3.0. Introduction

The research studies reviewed here include closely related investigations which have been carried out in India and abroad on family counselling, differentiation of self, spiritual intelligence and family dysfunction of the research problem selected by the investigator. Many similar reports which are described in various journals, articles, surveys, projects and papers delivered at conferences are also reviewed. However it is noted that in India, research studies on Counselling and Spiritual Intelligence’ are limited and handy and the researcher found no Indian studies on ‘Differentiation of Self’ and ‘Family Dysfunction’ to the best of her knowledge. The studies reviewed and collected are as follows.

3.1. Review of Studies on Family Counselling

Darke and Ginsburg (2012) have done a case study on ‘family based cognitive – behavioural treatment of chronic paediatric headache and anxiety disorders. A 10 year old boy with chronic daily headache was evaluated and treated as part of the Children’s Headache and Anxiety Management Program (CHAMP). The patient and his parents were evaluated by an independent evaluator (IE) at pre- and post-treatment and one-month follow-up. Evaluations consisted of structured interviews as well as parent and child self-report measures of headache and anxiety symptoms and impairment. At baseline the child met diagnostic criteria for chronic headache disorder, separation anxiety disorder (SAD), and generalized anxiety disorders (GAD), and had significant symptoms of obsessive-compulsive disorder (OCD). Treatment included 8 conjoint sessions of CBT. Post-treatment evaluation revealed a significant reduction in headache-related severity and disability (but not frequency), and loss of initial GAD (but not SAD) diagnosis. By the one-month follow-up, the child no longer met criteria for any anxiety disorder and was no longer disabled by headaches. The case highlights how CHAMP may be effective in reducing headache and anxiety symptoms and associated impairment.
Hedricks, Schee and Blanken (2012) conducted a study on ‘Matching Adolescents with cannabis use disorder to multi dimensional family therapy: Treatment effect moderates in a randomised controlled trial’. In a randomised controlled trial, multidimensional family therapy (MDFT) and cognitive behavioural therapy (CBT) were equally effective in reducing cannabis use in adolescents (13-18 years old) with a cannabis use disorder (n=109). In a secondary analysis of the trial data, they investigated with pre treatment patient characteristics differently predicted treatment effect in MDFT and CBT, in order to generate hypotheses for future patient-treatment matching. Late adolescents (17–18 years old) benefited considerably more from CBT, and middle adolescents considerably more from MDFT ($p < 0.01$). Similarly, adolescents with a past year conduct or oppositional defiant disorder, and those with internalizing problems achieved considerably better results in MDFT, while those without these coexisting psychiatric problems benefited much more from CBT ($p < 0.01$, and $p = 0.02$, respectively). The current study strongly suggests that age, disruptive behaviour disorders and internalizing problems are important treatment effect moderators of MDFT and CBT in adolescents with a cannabis use disorder.

Shipigel, M. Diamond and S. Diamond (2012) conducted a study on ‘Changes in parenting behaviour, attachment depressive symptoms, and suicidal ideation in Attachment – Based family Therapy for depressive and suicidal adolescents’. This study examined whether Attachment-Based Family Therapy (ABFT) was associated with decreases in maternal psychological control and increases in maternal psychological autonomy granting, and whether such changes were associated with changes in adolescents’ attachment schema and psychological symptoms. Eighteen suicidal adolescents and their mothers received 12 weeks of ABFT. Maternal psychological control and autonomy granting behaviours were observationally coded at sessions 1 and 4. Adolescents’ reports of perceived maternal care and control, attachment-related anxiety and avoidance, and depressive symptoms and suicidal ideation were collected at baseline, 6, 12 weeks (post-treatment), and 36 weeks. Results indicated that from session 1 to session 4,
maternal psychological control decreased and maternal psychological autonomy granting increased. Increases in maternal autonomy granting were associated with increases in adolescents’ perceived parental care from pre to mid-treatment and decreases in attachment-related anxiety and avoidance from pre to 3 months post treatment. Finally, decreases in adolescents’ perceived parental control during the treatment were associated with reductions in adolescents’ depressive symptoms from pre-treatment to 12 weeks post treatment.

Han, Kim, Lee and Renshaw (2012) conducted a study on ‘The effect of family therapy on the changes in the severity of on – line game play and brain activity in adolescents with on – line game addiction. They evaluated whether a brief 3-week family therapy intervention would change patterns of brain activation in response to affection and gaming cues in adolescents from dysfunctional families who met criteria for on-line game addiction. Fifteen adolescents with on-line game addiction and fifteen adolescents without problematic on-line game play and an intact family structure were recruited. Over 3 weeks, families were asked to carry out homework assignments focused on increasing family cohesion for more than 1 hour/day and 4 days/week. Before therapy, adolescents with on-line game addiction demonstrated decreased activity as measured by functional magnetic resonance imaging (fMRI) within the caudate, middle temporal gyrus, and occipital lobe in response to images depicting parental affection and increased activity of the middle frontal and inferior parietal in response scenes from on-line games, relative to healthy comparison subjects. Improvement in perceived family cohesion following 3 weeks of treatment was associated with an increase in the activity of the caudate nucleus in response to affection stimuli and was inversely correlated with changes in on-line game playing time. With evidence of brain activation changes in response to on-line game playing cues and images depicting parental love, the present findings suggest that family cohesion may be an important factor in the treatment of problematic on-line game playing.

Rowe (2012) did a study on Family Therapy for Drug Abuse: Review and Updates 2003–2010. Just 15 years ago, Liddle and Dakof (Journal of Marital and
Family Therapy, 1995; 21, 511) concluded, based on the available evidence, that family therapy represented a “promising, but not definitive” approach for the treatment of drug problems among adolescents and adults. Seven years later, Rowe and Liddle (2003) review described considerable progress in this specialty with encouraging findings on adolescent-focused models based on rigorous methodology, as well as advances with adult-focused family-based treatments. The current review brings the field up to date with highlights from research conducted in the intervening 7 years, cross-cutting issues, recommendations for new research, and practice implications of these findings. Adolescent-focused family-based models that attend to the ecology of the teen and family show the most consistent and strongest findings in recent studies. Also it show strong effects with drug abusers and their families. The overarching conclusion is that family-based models are not only a viable treatment alternative for the treatment of drug abuse, but are now consistently recognized among the most effective approaches for treating both adults and adolescents with drug problems.

Baruah, Pillai and Parthasarathy (2011) did a case study on Family Therapy for Child Psychiatric Disorders. They used Family Therapy for treating a child with Pervasive Developmental Disorder (PDD) and Attention Deficit Hyperactive Disorder (ADHD). The parents of the child are from different socio economic status and family environment. The difference between them persisted during the different stages of their family cycle. They continued to maintain closer relationship with their respective family of origin. As a result they could not develop appropriate sub-systems of marital and parental relationships within the family. This failure of the couple got reflected in their child’s behavioural problems. During the family therapy sessions, the parents were made to understand the situation and are enabled to start a closer and direct interaction between them. At the end of the sessions, with the change in their mutual relationships, the parents could perceive signs of improvement in their child’s behaviour.

Thompson (2011) conducted a qualitative, in – depth interview to understand how families view experiential activities within family therapy. 19
Adolescents (aged 12–17 years) and their parents/caregivers, receiving family therapy combined with experiential activities, recruited from social service agency. Most young people and their caregivers found the experiential activities helpful in creating positive family interactions and developing communication skills. Participants indicated that the activities improved their desire to participate in family therapy sessions and motivation to engage in the treatment.

