

Integrating the Relational Matrix: Attachment Style, Differentiation of Self, Triangulation, and Experiential Avoidance

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Abstract In light of the recent call for greater efforts toward integration in psychotherapy theory, research, and practice (Gaete and Gaete in *J Psychother Integr* 25(2):158–174, 2015; Ziv-Beiman in *J Psychother Integr* 24(3):251–257, 2014), this study aimed to evaluate the relationships among attachment style, differentiation of self (DoS), triangulation, and experiential avoidance in an integrated model. Although attachment theory (Bowlby in *Attachment and loss. Attachment, vol 1. Basic Books, New York, 1969*; Cassidy and Shaver in *Handbook of attachment: Theory, research, and clinical applications, 3rd edn. Guilford Press, New York, 2010*) typically views relationships in terms of dyads, Bowen theory and other systemic theories focus on human relationships in terms of triangles, indicating that attachment theory may be overlooking the role of a second parent in psychological well-being. Furthermore, links between attachment theory and DoS (Kerr and Bowen in *Family evaluation. W. W. Norton and Company, New York, 1988*) may be characterized by the avoidance of painful private experience, termed experiential avoidance. A sample of 167 U.S. students enrolled at an urban Midwestern University filled out electronic surveys containing a demographic questionnaire and the Differentiation of Self Inventory-Short Form, the Triangular Relationship Inventory, the Experiences in Close Relationships Scale, and the Acceptance and Action Questionnaire—II (AAQ-II). We found that experiential

avoidance partially mediated the relationships between avoidant attachment and emotional cut-off, as well as between anxious attachment and I-position. In addition, both anxious and avoidant attachment were associated with higher levels of triangulation and fully mediated the relationship between triangulation and DoS, suggesting that dyadic relationship patterns originate in triadic family processes and eventually effect DoS. Overall, these results connect the dyadic parent–child relationship, the central construct of attachment theory, to the triadic field of Bowen and other systemic theories.

Keywords Attachment · Differentiation · Triangulation · Experiential avoidance · Bowen

Introduction

In light of the recognition of the efficacy of multiple theoretical approaches to psychotherapy (Wampold and Imle 2015), research with an integrationist aim represents a potentially important contribution to the literature. Although a number of studies assess constructs from different psychotherapy traditions in an atheoretical manner, leaders in the field have stressed that studies need to examine the relationships among variables from a variety of theoretical traditions within the context of theoretical integration (Gaete and Gaete 2015; Ziv-Beiman 2014; Marquis and Wilber 2008; Greenberg 2002; Norcross 1990). Safran and Messer (1997) argued that movements toward theoretical integration should embrace pluralism (i.e., acknowledgement of the validity of multiple perspectives) and contextualism (i.e., the importance of perspectives' contexts of origins) to create an ongoing dialogue between theorists. Ideally, this dialogue would

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allow distinct theories to enrich one another, mobilizing their strengths to illuminate less emphasized or otherwise ignored aspects of their different, but similar, peers.

Connors (2011) argued for the potential of attachment theory, with its emphasis on personality development, coping styles, and affect regulation and its robust empirical support, as a foundation for an integrative perspective. In the current study, we seek to integrate attachment theory with two central constructs of Bowen family systems theory (Kerr and Bowen 1988), differentiation of self (DoS) and triangulation, and an emotional regulation process identified in contemporary behavioral approaches, experiential avoidance (Hayes et al. 2012). Not only would such a study refine theoretical and empirical understanding, it would also provide impetus for therapists of different orientations—psychodynamic, family systems, and behavioral—to consider how focal points of their treatment approach intersect with other approaches, widening and diversifying the lens of the clinical mind. In the following sections, we outline the theory and research relevant to attachment theory, DoS, triangulation, and experiential avoidance, building a case for their integration.

Attachment Theory

Based on the infant research of Bowlby (1969) and traditionally associated with psychodynamic theory, attachment theory proposes that the emotional bond between a child and her primary caregiver has important implications for psychological development, shaping the personality of the child and her characteristic coping style. The initial dyadic relationship serves as a basis for internal working models of relationships that persist into adulthood. Theorists have proposed four basic attachment styles—secure, anxious, avoidant, and disorganized (Cassidy and Shaver 2010). For the purposes of this study, which focuses on a non-clinical population, disorganized attachment will not be considered because it is characteristic of severe levels of psychopathology.

Secure attachment is characterized by internal working models that allow individuals to balance autonomy and relatedness, ascribing positive valences to self and other, and enabling the formation of healthy relationships (Cassidy and Shaver 2010). Securely attached individuals are able to employ both self-soothing and adaptive interpersonal strategies to cope with negative affect. In contrast, insecure attachment styles (i.e., anxious, avoidant, and disorganized) entail an imbalance in autonomy and relatedness and unstable internal working models. For individuals with an anxious attachment style, the self has a negative evaluation and the other has a positive evaluation, causing the self to be experienced as easily rejected or

abandoned by the other (Cassidy and Shaver 2010). Heightened emotional reactivity, dependency, preoccupation with loss, and chronic feelings of being unloved define the anxious style, as well as a propensity to rely excessively on others to deal with negative emotions. An avoidant attachment style encompasses the opposite dynamic. Avoidant internal working models are characterized by a positive evaluation of the self and a negative evaluation of the other; the self is perceived as superior to the other, who is often viewed as a threat to the self's autonomy (Cassidy and Shaver 2010). Preoccupation with personal power, buried feelings of failure, worthlessness, and guilt, and a tendency to resort to self-numbing, internalization, and social isolation to deal with negative affect typify avoidant attachment.

