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In and out of a relationship: A case study of Mr. W. in terms of Murray Bowen's family systems theory.

Abstract:

The article presents possibilities of the practical application of Murray Bowen's family systems theory in the therapy of an individual client. The theory explains emotional processes in a family system as well as the ways in which family members cope with anxiety, closeness and distance in relationships. What is more, by describing symptom formation, the theory shows intergenerational processes of family projection. Following Bowen's approach, this case study depicts a man who reports somatic symptoms and anxieties about establishing a partner relationship and starting a family. The analysis offers both systemic and individual views on the client's problems, and determines the directions of the therapy.

Keywords: Family Systems Theory, Family Relations; Differentiation of Self, Intergenerational Transmission; Chronic Anxiety; Emotional Regulation; Triangulation.

Introduction

Murray Bowen's family systems theory is becoming increasingly popular among researchers and systemic therapists. It is a coherent model, well-grounded in the systems theory, yet including an individual psychology perspective. By describing mechanisms of coping with closeness, distance and anxiety in an interpersonal relation, it enables one to understand the dynamics of creating psychic bonds and remains a consistent field of reference to both the psychodynamic approach and

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the attachment theory. The fact that Bowen's theory can be easily applied in therapy and the increasing number of its empirical verifications are further undeniable advantages of this model.

In search of new practical applications of the theory in question the article presents an analysis of the case of a client whose problems have been examined from the perspective of Bowen's theory. Therapeutic action also followed this approach. The case concerned a single male who, despite efforts, was unable to decide on creating a close partner relationship with a woman. Both being single and being in a relationship had a paradoxical effect on the client: his anxieties were evoked and reduced at the same time. It can be stated that he simultaneously experienced positive and negative consequences of developing his acquaintanceship into a relationship.

Theoretical background

According to Bowen (2004), life forces dynamically functioning in a family system stem from instincts. They can be ascribed to two groups characterized by opposing values, and thus they both balance and cement the system. While the first group includes tendencies to separate oneself from others and become independent, the second one contains tendencies to create unity and closeness. The lack of balance between these forces results in fear (either of loneliness or of becoming dependent from other people) which distorts one's basic feeling of safety. Hence, the desired mental condition (which is also a proper direction for ontogenical development) would be based on maintaining balance between these two forces. This can be achieved by developing the ability to differentiate between one's emotionality and cognitive processes, both on the intra- and interpsychic level. On the intrapsychic level the differentiation of self is concerned with the ability to separate emotions from thinking and analyzing. Differentiation on the interpsychic level, on the other hand, is associated with the ability to remain in close relationships with particularly important people, to establish relationships with other people, and to maintain one's independence at the same time.

Bowen (2004) presents the concept of basic differentiation of self as a dimension, that is a combination of various abilities, each of which can be developed separately to a different extent. The lowest aptitude for differentiation characterizes people who are fused with and dependent on the environment (especially on people who are significant in their lives). These people possess a strong family self. They constantly seek love and acceptance and they try to please others. They lack the ability to function independently and require assistance in making decisions and coping with change. They are often tense and anxious. People with

a higher capacity for differentiation make an impression of being able to function autonomously, yet they are still highly influenced by their environment: the voice of majority, authorities and sociocultural duties. They need these to strengthen their weak self, to make decisions, and to act; especially in situations of great stress. Occasionally, they present a high level of functional differentiation. People characterized by a strong ability to differentiate on the basic level are able to rely on their own belief system and act according to it regardless of the situation. At the same time, they remain emphatic and open to others. They know how to successfully cope with anxiety, even though they experience it extremely rarely. The features characteristic for people with high aptitude for differentiation are closely related to those of assertive behavior and internal locus of control (Namysłowska, 2000).

The most meaningful factor in developing the level of differentiation of self is an emotional climate of the family in which one is brought up, and in particular the climate created by the parents, as well as their level of differentiation. The stronger the mutual dependence between the members of the parental system is (and the lower their differentiation level), the greater and more common will be the fluctuation of tensions and anxiety. While on the one hand the anxiety stems from the fear of losing one's self, on the other hand it releases a force preventing one from feeling isolated from the partner and the children. Since, as Bowen (2004) assumes, people tend to look for mates who are on a similar level of the differentiation of self, in the situation of chronic anxiety the partners seldom support each other; it is more common for them to reinforce the tensions dangerous for the family system. In order for the family system to survive in such situation, it is necessary to apply family anxiety-coping mechanisms, especially when the feeling of anxiety is strong and appears often.