**O’Farrell & Clements (2011)** conducted Systematic review to examine outcome of controlled studies of marital and family therapy (MFT), including behavioural marital therapy (BMT), in alcoholism treatment Controlled studies (published 2002-mid-2010) that compare MFT with one or more comparison conditions. Most studies involved randomisation, but some quasi-experimental studies (without random assignment) included. The purpose was to update the earlier review by O’Farrell and Fals-Stewart (2003) on the effectiveness of MFT in alcoholism treatment. Once the client enters treatment, MFT, particularly BCT, is evidently more effective than individual treatment at increasing abstinence and enhancing relationship functioning. New BCT studies showed efficacy with women alcoholics and with gay and lesbian alcoholics.

**Smith and Cottone (2011)**, conducted a Review of Family Therapy as an Effective Intervention for Anorexia Nervosa in Adolescents. This review examines family therapy as an effective intervention for Anorexia Nervosa (AN) in adolescents. An electronic and manual literature search was conducted. Studies pertaining to family therapy in the treatment of AN, and specifically, the Maudsley Method/Family-Based Treatment were identified. A limited number of randomized control trials exists implicating family therapy. Of the existent studies, methodological limitations pertaining to small, homogeneous sample sizes are evident. Despite the limited number of studies, family therapy appears to illustrate probable efficacy. Additional research and funding are necessary to fully support family therapy in the treatment of AN in adolescent.
Baldwin, Christian, Arjan, Berkeljonand, and Shadish (2011) conducted a study on The Effects of Family Therapies for Adolescent Delinquency and Substance Abuse: A Meta-analysis. This meta-analysis summarizes results from $k=24$ studies comparing either Brief Strategic Family Therapy, Functional Family Therapy, Multidimensional Family Therapy, or Multisystemic Therapy to either treatment-as-usual, an alternative therapy, or a control group in the treatment of adolescent substance abuse and delinquency. Additionally, the authors reviewed and applied three advanced meta-analysis methods including influence analysis, multivariate meta-analysis, and publication bias analyses. The results suggested that as a group the four family therapies had statistically significant, but modest effects as compared to treatment-as-usual ($d=0.21; k=11$) and as compared to alternative therapies ($d=0.26; k=11$). The effect of family therapy compared to control was larger ($d=0.70; k=4$) but was not statistically significant probably because of low power. There was insufficient evidence to determine whether the various models differed in their effectiveness relative to each other. Influence analyses suggested that three studies had a large effect on aggregate effect sizes and heterogeneity statistics.

A Case Series Intervention Study did by Gray, Janicke, Fennell, Driscoll, and Lawrence (2011) on Behavioural Family Systems Therapy to Improve Adherence among Adolescents with HIV. Adolescents with HIV are at high risk for suboptimal adherence but have been ignored by the literature. Treatment outcome and feasibility data for the first-known adaptation of Behavioural Family Systems Therapy (BFST) targeting adherence among adolescents with HIV are presented for four adolescents with suboptimal adherence. The intervention was delivered in an alternating home-based and tele-health format and a multi-method adherence assessment approach was used. Adherence improved for three adolescents, viral load decreased for two adolescents, and barriers to adherence declined for all participants. Delivery of an adapted BFST intervention was acceptable to families and may be a promising treatment approach.
**Coulter (2011)** conducted a study on Systemic Family Therapy for Families who have experienced Trauma: He applied randomised controlled trial (RCT) investigation of the added value of systemic family therapy (SFT) over individually focused cognitive behavioural therapy (CBT) for families in which one or more members have suffered trauma and been referred to a community-based psychotherapy centre. The results illustrate how an apparently robust design can be confounded by high attrition rates, low average number of therapeutic sessions and poor protocol adherence. A key message is that the challenges of conducting RCTs in ‘real world’ settings should not be underestimated. The wider implications in relation to the place of RCTs within the creation of the evidence base for complex psycho-social interventions is discussed and the current movement towards a phased mixed-methods approach, including the appropriate use of RCTs, which some might argue is a return to the original vision of evidence-based practice (EBP), is affirmed.

**Robbins, Michael, Feaster, Daniel, Horigian, Viviana, Puccinelli, Marc, Henderson, Craig, Szapocznik, José (2011)** did a study on ‘Therapist Adherence in Brief Strategic Family Therapy for Adolescent Drug Abusers’. In this study, the authors examined the reliability and validity of an observational adherence measure and the relationship between adherence and outcome in a sample of drug-using adolescents who received brief strategic family therapy within a multisite effectiveness study. The Participants were 480 adolescents (age 12–17) and their family members, who were randomized to the Brief Strategic Family Therapist Treatment Condition (J. Szapocznik, U. Hervis, & S. Schwartz, 2003) or Treatment as usual. The adolescents were mostly male (377 vs. 103 female) and Hispanic (213), whereas 148 were White, and 110 were Black. Therapists were also randomly assigned to treatment condition within agencies. Results supported the proposed factor structure of the adherence measure, providing evidence that it is possible to capture and discriminate between distinct dimensions of family therapy. Analyses demonstrated that the mean levels of the factors varied over time in theoretically and clinically relevant ways and that therapist adherence was associated with engagement and retention in treatment, improvements in family functioning, and reductions in adolescent drug use.
Sayers (2011) conducted a study on Family Reintegration Difficulties and Couples Therapy for Military Veterans and their Spouses. There is compelling evidence that mental health problems complicate the process of family reintegration of military service members after a wartime deployment. When a spouse has recently returned from military deployment in Iraq or Afghanistan, and when the couple are experiencing marital problems, they can present a significant treatment challenge. There is little empirical evidence regarding effective treatments for this population, and these couples tend to exhibit a wide range of difficulties, including the following: conflicts about reintegration, problems with posttraumatic stress disorder and/or depression, chronic injury, infidelity, and personal and social challenges associated with rejoining civilian life. Behavioural couple therapy provides a useful framework for intervention with these couples, combined with individual treatment and education about the impact of combat deployment.

Slesnick, Erdem, Collins, Bantchevska, Katafiasz (2011) conducted a study on ‘Predictors of Treatment Attendance among Adolescent Substance Abusing Runaways: A Comparison of Family and Individual Therapy Modalities’. This study explored and compared predictors of session attendance among substance abusing runaway adolescents and their parents using three manual-driven interventions: ecologically-based family therapy (EBFT), motivational enhancement therapy (MET), and the community reinforcement approach (CRA). Individual and family-level variables, as well as time between intake and first session were used as predictors of session attendance. Adolescents (N=179) between the ages of 12-17 years old were recruited from the only runaway shelter in Columbus, Ohio. The findings showed that adolescents assigned to EBFT were more likely to attend at least one therapy session than those assigned to either CRA or MET. Fewer days between intake and the first therapy session were associated with higher family therapy attendance. Overall, individual and family factors predicted therapy attendance but these factors differed depending upon the treatment modality.