The empirical support for attachment theory is robust (see Cassidy and Shaver 2010 for a review). Secure attachment promotes relational competence (Sroufe 1996) and psychological and physical health (Hazan and Zeifman 1999). Conversely, research indicates that insecure styles (i.e., avoidant and anxious) predict difficulty maintaining relationships (Sroufe 1996), psychological dysfunction, and lower levels of physical health (Hazan and Zeifman 1999). The theoretical links between anxious attachment and unregulated affective patterns, which evoke the care and concern of those around them and feed dependency patterns, and avoidant individuals' overregulated emotional patterns, which necessitate increased relational distance and over-reliance on the self, have also been well supported (Dozier et al. 1999; Brennan and Shaver 1995; Mikulincer et al. 1993). Finally, evidence supports the intergenerational transmission of insecure attachment (Hesse 1999), and the formation of insecure attachment appears to stem from both the attachment style of the primary caregiver as well as the individuals' experience of having certain emotional states, such as anger and fear, deemed inappropriate by the primary caregiver (Haft and Slade 1989).

Although attachment theory accounts for dyadic relationships (between the primary caregiver and the child) and the dysfunction that can result when these relationships are not secure, the theory fails to acknowledge the role of a second primary caregiver or parent, and the potentially crucial aspect of disavowed negative emotional states resulting from them being deemed inappropriate by the caregiver is often considered secondary to the dyadic interaction. The concepts of differentiation of self and triangulation (Kerr and Bowen 1988) can help to clarify the role of the second primary caregiver in the development of the individual and their coping styles; experiential avoidance (Hayes et al. 2012) can help serve as a viable operationalization of disavowed experience emerging from relational failures.

Differentiation of Self

One of the key constructs in Bowen family systems theory (Bowen 1978; Kerr and Bowen 1988) is differentiation of self (DoS), which is defined at the interpersonal level as the ability to separate oneself from one's family of origin while simultaneously maintaining an emotional connection and at the intrapsychic level as the ability to distinguish thoughts from feelings. One's DoS is said to develop over the course of one's childhood while they attempt to balance the inherent pulls for autonomy and togetherness. Skowron and Schmidt (2003) identified four aspects of DoS: emotional reactivity, one's level of automatic emotional response; I-position, the ability to make one's own decisions despite external pressure; fusion, the degree to which one develops a stable sense of self that is separate from others; and emotional cut-off, how much one emotionally distances oneself from others. Thus, those who are high on DoS are aware of their emotions, able to stay calm when needed, and preserve their own independence while engaging in intimate relationships with others.

Research has repeatedly shown that DoS is negatively correlated with indices of psychological symptoms and positively correlated with well-being (see Miller et al. 2004 for a review). For example, Murdock and Gore (2004) found that low levels of DoS were a strong predictor of psychological distress. Furthermore, numerous factors, such as emotional support, perceived stress, and stressful life events, can play a role in the relationship between DoS and psychological symptoms (Krycak et al. 2012).

One mystery surrounding DoS is how it develops. Bowen asserted that the DoS of a child is similar to that of one's parents, indicating intergenerational transmission and making DoS a family-level variable as well as an individual one (Kerr and Bowen 1988). However, what factors play a role in this process of transmitting an individual's and family's level of DoS to the next generation? Looking across theories, high DoS, or the ability to balance autonomy and relatedness along with emotional stability, resembles secure attachment. Likewise, low DoS encompasses aspects of insecure attachment. Individuals with anxious attachments tend to feel an amplification of emotional experience whereas individuals with avoidant attachment tend to engage in emotional suppression (Cassidy and Shaver 2010). Considering the similarities between these two attachment styles and Bowen's concepts of emotional reactivity and emotional cut-off, Skowron and Dendy (2004) sought to determine if attachment style predicted aspects of DoS. They found that anxious attachment was associated with higher levels of emotional reactivity, emotional cut-off, and fusion, and lower levels of I-position. Furthermore, they found that avoidant

attachment was associated with higher levels of emotional cut-off, with that relationship being much stronger than the relationship between anxious attachment and emotional cut-off. In other words, DoS can be conceptualized as partially a product of the attachment style derived from the early childhood dyadic relationship with emotional reactivity, emotional cut-off, fusion, and I-position indicating specific responses to relational anxiety shaped during this period. However, the intergenerational transmission of DoS, according to Bowen, is not limited to one's attachment style developed within a dyadic relationship with one primary caregiver (Kerr and Bowen 1988). A review of triangulation will help to clarify the individual's development within the three-person context of two primary caregivers.

Triangulation

Kerr and Bowen (1988) believed that, due to stress, tension, and anxiety that builds up in interpersonal relationships, the smallest emotionally stable relationship unit is a triangle consisting of three individuals. When tension arises in a dyad, the two individuals pull in a third to relieve tension and stabilize the relationship. Chronic triangulation, commonly between two caregivers and a child, is likely to occur in family units that are low in DoS and high in anxiety. According to Bell et al. (2001), if the caregivers work toward solving their own issues and maintain an appropriate caregiver-child relationship with the child, the triangle is said to be balanced and thus helpful to the functioning of the family. If the caregivers pull the child into the conflict as a scapegoat, mediator, or a member of a cross-generational coalition with one of the caregivers, triangulation may be harmful to the family unit and may hinder development of the child.

