *

Mark only one oval.

- άνεργος
- εργαζόμενος
- συνταξιούχος
- οικοκυρά
- άλλη

11. Σειρά γέννησης *

Mark only one oval.

- μοναχοπαίδι
- ο/η μεγαλύτερος/η
- ο/η μικρότερος/η
- υπάρχει αδελφός/αδέλφια πριν ΚΑΙ μετά από μένα

12. Ζω (διάλεξε όλα όσα αιριάζουν) *

Check all that apply.

- [ ] μόνος/η
- [ ] με αδέλφια
- [ ] με σύντροφο/σύζυγο
- [ ] με γονιό/γονείς
- [ ] με συγκάτοικο
- [ ] με παιδί/παιδιά μου
- [ ] άλλο

13. Μεγάλωσα σε *

Mark only one oval.

- ◯ αγροτική περιοχή
- ◯ ημιαστική περιοχή
- ◯ αστική περιοχή

Skip to question 34

Ερωτηματολόγιο Άγχους

Καλωσόρισες στο προτελευταίο μέρος του ερωτηματολογίου! Στο μέρος αυτό, διάβασε την κάθε πρόταση και επέλεξε τον αριθμό που εκφράζει το πώς αισθάνεσαι γενικά. Δεν υπάρχουν σωστές ή λάθος απαντήσεις.

14. Αισθάνομαι ευχάριστα *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ	◯	◯	◯	◯	Σχεδόν πάντα

15. Αισθάνομαι νευρικός/ή και ανήσυχος/η *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ	◯	◯	◯	◯	Σχεδόν πάντα

16. Αισθάνομαι ικανοποιημένος/η με τον εαυτό μου *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ	◯	◯	◯	◯	Σχεδόν πάντα

17. Εύχομαι να μπορούσα να είμαι τόσο ευτυχισμένος/η όσο οι άλλοι φαίνονται να είναι *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ	◯	◯	◯	◯	Σχεδόν πάντα

18. Αισθάνομαι αποτυχημένος/η *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ	◯	◯	◯	◯	Σχεδόν πάντα

19. Αισθάνομαι ξεκούραστος/η *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ	◯	◯	◯	◯	Σχεδόν πάντα

20. Είμαι ήρεμος/η, ψύχραιμος/η και συγκροτημένος/η *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ	◯	◯	◯	◯	Σχεδόν πάντα

21. Αισθάνομαι ότι οι δυσκολίες συσσωρεύονται ώστε να μην μπορώ να τις ξεπεράσω *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ	◯	◯	◯	◯	Σχεδόν πάντα

22. Ανησυχώ πάρα πολύ για κάτι που στην πραγματικότητα δεν έχει σημασία *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ					Σχεδόν πάντα

23. Είμαι ευτυχισμένος/η *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ					Σχεδόν πάντα

24. Έχω ενοχλητικές σκέψεις *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ					Σχεδόν πάντα

25. Μου λείπει η αυτοπεποίθηση *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ					Σχεδόν πάντα

26. Αισθάνομαι ασφαλής *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ					Σχεδόν πάντα

27. Αποφασίζω εύκολα *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ	◯	◯	◯	◯	Σχεδόν πάντα

28. Αισθάνομαι ανεπαρκής *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ	◯	◯	◯	◯	Σχεδόν πάντα

29. Είμαι ικανοποιημένος/η *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ	◯	◯	◯	◯	Σχεδόν πάντα

30. Κάποια ασήμαντη σκέψη περνάει από το μυαλό και μ' ενοχλεί *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ	◯	◯	◯	◯	Σχεδόν πάντα

31. Παίρνω τις απογοητεύσεις κατάκαρδα ώστε να μην μπορώ να τις διώξω από τη σκέψη μου *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ	◯	◯	◯	◯	Σχεδόν πάντα

32. Είμαι ένα σταθερό άτομο *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ	◯	◯	◯	◯	Σχεδόν πάντα

33. Αισθάνομαι ένταση/αναστάτωση όταν σκέφτομαι τις έγνοιες που έχω *

Mark only one oval.