Henderson, Craig, Gayle, Paul and Howard. (2010) conducted a study on Effectiveness of Multi dimensional family therapy with higher severity Substance –
Abusing Adolescents: Report from two Randomized controlled Trials. They used growth mixture modelling to examine heterogeneity in treatment response in a secondary analysis of 2 randomized controlled trials testing multidimensional family therapy (MDFT). The first study compared 2 evidence-based adolescent substance abuse treatments: individually focused cognitive-behavioural therapy and MDFT in a sample of 224 urban, low-income, ethnic minority youths (average age = 15 years, 81% male, 72% African American). The second compared a cross-systems version of MDFT (MDFT--detention to community) with enhanced services as usual for 154 youths, also primarily urban and ethnic minority (average age = 15 years, 83% male, 61% African American, 22% Latino), who were incarcerated in detention facilities. In both studies, the analyses supported the distinctiveness of 2 classes of substance use severity, characterized primarily by adolescents with higher and lower initial severity; the higher severity class also had greater psychiatric co morbidity. In both studies, MDFT was more effective for the classes with greater overall substance use severity and frequency and more co morbid diagnoses.

**Carr (2009)** did a review on ‘The effectiveness of family therapy and systemic interventions for child-focused problems’. It presents evidence from meta-analyses, systematic literature reviews and controlled trials for the effectiveness of systemic interventions for families of children and adolescents with various difficulties. The evidence supports the effectiveness of systemic interventions either alone or as part of multimodal programmes for sleep, feeding and attachment problems in infancy; child abuse and neglect; conduct problems (childhood behavioural difficulties, ADHD, delinquency and drug abuse); emotional problems (anxiety, depression, grief, bipolar disorder and suicidality); eating disorders (anorexia, bulimia and obesity); and somatic problems (enuresis, encopresis, recurrent abdominal pain, and poorly controlled asthma and diabetes).

**Henken, Huibers, Churchill, Restifo, and Roelofs (2007),** conducted a review on ‘Family therapy for depression’. The electronic databases as well as hand searches of relevant journals and bibliographies were conducted and first authors of included studies and experts in the field were contacted for further information.
Methodological quality was independently assessed by two review authors using the Maastricht-Amsterdam Criteria List. The qualitative and quantitative characteristics of the selected trials were independently extracted by three review authors using a standardised data extraction form. Three high quality and three low quality studies, involving 519 people with depression, were identified. The studies were very heterogeneous in terms of interventions, participants, and measuring instruments. Despite fairly good methodological quality and positive findings of some studies, evidence for the effectiveness of the family therapy, for depression did not exceed level 3 (limited or conflicting evidence), except for moderate evidence level (level 2), based on the non-combined findings from three studies, indicating that family therapy is more effective than no treatment or waiting list condition on decreasing depression, and on increasing family functioning.

**Susan and Linne (2006)** conducted a study on ‘Family Cognitive Behavioural Therapy for children and adolescents with clinical anxiety disorders’. Family cognitive-behavioural therapy for children and adolescents ages 8 to 18 years with clinical anxiety disorders was developed and evaluated. Seventeen families were measured before and after waitlist, after treatment, and at 3-month and 1-year follow-up. No children changed their diagnostic status during waitlist, whereas of the treated children, 41% were free of their primary anxiety disorder post-test, 57% at 3-month follow-up, and 71% at 1-year follow-up. Effect sizes of improvement were large for children's fears, dysfunctional beliefs, and interpretations of ambiguous situations and medium for children's internalizing and externalizing symptoms. Interestingly, fathers but not mothers reported less anxiety themselves after treatment. Large improvements were observed on parents' dysfunctional beliefs about their child's anxiety and their role as a parent. Family cognitive-behavioural therapy seems effective for clinically anxious children and their families.

### 3.2. Review of Studies on Differentiation Of Self

**Meteyard, Andersen and Marx (2012)**, Explored the Relationship between Differentiation of Self and Religious Questing in Students from Two Faith–based Colleges. The current study examined the relationship between two developmental
constructs: differentiation of self (DoS) and religious quest (Quest). A sample of 233 tertiary students from two Christian faith-based education institutions in Australia completed the Quest Scale and the Differentiation of Self Inventory-Revised (DSI-R). Results revealed that DoS was not predictive of Quest when the sample was considered as a whole. However, when participants were categorized into two subgroups based on religious identification and practice, one dimension of DoS, emotional reactivity, was found to significantly predict Quest, in particular existential questioning, in the more highly religious group. Further, a second dimension of DoS, I-position, significantly predicted Quest, especially involving perception of religious doubt as positive, for individuals low in religiosity.

Yitzhak (2011) did a study on Differentiation of Self and Separation. Is There a Similarity Between Spouses? The aims of the study were to: (1) explore the relationship between differentiation of self and separation anxiety; and (2) examine the congruency between spouses in terms of these variables. The research is the first to study differentiation of self and separation anxiety among adults in general, and among married couples in particular. On the whole, results indicated that spouses had similar levels of differentiation on two scales: emotional cut-off and I-position, while women reported higher levels of emotional reactivity and fusion with others. A significant relationship was found among men between fusion with others and separation anxiety: a high level of fusion was found to correlate with a high level of anxiety. Among women, a high level of emotional reactivity was related to a high level of separation anxiety. These findings shed further light on Bowen’s family system theory, as they indicate correlations between several measures of differentiation and separation anxiety.

Sandage and Harden (2011) conducted a study on ‘Relational spirituality, differentiation of self, and virtue as predictors of intercultural development’. The present study tested the relationships between spirituality, differentiation of self (DoS), virtue (gratitude and forgiveness), and intercultural development among graduate trainees in the helping professions. A relational model of spiritual dwelling and seeking and the Developmental Model of Intercultural Sensitivity were used to
conceptualise the study. Data were collected in a sample \((N = 174)\) of graduate students in counselling psychology, marriage and family therapy, ministry professions, and theology at a Protestant-affiliated university. Results supported the hypotheses that quest religiosity, DoS, and gratitude would be positively associated with intercultural development and spiritual grandiosity would be negatively associated with intercultural development. Intrinsic religiosity was not related to intercultural development. DoS mediated the relationship between gratitude and intercultural development. Contrary to hypotheses, forgiveness was largely uncorrelated with intercultural development. Implications are considered for training in intercultural competence, particularly with highly religious trainees.

**Gubbins, Perosa and Haring (2010)**, conducted study on ‘Relationships between Married Couples’ Self Differentiation/Individuation and Gottman’s Model of Marital Interactions’. One hundred sixty-nine couples completed measures of Bowen’s concept of differentiation/individuation (including emotional reactivity to parents and triangulation into parental disputes), and Gottman’s concepts related to current marital dynamics (e.g., flooding, marital satisfaction/adjustment). The results of canonical correlations run separately for males and females supported hypothesized relationships between differentiation and flooding and satisfaction.

**Mora, Ariana, and Petrignani (2010)** conducted a study on The Relationship between Differentiation of Self and Chronic Anxiety in Italian Americans. The present study examined the cross-cultural applicability of Bowen systems theory (1978), particularly differentiation of self, with Italian-American individuals. Specifically the study investigated the relationship between differentiation of self and Chronic Anxiety (Bowen 1978 Kerr & Bowen, 1988), the interactive nature of the two constructs and developed preliminary normative data of Italian – Americans on the DSI-R. An internet sample of men and women age 25 years or older and who identified themselves as Italian – American completed measures of differentiation of self and chronic anxiety. Relationship between the independent variable, differentiation of self and dependent variable, chronic anxiety was tested using Pearson Product Moment correlations. In order to compare the
distribution of DSI-R scores of the Italian – American sample with Skowron and
Friedlaner’s (1998) and Skowron and Schmitt’s (2003) normative U.S. sample, a
series of one-tail t-tests were used. Initial support for the cross-cultural applicability
of Bowen family systems theory to Italian – American was observed. Italian –
Americans who reported higher levels of differentiation reported less chronic
anxiety. Compared to the U.S. normative sample, the norms of Italian - Americans
were significantly different on three subscales: Italian – Americans reported
significantly less emotional reactivity, less fusion of others, and a greater ability in
taking I positions.