The author of the concept enumerates several such mechanisms. One of them is introducing emotional distance, which results in a physical or mental absence of one or both of the partners. Others are the starting of conflicts or resigning from a part of one's individuality in order to satisfy the needs of the family system (which very often leads to conflicts or launches dysfunctional behavior in one of the partners). Yet another one, which is regarded the most stable mechanism regulating tension in a family system, is triangulation. Triangulation is the introduction of a third element into a system originally consisting of two elements. This additional element serves as a vent in the moments of tension.

Triangulation, in which the parents create a tense dyadic system, and the child becomes the relieving element, is also regarded as a way of transferring patterns of mutual relations between subsequent generations. In literature this mechanism is called intergenerational family projection process (Bowen, 2004; McGoldrick

& Carter, 2001). In this case parents characterized by a low level of differentiation of self project their anxieties and tensions onto the child in the form of concern about the child's health, life or its proper development. The lower the parents' differentiation level and the more stressful situations, the more children get affected by intergenerational family projection process, and the more limited their aptitude for differentiation (Kerr & Bowen, 1988). In the family systems characterized by a higher level of differentiation, triangulation may affect only one child; other children may have the chance to develop a higher level of differentiation and, consequently, to become independent and start their own families.

Bowen's theory in practice

The emergence of Murray Bowen's family system concept resulted in the description of goals, stages and methods of therapeutic interventions based on it (Fine & Hovestadt, 1987; Kerr & Bowen, 1988). These proved to be applicable both in reference to family systems and in individual therapy. The main goal of this approach is to increase the level of differentiation of self of a client or the members of a system, which leads to the reduction of anxiety and helps to find balance between closeness and distance in interpersonal relations. The procedure applied in the therapeutic intervention requires the therapist to accompany the client in examining his or her multigenerational family structure, the relations between the family members and the roles they perform in the system, and the anxiety-reduction mechanisms, maintaining a psychologically neutral position throughout the whole endeavor. During this process the client receives an opportunity to understand not only his or her behavior in the family context, but also the entanglements in which he or she takes part. Subsequently, the client is capable of commencing a process of a gradual differentiation of self, of learning to distinguish between cognition and emotion, and learning to remain autonomous in relationships with others.

Nowadays, the theoretical and practical basis of the aforementioned concept is widely applied in a therapeutic work with people coping with various problems (as described by Bowen, 1976; Guerin, Fogarty, Fay & Kautoo, 1996; Schnarch, 1997; Tung-Hsueh Liu, 2004). Even though the empirical data confirming the method's effectiveness is still insufficient (Miller, Anderson & Keala, 2004), increasingly more research results are continuously providing the clinicians with the required data (Rosen, Bartle-Haring & Stith, 2001; Whitehouse & Harris, 1998; Whitbeck et al., 1992).

The research on the differentiation of self was greatly aided by the creation and development of questionnaires and other tools for measuring the level of differentiation, for example: *Level of Differentiation of Self Scale* (Haber, 1993),

The Differentiation of Self Inventory (Skowron & Friedlander, 1998; Skowron & Schmitt, 2003) and the Polish *Kwestionariusz relacji* (Kriegielewicz, 2005). These tools proved particularly helpful in establishing the correlation between the client's level of differentiation of self and his or her mental well-being. It was discovered that while the low level of differentiation is closely related to the high level of a chronic anxiety (Haber, 1993; Maynard, 1997) and the symptoms of depression and distress (Elieson & Rubin, 2001; Skowron & Friedlander, 1998; Tuason & Friedlander, 2000), the high level of this variable correlates with well-being and good mental health (Davis & Jones, 1992; Bohlander, 1999). The research also showed that the level of differentiation varies according to the gender of a client. Finally, it was determined that a child's level of differentiation of self is significantly influenced by their parents' differentiation level, and especially by that of their mothers' (Kriegielewicz, 2008).

Case study

The following case study is an example of the practical application of Murray Bowen's family systems theory in the psychotherapy of a thirty-five year old male experiencing anxiety and doubts concerning the creation of a partner relationship. Therapy lasted for 18 months and was based on private sessions. It consisted of 32 weekly meetings followed by an additional seven carried out at longer intervals in order to monitor the progress made by the client.