	1	2	3	4	
Σχεδόν ποτέ	◯	◯	◯	◯	Σχεδόν πάντα

Skip to question 80

Ελληνικό DSI-R

Καλωσόρισες στο 2ο μέρος του ερωτηματολογίου! Αυτές είναι ερωτήσεις που αφορούν τις σκέψεις και τα συναισθήματά σου για σένα και για τις σχέσεις σου με τους άλλους. Σε παρακαλώ διάβασε κάθε δήλωση προσεχτικά και αποφάσισε πόσο η κάθε δήλωση ισχύει γενικά για σένα, σε κλίμακα από 1 (καθόλου) μέχρι 6 (πολύ). Αν πιστεύεις ότι κάποια δήλωση δεν εφαρμόζεται σε εσένα (π.χ. αν τώρα δεν είσαι σε γάμο ή σε συντροφική σχέση, ή ένας ή και οι δύο γονείς σου δεν ζουν), σε παρακαλώ απάντησε την δήλωση σύμφωνα με την καλύτερη πρόβλεψή σου για το ποιες θα ήταν οι σκέψεις και τα συναισθήματά σου αν ίσχυαν τέτοια δεδομένα. Βεβαιώσου ότι θα απαντήσεις όλες τις δηλώσεις και προσπάθησε να είσαι όσο γίνεται πιο ειλικρινής και πιο ακριβής στις απαντήσεις σου.

34. 1. Άτομα έχουν σχολιάσει ότι είμαι πέραν του δέοντως συναισθηματικός/ή. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ	◯	◯	◯	◯	◯	◯	ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

35. 2. Δυσκολεύομαι να εκφράσω τα συναισθήματά μου στους ανθρώπους που νοιάζομαι. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ	◯	◯	◯	◯	◯	◯	ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

36. 3. Συχνά νιώθω συνεσταλμένος όταν είμαι με την οικογένειά μου. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

37. 4. Έχω την τάση να παραμένω αρκετά ήρεμος/η ακόμα και υπό πίεση. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

38. 5. Συνήθως χρειάζομαι πολλή ενθάρρυνση από τους άλλους όταν αρχίζω μια μεγάλη εργασία. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

39. 6. Όταν κάποιο στενό μου πρόσωπο με απογοητεύσει, απομακρύνομαι από αυτόν/ή για κάποιο χρόνο. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

40. 7. Ότι και να συμβεί στη ζωή μου, γνωρίζω ότι δεν θα χάσω ποτέ την αίσθηση του ποιος/α είμαι. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

41. 8. Έχω την τάση να αποτραβιέμαι όταν οι άνθρωποι έρχονται πάρα πολύ κοντά σε εμένα. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ	◯	◯	◯	◯	◯	◯	ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

42. 9. Θέλω να ανταποκριθώ στις προσδοκίες του γονιού(-ών) μου για μένα. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ	◯	◯	◯	◯	◯	◯	ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

43. 10. Εύχομαι να μην ήμουν τόσο συναισθηματικός/ή. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ	◯	◯	◯	◯	◯	◯	ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

44. 11. Συνήθως δεν αλλάζω τη συμπεριφορά μου απλά για να ευχαριστήσω κάποιο πρόσωπο. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ	◯	◯	◯	◯	◯	◯	ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

45. 12. Ο/Η σύζυγος/σύντροφος μου δεν θα μπορούσε να το ανεχτεί, αν εξέφραζα σε αυτόν(-ή) τα αληθινά μου συναισθήματα για κάποια πράγματα. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ	◯	◯	◯	◯	◯	◯	ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

46. 13. Όταν ο/η σύζυγος/σύντροφος μου με επικρίνει, με ενοχλεί για μέρες. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

47. 14. Κάποτε, τα συναισθήματά μου κυριεύουν τον καλύτερο μου εαυτό και δυσκολεύομαι να σκεφτώ καθαρά. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

48. 15. Όταν λογομαχώ με κάποιο άτομο, μπορώ να ξεχωρίσω τις σκέψεις μου για το ζήτημα από τα συναισθήματά μου για το άτομο αυτό. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