Research has indicated that triangulation during childhood is related to numerous problems later in life including depression, emotional distress, and problematic behaviors (Wang and Crane 2001; Fosco and Grych 2008). In addition, Krieg (1995) found that children in families that were high in triangulation reported more interparental conflict, more negative affect, higher self-blame for their parents' conflicts, and experienced more internalizing problems. In a study of adolescents, Buehler et al. (2009) found that triangulation was negatively associated with perceived support from friends and positively with perceived peer rejection. The results of these studies indicate that childhood triangulation may have an effect on peer relationships later in life.

According to Kerr and Bowen (1988), families high in DoS tend to deal adaptively with stress, tension, and

anxiety, leading to less triangulation. In a study of triangulation and DoS, Hanson (1998) failed to find the predicted negative correlation; however, Hanson (1998) acknowledged that one limitation of the study was the lack of an empirically sound triangulation instrument. Utilizing their newly developed Triangular Relationship Inventory, Krycak and Murdock (2013) found that triangulation and DoS are inversely related to each other, providing support for Kerr and Bowen's (1988) theory.

Integrating Triangulation, Attachment, and Differentiation of Self

Dallos and Vetere (2012) contended that the concept of triangulation bridges the gap between family systems theory and attachment. Whereas attachment theory specifies that a child's attachment style is based on her relationship with the primary caregiver (i.e., a dyadic relationship), Dallos and Vetere (2012) noted that an individual's attachment style is based not only on the child's relationship with an individual caregiver, but also influenced by her relationship in a dual caregiver-child triangle. It is important to note that this dual caregiver-child triangle still occurs with single-parent households, with the second caregiver most often being a former parent, grandparent, or other family member. Furthermore, Kerr and Bowen (1988) described two levels of differentiation—basic and functional—which provide a theoretical context for the integration of triangulation, attachment, and DoS. The largest factor that determines an individual's basic level of differentiation—the type of differentiation we are concerned with in this study—is the level of differentiation that the individuals' parents were able to achieve, thereby making basic DoS largely multigenerationally transmitted (Kerr and Bowen 1988). In this sense, basic differentiation differs from functional differentiation, which is the variation in DoS that individuals experience at different points in their lives as a function of chronic anxiety present in current relationship systems and the levels of differentiation of their significant others. We propose that the basic level of DoS that one develops throughout childhood and adolescence is also facilitated by two other important factors present in the relationship system between the individual and her caregivers: attachment and triangulation. The attachment process begins within the first few years of life, and triangulation starts as early as conception. Both processes continue throughout the life span, although their early effects, unfolding through adolescence, tend to form a specific personality structure that remains relatively stable throughout life.

Based on this framework, we suggest that these processes influence the development of an individual's level of differentiation alongside of, as well as within, the process of multigenerational transmission. Although some

aspects of triangulation and attachment may occur alongside the multigenerational transmission process, but not because of it (e.g., the absence of a caregiver due to death), some aspects occur within the process and help explain how it occurs. In terms pertaining to this study, more triangulation present in the family of origin, presumed to manifest from low levels of differentiation among the primary caregivers, reinforces insecure attachment and a low level of differentiation in the child. There is currently no research on whether triangulation directly affects adult attachment style, but the newly constructed Triangular Relationship Inventory (TRI; Krycak and Murdock 2013) allows us to examine the extent to which self-reported triangulation in the family of origin predicts attachment style in adulthood, as well as the degree to which triangulation and attachment style contribute to DoS.

Experiential Avoidance

Emerging from behavioral psychology's relational frame theory, which informs acceptance and commitment therapy (ACT; Hayes et al. 2012), experiential avoidance (EA) is an underlying process hypothesized to be inherent to all psychological dysfunction. EA consists of two parts (Hayes et al. 1996). First, EA consists of the unwillingness to remain in contact with painful private experience, such as bodily sensations, emotions, thoughts, memories, and behavioral predispositions. For instance, an individual struggling with anorexia may experience an aversion toward food and a compulsion to diet because these behaviors counter painful thoughts of personal failure and feelings of embarrassment. Second, EA entails action taken to alter the negative experiences or the events that evoke them. Accordingly, EA describes a broad range of internal states and visible behaviors that are the basis of psychological dysfunction.

Empirically, EA has been found to explain the link between psychological symptoms and maladaptive coping strategies for an array of psychological problems (see Chawla and Ostafin 2007 for a theoretical and empirical review), including substance abuse (Stewart et al. 2002), posttraumatic stress disorder (Boeschen et al. 2001; Tull et al. 2004), depression and somatization (Tull et al. 2004), anxiety (Roemer et al. 2005), and obsessive-compulsive symptoms (Briggs and Price 2009). Research also suggests that EA is related to potentially maladaptive processes and attitudes not explicitly related to psychological dysfunction. For example, EA fully explained the link between materialistic attitudes and indicators of diminished well-being, such as decreased meaning in life, relatedness, gratitude, autonomy, and competence (Kashdan and Breen 2007), furthermore, social anxiety and depressive

symptoms did not account for additional variance in the relationship between materialism and well-being after accounting for EA. In another study examining the emotional resilience of critical care nurses in Spain, EA predicted aspects of burnout, including emotional exhaustion and depersonalization (Iglesias et al. 2010).