**Jerry Gale (2009)** did a study on 'Family Functioning and Self-
Differentiation: A Cross-Cultural Examination’. This study examined the degree to
which self-differentiation as related to family functioning is valued differently by
Korean and European-American university students. The main findings confirm that
the level of family functioning reported by European Americans is greater than for
their Korean counterpart; family functioning is associated with differentiation
measures (total score, emotional reactivity, and emotional cut-off) to a different
extent across the two groups; and controlling for the effect of family functioning, the
added contribution of a country variable explained further variance in self
differentiation. The importance of addressing the issue of similarities and differences
between cultures in the assessment and treatment of individuals with problems
related to their families of origin is discussed

**Haring and Suzanne (2009) conducted a study** to test the relationships among
differentiation of self, relationship satisfaction, perceived partner support, and
depression in a sample of patients with chronic lung disease (CLD) and their
partners. The sample consisted of 52 patients with CLD and their partners.
Hierarchical multiple regression was used for data analysis. The results indicate that
(a) patients' differentiation of self is significantly lower than partners’ differentiation
of self, (b) patients' relationship satisfaction is positively correlated with partners' relationship satisfaction, (c) patients' relationship satisfaction predicts perceived partner supportive behaviour, (d) perceived partner unsupportive behaviour predicts
patients' depression, (e) partners' differentiation of self predicts partners' relationship satisfaction, (f) partners' relationship satisfaction predicts partner supportive behaviour, and (g) partners' differentiation of self and relationship satisfaction predicts partners' depression. The study serves to highlight the fact that the patient is part of a system, and that taking the system into account is relevant to the well-being of both the patient and the partner, in particular for patients with CLD, a heretofore unstudied population. The results of such studies have significant implications for couples and family therapists.

Tsabag (2009) carries out the study, ‘Differentiation of self in Jewish American mothers and its relationship to children's behavioural adjustment’. The current study aimed to assess differentiation of self within the Jewish American culture and to examine the relationship between mothers' level of differentiation and children's behavioural adjustment. In the current study, group comparisons revealed that no differences in global levels of differentiation existed for the sample of Jewish American mothers, when compared to normative data. The relationship between mothers' level of differentiation and children's behavioural adjustment was examined and significant correlations were found for global levels of differentiation as well as for various facets of differentiation. Furthermore, the relationship between mothers' level of differentiation of self and children's behavioural adjustment was predictive in nature, such that mothers' levels of global differentiation, connectedness, tolerating discomfort for growth, and reactively locking into arguments could significantly predict the behavioural adjustment of their children.

Jankowski, Peter, Vaughn and Marsha (2009) conducted a study on ‘Differentiation of self and Spirituality: Empirical Explorations’. This study explored the relationships between an individual's interpersonal functioning, perceived spirituality, and selected spiritual practices. Using Bowen's family systems theory, the authors proposed that an individual's level of spiritual development and level of differentiation are correlated and that certain spiritual practices are predictive of both of these levels. The results of this study showed a positive correlation between differentiation and a general report of spirituality.
Spiritual practices also predicted individuals' level of spiritual development. A common underlying concept, self-regulation, may explain the correlation between differentiation and spiritual development. Likewise, spiritual practices may support change in both areas.

**Peleg (2008)** has done a study on ‘The Relation between Differentiation of Self and Marital Satisfaction: What Can Be Learned from Married People over the Course of Life?’ The study explores relationships between differentiation of self and marital satisfaction among 121 Israeli men and women at various stages of married life. Marital satisfaction was found to be inversely correlated with emotional cut-off, so that lower cut-off was associated with greater satisfaction. An interesting gender finding was that satisfaction was connected to emotional reactivity, emotional cut-off and I-position among men, but only related to emotional cut-off among women. Another gender difference was that level of marital satisfaction and duration of the marriage were negatively correlated for women and positively correlated for men. The present study sheds light on several notions of Bowen’s (1978; Kerr & Bowen, 1988) theory, and is the first to indicate a relation between differentiation and marital satisfaction among Israeli participants at various stages of marriage.

**Issenmann (2008)** conducted a study on ‘An Examination of the Impact of Studying Abroad with AFS on Level of Differentiation’. The purpose of this study was to examine differences in the changes in levels of differentiation, as measured by the Differentiation of Self Inventory (DSI) (Knauth & Skowron, 2004), that occurred among high school students who participated in a semester-long (n = 69) and year-long (n = 119) AFS (formerly known as American Field Service) program and a control group (n = 75) that did not study abroad. The DSI full scale and four subscales: emotional reactivity, I-position, emotional cut-off, and fusion with others were used to assess levels of differentiation. This study was a non-equivalent control group experimental pre-test-post-test design. Pre-test scores were used as the covariate in the post-test ANCOVA. Results revealed that female students who
studied abroad for both one year and one semester experienced significant increases in levels of differentiation as measured by the DSI full scale versus female students who did not study abroad. There were no significant differences among males who studied abroad for one year, one semester or not at all.

**Skowron; Stanley and Shapiro (2008)** studied on ‘A Longitudinal Perspective on Differentiation of Self, Interpersonal and Psychological Well-Being in Young Adulthood’. The over-time relationship between differentiation of self and interpersonal and psychological well-being was examined in a sample of young adults. Participants were 132 young adults attending a large mid-Atlantic university, ranging in age from 18 to 22. In order to test the hypothesis that greater differentiation of self—that is, lower emotional reactivity, better capacity to take an ‘I’ position in relationships, less emotional cut off, and lower fusion with others—predicted greater interpersonal and psychological health. Results of hierarchical regression analyses confirmed that greater Time differentiation of self predicted lower Time psychological and interpersonal distress. Further, canonical correlation analyses revealed several significant patterned associations between aspects of differentiation of self and specific interpersonal problems.

**Kim Appel, Jonathan Appel, Newman and Pal (2008);** accomplished a study on ‘Testing the Effectiveness of Bowen's Concept of Differentiation in Predicting Psychological Distress in Individuals Age 62 Years or Older’. This study examines the relationship between Bowen's concept of differentiation of self and psychological symptom status in individuals age 62 years and older. Specifically, this study examines through regression methods whether the self-reported differentiation dimensions of Emotional Reactivity, “I” Position, Emotional Cut-off, and Fusion with Others (FO) accurately predicted the level of psychological symptom status as measured by a brief symptom check-list. The major hypotheses of this study were found to be supportive of Bowen’s theory of differentiation, even across the stages of later life (with the exception of the FO dimension). These findings have meaningful implications for the assessment and treatment of older individuals.
Murray, Daniels, and Christine Murray (2006) took a study on Differentiation of Self, Perceived Stress, and Symptom Severity among Patients with Fibromyalgia Syndrome. This cross-sectional Internet-based survey included 201 participants diagnosed with fibromyalgia syndrome. Results indicated that more severe symptoms of fibromyalgia syndrome are significantly correlated with higher levels of perceived stress, lower levels of differentiation of self and higher levels of emotional cut off. In addition, indicators of differentiation of self (i.e., emotional cut off and emotional reactivity) were found to moderate the relationship between perceived stress and symptom severity, although these indicators did not account for large proportions of the observed variances in symptom severity.