49. 16. Συχνά νιώθω άβολα, όταν οι άνθρωποι έρχονται πάρα πολύ κοντά σε εμένα. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

50. 17. Έχω ανάγκη για επιδοκιμασία σχεδόν από όλους στη ζωή μου. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

51. 18. Κάποτε νιώθω σαν να βρίσκομαι μέσα σε ένα συναισθηματικό ρόλλερ κόστερ (δηλ. έχω έντονα συναισθηματικά σκαμπανεβάσματα). *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

52. 19. Δεν υπάρχει λόγος να αναστατώνομαι για πράγματα που δεν μπορώ να αλλάξω. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

53. 20. Ανησυχώ μήπως χάσω την ανεξαρτησία μου στις πολύ στενές προσωπικές μου σχέσεις. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

54. 21. Είμαι πέραν του δέοντως ευαίσθητος(-η) στις επικρίσεις. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

55. 22. Προσπαθώ να ζω σύμφωνα με τις προσδοκίες του γονιού(-ών) μου. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

56. 23. Αποδέχομαι αρκετά τον εαυτό μου. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

57. 24. Συχνά αισθάνομαι ότι ο/η σύζυγος/σύντροφος μου, περιμένει πάρα πολλά από εμένα. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

58. 25. Συχνά συμφωνώ με τους άλλους απλώς για να τους κρατήσω ήρεμους. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

59. 26. Όταν λογομαχώ με το σύζυγο/σύντροφο μου, έχω την τάση να το σκέφτομαι όλη μέρα. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

60. 27. Είμαι ικανός(-ή) να λέω “όχι” στους άλλους ακόμα και όταν αισθάνομαι να πιέζομαι από αυτούς. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

61. 28. Όταν μια από τις σχέσεις μου γίνεται πολύ έντονη, νιώθω την ανάγκη να ξεφύγω από αυτήν. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ	◯	◯	◯	◯	◯	◯	ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

62. 29. Οι λογομαχίες με το γονιό ή τα αδέλφια μου μπορούν ακόμα να με κάνουν να αισθάνομαι απαίσια. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ	◯	◯	◯	◯	◯	◯	ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

63. 30. Αν κάποιος είναι αναστατωμένος(-η) με εμένα, φαίνεται ότι δεν μπορώ να το προσπεράσω εύκολα. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ	◯	◯	◯	◯	◯	◯	ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

64. 31. Με ενδιαφέρει λιγότερο να με αποδεχτούν οι άλλοι από του να κάνω αυτό που νομίζω ότι είναι το σωστό. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ	◯	◯	◯	◯	◯	◯	ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

65. 32. Δεν θα σκεφτόμουν ποτέ να στραφώ σε οποιοδήποτε μέλος της οικογένειάς μου για συναισθηματική στήριξη. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

66. 33. Συχνά αισθάνομαι αβέβαιος(-η) όταν δεν υπάρχουν άλλοι κοντά μου, για να με βοηθήσουν να πάρω μια απόφαση. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

67. 34. Είμαι πολύ ευάλωτος στο να πληγωθώ από τους άλλους(-ες). *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

68. 35. Η αυτοεκτίμηση μου εξαρτάται σε μεγάλο βαθμό από το πώς οι άλλοι σκέφτονται για μένα. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

69. 36. Όταν είμαι με το σύζυγο/σύντροφό μου, συχνά αισθάνομαι να πνίγομαι. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

70. 37. Όταν παίρνω αποφάσεις, σπάνια ανησυχώ για το τι θα σκεφτούν οι άλλοι. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

71. 38. Συχνά αναρωτιέμαι για το ποια εντύπωση δίνω στους άλλους. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

72. 39. Όταν τα πράγματα πηγαίνουν στραβά, το να τα συζητάς, συνήθως τα κάνει χειρότερα. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

73. 40. Αισθάνομαι τα γεγονότα εντονότερα από ότι τα αισθάνονται οι άλλοι. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