In a broad sense, EA can be conceptualized as the process underlying insecure attachment styles and the maladaptive aspects of DoS (i.e., emotional reactivity, emotional cut-off, low I-position, and fusion). Because both attachment style and DoS not only share implications for relational functioning (i.e., separateness and togetherness), but also for how aversive inner experience is addressed, and because our conceptualization of DoS assumes that DoS arises within the context of the attachment relationship, experiential avoidance may be conceptualized as a mediating link between attachment style and aspects of DoS. For example, an individual in the throes of feelings of failure and powerlessness in a relational conflict (i.e., characteristics of avoidant attachment) may resort to emotional cut-off from the other person to assuage these feelings in the short run. Similarly, a person confronted with fear about her partner's infidelity stemming from a feeling of being unworthy of the relationship (i.e., characteristic of anxious attachment) might resort to outbursts of anger or aggressive accusation (i.e., emotional reactivity) to deal with her internal experience. In both cases, the drive to avoid and change the painful private experience activates the dysfunctional coping strategy. Only one study to date, an unpublished dissertation (Wilson 2012), has examined the relationship between EA and attachment style, finding that insecure attachment styles predicted EA. No studies to date have examined the relationship between EA and DoS.

Rationale and Hypotheses

The quality of the attachment bond between the child and primary caregiver has been shown to have important implications for an individual's personality, coping style, and affect regulation in later stages of life. The components of DoS—emotional reactivity, emotional cut-off, I-position, and fusion—can be viewed as functions of attachment style relating to coping with anxiety present in important relationships. Moreover, EA may explain the relationship between components of DoS and attachment style, capturing a more general dynamic of affect regulation, experiential avoidance, that underlies the interpersonal dynamics associated with DoS. Finally, although DoS is partly determined by attachment style, triangulation likely also contributes to DoS as well, describing triadic relationships that affect psychological development. Although

we are looking at individuals rather than family units, the integration of one's perspective of triangulation in the family of origin, attachment style, and DoS can shed light on the process of intergenerational transmission of DoS from parents to child. Furthermore, this integrative perspective accounts for the three person triad of the family of origin, the developmental effects of the significant dyad within the triad, and maladaptive coping processes that may result in these relational dynamics. In this study, we tested four hypotheses from this conceptualization:

Hypothesis 1

Replicating Skowron and Dendy's (2004) findings, attachment style and subscales of DoS will be related such that anxious attachment will have a stronger positive relationship to emotional reactivity and fusion than avoidant attachment, anxious attachment will have a stronger negative relationship to I-position than avoidant attachment, and avoidant attachment will have a stronger positive relationship to emotional cutoff than anxious attachment.

Hypothesis 2

Extending Skowron and Dendy's (2004) findings, experiential avoidance will mediate the relationship between the insecure attachment styles and subscales of DoS; the relationship between anxious attachment and emotional reactivity, fusion, and I-position will be mediated by experiential avoidance (see Fig. 1); and the relationship between avoidant attachment style and emotional cut-off will be mediated by experiential avoidance (see Fig. 2).

Hypothesis 3

Based on Dallos and Vetere's (2012) proposal that triangulation influences attachment style, triangulation will be positively related to anxious attachment and avoidant attachment.

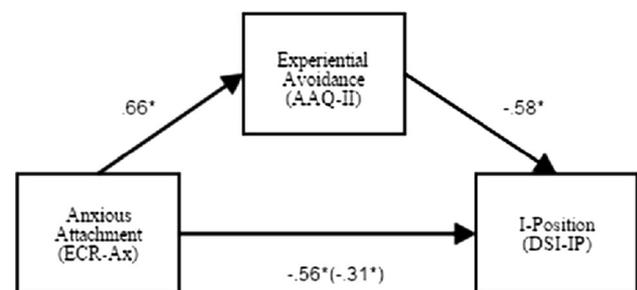


Fig. 1 Standard regression coefficients for the relationship between ECR-Ax and DSI-IP as mediated by AAQ-II The standard regression coefficient between ECR-Ax and DSI-IP controlling for AAQ-II is in parentheses * $p < .05$ Created using Gliffy

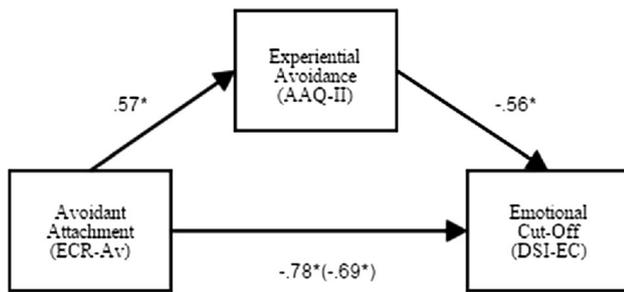


Fig. 2 Standard regression coefficients for the relationship between ECR-Ax and DSI-EC as mediated by AAQ-II The standard regression coefficient between ECR-Ax and DSI-EC controlling for AAQ-II is in parentheses * $p < .05$ Created using Gliffy

Hypothesis 4

Based on Dallos and Vetere’s (2012) proposal that triangulation influences attachment style, Krycak and Murdock’s (2013) finding that triangulation is inversely correlated with DoS, and Skowron and Dendy’s (2004) finding that secure attachment and DoS are positively correlated, triangulation will be negatively related to DoS, and that relationship will be mediated by anxious and avoidant attachment style (see Figs. 3, 4).