Thorberg and Lyvers (2006) carried out a study on Attachment, Fear of Intimacy and Differentiation of Self among Clients in Substance Disorder Treatment Facilities. The purpose of the present exploratory study was to examine attachment, fear of intimacy, and self-differentiation in clients undergoing treatment for substance problems. Attachment, fear of intimacy and differentiation of self were examined by means of self-report questionnaires in 158 volunteers, including 99 clients enrolled in addiction treatment programs. As expected, clients (who were undergoing treatment for alcoholism, heroin addiction, amphetamine/cocaine addiction or cannabis abuse) reported higher levels of insecure attachment and fear of intimacy, and lower levels of secure attachment and differentiation of self, compared to controls. Insecure attachment, high fear of intimacy and low self-differentiation appear to characterize clients enrolled in addiction treatment programs. Such characteristics may reflect a predisposition to substance problems, an effect of chronic substance problems, or conceivably both.

Schwartz, Jonathan, Thigpen, Sally, Montgomery and Jennifer (2006) took a study on ‘Examination of Parenting styles of Processing Emotions and Differentiation of Self’. Gottman and associates theorized emotion coaching, parents’ processing of negative emotions with children, as important for children’s later development. Bowen viewed differentiation, the balance between emotional and cognitive reactions to one's family of origin, as an important developmental
process. However, research has not specified parenting methods that foster healthy differentiation. The authors’ hypothesized adults with emotion-coaching parents have healthier differentiation than those parented with other styles. A total of 254 (129 female, 124 male) participants completed surveys measuring perception of parenting styles and differentiation of self. For male participants, perceiving their parents as having a disapproving style was associated with a poor sense of self. For female participants, high levels of fusion and low levels of emotional cut off were associated with low emotion-coaching parents and disapproving mothers.

**Skowron (2005)** studied on Parent Differentiation of Self and Child Competence in Low-Income Urban Families. In this study, the author examined whether family system functioning was associated with resilience in children exposed to negative environmental stress. In a sample of 55 low-income, urban families, greater differentiation of self among mothers predicted child competence—that is, better verbal and math achievement scores and lower aggression—after considering the effects of neighbourhood violence and family life stress. No relations were observed between parent functioning and child academic self-concept. Furthermore, mothers’ differentiation-of-self scores predicted children’s cognitive skills, even after controlling for parent level of education.

**Skowron, Platt and Lizza (2005)** conducted a study on Differentiation of Self and Child Abuse Potential in Young Adulthood. The authors examine the role of Bowen family systems theory in predicting physical child abuse potential. Relations between differentiation of self, perceptions of personal problem-solving skills, and child abuse potential were tested in a sample of 210 single young adults who were not yet parents. Greater differentiation of self that is, lower reactivity, emotional cut off, or fusion with others, and better ability to take "I" positions in relationships along with better problem-solving skills, predicted lower physical child abuse potential. Those undecided with respect to college major reported lowest levels of differentiation and highest child abuse potential.
Skowron (2004) studied Differentiation of Self, Personal Adjustment, Problem Solving, and Ethnic Group Belonging among Persons of Colour. This study focused on examining the cross-cultural validity of Bowen family systems theory (M. Bowen, 1978), namely differentiation of self for individuals of colour. Ethnic minority men and women completed measures of differentiation of self, ethnic group belonging, and 3 indices of personal adjustment. Initial support for the cross-cultural utility of Bowen family systems theory was observed. Higher levels of differentiation of self predicted better psychological adjustment, social problem-solving skills, and greater ethnic group belonging among persons of colour. Limitations regarding the cross-cultural utility of differentiation of self, directions for further research, and implications for counselling are discussed.

Skowron and Dendy (2004) executed a study on Differentiation of self and Attachment in adulthood: Relational correlates of Effortful control. This study tested relations between differentiation of self, adult attachment, and effortful control in a sample of 225 adults. Results indicated that adult differentiation of self uniquely predicted greater effortful control, after accounting for variance due to attachment security. Greater ability to take ‘I’ positions in relationships, along with lower emotional reactivity (ER) and attachment anxiety, were unique predictors of effortful control. Significant relationships emerged between dimensions of attachment and differentiation of self, with strongest associations observed between attachment avoidance and emotional cut-off and attachment anxiety and ER.

Johnson, Thorngren and Smith (2001) did a study on Parental Divorce and Family Functioning: Effects on Differentiation Levels of Young Adults. This study examined the effect of parental divorce and various dimensions of functioning in the family of origin on young adult development. A total of 813 participants completed the Self-Report Family Inventory, the Differentiation of Self Inventory, and demographic questions. Results indicate that parental divorce and family functioning significantly affect differentiation levels of young adults. Implications of the results for counsellors and future researchers are provided.
Skowron (2000) conducted a study on The Role of Differentiation of Self in Marital Adjustment. In the present investigation, Murray Bowen's (1978) theoretical propositions about the relationship between differentiation of self and quality of marital relationships were tested. Couples' levels of differentiation explained substantial variance in marital adjustment: 74% of variance in husband marital adjustment scores and 61% of variance in wife marital adjustment scores were accounted for by couple differentiation of self-scores. Greater husband emotional cut-off uniquely accounted for husband and wife marital discord. Contrary to family systems theory, actual couples were no more similar on differentiation than were randomly matched couples. Finally, greater complimentarily among couples along the specific dimensions of emotional cut-off and emotional reactivity predicted greater marital distress.

3.3. Review of Studies On Spiritual Intelligence

Brelsford, Robert D, Amram (2010) did a study on ‘The Contribution of Emotional and Spiritual Intelligence to Explaining Leadership’. The current study investigated the contribution of emotional intelligence (EI) and spiritual intelligence (SI) to leadership effectiveness (LE). Participants were CEOs of 42 company and their staff members (N = 210). Each participant provided ratings on the CEO’s personality, EI, and SI. LE was measured by the CEO’s staffs’ composite score of commitment, satisfaction, morale, productivity, and the like. For CEOs, self-reported SI significantly correlated with LE, but not their self-reported EI. Staff’s ratings of CEO’s EI and SI significantly correlated with LE, and remained significant after controlling the (for) other variables. Further analysis revealed that that EI and SI are distinct constructs, each distinctly contributing to leadership effectiveness. Implications for leadership development along these two dimensions are offered.

Hosseini, Elias, Krauss and Aishah (2010) did ‘A Review Study on Spiritual Intelligence, Adolescence and Spiritual Intelligence, Factors that may contribute to Individual Differences in Spiritual Intelligence and the Related
Theories’. This study reviewed the articles about adolescence, its relation to spiritual intelligence and the related theories. The study reveals that the adolescence period is the best time to develop positive emotions and training skills, because adolescents are seeking to find their identity and their future personality at this period. Spiritual intelligence had a significant influence on the quality of life and it goes without saying that adolescence is a sensitive period which requires specific training to make a brighter future and be exposed to the difficulties. Emotional intelligence allowed us to judge in which situation we were involved and then to behave appropriately within it. Spiritual intelligence allowed us to ask if we want to be in this particular situation in the first place.