74. 41. Συνήθως κάνω αυτό που πιστεύω ότι είναι το σωστό, άσχετα από το τι λένε οι άλλοι. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

75. 42. Η σχέση μας ίσως να ήταν καλύτερη αν ο σύζυγος/σύντροφος μου έδινε το χώρο που χρειάζομαι. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

76. 43. Έχω την τάση να αισθάνομαι αρκετά σταθερός(-ή) όταν είμαι υπό πίεση. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

77. 44. Κάποτε νιώθω σαν άρρωστος(-η), μετά από μια λογομαχία με το σύζυγο/σύντροφο μου. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

78. 45. Αισθάνομαι ότι είναι σημαντικό να ακούω τη γνώμη του γονιού(-ών) μου, πριν πάρω αποφάσεις. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

79. 46. Ανησυχώ για τους κοντινούς μου ανθρώπους μήπως αρρωστήσουν, πληγωθούν ή αναστατωθούν. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

Skip to question 14

Τελευταίες Ερωτήσεις...

Έφτασες στο τελευταίο μέρος του ερωτηματολογίου! Απάντησε με ειλικρίνεια και ολοκλήρωσε τη συμμετοχή σου!

80. Όταν ήμουν μικρός/ή, κοιμόμουν μαζί με το γονιό (ή τους γονείς) μου μέχρι την ηλικία *

Mark only one oval.

- 0 μέχρι 3 ετών
- 4 μέχρι 6 ετών
- 7 μέχρι 12 ετών
- 13 μέχρι 15 ετών
- 16 μέχρι 18 ετών
- Περισσότερο από 18 ετών

81. Φοβόμουν/Φοβάμαι να κάνω δικά μου παιδιά *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

82. Νιώθω ότι εγκαταλείπω τον γονιό(-είς) μου, αν ζήσω μακριά από αυτόν/ούς. *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

83. Τα παιδιά στην πραγματικότητα είναι κυρίως προβλήματα *

Mark only one oval.

	1	2	3	4	5	6	
ΚΑΘΟΛΟΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ							ΕΙΝΑΙ ΠΟΛΥ ΑΛΗΘΕΙΑ ΓΙΑ ΜΕΝΑ

APPENDIX B

Differentiation of Self Inventory – Revised*

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.

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.

DSI–R 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, 44, 45, 46

* Skowron, E. A., & Schmitt, T. A. (2003). Assessing interpersonal fusion: Reliability and validity of a new DSI fusion with others subscale. *Journal of Marital and Family Therapy*, *29*(2), 209–222. https://doi.org/10.1111/j.1752-0606.2003.tb01201.x

APPENDIX D

Greek Differentiation of Self Inventory – Revised

Ελληνικό DSI-R

Αυτές είναι ερωτήσεις που αφορούν τις σκέψεις και τα συναισθήματά σου για σένα και για τις σχέσεις σου με τους άλλους. Σε παρακαλώ διάβασε κάθε δήλωση προσεχτικά και αποφάσισε πόσο η κάθε δήλωση *ισχύει γενικά* για σένα, σε κλίμακα από 1 (καθόλου) μέχρι 6 (πολύ). Αν πιστεύεις ότι κάποια δήλωση δεν εφαρμόζεται σε εσένα (πχ. τώρα δεν είσαι σε γάμο ή σε συντροφική σχέση, ή ένας ή και οι δύο γονείς σου δεν ζουν), σε παρακαλώ απάντησε τη δήλωση σύμφωνα με την καλύτερη πρόβλεψή σου για το ποιες θα ήταν οι σκέψεις και τα συναισθήματά σου αν ίσχυαν τέτοια δεδομένα. Βεβαιώσου ότι θα απαντήσεις όλες τις δηλώσεις και προσπάθησε να είσαι όσο γίνεται πιο ειλικρινής και πιο ακριβής στις απαντήσεις σου.

