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Family Functioning, Family Structure, and Differentiation of Self in Heterosexual Spanish Couples: An Actor–Partner Analysis

Martiño Rodríguez-González, Maria Schweer-Collins, Chance A. Bell, Jonathan Sandberg, and Carmen Rodríguez-Naranjo

This study used an actor–partner interdependence model to assess the relationship between differentiation of self and family functioning in a sample of 118 heterosexual Spanish couples, with additional attention to family structural correlates, including age of the children, number of children in the household, and educational level. Results showed a significant actor effect, with greater differentiation of self levels predicting better family functioning within individuals. Implications for mental health professionals regarding differentiation are provided.

Keywords: differentiation of self, family functioning, actor–partner interdependence modeling, couples, Family Assessment Device

In Spain, there is increasing attention on family dynamics, particularly the influence of family on the health of the individual, at the professional level, as evidenced by an increase of over 300% in the number of licensed psychologists from 2012 to 2017 (Instituto Nacional de Estadística, 2017). Moreover, almost every university in Spain offers a postdoctoral program in marriage and family counseling grounded in the family systems perspective (Rodríguez-González & Martínez Berlanga, 2014). This is unsurprising given that 83% of Spaniards consider family to be the most important aspect of their lives, over work, friends, or leisure (Centro de Investigaciones Sociológicas [CIS], 2014). Despite the emphasis on the family in Spain, little is known about how salient individual factors, such as differentiation of self (DoS), relate to family functioning, and even less is known about these associations in European and Spanish samples.

Several key counseling modalities assess contextual factors, such as the family, that influence individual health. Family functioning is assessed by mental health professionals through a number of means, one of the most common being the Family Assessment Device (FAD; Epstein, Baldwin, & Bishop, 1983). A key principle of family functioning is that the system is best understood through a collective assessment of all members, rather than through a dissection of subgroups or individual members (Miller, Ryan, Keitner, Bishop, & Epstein, 2000). As mental health professionals work within the family system to address family dysfunction, they must take into account the differing perspectives of each family member. Research shows that although family members often experience the same event in different ways, they report dissimilar answers on questionnaires assessing family environment and functioning (Georgiades, Boyle, Jenkins, Sanford, & Lipman, 2008; Jager, Bornstein, Putnick, & Hendricks, 2012). For example, research on the differences between adolescent and parent perceptions of family functioning showed that it is the adolescents' individual perspective that relates [AU2]

[AU1] **Martiño Rodríguez-González,** Department of Developmental Psychology and Education, University of Santiago de Compostela, Santiago de Compostela, Spain; **Maria Schweer-Collins,** Department of Counseling Psychology and Human Services, University of Oregon, Eugene; **Chance A. Bell,** Danielsen Institute, Boston University; **Jonathan Sandberg,** Department of Family Life, Brigham Young University; **Carmen Rodríguez-Naranjo,** Department of Personality, Evaluation and Psychological Treatment, University of Málaga, Málaga, Spain. Correspondence concerning this article should be addressed to Martiño Rodríguez-González, Department of Developmental Psychology and Education, University of Santiago de Compostela, Campus Sur, Faculty of Psychology, Santiago de Compostela, 15782, Spain (email: martino.rodriguez@usc.es).

to their psychosocial adjustment (Jager et al., 2012). Thus, intrapersonal factors, which may be related to the individual's experience of the family, are also important to consider when examining interpersonal family functioning.

Family functioning and DoS are theorized to be systemic factors, and although they relate to individual characteristics and perceptions, they also influence relationships between system members (Skowron, Van Epps, Cipriano-Essel, & Woehrle, 2014). Empirical research on the individual and joint contributions of family system members on family functioning is surprisingly scarce, and this is the first study to explore these relationships within a heterosexual Spanish sample. Because previous studies on family functioning suggest that lesbian and gay couples differ in some aspects of family functioning relative to heterosexual couples (Bos, van Balen, & van den Boom, 2005), our study references only empirical findings from studies using samples of heterosexual couples. We sought to extend findings of associations between DoS and family functioning using advanced methodology that can account for the inter- and intrapersonal effects of each member of the family unit and that can assess the cross-cultural validity of this relationship in a European Spanish-speaking sample. A limitation of this study is that we considered only heterosexual individuals.

DoS and Family Functioning

DoS, a cornerstone concept in Bowen's (1978) family systems theory, is an index of emotional self-regulation, and it reflects an individual's capacity to manage relational anxiety and act in accordance with one's values while in relationships with significant others. DoS comprises an intrapersonal ability to differentiate between thinking and feeling systems and an interpersonal ability to maintain autonomy while simultaneously connecting to important others at an intimate level (Bowen, 1978; Rodríguez-González & Kerr, 2011). According to Bowen, people with greater DoS are better able to manage daily life stresses and emotional reactivity. Higher levels of DoS are thought to reflect interpersonal competence and a greater ability to modulate emotional arousal experienced in the context of family relationships. Empirical studies have provided support for Bowen's statements about DoS and health. Lower levels of DoS are associated with psychological and physical health problems (Peleg & Rahal, 2012; Ross & Murdock, 2014) and lower cultural harmony (Lee & Johnson, 2017). In contrast, people with higher levels of DoS show greater spiritual development (Jankowski & Vaughn, 2011), social justice commitment (Sandage, Crabtree, & Schweer, 2014), and marital adjustment (Rodríguez-González, Skowron, Cagigal, & Muñoz, 2016).