For ethical reasons, the client's personal data of was not included in the following analysis. For purposes of clarity the client was called Mr. W. throughout the dissertation.

Introductory information about the client

Mr. W. had been experiencing recurring episodes of intense anxiety manifesting itself as fear and dyspnea for several years before he decided to consult a psychologist. The deciding factor for starting the therapy was an episode which resulted in the loss of consciousness, and led to Mr. W's hospitalization. Since the medical examination did not show any irregularities, Mr. W. was advised to rest and consult a psychologist. At the time, Mr. W.'s anxiety episodes, dyspnea, the constant feeling of solitude, and dilemmas concerning relationships and starting a family were his main concerns. As such, they were discussed during the first few sessions.

Mr. W. is a thirty-five year old single heterosexual man. The first thing that attracts one's attention in his appearance is the contrast between his tall stature and

physical slenderness. He lives alone. Throughout his professional career he has worked in only one corporation. He is very much engaged in the work of a certain Catholic group of which he is a member. The membership requires his presence at group meetings twice a week. Mr. W.'s job and the Catholic group meetings are his two main occupations. Thus they are the basis for his schedule and determine the rhythm of his life. He does not have close friends and does not socialize with people outside of the two aforementioned environments. Once every two months Mr. W. visits his mother, who lives in a different part of the country. Mr. W.'s father has been dead for over ten years.

Family relations

Mr. W. has no siblings. His father originated from a poor rural family and was one of many children. He earned his own living since the age of 15. He wanted to become a salesman and travel a lot because, in his opinion, it was the only way to become wealthy. However, after starting a family, Mr. W.'s father started working for the Polish State Railways, and continued the work until his death. Mr. W.'s mother also originated from a rural family. In her adult life she worked in administration. Mr. W.'s parents got married after finishing secondary education and moved out from their hometown. There, after a year, Mr. W. was born.

Mr. W. recalls himself as an obedient and quiet child, and his parents' marriage as concordant and peaceful (on another occasion he described it as boring). The general memory of his childhood is everlasting silence, disturbed only by sound of the radio or television, and everyday rituals like work, meals or cleaning. In the course of therapy Mr. W. remembered various long-forgotten events from the past, each of which came to him as surprise. One of the memories, for instance, was of his father commonly coming home intoxicated and arguing with his mother, who, in turn, kept silence or left the house to punish the husband for his improper behavior. Another memory was that of his mother calling him "weird" and behaving hostile towards him whenever his opinion was different from hers (even though she never forbade him anything directly). Such situations were followed by long periods of silence between the son and the mother, which could only be terminated by the son's apologies for his behavior. Unfortunately, Mr. W. was often unable to determine whether the right time for apologies had come, and the anticipation filled him with fear.

While describing his relationship with his parents, Mr. W. would ascribe the parents good intentions. He understood the problems they had to cope with and felt thankful for the conditions they created for him in the process of up-bringing under the circumstances. At the same time, he declared that the only reason he

visits his mother once in two months is the feeling of duty towards her as his mother.

In the process of remembering the past and describing family relationships, Mr. W. remained unemotional. He seemed to have separated himself from the memories and saw the past as if through a mist.

Mr. W.'s emotional life

Throughout his life, Mr. W. has attempted to create relationships with women several times. However, his expectations of the potential partner were not only extremely high, but also self-contradictory. As a result, none of Mr. W.'s partners could meet his expectations. Because of that, he was afraid to become fully engaged, and would end the relationship. What is more, the perspective of marriage evoked in him a mental association with boredom and loss of individuality. In spite of that, however, he still felt the need for being in a relationship and starting a family. He was also afraid of solitude, even though it was the kind of life he had led for many years.