Method

Participants

Participants were 167 U.S. student volunteers (132 women, 31 men, 2 transgender individuals, and 2 did not disclose) ranging in age from 18 to 53 ($M = 23.17$, $SD = 6.85$) who were enrolled in an urban Midwestern University. Out of the 167 participants, 63.5 % ($n = 106$) identified as White/Caucasian or European American, 13.2 % ($n = 22$) Black or African American, 7.8 % ($n = 13$) Multiracial, 7.2 % ($n = 12$) Asian American, 6.6 % ($n = 11$) Hispanic or Latino/a American, .5 % ($n = 1$) Native American or

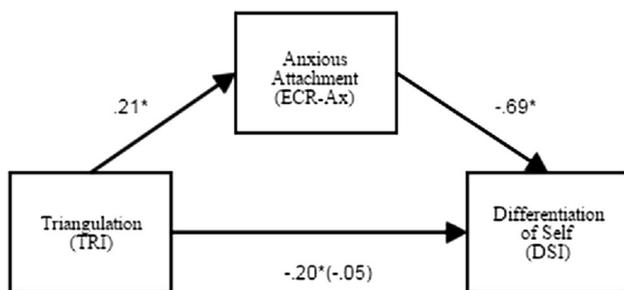


Fig. 3 Standard regression coefficients for the relationship between TRI and DSI as mediated by ECR-Ax The standard regression coefficient between TRI and DSI controlling for ECR-Ax is in parentheses * $p < .05$ Created using Gliffy

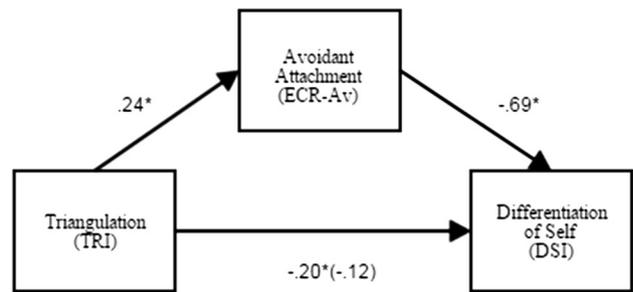


Fig. 4 Standard regression coefficients for the relationship between TRI and DSI as mediated by ECR-Av The standard regression coefficient between TRI and DSI controlling for ECR-Av is in parentheses * $p < .05$ Created using Gliffy

American Indian, and 1.2 % ($n = 2$) declined to answer. As for current relationship status, 47.9 % ($n = 80$) of participants were single, 28.1 % ($n = 47$) were in an unmarried committed relationship or domestic partnership, 15.6 % ($n = 26$) were married, 6.6 % ($n = 11$) were dating non-exclusively, 1.2 % ($n = 2$) were in a consensual non-monogamous relationship or polyamorous relationship, and .6 % ($n = 1$) identified relationship status as other.

Procedure

Participants were recruited utilizing university listservs and the psychology department’s participant recruitment system. All surveys were completed electronically, either via SurveyMonkey or the psychology department’s online survey system. Survey measures were presented in the following order: a demographic questionnaire, Differentiation of Self Inventory-Short Form (DSI-SF; Drake et al. 2015), the Triangular Relationship Inventory (Krycak and Murdock 2013), the Experiences in Close Relationships Scale (ECR; Brennan et al. 1998), and the Acceptance and Action Questionnaire—II (AAQ-II; Bond et al. 2011). Participation was voluntary and anonymous. Participants recruited through the psychology department received course credit for participating while those from SurveyMonkey received no payment.

Measures

Triangulation

The Triangular Relationship Inventory (TRI; Krycak and Murdock 2013) measures current triangulation in the family of origin, which is the primary family in which the individual was raised. The TRI is a 21-item self-report measure, on which participants rate their level of agreement with each of the items on a 5 point scale where 1 represents “strongly disagree” and 5 “strongly agree.” The scale has four subscales for 4 different types of

triangulation (mediation, pushed out, pulled in, and balanced). The balanced triangulation subscale was reverse scored and all subscales were summed to create a total negative triangulation score (i.e., higher scores represent increase maladaptive triangulation). Examples of items on the TRI include “My parents share secrets with me that they don’t share with each other” and “My problems get more attention from my parents than problems in their relationship.”

Krycak and Murdock (2013) developed the TRI to address the lack of a brief, valid, and reliable measurement of triangulation in the research literature, an issue extrapolated by Miller et al. (2004). The majority of studies reviewed used the Intergeneration Triangulation (INTRI) and Nuclear Family Triangulation (NFTRI) subscales of the Personal Authority in the Family System Questionnaire (PAFS-Q; Bray et al. 1984) or the triangulation subscale of the Children’s Perception of Interpersonal Conflict Scale (CPIC; Grych et al. 1992). Bray (1991) advised against using the INTRI and NFTRI as stand-alone measures, making them unsuitable for most research paradigms, and no studies have evaluated the validity and reliability of the CPIC subscale, also making it unsuitable. Krycak and Murdock’s (2013) remedied these concerns as the TRI is brief, reliable, and valid. Cronbach’s alpha reliability for the full scale was .92. The TRI evidenced a large correlation with the INTRI ($r = .65, p < .001$), suggesting concurrent validity. Convergent criterion validity was also supported in so far as the TRI exhibited a negative correlation with differentiation of self (DSI-SF) and positive correlations with psychological symptoms (HSCL-21) and anxiety (The State-Trait Inventory for Cognitive and Somatic Anxiety; STICSA).