A few studies have explored the relationship between DoS and family functioning; however, they did not focus on or report the structure or sexual orientation of the couple (Chung & Gale, 2009; Kim et al., 2014, 2015). Family functioning, as a broad construct, represents the dynamics that exist within the family system, including the functioning of interpersonal relationships, togetherness, independence, family roles, familial communication, and patterns of behaviors used by family members to address life stressors (Miller et al., 2000). Bowen (1978) theorized that characteristics such as interpersonal competence, or the ability to maintain autonomy, may be connected with positive levels of family functioning. Chung and Gale (2009) found that the perceived level of family functioning significantly predicted the DoS in two cultures from samples of undergraduate students (855 Korean, 574 American). Moreover, they highlighted relevant cultural differences. Specifically, they found that the magnitude of this relationship was stronger among American than Korean undergraduates.

With a sample of 235 adult South Koreans, Kim et al. (2014) found that greater DoS predicted better family functioning using the Family Adaptability and Cohesion Scale–IV (Olson, 2011). In addition, they found that the I-Position and Emotional Cutoff subscales of the Differentiation of Self Inventory (Skowron & Friedlander, 1998) had stronger predictive capacity. Finally, Kim et al. (2015) focused on differences in the relationship between DoS and family functioning in three groups: South Koreans living in South Korea, South Korean–born citizens living in the United States, and White U.S. citizens. Using a multigroup confirmatory factor analysis, they found similar associations between higher levels of DoS and healthier family functioning among the three groups (Kim et al., 2015). [AU3]

These three studies provide a rationale for future research that accounts for the cultural validity of differentiation and family functioning by replicating these findings in other cultures. Bowen (1978) maintained that family systems' theoretical components hold universal relevance, and an increasing number of studies have focused on the question of family systems theory's transcultural validity in recent years (Rodríguez-González et al., 2016). Although there is preliminary empirical evidence that DoS is relevant in Spanish culture (Rodríguez-González et al., 2016; Rodríguez-González, Skowron, & Jódar, 2015), no previous studies have examined the association between DoS and family functioning within Spanish culture, nor has previous research tested these constructs within any other Mediterranean or European sample. [AU4]

Healthy family functioning can be defined differently across cultures and populations. Although Bowen (1978) argued the universality of his theory, some authors have suggested that Bowen's concept of healthy functioning (i.e., higher DoS) could be gender or culturally biased (see Knudson-Martin, 1994). For example, Spanish families may function better with higher levels of interdependence (i.e., greater emotional fusion or lower differentiation) relative to U.S. families. Moreover, Knudson-Martin (1994) suggested

[AU5] that Bowen conceptualized higher DoS in a manner that preferences socialization goals for men, not women. Thus, we examined how levels of DoS related to participants' self-report of family functioning, including gender effects, to assess whether greater DoS related to healthier functioning as reported by Spanish participants.

Family Functioning and Family Structure

Family functioning includes aspects of the system's cohesion and adaptability, including the ability to work together flexibly and communicate about issues as they arise, while family members work to concurrently maintain the emotional bonds and cooperation necessary in effective families (Miller et al., 2000). Family functioning is distinct from marital satisfaction and martial relationship status and differs from parenting characteristics. It is an estimate of the familial relationship context via an understanding of family structure, transactions, and the interrelated nature of all members (Epstein, Bishop, & Levin, 1978; Freistadt & Strohschein, 2012; Olson, 2011).

Several studies illustrate the psychological implications of family functioning. Lower family functioning is associated with depression, aggression, and identity confusion during adolescent development (Schwartz, Mason, Pantin, & Szapocznik, 2009; Sijtsema, Olehinkel, Veenstra, Verhulst, & Ornel, 2014). In adulthood, poorer family functioning is linked with depression, personality disorders, and psychological distress (Khodarahimi, 2011; Staccini, Tomba, Grandi, & Keitner, 2015; Wang, Miller, & Zhao, 2014). Outside of mental health, dysfunctional family functioning is linked with poorer adjustment to physical illness, diminished coping skills, and poorer life satisfaction in adult samples (LaFrance et al., 2011; Staccini et al., 2015).

Research has also shown evidence that family functioning relates to many structural family characteristics (Freistadt & Strohschein, 2012). We use *family structure* to describe demographic variables including number and age of children, as well as socioeconomic factors that include income, employment status, and educational level. All of these variables have been found to relate to family functioning (Freistadt & Strohschein, 2012; Georgiades et al., 2008). [AU6] Although previous studies have shown conflicting findings on the relationship between family structural variables and family functioning, largely due to disagreement among individual family members (Freistadt & Strohschein, 2012), more advanced analytic methods have characterized the influence of structural variables on family functioning. These analytic methods allowed researchers to decipher the perception of the individual versus the common variance shared among multiple members of the family unit. Georgiades et al. (2008) found that decreased family functioning was associated with larger household size, lower socioeconomic status (SES), lower postsecondary education, and families with all dependents under the age of 12 years. In constrast, higher family functioning was related to families with all female children, children above the age of 12 years, and parents with secondary educational levels.

These structural variables (i.e., SES, educational level, number of children at home, and age of the children) might be theorized to affect stress and anxiety in the family system, and thus relate to family functioning and the variation of family members' differentiation. Bowen's family systems theory posits that individuals develop within the family system and that each member plays a role in fostering or perpetuating family dysfunction (Kerr & Bowen, 1988). As the family grows, so does complexity as multiple family members seek to balance the anxiety within the family system. Thus, different family makeups—more children in the home, two working parents, and the age of the children—may interact with the relationship between DoS and family functioning.