Mr. W. was cautious in making decisions concerning both relations with other people and his own involvement in any action. He would refrain from making decisions for as long as possible, or he would wait for the problem to solve itself. He would also try to avoid situations involving emotions. He was never spontaneous, but instead would act under compulsion of his inner obligations (which concerned various spheres of life: duties at work, organization of his life, healthy eating habits, proper sleep hours, etc.). Mr. W. also avoided confronting his opinions with opinions of others. This was especially the case when other people's behavior was incompatible with his moral standards. Such situations were particularly difficult for Mr. W.: on one hand he felt that his opinion on the subject should not differ from that of the others and consequently wanted to retreat, but on the other hand his conscience compelled him to defend his beliefs. Consequently, he experienced strong internal conflict and intense anxiety, which resulted in breathing problems, sleep disorders and fervent attempts to rationalize the situation. Whenever Mr. W. was forced to state his opinion to a larger group of people, he was afraid of being mocked or ridiculed. As a result, he rarely spoke during group meetings and seldom stated his views.

Differentiation of self

Analysis of Mr. W.'s behavior from the perspective of the differentiation of self indicated that Mr. W. was characterized by a low level of this variable. His behav-

ior was dominated by anxiety, which revealed itself mainly in social situations (when he was surrounded by many people, when he was alone, or when he was with a person important for him). The anxiety resulted from difficulty in both remaining single and coping with closeness of the significant other. Thus, Mr. W. could not decide whether he should enter a relationship with a woman (which entailed marrying her) or remain single (equivalent to becoming a clergyman). Deciding in favor of either of these options seemed to him equally difficult. Failure to make a decision was not easy either (it produced anxiety), but for Mr. W. it was the only acceptable solution in this situation. Except for shame, fear was the only emotion to which he had direct access, and which he could name. He did not know any other emotions, nor could he imagine how he would behave while acting upon them.

Separation from experiencing emotions was a mechanism easily noticeable in Mr. W.'s behavior while he was coping with difficult situations. He trained himself to be serious and reserved at all times. He also shaped his life in a way that did not allow for emotion-evoking situations. These led to the loss of Mr. W.'s contact with his body and disregarding its needs. Consequently, the constantly ignored mental anxiety was transferred to the physical sphere and manifested itself in somatic symptoms: breathing and digestion problems, and general weariness.

The emotional separation resulted in Mr. W.'s becoming ignorant of his desires. His life was based distinctly on his obligations and hence he was not able to establish closer relationships with other people. He also did not know how to respond to their emotionality. If placed in a situation involving other people's emotions, he always attempted a retreat. However, if retreat was not possible, he would become passive and thus prone to being included in the conflict as the third element of a triangulation. This pattern was especially common for Mr. W.'s workplace, since it was the only environment in which people surrounding Mr. W. acted emotionally and spontaneously. In the Catholic group to which Mr. W. belonged each conflict was solved by an internal mediator, whose task was not to allow the conflicted sides to show their emotions. This, and the fact that the group operated in accordance with clear, predictable and fixed rules, could make Mr. W. feel safer in the group than he did at the workplace.

Mr. W., in not allowing himself to feel such emotions as happiness, excitement, anger or sadness, created the impression of being able to function independently. The predictable daily routine and the influence that rational religiousness had on his life and on his personal beliefs (which could be interpreted as triangulation with a system of rules imposed by the Catholic Church) were the factors stabilizing this impression.

Family system analysis

The analysis of Mr. W.'s parents' relationship revealed the mechanism of family projection through which Mr. W.'s parents projected their anxieties onto Mr. W. himself. Mr. W.'s mother's actions were strongly focused on her only son. She distinctly reinforced her son's serious behavior, punishing him for spontaneous or emotional actions with rejection or withdrawal of her parental attention. Regardless of her son's age, she treated him like a little child and reacted with anger whenever his opinion was different from hers. Even nowadays she feels concerned about her son's ability to cope with adult life and shows her disapproval if he (in her opinion) phones or visits her too rarely.

The strong focus of Mr. W.'s mother on her son drew her attention away from the problems she was experiencing in the relationship with her husband. This led to triangulation with Mr. W., and gave the mother a possibility to fulfill her need for closeness despite keeping an emotional distance from her husband. Maintaining emotional distance was also possible with regard to Mr. W.'s father, who presumably treated alcohol as a vent in the triangulation.

The close relationship with his mother deprived Mr. W. of any natural relation with his father. Therefore during the sessions he was unable to describe either their relationship or his father as sole father-figure. Mr. W. remembered his father as if through a mist and could not give consistent characteristics of the figure. The impressions left by Mr. W.'s father in his mind varied from a warm and caring person to a fearful alcoholic specter, but on the whole remained generally unknown and difficult to recall.