	ΔΕΝ ΙΣΧΥΕΙ ΚΑΘΟΛΟΥ ΓΙΑ ΜΕΝΑ			ΙΣΧΥΕΙ ΠΟΛΥ ΓΙΑ ΜΕΝΑ		
1. Άτομα έχουν σχολιάσει ότι είμαι πέραν του δέοντος συναισθηματικός/ή.	1	2	3	4	5	6
2. Δυσκολεύομαι να εκφράσω τα συναισθήματά μου στους ανθρώπους που νοιάζομαι.	1	2	3	4	5	6
3. Συχνά νιώθω συνεσταλμένος όταν είμαι με την οικογένειά μου.	1	2	3	4	5	6
4. Έχω την τάση να παραμένω αρκετά ήρεμος/η ακόμα και υπό πίεση.	1	2	3	4	5	6
5. Συνήθως χρειάζομαι πολλή ενθάρρυνση από τους άλλους όταν αρχίζω μια μεγάλη εργασία.	1	2	3	4	5	6
6. Όταν κάποιο στενό μου πρόσωπο με απογοητεύσει, απομακρύνομαι από αυτόν/ή για κάποιο χρόνο.	1	2	3	4	5	6
7. Ότι και να συμβεί στη ζωή μου, γνωρίζω ότι δεν θα χάσω ποτέ την αίσθηση του ποιος/α είμαι.	1	2	3	4	5	6
8. Τείνω να αποτραβιέμαι όταν οι άνθρωποι έρχονται πολύ κοντά σε εμένα.	1	2	3	4	5	6
9. Θέλω να ανταποκριθώ στις προσδοκίες των γονιών μου για μένα.	1	2	3	4	5	6
10. Εύχομαι να μην ήμουν τόσο συναισθηματικός/ή.	1	2	3	4	5	6
11. Συνήθως δεν αλλάζω τη συμπεριφορά μου απλά για να ευχαριστήσω κάποιο πρόσωπο.	1	2	3	4	5	6
12. Ο/Η σύζυγος/σύντροφός μου δεν θα μπορούσε να το ανεχτεί, αν εξέφραζα σε αυτόν/ή τα αληθινά μου συναισθήματα για κάποια πράγματα.	1	2	3	4	5	6
13. Όταν ο/η σύζυγος/σύντροφός μου με επικρίνει, με ενοχλεί για μέρες.	1	2	3	4	5	6
14. Κάποτε, τα συναισθήματα κυριεύουν τον καλύτερο μου εαυτό και δυσκολεύομαι να σκεφτώ καθαρά.	1	2	3	4	5	6
15. Όταν λογομαχώ με κάποιον/α, μπορώ να ξεχωρίσω τις σκέψεις μου για το ζήτημα από τα συναισθήματά μου για το άτομο αυτό.	1	2	3	4	5	6
16. Συχνά νιώθω άβολα όταν οι άνθρωποι έρχονται πάρα πολύ κοντά σε εμένα.	1	2	3	4	5	6
17. Έχω ανάγκη για επιδοκιμασία σχεδόν από όλους στη ζωή μου.	1	2	3	4	5	6
18. Κάποτε νιώθω σαν να βρίσκομαι μέσα σε ένα συναισθηματικό ρόλλερ-κόστερ (δηλ. έχω έντονα συναισθηματικά σκαμπανεβάσματα).	1	2	3	4	5	6
19. Δεν υπάρχει λόγος να αναστατώνομαι για πράγματα που δεν μπορώ να αλλάξω.	1	2	3	4	5	6
20. Ανησυχώ μήπως χάσω την ανεξαρτησία μου στις πολύ στενές προσωπικές μου σχέσεις.	1	2	3	4	5	6
21. Είμαι πέραν του δέοντος ευαίσθητος/η στις επικρίσεις.	1	2	3	4	5	6
22. Προσπαθώ να ανταποκριθώ στις προσδοκίες των γονιών μου.	1	2	3	4	5	6