Although much attention has been given to the associations between family structural variables and family functioning, there has been minimal attention given to intrapsychic individual characteristics that might also relate to the health of the family. Family functioning involves many affective components, and in turn, those affective attributes are interlinked with behaviors and transactions in the family (Miller et al., 2000). It follows, then, that each family member's intrapersonal resources would influence both behavior on the individual level and, subsequently, the relational context of the family. Given the emphasis on family within Spanish culture and mental health services in Spain (CIS, 2014), the lack of clarity on how intraindividual characteristics relate to family functioning is valuable to both practitioners and families. [AU7] Differentiation is one such construct that involves intra- and interpersonal DoSs in relation to others. Given the systemic nature of family functioning, we chose to explore DoS as a relational and systemically focused measure of selfhood within the system to assess how the individual's ability to manage emotional reactivity and relate to others within the complexity of a family would contribute to family function or dysfunction.

Study Aims and Hypotheses

Our study is the first to include an analytic approach (i.e., the actor–partner interdependence model [APIM]; Ackerman, Donnellan, & Kashy, 2011) with a systemic perspective on the relationship between differentiation and family functioning that takes into account the perspective of each member of the marital dyad. The APIM tests both intra- and interpersonal processes. Examining the intrapersonal variables as one of the influences over family functioning may be crucial to the understanding of dynamic family processes. By examining how each partner's DoS relates to his or her own family functioning and his or her partner's family functioning, we sought to better understand the systemic process.

First, we hypothesized a positive link between differentiation and family functioning in Spanish culture given that such a link has been found in other cultures (e.g., the United States, South Korea). Second, we hypothesized a positive association between higher levels of differentiation and the levels of family functioning within each individual (i.e., actor effect). Third, we hypothesized significant interpersonal concordance within the dyad such that each member's differentiation would be tied to his or her partner's family functioning (i.e., partner effect). We expected gender differences and that these differences would influence links between a partner's self-reported differentiation and his or her partner's family functioning. Finally, because structural variables are associated with family functioning (Freistadt & Strohschein, 2012; Georgiades et al., 2008), we examined bivariate correlations to determine which family structural variables should be controlled for in our main analysis. We also assessed whether structural control variables had an effect on the associations between family functioning and DoS.

Method

Participants

One hundred eighteen heterosexual couples ($N = 236$) were recruited for a larger study on DoS in Spanish culture. Participants had to be at least 18 years old, in cohabitation with their current partner for at least 3 years, and of Spanish nationality to be eligible for the study. Men ranged in age from 26 to 72 years ($M = 45.06$, $SD = 10.28$), and women ranged in age from 22 to 67 years ($M = 42.91$, $SD = 10.28$). The couples' mean length of cohabitation was 16.80 years ($SD = 11.44$). In addition, 77% of the participants were currently working. In terms of educational level, 69% had attained a university education (i.e., some college or more), 21% a high school education, and 10% an elementary school education. There was not a significant difference between men and women on educational attainment, $\chi^2(4, N = 234) = 3.69$, $p = .45$. Approximately 85% of the couples had children ($M = 2.1$), with a mean age of 14.43 years ($SD = 10.36$). Participants were instructed not to discuss the survey with their partner, and none were participating in counseling at the time of assessment.

Measures

Family structural variables. We asked participants to complete a demographic questionnaire to identify their family structure. This included information about their gender, age, number of children in the home and the age of the children, type of household (i.e., single- or dual-parent), and duration of the relationship (i.e., length of cohabitation). We also asked participants to report socioeconomic information on the same questionnaire, which included educational level and employment status.

Differentiation of Self Inventory–Revised (DSI-R). The DSI-R (Skowron & Schmitt, 2003) is a modified version of the Differentiation of Self Inventory (Skowron & Friedlander, 1998) that measures an individual's level of DoS (Bowen, 1978). For our research, we used the translation of the full DSI-R developed by Rodríguez-González et al. (2015). The DSI-R comprises 46 items constituting four subscales: Emotional Reactivity (11 items), Emotional Cutoff (12 items), I-Position (11 items), and Fusion With Others (12 items). DoS is a bidimensional construct: intrapersonal and interpersonal (Skowron & Friedlander, 1998). The I-Position and Emotional Reactivity subscales assess the intrapersonal dimension, whereas the Fusion With Others and Emotional Cutoff subscales assess the interpersonal dimension. Items are rated on a 6-point Likert-type scale ranging from 1 (*not at all true of me*) to 6 (*very true of me*). Sample items include "I'm concerned about losing my independence in intimate relationships" and "I usually do what I believe is right regardless of what others say." Correlations with measures of attachment security and individuation (Skowron & Schmitt, 2003) provide evidence of construct validity for the DSI-R. Skowron and Schmitt (2003) reported excellent internal consistency for the full scale ($\alpha = .92$). The reliability reported for the subscales, as indicated by Cronbach's alpha, was also good, ranging from .81 to .89. For the current study, the reliability estimate for the full scale was .86. The full-scale score was used in the current study, with higher scores reflecting greater differentiation.