Animasahun (2010) conducted a study on Intelligent Quotient, Emotional Intelligence and Spiritual Intelligence as correlates of Prison Adjustment among inmates in Nigeria Prisons. The study investigated the extent to which Intelligent Quotient, Emotional Intelligence and Spiritual Intelligence would jointly and relatively predict prison-adjustment among Nigeria prisoners. The participants were 500 prisoners randomly selected from five prisons in Nigeria. They are made up of 458 males and 42 females. The study utilized ex post facto co relational research design. Multiple regression analysis and Pearson product moment correlation were used to analyse data collected to test the three research questions raised in the study. The result showed significant positive correlations between independent variables and prison adjustment with emotional intelligence taking the lead (r = 0.95), followed by spiritual intelligence (r = 0.83) and lastly, intelligent quotient r = (0.79). Also, the three independent variables contributed at a total of 93.2% to the criterion (prison adjustment), while relative contributions revealed by the Beta results showed Emotional Intelligence (B = 0.736), Spiritual Intelligence (B = 0.443) and Intelligent Quotients (B = 0.173). It was therefore concluded that emotional intelligence and spiritual intelligence skills are far more important than Intelligent Quotient.

Saad, Hatta and Mohamad (2010) studied on ‘The Impact of Spiritual Intelligence on the Health of the Elderly in Malaysia’. Research has been carried out on 378 elderly people in Perlis, Malaysia. The primary objectives of the study were:
to identify the levels of spiritual intelligence and health of the elderly, to examine the relationships between spiritual intelligence and health of the elderly, to examine the differences in the level of spiritual intelligence and health based on selected demographic factors; and to predict the most prominent dimension of the spiritual intelligence that affects the health. Sets of questionnaire distributed to gather data. The findings showed that the majority of the respondents were in good health, and had excellent spiritual intelligence. so it is suggested that spiritual intelligence is positively associated with general health.

**Maximo (2010)** conducted a study entitled as ‘The Constructs of Spiritual Intelligence, It correlates with Stress Management and Variation across Selected Variables’. The researcher conducted her study among employees of Saint Louis University (SLU), Baguio City, consisting of an adult population with age ranging from early twenties to late fifties. The major findings are: Spiritual Intelligence can be best understood by analyzing its underlying constructs. There is a positive relationship between Spiritual Intelligence and Stress Management. There is also positive relationship between Religious Commitment and Spiritual Intelligence. Although females exhibit higher levels of Spiritual Intelligence than males on factors that allude to a sense of connection and relationship with others, the total SQ reveals no difference between the two groups. This makes the researcher conclude that ultimately males and females will not differ in Spiritual Intelligence.

**Shabani (2010)** entitled as ‘Age as Moderated Influence on the Link of Spiritual and Emotional Intelligence with Mental Health in High School Students’. This study examined whether, spiritual intelligence (SI) and emotional intelligence (EI) can be considered as predictor for mental health. The investigation was also to test the moderating effects of age on the relationship of SI and EI with mental health among high school students. The result demonstrated that mental health can be influenced by SI and EI. In addition, the moderated effect of age on the relationship of SI and EI with mental health was not found.
**Hosseini (2010)** investigated on ‘The Effect of SI-G Training on Increase SQ among Iranian Student in Malaysia’. The main goal of the study is to determine whether SI-G training is able to help increase SQ. This experimental study examined the effect of SI-G training on spiritual intelligence among Iranian students in Imam Khomeini School situated in Kuala Lumpur. The study shows that with SI-G training, spiritual intelligence and its subscales can be enhanced.

**Amram (2009)** conducted a study on ‘The Contribution of Emotional and Spiritual Intelligences to Effective Business Leadership’. Participants were 42 company CEOs and 210 staff members. Each CEO was administered instruments providing self-reported and 360-degree observer ratings of 5dimensions of personality, emotional intelligence (EI), and spiritual intelligence (SI). SI significantly correlated with leadership effectiveness, as assessed by their staff, was significant after controlling for company variables (company size and growth) and self-reported personality, and marginally significant after controlling for company variables, and self-reported personality and EI. Self-reported EI by the CEO did not correlate significantly with their staff’s assessment of leadership effectiveness, but was marginally significant after controlling the company variables and self-reported personality. Staff’s observer ratings of CEO’s SI significantly correlated with their assessment of CEO’s leadership effectiveness, and remained significant after controlling for company variables, and observer ratings of personality and EI. Similarly, staff’s observer ratings of CEO’s EI significantly correlated with their assessment of CEO’s leadership effectiveness, and remained significant after controlling for company variables, and observer ratings of personality and SI. Further, out-of-sample, observer ratings of both the CEO’s EI and SI by a staff subset predicts leadership effectiveness as rated by excluded staff. Combined EI score averaging self-report and out-of-sample observers correlated significantly with leadership effectiveness, as did combined self report and out-of-sample observers. These results suggest that EI and SI are distinct constructs, and each contributes to leadership effectiveness.
Kin (2009) conducted a study on ‘The Spiritual Intelligence of Nurses in Taiwan’. The purposes of the study included: defining the profile of nurses' spiritual intelligence; examining the relationship between nurses' demographic characteristics and spiritual intelligence; and exploring the mode of nurses' spiritual intelligence and related factors, among nurses in Taiwan. A cross-sectional descriptive study was designed and administered to registered nurses, who were distributed throughout metropolitan Taipei. Wolman's Psycho Matrix Spirituality Inventory was used to measure nurses' spiritual intelligence. Results showed that nurses' spiritual intelligence was centralized in a moderate degree, while trauma and childhood spirituality were either moderate or high. Age and childhood spirituality were the most significant variables affecting nurses' spiritual intelligence. This study is contributed to a better understanding of the spiritual intelligence profile of nurses and is also helped to facilitate a program for nurses' spiritual development as well as the improvement of the quality of spiritual care.

Yang (2009) conducted a study entitled as ‘A Comparison Study on Nurses' Spiritual Intelligence between Two Societies with Different Belief-Systems’. The purpose of the study was to compare the spiritual intelligence among Chinese nurses between Taiwan and the mainland China. It incorporated the following seven factors: divinity, mindfulness, extrasensory perception, community, intellectuality, trauma, and childhood spirituality. The results showed that the two groups had a significant difference on both the mode of nurses’ spiritual intelligence and religious beliefs. Childhood spirituality was the most significant variable which affects nurses’ spiritual intelligence. The study draws attention to the diverse culture of the nurses’ concepts of spirituality, as well as contributes to understand the profile of nurses’ spiritual intelligence which is fundamental to the delivery of truly holistic care of humans in a multi-faith society.

Barbara (2009) conducted a study entitled as ‘Spiritual Intelligence and Transformational Leadership: A New Theoretical Framework’. The purpose of the study is to establish a connection between spiritual intelligence and transformational leadership in an effort to encourage further debate about the legitimacy of spiritual
intelligence in educational discourse. In this context, spiritual intelligence is defined as an interconnected configuration of affective orientations intimately linked to create meaning through connecting ideas, events, and persons rather than to a specific religious tradition or orientation. An exploration of the meaning of transformational leadership in education in K-12 settings provides the basis for the development of a synthesis from a new perspective of two concepts that empower the dispositions of leadership impacting school culture. This reflects a shift toward the exploration of spiritual concerns previously submerged by the advent of scientific positivisms and the effort to reduce, if not eradicate, the role of spirituality in education. This expository narrative addresses the integration of spirituality into educational transformational leadership theory and practice. The findings are positive and it was found out that SQ has got much impact on transformational leadership.