23. Αποδέχομαι αρκετά τον εαυτό μου.	1	2	3	4	5	6
24. Συχνά αισθάνομαι ότι ο/η σύζυγος/σύντροφός μου ζητά πάρα πολλά από εμένα.	1	2	3	4	5	6
25. Συχνά συμφωνώ με τους άλλους απλώς για να τους κρατήσω ήρεμους.	1	2	3	4	5	6
26. Όταν λογομαχώ με τον σύζυγο/σύντροφό μου, τείνω να το σκέφτομαι όλη μέρα.	1	2	3	4	5	6
27. Είμαι ικανός/ή να λέω "όχι" στους άλλους ακόμα και όταν αισθάνομαι να πιέζομαι από αυτούς.	1	2	3	4	5	6
28. Όταν μια από τις σχέσεις μου γίνεται πολύ έντονη, νιώθω την ανάγκη να ξεφύγω από αυτήν.	1	2	3	4	5	6
29. Οι λογομαχίες με τον/τους γονιό/είς ή τα αδέλφια μπορούν ακόμα να με κάνουν να αισθάνομαι απαίσια.	1	2	3	4	5	6
30. Όταν κάποιος/α είναι αναστατωμένος/η με εμένα, φαίνεται ότι δεν μπορώ να το προσπεράσω εύκολα.	1	2	3	4	5	6
31. Με ενδιαφέρει λιγότερο να με αποδεχτούν οι άλλοι από του να κάνω αυτό που νομίζω ότι είναι το σωστό.	1	2	3	4	5	6
32. Δεν θα σκεφτόμουν ποτέ να στραφώ σε οποιοδήποτε μέλος της οικογένειάς μου για συναισθηματική στήριξη.	1	2	3	4	5	6
33. Συχνά αισθάνομαι αβέβαιος/η όταν δεν υπάρχουν άλλοι κοντά μου για να με βοηθήσουν να πάρω μια απόφαση.	1	2	3	4	5	6
34. Είμαι πολύ ευάλωτος στο να πληγώνομαι από τους άλλους/ες.	1	2	3	4	5	6
35. Η αυτοεκτίμησή μου εξαρτάται σε μεγάλο βαθμό από το πώς οι άλλοι σκέφτονται για μένα.	1	2	3	4	5	6
36. Όταν είμαι με τον σύζυγο/σύντροφό μου, συχνά αισθάνομαι να πνίγομαι.	1	2	3	4	5	6
37. Όταν παίρνω αποφάσεις, σπάνια ανησυχώ για το τι θα σκεφτούν οι άλλοι.	1	2	3	4	5	6
38. Συχνά αναρωτιέμαι για το ποια εντύπωση δίνω στους άλλους.	1	2	3	4	5	6
39. Όταν τα πράγματα πηγαίνουν στραβά, το να τα συζητάς συνήθως τα κάνει χειρότερα.	1	2	3	4	5	6
40. Αισθάνομαι τα γεγονότα εντονότερα από ότι τα αισθάνονται οι άλλοι.	1	2	3	4	5	6
41. Συνήθως κάνω αυτό που πιστεύω ότι είναι το σωστό, άσχετα από το τι λένε οι άλλοι.	1	2	3	4	5	6
42. Η σχέση μας ίσως να ήταν καλύτερη αν ο σύζυγος/σύντροφος έδινε σε εμένα το χώρο που χρειάζομαι.	1	2	3	4	5	6
43. Έχω την τάση να αισθάνομαι αρκετά σταθερός/ή όταν είμαι υπό πίεση.	1	2	3	4	5	6
44. Κάποτε νιώθω σαν άρρωστος/η μετά από μια λογομαχία με τον σύζυγο/σύντροφό μου.	1	2	3	4	5	6
45. Αισθάνομαι ότι είναι σημαντικό να ακούω τις απόψεις των γονιών μου πριν να πάρω αποφάσεις.	1	2	3	4	5	6
46. Ανησυχώ για τους κοντινούς μου ανθρώπους μήπως αρρωστήσουν, πληγωθούν ή αναστατωθούν.	1	2	3	4	5	6

G-DSI-R 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, 44, 45, 46

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