FAD. We used the FAD (Epstein et al., 1983) in its Spanish adaptation by Barroilhet, Cano-Prous, Cervera-Enguix, Forjaz, and Guillén-Grima (2009). Based on the McMaster model (Author, Author, & Author, 0000), the FAD is a 60-item self-report questionnaire designed to measure family members' perceptions of family functioning. The FAD is a multidimensional measure composed of six subscales (Problem-Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, and Behavior Control) and a summary scale (General Functioning). Respondents rate how well each item depicts their family on a 4-point Likert scale ranging from 1 (*strongly agree*) to 4 (*strongly disagree*). Average scores are computed for each scale, with lower scores indicating better family functioning. The responses consist of degrees of agreement to statements such as "When you ask someone to do something, you have to check that they did it" and "We don't know what to do when an emergency comes up." The FAD has shown excellent psychometric properties, with good test–retest reliability and low correlations with social desirability (Staccini et al., 2015). There are different ways to analyze data from the FAD (e.g., use individual scores, family mean scores, or discrepancy scores). The internal consistency of the FAD has been found to be adequate ($\alpha = .72$ to $.92$; Epstein et al., 1983). In the present study, we used individual scores and the overall scale, which had a reliability estimate of .93.

Procedure

Prior to data collection, we obtained institutional review board approval, which was strictly followed. We recruited participants through snowball sampling with varied professional networks. Some invitations were sent through an email list of university researchers and collaborators throughout the country. Couples who met the selection criteria and confirmed their availability received full instructions and questionnaires, with two prepaid envelopes to return their completed surveys. We delivered 410 questionnaires and received 248 individual responses, for an overall response rate of 60.5%. Twelve responses were eliminated because only matched responses from both members of a couple were included in the final sample. None of the participants received remuneration for participating.

Analytic Strategy

We used the APIM to analyze data because of its nonindependent nature, given that the experience of one partner in a couple relationship influences the experience of the other (Wittenborn, Dolbin-MacNab, & Keiley, 2013). Two levels of data are assumed in the APIM (individual and couple), which allows for analysis of actor effects (i.e., the effect of a participant's differentiation on his or her own perceptions of family functioning) and partner effects (i.e., the effect of the spouse's DoS on the participant's perceptions of family functioning) in the same model. In the current study, DoS was the primary predictor, and family functioning was the main outcome. We added number of children, mean age of the children, and educational level as control variables because of their previous links to family functioning.

We used several indices for evaluating model fit. First, we used chi-square, although this statistic can be biased depending on the sample size. Moreover, it has been shown not to be a good indicator of model fit for dyadic data (Kenny, Kashy, & Cook, 2006). Therefore, we also evaluated model fit using the comparative fit index (CFI), Tucker–Lewis index (TLI), and root-mean-square error of approximation (RMSEA). Empirical and conceptual distinguishability, which suggest that two groups differ from each other, are important when using the APIM to analyze dyadic data. We considered husbands and wives as conceptually distinguishable. To test this empirically, we used an omnibus test of distinguishability (Ackerman et al., 2011). Variance and covariances were constrained to be equal across husbands and wives. The model did not fit the data, $\chi^2(9) = 25.77$, $p < .01$, indicating empirical distinguishability between husbands and wives.

[AU12]

Results

Preliminary Analyses

Means and standard deviations for all key variables and bivariate correlation results are found in Tables 1 and 2. As expected, both within and between men and women, DSI-R scores were positively correlated with FAD scores. Furthermore, FAD scores were significantly correlated between men and women, indicating that as men reported higher family functioning, women also reported higher family functioning. In contrast, the correlation between men's and women's DSI-R scores was nonsignificant. Table 2 also shows correlations between family structural variables and the primary study variables. For men only, mean age of children was significantly correlated with DSI-R scores, with higher mean age of children being related to lower DoS. Mean age of children was significantly inversely correlated with FAD scores for both men and women, indicating that as the average age of the children increased, men's and women's reported family functioning was lower. Number of children residing in the home was significantly correlated with women's DSI-R and FAD scores. As the number of children in the home increased, women reported lower levels of DoS and family functioning. Finally, men's and women's educational levels were significantly correlated with both DSI-R and FAD scores. As men and women reported greater levels of educational attainment, they also reported higher levels of

[AU13]

[AU14]

TABLE 1

Descriptive Statistics for Family Structural, Independent, and Dependent Variables

Variable	*N*	*M*	*SD*
Age (in years)			
Men	115	45.06	10.40
Women	116	42.91	10.20
Years married	236	16.80	11.44
Educational level			
Men			
Some college, or more	78	66.1[a]	
High school or less	38	32.2[a]	
Women			
Some college or more	83	70.3[a]	
High school or less	35	29.7[a]	
Employment status			
Men			
Working	77	89.0[a]	
Unemployed/retired/disability	31	10.0[a]	
Women			
Working	77	65.3[a]	
Staying at home	31	26.3[a]	
Unemployed/retired/disabled	10	8.5[a]	
Number of children			
None	18	15.3[a]	
3 or fewer	81	68.6[a]	
4 or more	19	16.1[a]	
Youngest (mean age)		2.30	1.50
Oldest (mean age)		14.40	10.30
Family functioning			
Men	118	0.98	0.32
Women	118	0.90	0.30
Differentiation of self			
Men	118	16.23	1.99
Women	118	15.44	2.01

Note. Percentages may not total 100 becaue of rounding.
[a]Value is a percentage.