Yang and Mao (2007) conducted ‘A study of Nurses’ Spiritual Intelligence: a cross-Sectional Questionnaire survey’. The objective of the study was to explore the profile of spiritual intelligence among nurses, and to examine the effect of religion on nurses’ spiritual intelligence in China. This is a cross-sectional descriptive and inferential designed study. The study was carried out in a medical centre in China. Subjects were widely distributed, throughout seven provinces, with 16 hospital settings. A total of 130 registered hospital nurses, who were taking part in a 3-day, national nursing quality conference held by the target medical centre in China, were recruited by convenient sampling. Wolman’s (2001) four point Likert-type Psycho-matrix spirituality inventory (PSI) was distributed collaboratively during the period of the conference. The study reveals that majority of nurses (90%) tended to experience numerous instances of physical emotional pain and suffering throughout life. Among the 130 subjects, only seven nurses clearly specified their religions, and religious beliefs accounted for most of the variance in the criterion variable in the study. By exploring nurses’ spiritual profiles, especially for those who seem to be unfamiliar with spiritual matters, is a starting point on the journey to delivering spiritual care. Chinese nurses’ spiritual intelligence is only to be excavated. The study draws attention to the diverse culture of the nurses’ concepts
of spirituality, which is fundamental to the delivery of truly holistic care of humans in a multi-faith society.

**Jain and Purohit (2006)** University of Rajasthan, Jaipur, conducted a study on ‘Spiritual Intelligence: A Contemporary Concern with Regard to Living Status of the Senior Citizens’. The aim of the present research was to study the spiritual intelligence of elderly people. For this purpose 200 senior citizens were selected from different living status i.e. living with family (N=100) and living in old age homes (N=100). Salahkaar Spiritual Quotient test (SQi-t) TM (2003), developed by Daftuar, Dasgupta and Manghrani for measuring spiritual intelligence was used. On the basis of source acquaintances with the subject and objectives it was hypothesised, that SQ would significantly differ in senior citizens of different living status i.e. living with family and living in old age homes. The t-test was computed to compare overall spiritual intelligence and its domain i.e. God and religiosity, Soul, Self awareness, Spiritual practices, life style values, Gender and caste equality, Fate and Karma, Interpersonal relations, Divinity in love, Spirituality in leadership, Helping behaviour, Flexibility, Ability to use and overcome suffering, Ability to transcend pain and Being spiritually intelligent about death. The Table 1 provides Mean, SD and t values of the scores on 15 dimensions of spiritual intelligence and overall intelligence. Mean score of overall spiritual intelligence of senior citizens living with family is 288.04 whereas Mean score of spiritual intelligence living in old age homes is 289.28, which shows that the difference between the two groups was not significant. Whereas, results indicated significant differences between two groups on God and religiosity, Soul, Interpersonal Relations, Spirituality in leadership, helping behaviour, Flexibility, Ability to use and overcome suffering. Domains of spiritual intelligence reveal that senior citizens living in old age homes scored higher on these dimensions. A significant difference is in self awareness and ability to transcend pains of the senior citizens living in family and old age homes, thus, the results obtained indicated that senior citizens live in the family show higher levels of self-awareness and ability to transcend pains in comparison to senior
citizens living in old age homes. Further no significant difference was observed between these two groups of older people on spiritual practices, lifestyle values, gender and caste equality, fate and karma and divinity in love.

3.4. Review of Studies on Family Dysfunction

Lucey, Christopher and Sarah (2012) conducted a study on ‘Predicting Suicide Risks among Out Patient Adolescents using the Family Environment Scale: Implications for Practice and Research’. This study was designed to identify characteristics of family functioning that relate to suicide potential in an outpatient adolescent population. Participants included 51 adolescents between the ages of 14 and 18 who were involved in outpatient counselling. The Family Environment Scale and the Suicide Probability Scale were used to assess adolescents' perception of family social climate and degree of suicide risk respectively. Results revealed significant correlations between suicide risk and family systems characterized by heightened conflict and lower levels of cohesion, independence, and organization. A stepwise multiple regression analysis suggested that organization (related to clarity and structure in family activities and responsibilities) was the strongest predictor of suicide risk. Implications for research and practice are considered.

Craddock, Church, Harrison and Sands (2010), conducted a study on ‘Family of Origin Qualities as Predictors of Religious Dysfunctional Perfectionism’. This study investigated the interrelationships between perceptions of religious dysfunctional perfectionism (RDP) and family of origin qualities in a sample of religiously active Australian first-year Psychology students at the University of Sydney. General functional and dysfunctional perfectionism was assessed using the Frost Multidimensional Perfectionism Scale and a specific measure of RDP was developed by means of an adaptation of some of Frost’s items. The main findings supported the study’s hypotheses: Zero-order correlations indicated that high RDP was significantly associated with high levels of family rigidity, enmeshment and disengagement. Hierarchical multiple regression analysis showed that general functional perfectionism and general dysfunctional perfectionism explained 18% of
the variance in RDP. After controlling for both aspects of general perfectionism, extreme family rigidity, enmeshment and disengagement explained an additional 18% of the variance in RDP. The significant independent predictors of religious dysfunctional perfectionism were general dysfunctional perfectionism and family rigidity. Implications of these findings for cognitive behavioural treatment of religious dysfunctional perfectionism are discussed.

**McAdams, Kyli, Blake and Brendel (2009)** conducted a study on Dysfunctional Family Structures and Aggression in Children: A Case for School-Based, Systemic Approaches with Violent Students. School counsellors may be in the best position to identify troubled students and intervene before an act of school violence occurs. Current education literature challenges school counsellors to expand their knowledge of social, environmental and family dynamics and the influences of those dynamics on student violence. This article introduced the structural elements of a family system, describe links between dysfunctional family structure and child aggression, propose school-based strategies for working with students and their families that address the structural antecedents of aggression, and underscore the feasibility and benefits of a systemic approach to violent students.

**Boagela, Dongena and Murisa (2003)** conducted a study on Family Influences on Dysfunctional Thinking in Anxious Children. Anxious children are found to interpret ambiguous stories in a negative way. The current study attempted to examine the possible influence of parental fear and parental interpretation bias on the maintenance of such an interpretation bias. Children varying in level of anxiety and their parents, filled in a questionnaire to measure their own fears, and gave their interpretations concerning nine ambiguous stories, relevant for childhood ‘interactional’ anxieties: social anxiety, separation anxiety, and generalized anxiety. Then, parents were asked to talk with their children about three of the stories. After the family discussion the children had to give their final interpretations. Results indicated that parents’ self-reported fear level and interpretation bias were associated with children’s interpretation bias before the family discussion. However, no evidence was found for the idea that parents maintain or enhance the interpretation bias of their children. That is, irrespective of parental fear and parental interpretation
bias, children interpreted the ambiguous stories as less negative after discussing them with their parents.