Remaining loyal to his mother and the system she imposed on him, Mr. W. almost entirely resigned from revealing masculine features in his behavior. Boyish attributes characterized not only his appearance and beliefs regarding love and relationships, but also manifested themselves in his fear of punishment.

Psychotherapeutic treatment

The first five meetings with Mr. W. were dedicated to establishing contact, arranging a contract, performing research on his background, and creating a genogram. The client decided to place his main focus on understanding the mechanisms he unconsciously applied in his life and acknowledging his own emotions. In his view, these were supposed to help him establish interpersonal relations, or even create a close relationship. Secondary importance was ascribed to somatic symptoms and mechanisms for coping with them.

Although Mr. W. had difficulty had in making decisions, he nevertheless determined the goals that he thought were substantial directions for therapy and which became indicators of considerable motivation on his side. More than ten subsequent sessions were dedicated to broadening Mr. W.'s knowledge about emotions (methods of their recognition, regulation and naming). Throughout therapy, he was attentive and zealous. Initially, he analyzed different interpersonal situations he encountered at work. Gradually, he became more courageous in naming emotions he experienced during these situations. He began to notice how he was included in triangulation, becoming a venting element for anxieties experienced by other people. He also became more eager to describe his relations with members of the Catholic group to which he belonged. Here, he began to carefully name the emotions he experienced. Caution was particularly noticeable in the vocabulary he would choose in naming the emotions: he would rather say he felt contentment instead of joy, discouragement instead of sadness, or tension instead of anger. Attempts to use stronger vocabulary in naming emotions resulted in the emergence of an internal resistance. In this case, just as in other cases, the feeling of resistance in the client constituted an indicator of the pace of the therapy.

A situation at Mr. W.'s workplace when he felt anger towards his interlocutor and did not block it but allowed himself to feel it, name it, and observe it, was a real breakthrough in therapy. It surprised Mr. W. that the anger he felt and the tension which accompanied it did not grow uncontrollably, but in the course of time peacefully faded and disappeared. This experience was later used in the safe environment of a therapeutic session as an exercise in observing and comprehending other emotions. Mr. W. repeated the exercise at home and later allowed himself to use it in everyday life. At the same time he began to practice sports, which, as he claimed, helped him to release tension and allowed him to "feel his body." He also improved his eating habits.

Finally, during one of the sessions Mr. W. decided to confront his feelings towards his mother. In this context he allowed himself to feel anger, sadness and fear. This type of session was carried out several times. The fact that Mr. W. kept in touch with his mother throughout therapy made this kind of endeavor especially difficult for him. Concerning relations he had had with the father, Mr. W. willingly talked about masculinity in general, but avoided scrutinizing the emotional side of their relationship. He also refused to examine the experience of his father's loss of and the time of mourning, claiming not having felt any emotions whatsoever at the time. The emotions that Mr. W. had for his father seem to be hidden under Mr. W.'s loyalty toward his mother and the fear of confronting her about the matter. As long as Mr. W. refrains from examining the emotions toward his father and from

expressing his beliefs and emotions directly in front of his mother, he will probably not be able to identify with the masculine part of himself.

At this level of therapy, the initial goals were achieved. Mr. W. was more conscious of his own emotions and understood the mechanisms triggered by separating oneself from one's feelings and disregarding the needs of one's body. He was able to recognize situations in which he was involved in a conflict, and was ready to state his own opinions. He experienced less anxiety and could successfully cope with it, simply letting himself experience emotions, observing and naming them. He was also aware of the role that physical exercise played in relieving tension.

Achieving the aforementioned effects was possible due to Mr. W.'s strong motivation and his determination to change. Undoubtedly, his beliefs also played a great part in this success. Relieving the stiff personality corset through activation of his emotions lead to such an enormous change that it suddenly became something that needed stabilization. For this reason the therapeutic contract had to be changed and the remaining seven sessions were dedicated solely to monitoring Mr. W.'s current problems and supporting him in coping with his emotions.

The progress Mr. W. made at this stage of therapy can be perceived as the first step in learning to maintain balance between intimacy and autonomy in relations with other people. Mr. W.'s initial low level of self-differentiation supported by his long-lasting training in separating himself from emotions certainly requires a slow and gradual process of acquisitions of new skills. The major issues that need further work are Mr. W.'s relationship with his father and his attitude towards masculinity, as well as a true confrontation with his mother. Hopefully, dealing with these issues will allow Mr. W. to feel more independent and, perhaps, will also enable him to enter a relationship with a woman, which he desires and fears at the same time².