TABLE 2

Bivariate Correlations Among the Predictor and Outcome Variables Within and Between Women and Men

Variable	1	2	3	4	5	6	7
Differentiation of Self–Revised score							
1. Women	—						
2. Men	.12	—					
Family Assessment Device score							
3. Women	–.33**	–.19*	—				
4. Men	–.23*	–.43**	.42**	—			
Family structural variables							
5. Mean age of children	–.16	–.27**	.29**	.24*	—		
6. Number of children	–.24*	.07	.22*	.09	.14	—	
7. Educational level	.19*	.22*	–.26**	–.32**	–.34**	–.07	—

Note. N = 236 (118 men, 118 women).
*p < .05. **p < .01.

DoS and family functioning. We conducted t tests to assess differences in men's and women's DSI-R and FAD scores. No mean differences were observed on family functioning between men and women, $t(234) = 1.93$, $p > .05$; however, men reported significantly higher levels of DoS compared with women, $t(234) = 3.00$, $p = .01$.

[AU15] Figure 1 depicts our theoretical model. As is common in research using the APIM, model fit was evaluated at the appropriate levels with the model chi-square, $\chi^2(17) = 153.87$, $p < .001$, CFI = 1.00, TLI = 1.34, RMSEA = .00. Although the chi-square statistic indicated poor model fit, all of the other fit statistics suggested good model fit, with values falling within the recommended values (Hu & Bentler, 1999). The model variables accounted for 21% of the variance in family functioning for women and 26% of the variance in family functioning for men.

Actor and Partner Effects

The APIM allows testing of the influence of an individual's DoS on family functioning and the partner's. Women's self-perceptions of DoS were significantly and negatively associated with their own family functioning ($\beta = –.23$, $p < .05$, $SE = .01$), meaning that the greater women perceived their DoS, the more positively they viewed their family functioning. Likewise, men's DoS was significantly and negatively associated with their family functioning ($\beta = –.36$, $p < .001$, $SE = .01$). Thus, the greater their DoS, the more positive men perceived their family functioning. There were no significant partner effects. One partner's perception of DoS was not significantly associated with the FAD scores of the other partner. As described earlier, women's scores were not related to men's scores ($\beta = –.11$, $p = .184$, $SE = .01$), nor were men's scores linked to women's scores ($\beta = –.09$, $p = .318$, $SE = .01$).

Control Variables

We controlled for number of children, mean age of children, and educational level. Number of children and family functioning were not significantly associated for women or men. Mean age of children was associated with family functioning, at a trend level ($p < .10$), for women ($\beta = .18$, $p = .066$, $SE = .003$), suggesting that the higher the mean age of children, the more negative were women's perceptions of family functioning. Educational level was associated with family functioning for men ($\beta = –.20$, $p < .05$, $SE = .03$) and, at a trend level, for women ($\beta = –.16$, $p = .076$, $SE = .03$), suggesting that greater education was related to more positive perceptions of family functioning.

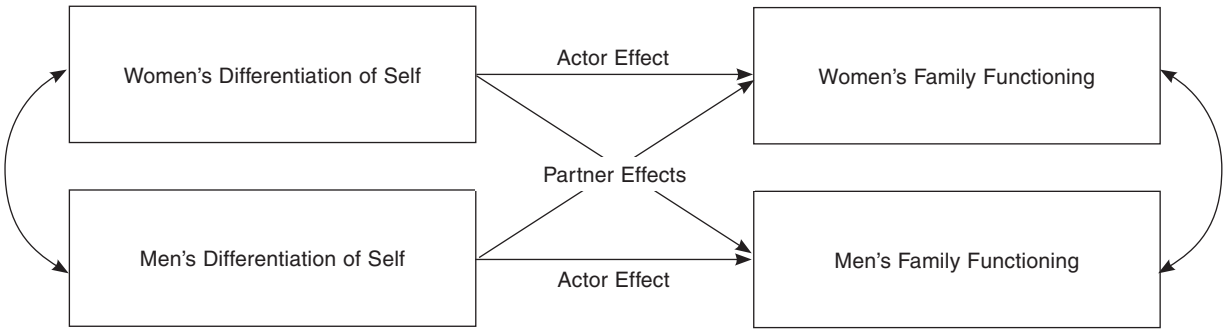

FIGURE 1

Theoretical Model

Discussion

We investigated the relationship between DoS and family functioning among married heterosexual Spanish couples. Actor–partner interdependence modeling was used to account for individual and couple effects of DoS and family functioning. In line with previous research (Chung & Gale, 2009; Kim et al., 2014, 2015), we found that individual DoS was negatively related to individual family functioning, suggesting that the more differentiated each partner was, the greater the family functioning they reported. Contrary to our hypothesis, individual DoS was not related to spousal perceptions of family functioning. Our results provide preliminary support for Bowen's (1978) universality hypothesis in that greater DoS was related to healthier family functioning (a) for both men and women and (b) within a sample of Spanish couples.

Differentiation, Family Functioning, and the Individual

Our study is the first to indicate DoS as a relevant component of Bowen's (1978) family systems theory among heterosexual Spanish married couples. We used the translation of the DSI-R developed by Rodríguez-González et al. (2015) to assess DoS. The DSI-R has been adapted for use in Korean (Chung & Gale, 2009), Chinese (Lam & Chan-So, 2015), and Israeli and Arab (Peleg & Rahal, 2012) populations, with study findings indicating that DoS is a relevant interpersonal component within these cultures. Our findings corroborate the results from these studies and extend them to include family functioning.