Differentiation of Self

Differentiation of self in relation to the family of origin was measured with the Differentiation of Self Inventory-Short Form (DSI-SF; Drake et al. 2015), a 20-item self-report measure based on the 46-item Differentiation of Self Inventory-Revised (DSI-R; Skowron and Schmitt 2003). Participants respond to DSI-SF items on a 6-point scale ranging from *not at all characteristic of me* to *very characteristic of me*. The measure has four subscales that capture the intrapsychic (I-position [DSI-IP] and emotional reactivity [DSI-ER]) and interpersonal (emotional cut-off [DSI-EC] and fusion with others [DSI-FO]) dimensions of differentiation. Example items include “I’m fairly self-accepting” (I-position), “At times, I feel as if I’m riding an emotional roller coaster” (emotional reactivity), “I tend to distance myself when people get too close to me” (emotional cut-off), and “I feel a need for approval from virtually everyone in my life” (fusion). The scale gives a total

differentiation score as well as scores for each of the four subscales, all of which will be utilized in this study.

Drake et al. (2015) established reliability and validity of the DSI-SF with a sample of diverse college students. Internal consistency was modest to strong, with a Cronbach’s alpha of .88 for the total differentiation score, .68 for the fusion with others subscale (5 items), .80 for the emotional reactivity subscale (6 items), .70 for the I-position subscale (6 items), and .79 for the emotional cut-off subscale (3 items) (Drake et al. 2015). Evidence of convergent and concurrent criterion validity was also provided by relating the DSI-SF with another measure of DoS, the Level of Differentiation of Self Scale (Haber 2003), as well as measures of depression, self-esteem, anxiety, and stress.

Attachment

Adult attachment style was assessed using the Experiences in Close Relationships Scale (ECR; Brennan et al. 1998), a 36-item self-report inventory of adult attachment designed based on 14 existing self-report measures of attachment and composed of two subscales scales measuring attachment anxiety and avoidance (ECR-Ax and ECR-Av, respectively). The anxiety subscale assesses preoccupation with relationships, fears of rejection, and desire to merge with others; the avoidance scale measures discomfort with closeness and dependency, denial of attachment needs, and compulsive self-reliance. Using a scale of 1 (disagree strongly) to 7 (agree strongly), participants rate each item based on how they generally feel in relationships. Example items are “I prefer not to show others how I feel deep down” (avoidant) and “I worry a lot about my relationships” (anxious). Greater attachment anxiety or avoidance is reflected by higher scores, respectively. Combining both scales creates an overall index of insecure attachment. The scale is well known for its reliability; Skowron and Dendy (2004) obtained internal consistency reliabilities of .92 and .92 for anxiety and avoidance, respectively. Evidence in support of the ECR’s construct validity is abundant (Brennan et al. 1998). For example, attachment style measured via the ECR has yielded significant positive correlations with relationship health and satisfaction (Brennan and Shaver 1995) and psychological needs satisfaction (Wei et al. 2005) and significant negative correlations with shame, depression, and loneliness (Wei et al. 2005).

Experiential Avoidance

Experiential avoidance was measured using the recently validated Acceptance and Action Questionnaire—II (AAQ-II; Bond et al. 2011). Although most research on experiential avoidance has utilized the Acceptance and Action Questionnaire—I (AAQ-I; Hayes et al. 2004), the AAQ-I

suffers from internal consistency problems. As a result, the AAQ-II was created, and it is recommended for use in research and clinical purposes over the AAQ-I (Bond et al. 2011). The AAQ-II consists of seven items rated on a Likert-type scale running from 1 (never true) to 7 (always true) with higher scores indicating greater levels of experiential avoidance. Example items are “My painful memories prevent me from having a fulfilling life” and “Emotions cause problems in my life.” Bond et al. (2011) obtained a Cronbach’s alpha of .84, and three and 12 month test–retest reliability was .81 and .79, respectively. The AAQ-II correlated positively with measures of anxiety, depression, stress, symptom severity indices, and work absence, and negatively with general health. The AAQ-II also evinced no significant relationships with age, gender, or ethnicity (Bond et al. 2011). Finally, a strong correlation between the AAQ-II and the AAQ-I ($r = .97$) indicated that the AAQ-II measures the same construct but has better internal consistency.

Data Analysis

Prior to the main analysis, collected data were screened for missing values, univariate outliers, and violations of assumptions. Skewness and kurtosis statistics, as well as histograms, showed no violations of normality. An assessment of tolerance and VIF statistics, as well as Pearson correlations, showed that multicollinearity was not a cause for concern. A visual inspection of scatterplots between each pair of variables indicated that all relationships between major variables were linear. Table 1 presents the means and standard deviations of all relevant variables as well as bivariate correlations. Bivariate

correlation analyses were used to test hypotheses 1 and 3. Mediation analyses following the Baron and Kenny (1986) method were used to test hypotheses 2 and 4.

Results

Main Analysis

Attachment Style and DoS Subscales (Hypothesis 1)

Correlations (displayed in Table 1) showed that, as hypothesized, ECR-Av was negatively correlated with DSI-EC, $r(165) = -.78$, $p < .001$, and ECR-Ax exhibited a smaller negative correlation with DSI-EC, $r(165) = -.29$, $p < .001$. ECR-Ax was negatively correlated with DSI-ER, $r(165) = -.64$, $p < .001$, and DSI-FO, $r(165) = -.59$, $p < .001$. In contrast, ECR-Av was not significantly related to DSI-ER, $r(165) = -.12$, $p = .14$, and was not significantly related to DSI-FO, $r(165) = -.13$, $p = .09$. Finally, ECR-Ax was negatively correlated with DSI-IP, $r(165) = -.560$, $p < .001$, while ECR-Av evidenced a smaller negative correlation with DSI-IP, $r(165) = -.186$, $p = .02$.