In this case, the intergenerational approach proved to be a good strategy. The theory explained the psychological mechanisms of the client's emerging of the problems and directed the therapy to broadening his self-consciousness and teaching him useful methods of coping with anxiety. The approach applied in the therapy allowed for maintaining both a systemic and individual psychological perspective.

References:

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

² After several months, Mr. W. decided to continue therapy.

- Bowen, M. (1976). Theory and practice in psychotherapy. In P. J. Guerin (Eds.). *Family therapy: Theory and practice*. New York: Gardner, 42-90.
- Bowen, M. (2004). *Family therapy in clinical practice*. New York: Jason Anderson.
- Davis, B., & Jones, L. C. (1992). Differentiation of self and attachment among adult daughters. *Issues in Mental Health Nursing*, 13, 321-331.
- Elieson, M. V., & Rubin, L. J. (2001). Differentiation of self and major depressive disorders: A test of Bowen theory among clinical, traditional, and internet groups. *Family Therapy*, 29, 125-142.
- Guerin, P. J. Jr, Fogarty, T. F., Fay, L. E., & Kautoo, J. G. (1996). *Working with relationship triangles: The one-two-three of psychotherapy*. New York: Guilford Press.
- Haber, J. E. (1993). A construct validity study of a differentiation of self scale. *Scholarly Inquiry for Nursing Practice*, 7, 165-178.
- Kerr, M. E., & Bowen, M. (1988). *Family evaluation*. New York: Norton.
- Krieglewicz, O. (2005). Kwestionariusz relacji (KR) do pomiaru stopnia różnicowania Ja. Niepublikowane narzędzie badawcze. Warszawa: Wydział Psychologii UW.
- Krieglewicz, O. (2008). *Transmisja pokoleniowa stopnia różnicowania Ja i samooceny oraz ich znaczenie dla satysfakcji małżeńskiej*. Nieopublikowana rozprawa doktorska. Warszawa: Wydział Psychologii UW.
- Maynard, S. (1997). Growing up in an alcoholic family system: The effect on anxiety and differentiation of self. *Journal of Substance Abuse*, 9, 161-170.
- McGoldrick, M., & Carter, B. (2001). Advances in coaching: Family therapy with one person. *Journal of Marital and Family Therapy*, 27, 281-300.
- Miller, R. B., Anderson, S., & Keala, D. K. (2004). Is Bowen theory valid? A review of basic research. *Journal of Marital and Family Therapy*, 30, 453-466.
- Rosen, K. H., Bartle-Haring, S., & Stith, S. M. (2001). Using Bowen theory to enhance understanding of the intergenerational transmission of dating violence. *Journal of Family Issues*, 22, 124-142.
- Schnarch, D. (1997). *Passionate marriage: Sex, love, and intimacy in emotionally committed relationships*. New York: Norton.
- Skowron, D. A., & Schmitt, T. A. (2003). Assessing interpersonal fusion: Reliability and validity of a new DSI fusion with others subscale. *Journal of Marital and Family Therapy*, 29, 209-222.
- Skowron, E. A., & Friedlander, M. L. (1998). The differentiation of self inventory: Development and initial validation. *Journal of Counseling Psychology*, 45, 235-246.

- Tuason, M. T., & Friedlander, M. L. (2000). Do parents' differentiation levels predict those of their adult children? And other tests of Bowen theory in a Philippine sample. *Journal of Counseling Psychology*, 47, 27-35.
- Tung-Hsueh Liu, E. (2004) From the viewpoint of Bowenian family therapy: A case report of a daughter with schizoaffective disorder. *Fu Jen Journal of Medicine*, 2, 43-52.
- Whitbeck, L., Hoyt, D., Simons, R., Conger, R., Elder, G., Lorenz, F., & Huck, S. (1992). Intergenerational continuity of parental rejection and depressed affect. *Journal of Personality and Social Psychology*, 63, 1036-1045.
- Whitehouse, P. J., & Harris, G. (1998). The intergenerational transmission of eating disorders. *European Eating Disorders Review*, 6, 238-254.