Bowen (1978) considered differentiation an important facet of healthy individual and family functioning. Our results build on prior findings (Rodríguez-González et al., 2016) indicating that degree of emotional self-regulation and balance of individuality and togetherness (i.e., DoS) relate to how well spouses function within the family, which has been previously hypothesized (Bowen, 1978; Kerr & Bowen, 1988). Furthermore, the results of our study support the notion that lower levels of differentiation place one at greater risk for negative or ineffective interpersonal encounters. Our findings are consistent with research linking DoS to the development of interpersonal well-being over time (Skowron, Stanley, & Shapiro, 2009) and marital adjustment and family satisfaction (Kim et al., 2014, 2015; Rodríguez-González et al., 2016).

In addition, the results of this study extend previous findings indicating that family functioning relates to DoS in young adulthood (Chung & Gale, 2009). Specifically, the ability acquired in family relationships to regulate emotions and maintain autonomy, while closely connecting to significant others, becomes important in family functioning as individuals age. [AU16] It can be hypothesized that two of the mechanisms by which DoS contributes to improved family functioning are (a) awareness and monitoring of one's emotional state and (b) intentional and calm relating to others during stressful and conflictual situations (Skowron et al., 2014). As Skowron et al. (2014) argued, differentiated individuals are more skilled at emotion-focused coping, which Bowen (1978) considered crucial for healthy family functioning. In addition, DoS is predictive of personality factors such as self-esteem and depression symptoms (Chung & Gale, 2009), which aligns with our results suggesting that examining the effects of DoS on family functioning perceptions, via its impact on individual self-regulation processes, may be necessary for future research.

Differentiation, Family Functioning, and the Couple

In line with previous findings in Spanish populations (e.g., Rodríguez-González et al., 2015), differentiation was higher for men than for women in our study. We found similar perceptions of family functioning between genders, such that men also reported greater levels of family functioning relative to women. Although this finding is consistent with work done by Honda and Hohashi (2015) with Japanese couples, it contrasts with findings in a Western Australian sample, in which men reported poorer family functioning compared with women (Cooke, Marais, Cavanagh, Kendall, & Priddis, 2015). Together, these inconsistent gender associations highlight the need for replication of these results in other Spanish samples and within other cultures.

In addition, contrary to our hypothesis, individual DoS was not related to partner perceptions of family functioning. Bowen theorized that greater DoS would translate to greater mutuality and intimacy in couple relationships (i.e., a partner effect; Bowen, 1978; Kerr & Bowen, 1988). Research supports this notion by showing positive links between an individual's DoS and marital adjustment (Rodríguez-González et al., 2016). Nevertheless, we examined DoS and family functioning in couples, which is distinct from marital adjustment. Family functioning assesses a person's report of the functioning of the couple and all offspring who are part of the family (Epstein et al., 1978). A nonsignificant partner effect between DoS and family functioning may have resulted because perceptions of family functioning were assessed based on the entire family and not the couple unit. Future studies should examine how DoS and family functioning operate for couples with and without children.

Our results are also in accordance with findings indicating that perceptions of family functioning rely on other individual personality factors such as neuroticism and extroversion (Prinzie, Stams, Deković, Reijntjes, & Belsky, 2009) and other transient factors such as depression (Krug, Wittchen, Lieb, Beesdo-Baum, & Knappe, 2016), thus offering support to the idea that individual personality factors can preclude or prevent the effect of an individual's DoS on the partner's perception of family functioning. Our findings are also compatible with the FAD being considered as a measure that substantially

reflects more individual-level characteristics than dyadic or whole family levels of functioning (e.g., Georgiades et al., 2008). Finally, future studies should test whether DoS in one member of the couple contributes to family cohesion (a key factor of family systems functioning), which implies emotional bonding among family members (Olson, 2011), affects parenting (Behnke et al., 2008), and may worsen perceptions of affective family functioning if lacking.

Differentiation, Family Functioning, and Family Structure

Our results revealed that spouses with higher educational levels reported better family functioning, which is consistent with previous findings showing the influence of SES on marital and family relationships (Azad, Blacher, & Marcoulides 2014; Conger, Conger, & Martin, 2010; Georgiades et al., 2008). Parental education has been considered to be the canonical element of SES because of its influence on both income and occupation (Conger et al., 2010), thus supporting our findings. Our results also revealed a stronger association between education level and family functioning for men than for women, which is consistent with other findings showing that men, but not women, who have experienced reduced SES over the life course exhibit poorer family functioning (Tiffin, Pearce, Kaplan, Fundudis, & Parker, 2007). Similarly, Stansfeld et al. (2008) found that lower [AU17] SES was significantly linked with paternal, but not maternal, warmth, once adjusted for deprivation. As Tiffin et al. (2007) argued, these gender differences can be explained by men constructing a view of themselves and their families that is closely associated with their role as the family provider. Thus, taken together, these findings suggest that deprived socioeconomic conditions exert a stronger deleterious effect on men's than on women's family relationships.