EA Mediates Attachment Style and DoS (Hypothesis 2)

In order to determine if experiential avoidance mediated the relationship between attachment and subscales of DoS, four regression models tested AAQ-II as a mediator of the relationships between ECR-Ax and DSI-IP, ECR-AV and DSI-EC, ECR-Ax and DSI-ER, and ECR-Ax and DSI-FO.

Table 1 Correlations between variables

	1	2	3	4	5	6	7	8	9
1. ECR-Av	–	.29**	–.35**	–.78**	–0.12	–0.13	–.19*	.24**	.57**
2. ECR-Ax		–	–.69**	–.29**	–.64**	–.59**	–.56**	.21*	.66**
3. DSI			–	.48**	.86**	.84**	.83**	–.20*	–.67**
4. DSI-EC				–	.24**	.25**	.21**	–.29**	–.56**
5. DSI-ER					–	.65**	.59**	–0.09	–.50**
6. DSI-FO						–	.59**	–0.12	–.42**
7. DSI-IP							–	–0.15	–.58**
8. TRI								–	.20**
9. AAQ-II									–
<i>M</i>	58.76	67.14	78.29	12.75	20.27	20.36	24.92	59.98	22.05
<i>SD</i>	22.4	20.97	16.5	3.88	6.25	5.09	6.06	11.22	9.18
Minimum	19	18	37	3	7	8	8	42	7
Maximum	113	114	115	18	34	30	36	90	44

Note Hypothesized correlations are in bold

* $p < .05$; ** $p < .01$

Results indicated that AAQ-II partially mediated the relationship between ECR-Ax and DSI-IP. As Fig. 1 illustrates, the standardized regression coefficient for ECR-Ax as a predictor of DSI-IP dropped from $-.56$ to $-.31$ and was still statistically significant after controlling for AAQ-II, indicating partial mediation. The other conditions of mediation were also met because ECR-Ax was a significant predictor of AAQ-II and DSI-IP and AAQ-II was a significant predictor of DSI-IP, including while controlling for ECR-Ax.

A second mediation model indicated that AAQ-II partially mediated the relationship between ECR-Av and DSI-EC. As Fig. 2 illustrates, the standardized regression coefficient for ECR-Av as a predictor of DSI-EC dropped from $-.78$ to $-.69$ and was still statistically significant after controlling for AAQ-II, indicating partial mediation. The other conditions of mediation were also met because ECR-Av was a significant predictor of AAQ-II and DSI-EC and AAQ-II was a significant predictor of DSI-EC, including while controlling for ECR-Av.

The third regression model indicated that AAQ-II did not mediate the relationship between anxious attachment and DSI-ER. The standardized regression coefficient for ECR-Ax as a predictor of DSI-ER dropped from $-.64$ to $-.55$ and was still statistically significant after controlling for AAQ-II, which approached, but did not achieve, significance.

The fourth regression model indicated that AAQ-II did not mediate the relationship between ECR-Ax and DSI-FO. The standardized regression coefficient for ECR-Ax as a predictor of DSI-FO dropped from $-.59$ to $-.56$ and was still statistically significant after controlling for AAQ-II, which was not a significant predictor of DSI-FO.

Triangulation and Attachment Style (Hypothesis 3)

As hypothesized, TRI and ECR-Ax scores were positively correlated, $r(165) = .17, p = .03$, as were TRI and ECR-Av scores, $r(165) = .25, p = .001$.

Attachment Style Mediates Triangulation and DoS (Hypothesis 4)

A regression model tested ECR-Ax as a mediator of the relationship between TRI and DSI. As Fig. 3 illustrates, the standardized regression coefficient for TRI as a predictor of DSI dropped from $-.20$ to $-.05$ and was no longer a statistically significant predictor after controlling for ECR-Anxiety, indicating full mediation. The other conditions of mediation were also met: TRI was a significant predictor of ECR-Anxiety and DSI, and ECR-Anxiety was a significant predictor of DSI, including while controlling for TRI.

The regression testing ECR-Av as a mediator of the relationship between TRI and DSI also indicated full

mediation. As Fig. 4 illustrates, the standardized regression coefficient for TRI as a predictor of DSI dropped from $-.20$ to $-.12$ and was no longer statistically significant after controlling for ECR-Avoidance. The other conditions of mediation were also met: TRI was a significant predictor of ECR-Avoidance and DSI, and ECR-Avoidance was a significant predictor of DSI, including while controlling for TRI.

Discussion

Our results provided support for both attachment and Bowen theory and added to our knowledge of the relations among the constructs. Further, one of the most important findings of this study was that increased anxious and avoidant attachment are associated with higher levels of triangulation, and both anxious and avoidant attachment explained the relationship between DoS and triangulation. These results suggest that dyadic relationship patterns originate within triadic processes and eventually affect the individual's DoS, connecting the central construct of attachment theory, the dyadic parent–child relationship, to the triadic field of Bowen and other systemic theories. This finding has profound implications for Bowen theory considering that the mechanism by which an individual develops their DoS and the similarity of DoS among immediate family members has not been previously explored. We propose that triangulation within the immediate family system (usually between the two primary care givers and the child) as well as the attachment style that develops between the child and her primary caregiver explains why a child is likely to develop a similar level of DoS as her parents. A child who has parents who do not securely attach to the child (i.e., is anxious or avoidant) and pull the child into conflicts between the parents (high triangulation) is likely to have difficulty understanding and regulating her emotions and separating her sense of self from others while maintaining a healthy emotional connection (low DoS). Likewise, the parents likely had difficulty developing a secure attachment and engaged in triangulation due to their own low DoS.