**Larson, Peterson, Heath and Birch, (2000)** studied on 'The Relationship between Perceived Dysfunctional Family-of-Origin Rules and Intimacy in Young Adult Dating Relationships'. This study examined the relationship between perceived dysfunctional family-of-origin rules and intimacy in single young adult dating relationships. A sample of 754 single, Caucasian-American young adults completed measures of perceived dysfunctional family-of-origin rules and emotional, intellectual, and sexual intimacy in dating relationships. When controlling for the effects of gender and age, results showed that perceived dysfunctional family-of-origin rules had a negative impact on the perceived expression and experience of these three kinds of intimacy in dating relationships. Implications for relationship therapy are discussed.

**Boergers and Grapentine (2000),** studied on Peer Functioning, Family Dysfunction, and Psychological Symptoms in a Risk Factor Model for Adolescent Inpatients’ Suicidal Ideation Severity’. They examined models of suicidal ideation severity that include two psychosocial risk factors (i.e., peer and family functioning) and four domains of psychological symptoms (i.e., generalized anxiety, depression, conduct problems, and substance abuse/dependence). Participants were 96 psychiatric inpatients (32 boys, 64 girls), ages 12 to 17, who were hospitalized because of concerns of suicidality. Adolescents completed a structured diagnostic interview, measures of suicidal ideation, and several dimensions of family and peer functioning. Results supported a model in which greater levels of perceived peer rejection and lower levels of close friendship support were associated directly with more severe suicidal ideation. In addition, indirect pathways included deviant peer affiliation and global family dysfunction related to suicidal ideation via substance use and depression symptoms. The results are among the first to demonstrate
relations between suicidal ideation and several areas of adolescent peer functioning, as well as divergent processes for peer and family predictors of suicidal ideation.

3.5. Insights from the Review of Related Literature

The above cited reviews clearly indicate the studies are attempted on family counselling, differentiation of self, spiritual intelligence and family dysfunction. The main aim of the review of the available literature in research study is to provide an academic support to the study. From a comprehensive review of related literature, it is found that no study has been conducted previously to find out impact of family counselling on differentiation of self and spiritual intelligence in general and among spouses in dysfunctional families in particular.

The studies on family counselling are more in the western world, where as it is very less in the Indian context. It is noted that the studies on family counselling mostly limited to the problems of adolescents and clinically anxious children and their families. Reviews draw conclusions on the overall effectiveness of family therapy for clinically anxious children and their families, for people having any age with depression, for relationship distress, psychosexual problems, domestic violence, anxiety disorders, mood disorders, alcohol abuse, schizophrenia and adjustment to chronic physical illness, for sleep, feeding and attachment problems in infancy; child abuse and neglect; conduct problems including childhood behavioural difficulties, ADHD, delinquency and drug abuse; emotional problems: including anxiety, depression, grief, bipolar disorder and suicidality; eating disorders: including anorexia, bulimia and obesity; and somatic problems including enuresis, encopresis, recurrent abdominal pain, and poorly controlled asthma and diabetes, for youths with more severe drug use and greater psychiatric co morbidity, for Adult and Adolescent Delinquency and Substance Abuse; for families in which one or more members has suffered trauma, to Improve Adherence among Adolescents with HIV, Adolescence with cannabis use disorder, for Anorexia Nervosa in Adolescents, changes in the severity of on – line game play and brain activity in adolescents with on – line game addiction, parenting behaviour, for depressive and suicidal
adolescents and for behavioural treatment of chronic paediatric headache and anxiety disorders. The studies on family counselling conducted for spouses (the key persons in the family) giving emphasis to the family dysfunction and including whole family were very limited. Similarly, studies on family counselling are few in number in India. The researcher is founded only one study and that is conducted at NIMHANS Bangalore with clinical focus. It gives a hope and glow towards the studies related to ‘family counselling’. The findings of the studies supported the effectiveness of family counselling and suggested that family cohesion is an important factor in improvement of family functioning and reduction of the symptoms.

Good numbers of empirical researches on differentiation of self were found in the western world. And no Indian studies are found for differentiation of self. Reviews draw insights on the various studies of ‘Differentiation of Self’. The studies gave insights mainly on the Relationship between Differentiation of Self to the following variables. Religious queuing, separation of spouses, relational spirituality, relationship between married couples, family functioning, chronic anxiety, relationship satisfaction, perceived partner support, and depression, mothers’ relationship to children's behavioural adjustment, Spirituality, Interpersonal and Psychological Well-Being in Young Adulthood, Psychological Distress in Individuals, Perceived Stress, and Symptom Severity, on Attachment, Fear of Intimacy, Parenting styles, child Abuse Potential in Young Adulthood, Personal Adjustment, Problem Solving, Attachment in adulthood, Relational correlates of Effortful control, Parental Divorce and Family Functioning, Marital Adjustment, and Attachment among Adult Daughters. The results of the studies conducted abroad related to differentiation of self and other variables reveal the significant relationship, mediation and influence of differentiation of self in day to day life. The studies on differentiations of self have significant implication for couple and family therapists in the field of family counselling.
Fine accounts on the researches on spiritual intelligence are founded in western world while it is very limited in India. The studies on spiritual intelligence investigated the contribution of spiritual intelligence to leadership effectiveness, Adolescence’ Spiritual Intelligence, Prison Adjustment, Health of the Elderly, Stress Management, Mental Health in High School Students, Effective Business Leadership, National Education Philosophy towards Language Skills, Emotional intelligence, Different Belief-Systems, Education Achievement and Transformational Leadership. But no studies found for the family function and spiritual intelligence. The significant relationship resulted from the studies conducted abroad related to spiritual intelligence and other variables provide large possibilities for new studies.

The foreign studies on family dysfunction are very little and handy in number and no Indian studies are found on this concept. The reviewed studies related to family dysfunction are Dysfunctional Family Structures and Aggression in Children, Family Influences on Dysfunctional Thinking in Anxious Children, The Relationship between Perceived Dysfunctional Family-of-Origin Rules and Intimacy in Young Adult Dating Relationships’ Peer Functioning, Family Dysfunction, and Psychological Symptoms in a Risk Factor Model for Adolescent Inpatients’ Suicidal Ideation Severity’. The results of these studies demonstrated the significant relationship between family dysfunction and other variables. But no studies are in the area of family function related to differentiation of self and spiritual intelligence of spouses. The positive results indicate the anticipation for the new and further studies.

The investigator does not claim that the survey of related studies attempted in this chapter is complete. By reviewing the related studies, the researcher is stimulated to use each bit of knowledge and starting point for new and further progress. Through the review of related literature, the researcher acquainted with the current knowledge in the field and the area in which the investigator planned to conduct the research.
The review of the variable, ‘family counselling, differentiation of self, spiritual intelligence and family dysfunction’ revealed that the studies related to these variables are increasing year by year. Also, from the studies discussed above it is obvious that each variable has vital role in improvement of the individual’s life in the realm of relationship with others. From comprehensive review of related literature, it is found that no study has been conducted previously to find out the impact of family counselling on differentiation of self and spiritual intelligence in general and among spouses in dysfunctional families particular. In this context the present study becomes important and essential as endorsed by the specific concerns of earlier researchers both in its aims of the study and its procedures. In thus sense, the present study is unique against the series of studies covered in this review.

The plan and procedure of the present investigation is presented in the succeeding chapter.