Female spouses with older offspring tended to perceive poorer family functioning, which may reflect the changing role of parents as adolescents age into adulthood and begin to establish their own independent lives. This finding is consistent with research indicating that as the mothering role and closeness with offspring decline, while other network actors simultaneously increase in importance, mothers'—but not fathers'—well-being can be negatively affected (Keresteš, Brković, & Jagodić, 2012; Weymouth & Buehler, 2016). Parents experience decreases in their influence on family relationships as their offspring grow older. These developmental changes may affect levels of differentiation (Jenkins, Buboltz, Schwartz, & Johnson, 2005) and contribute to differences in perceived quality of family functioning by spouses and their offspring. This merits future longitudinal studies that [AU18] examine if and when fluctuations in DoS occur across the family life cycle as children age and mature. Future studies should also explore whether this gender interaction is similar or different in lesbian, gay, bisexual, transgender, and queer couples and families.

Clinical Implications

Our findings can aid counselors, counselor educators, and researchers who study and support family and couple relationships. We discovered that more differentiated heterosexual Spanish couples will likely report better communication, problem-solving, understanding of family roles, affective involvement, and behavior regulation. In other words, they will likely perceive greater functioning within their families. Those seeking counseling generally struggle in one or more of these domains. Given that these issues often bring individuals, couples, and families to counseling, it seems imperative for counselors to seek ways to help clients (couples specifically, but also individuals and families) to differentiate. A focused effort on aiding clients manage emotional reactions with family members—and/or emotionally connect with instead of cut off from family members—may help promote DoS and family functioning (Kerr & Bowen, 1988).

Recent empirical research has shown that counseling can improve DoS levels (Messina, Kolbert, Bundick, Crothers, & Strano, 2018). Counselors can do this by using traditional techniques for differentiation described by Bowen and colleagues (see Brown, 1999, for a description of how to practically apply Bowen's, 1978, theory) and by using more recent, related writings on emotional regulation. Research suggests that emotional regulation skills can be taught effectively across a number of models, such as dialectical behavioral therapy (Lenz, Del Conte, Hollenbaugh, & Callendar, 2016) and psychoeducational approaches (Siegel & Forero, 2012).

Many counselors and family therapists in Spanish-speaking countries use Bowen's concept of differentiation to help clients become more thoughtful and nonreactive and to improve person-to-person relationships with family members and important others (Kerr & Bowen, 1988; Rodríguez-González et al., 2016). It has been argued that for clinicians to support clients' DoS efforts, they themselves need to practice this [in their own family systems (McGoldrick & Carter, [AU19] 2002; Rodríguez-González & Kerr, 2011). Counselors who lack this ability will likely find it challenging to guide their clients to greater DoS and may encounter therapeutic mishaps that result from their difficulty in managing emotional reactivity to client dysfunctions (e.g., working to fix problems and changing the subject if anxiety is elevated; Rodríguez-González & Kerr, 2011).

Counselors and other health practitioners need to develop their own DoS to maintain emotional objectivity while assisting their clients in learning to differentiate from one another, [AU20] as well as learn methods that will allow them to help couples differentiate. Counselor educators can encourage trainees to become self-aware of these potential challenges and aid them in planning development opportunities. Literature can aid counselors, counselor educators, and researchers in this process (see Bowen, 1978; Rodríguez-González & Kerr, 2011). In addition, we offer suggestions of future reading that can

also aid counselors as they develop the ability to facilitate DoS within couple dyads (see McGoldrick & Carter, 2002; Rodríguez-González & Kerr, 2011; Rodríguez-González & Martínez Berlanga, 2014).

Our findings also emphasize the need for effective relational enhancement programs tailored for families under deprived social circumstances. As Bowen (1978) argued, under conditions of chronic anxiety and stress, reactivity increases and thoughtful engagement in relationships (i.e., DoS) decreases, thus negatively affecting individual functioning (Lee & Johnson, 2017; Peleg & Rahal, 2012; Ross & Murdock, 2014) and potentially family functioning (Kerr & Bowen, 1988).

Limitations

Our study has several limitations worth noting. First, the cross-sectional nature of these data does not allow for a causal stance on the results. [AU21] However, the direction of the association between DoS and family functioning logically holds up based on Bowen's (1978) family systems theory. Longitudinal studies of differentiation and family functioning are needed and will aid in the development of optimal sequencing of interventions. Second, although no study can investigate all potentially influential variables on the constructs of interest, some important ones may have been omitted in our study. For example, previous research indicates that mental and physical health are related to family functioning (Khodarahimi, 2011; Staccini et al., 2015). However, we did account for important constructs (i.e., family structure) associated with family functioning (Freistadt & Strohschein, 2012; Georgiades et al., 2008). Research on family functioning will need to continue to include these important variables to paint a clearer picture of the construct. Finally, most couples reported some college education. Couples with limited opportunities for education may differ in their levels of DoS and family functioning compared with those who are more educated. Therefore, an important component of continued DoS and family functioning research will be to obtain samples of varied age groups and educational backgrounds for comparison, which will aid in the development of appropriate intervention methods.

Conclusion

Findings from this study revealed that DoS is relevant to family functioning as perceived by heterosexual spouses in the Spanish context. Our findings extend previous research that noted this relationship in both Asian and North American populations (Chung & Gale, 2009; Kim et al., 2014, 2015) and support Bowen's (1978) assertion that DoS is applicable to families of diverse cultures. These results also support the assessment of clients' capacities for regulating emotions and achieving mature autonomy so that mental health professionals and counselors might coach individuals to improve differentiation skills that are involved in healthy family functioning. Bowen's family systems theory offers an enriching platform on which to develop interventions (Rodríguez-González & Kerr, 2011). Ultimately, a broader analysis of the gender-dependent associations between DoS, SES, and family functioning is needed to design and tailor preventive interventions for families at risk.