Our findings also indicate that emotional cutoff may be more characteristic of an avoidant attachment style, whereas low I-position, emotional reactivity, and fusion may be more typical of anxious attachment styles. These relationships make sense considering that avoidant attachment is primarily characterized by cutting off from others emotionally, whereas anxious attachment includes strong emotional feelings toward others and unstable feelings about the self. The form of attachment the caregiver develops with the child is likely to result in different manifestations of low DoS. Specifically, those with

avoidant attachment styles are more likely to engage in high emotional cutoff, whereas those with anxious attachment styles are more likely to have high fusion with others, emotional reactivity, or low I-position.

Tests of hypothesis 2 suggest that experiential avoidance partially explained the link between anxious attachment and low I-position and between avoidant attachment and emotional cutoff; however, the partial mediation suggested that other important factors were not measured in this study. In addition, experiential avoidance did not account for the strong relationship between anxious attachment and emotional reactivity and fusion. These findings suggest that experiential avoidance is an important aspect of processes surrounding an individual sense of self. Specifically, the avoidant person may be avoiding uncomfortable needs for relatedness, which are likely fraught with previous memories of invalidation or criticism of the self, and thus resorts to emotional cutoff from others. In a similar manner, the anxious person may be avoiding guilt or shame about the self that can come with taking a stand for one's convictions, or attempting to take a strong I-position, in a distressed family of origin. Other important variables that could hypothetically account for the partial mediation are negative ruminations about the self, shame, and emotional self-awareness. If our conclusion about experiential avoidance centering primarily on experiences related to the self, as opposed to togetherness, is correct, these variables, which focus on one's relationship to the self and its attending affects, could add clarity.

The relationships between attachment style, DoS, experiential avoidance, and triangulation observed in this study create a sophisticated clinical picture that integrates these three theories and could bring clinicians of differing orientations together. For example, persons with an avoidant attachment style are likely to exhibit a tendency to emotionally cutoff, expecting the therapist to be rejecting, invalidating, or overwhelming. Addressing this process, likely with a validating and warm but not overwhelming demeanor, may help the avoidant person emotionally connect and, over time, increase DoS, improving the person's ability to be an individual self in relationship rather than an individual self in isolation. Moreover, the presence of experiential avoidance, potentially employed to protect against painful feelings about the self, should be addressed, perhaps ideally through ACT techniques. Conversely, the anxiously attached individual would likely present in the clinical situation with a tendency to become too dependent on the therapist, clinging to the therapist for an emotionally stable sense of self (i.e., fusion), having difficulty maintaining a personal perspective separate from the therapist's (low I-position), and displaying high distress when the therapist asserts boundaries or provides dystonic feedback (i.e., emotional reactivity), these processes guarding against

a weak, unwanted, and unstable sense of self. Furthermore, the anxious individual may be avoiding experiences of autonomy, which have become associated with painful feelings about the self, inhibiting the development of I-position. Empathetically promoting autonomy, asserting boundaries, and giving feedback may help the anxiously attached person find a sense of individuated self that moves them beyond feeling like an individual in constant need of others for definition, direction, and affective cohesion. Additionally, for both attachment styles, a thorough review of the configuration of past family roles, as well as current relationship roles, would likely indicate triangulation.

Previous researchers have argued that Bowen's concept of DoS is an individualistic construct that may be less relevant for individuals and families living in collectivist cultures (Chung and Gale 2006; Ross and Murdock 2014; Tamura and Lau 1992). Furthermore, Tamura and Lau (1992) asserted that integration into the family system might be a more typical developmental process for individuals within any culture that has a more interdependent view of the self. We believe that through the integration of attachment theory, which focuses on building a secure sense of self through the establishment of strong bonds with a primary caregiver, we can create a more culturally balanced understanding of the development of self. The traditional critique of Bowen family systems theory is that it focuses more on differentiation from the family and moving a healthy distance away from family members (creating an I-position separate from others, not engaging in fusion, and maintaining a non-reactive emotional separation without complete emotional cut-off). On the other hand, attachment theory focuses on building a secure relationship with family members and remaining emotionally close. Although the two concepts are not that dissimilar and Bowen family systems theory has been empirically validated with other cultural groups (Chung and Gale 2006; Gushue and Constantine 2003; Tuason and Friedlander 2000), there is a difference in degree of value placed on one or the other, whether one places more value on gaining emotional closeness or achieving emotional separation. By integrating the two theories we can make Bowen family systems theory more culturally sensitive to those who do not share Western values of independence but rather focus on interdependence.

One limitation of this study is that we relied on individuals' reports of triangulation in the family of origin, which were based on past memory, and were thus unable to directly test multigenerational hypotheses. Intergenerational research is needed to verify our findings and to further assess how attachment in the family origin, triangulation, and DoS interact to create complex individual psychologies. Another limitation is that the vast majority of the sample identified as female (79.0 %). The relationships

among variables may apply better to the experiences of women, and future inquiries should examine the relationships among these variables in men. Future studies should also investigate the role of the second caregiver in attachment formation and examine parallels between caregivers' unique DoS (e.g., more emotional cutoff than fusion) and its effect on development.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

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