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09Author Query List JCAD0419 Rodriguez

Author: Your article has been edited for grammar, consistency, and to conform to ACA and APA journal style. To expedite publication, we generally do not query every routine grammatical or style change made to the manuscript, although substantive changes have been noted. Note, the issue is not finalized, so page numbers of your article may change. Pay careful attention to your tables (if any) and proof carefully as information has been re-keyed and edited for APA tabular style. Please review article carefully and provide answers to the following specific queries:

[AU1: Please verify all author information. Author bio should reflect affiliation at the time this article was written as well as current information for all authors.]

[AU2: Suggestion for underlined sentence: "Research shows that in addition to often experiencing the same event in different ways, family members report dissimilar answers on questionnaires assessing family environment and functioning (Georgiades, Boyle, Jenkins, Sanford, & Lipman, 2008; Jager, Bornstein, Putnick, & Hendricks, 2012)." Please advise.]

[AU3: "FACES-IV" spelled out correctly?]

[AU4: "BFST" spelled out correctly?]

[AU5: Underlined sentences ("For example, Spanish families may . . .") OK as edited?]

[AU6: Underlined sentences ("We use *family structure* to describe . . .") OK as edited?]

[AU7: Suggestion for underlined part of sentence: "gaining clarity on how intraindividual characteristics relate to family functioning is important for both practitioners and families." Please advise.]

[AU8: Paragraph beginning with "First, we hypothesized a positive link . . ." OK as edited?]

[AU9: (a) According to Table 1, "*SD* = 10.40" for men's age and "*SD* = 10.20" for women's age. Please reconcile. (b) Underlined sentences ("The couples' mean length . . .") OK as edited? Also, please double-check the percentages in the sentence beginning with "In terms of educational level . . ." For example, it seems that "69%" should be "68%" (i.e., [66.1 + 70.3]/2 = 68.2). (c) Should "with a mean age of 14.43 years (*SD* = 10.36)" be "with the mean age of the oldest child being 14.40 years (*SD* = 10.30)" (see Table 1)?]

[AU10: Suggestion for underlined sentence: "DoS is a bidimensional construct involving the intrapersonal and the interpersonal (Skowron & Friedlander, 1998)." Please advise.]

[AU11: (a) Please provide a citation/reference for the McMaster model. (b) OK to change "average scores" to "mean scores"?]

[AU12: Underlined sentence ("Empirical and conceptual distinguishability . . .") OK as edited?]

[AU13: (a) Tables 1 and 2 OK as edited? (b) In Table 1, for men's educational level, *n*s equal 116 (not 118), and percentages total 98.3. Please reconcile. (c) In Table 1, for men's employment status, *n*s equal 108 (not 118), and percentages total 99.0. Please reconcile.]

[AU14: Please verify the accuracy of the underlined sentences ("For men only . . ."). According to Table 2, men's DSI-R scores are inversely correlated with mean age of children ($r = -.27$), and women's and men's FAD scores are positively correlated with mean age of children ($r = .29$ and .24, respectively).]

[AU15: (a) Figure 1 OK as edited? Also, please provide a brief title for the figure. (b) Please confirm that "TLI = 1.34" is correct—in other words, that TLIs can be greater than 1.00.]

[AU16: Underlined sentences ("In addition, the results of this study . . .") OK as edited?]

[AU17: (a) Please add "Stansfeld et al. (2008)" to the reference list. (b) Underlined sentence is somewhat unclear. Would something like the following work: "after controlling for deprivation"?]

[AU18: (a) Suggestion for underlined sentence: "Given this possibility, longitudinal studies are recommended to examine if and when fluctuations in DoS occur across the family life cycle as children age and mature." Please advise. (b) "LGBTQ+" spelled out correctly?]

AU19: (a) What does "this" refer to in "practice this in their own family systems" (e.g., nonreactivity)? (b) "McGoldrick and Carter (2001)" in the reference list. Please reconcile.]

[AU20: (a) Underlined sentence is somewhat unclear. Would something like the following work: "Counselors and other health practitioners working with families need to develop their own DoS to maintain emotional objectivity while assisting their clients in learning to differentiate from one another, as well as learn methods that will allow them to help couples differentiate"? (b) Underlined sentence is somewhat unclear. Would something like the following work: "In addition, the following resources are recommended to aid counselors in developing their ability to facilitate DoS within couple dyads: McGoldrick and Carter (2002), Rodríguez-González and Kerr (2011), and Rodríguez-González and Martínez Berlanga (2014)"?]

[AU21: (a) Underlined sentence is somewhat unclear. Would something like the following work: "First, the cross-sectional nature of these data does not allow for a causal interpretation of the results"? (b) In the introduction, it was stated that "a limitation of this study is that we considered only heterosexual individuals." Should this limitation be added to this section? If so, please provide a sentence and indicate where it should be added in the Limitations section.]

[AU22: English translation of the "CIS (2014)" Spanish-language title correct as added?]

[AU23: Please provide an English translation for the "INE (2017)" Spanish-language title.]

[AU24: Please provide an English translation for the "Rodríguez-González and Kerr (2011)" and "Rodríguez-González and Martínez Berlanga (2014)" Spanish-language titles.]

[AU25: (a) Please provide an English translation for the "Skowron et al. (2014)" Spanish-language title. (b) Please provide the page range for the chapter.]