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THE RELATIONSHIP BETWEEN
FAMILY FUNCTIONING AND INTIMACY

by

Korey L. Baker

A Master's Research Project Submitted in Partial Fulfillment
of the Requirements for the Degree
Master of Arts

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THE RELATIONSHIP BETWEEN
FAMILY FUNCTIONING AND INTIMACY

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ABSTRACT

The purpose of this study was to identify whether or not there is a relationship between the overall functioning of a family and the level of intimacy among family members. The research question addressed in this study was: what is the relationship between the level of intimacy the family or individuals have and the overall family functioning?

The literature that was reviewed discussed the various types of intimacy and any research found in this area, as well as the various aspects of family systems theory with a focus on Experiential systems theory. The literature that focused on the topic of intimacy showed that there are three main types of intimacy: verbal, physical, and affective intimacy. It is important for an individual to know how a family functions in order to determine how an individual functions within the family, as well as how that person affects the family as a whole. Experiential family therapy focuses on the "here and now" and works with the various levels of anxiety within the family in order to promote change.

The research design that was used in this study was descriptive in nature. This design identified the degree to which low intimacy levels between couples affects the family system. The intimacy level was measured using the Personal Assessment of Intimacy in Relationships (PAIR). The functioning level of the family was measured using FACES II.

The sample size was 80 individuals, all voluntary participants. The sample included a cross-section of non-randomized family members or individuals that were or were not currently participating in therapy. They were clients of the researcher, as well as,
clients of two co-workers from various agencies, and other individuals from general population. The findings indicated that all scales on the PAIR were significantly correlated with both family adaptability and cohesiveness measured by FACES II.
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CHAPTER 1
THE PROBLEM

Introduction

Families deal with many complex issues, one of which includes intimacy. Intimacy is often misconstrued with only having sexual connotations. Intimacy involves having "...positive self-feelings as a prerequisite to a satisfying relationship and develop from the foundation of consistent, loving care during childhood" (Crooks and Baur, 1980, p. 203). Intimacy includes relationships between friends, partners, parents and children, and siblings. Harriet G. Lerner (1989) describes intimacy as follows:

...Intimacy means that we can be who we are in a relationship, and allow the other person to do the same. 'Being who we are' requires that we can talk openly about things that are important to us, that we take a clear position on where we stand on important emotional issues, and that we clarify the limits of what is acceptable and tolerable in a relationship. 'Allowing the other person to do the same' means that we can stay emotionally connected to that other party who thinks, feels, and believes differently, without needing to change, convince, or fix the other. ...An intimate relationship is one in which neither party silences, sacrifices, or betrays the self and each party expresses strength and vulnerability, weakness and competence in a balanced way. (p. 3)

With this being said, intimacy appears to be an important factor in the overall health of a family system in order for the relationship to be complete and fulfilling. Therefore, low levels of intimacy could have an effect on the entire family system. In this study, the relationship between low levels of intimacy and the overall functioning of the family system are explored. The results are interpreted and discussed using a family systems approach to determine if low levels of intimacy influence family health. Family
health is measured by the amount of cohesiveness and adaptability presented by the families or individuals.

**Development of the Problem**

Over the years, there have been many myths and much confusion over the meaning of the word intimacy. Society has dictated the meaning of intimacy to be all encompassing. The word intimacy can mean sexual behaviors as well as psychological closeness. Psychological intimacy must be present to form a strong, caring, and mutually rewarding relationship (Levine, 1991, p. 260).

There are many roads and avenues that must be explored and traveled in order to reach the goal of psychological intimacy. When children reach the age of four, they begin to notice something called 'intimate space.' The child realizes that certain experiences, emotions and imaginings are not accessible to others. This opens up a very private inner world called intimate space. This is the first step in the process of discovering intimacy (Meares and Anderson, 1993, p. 600). As children continue to grow, so does their concept of intimacy. As they reach adolescence, an increased interest in sexual feelings and relationships often occurs. Even though many adolescents share in sexual intimacy, emotional intimacy is not often developed, or talked about (Shaughnessy and Shakesby, 1992, p. 477).

As people enter into the world of adulthood with their teenage floundering now under their belts, many begin to look for meaningful relationships. They are now looking for someone they can talk to, share experiences with, and have a sexual relationship with. However, in order to gain all of these things they must develop psychological or emotional intimacy with another individual.
There are many different definitions of emotional intimacy. Title et al. (1993) state that:

...intimacy develops slowly out of a deep understanding of each other, an awareness of the problems within your relationship, an ability to work together on those problems, an appreciation of the features of your relationship, and the willingness and the daring to explore those uncharted waters. (p. 152)

Michael Monsour (1992) defines intimacy as: "...the degree of self-disclosure in a relationship" (p. 278), and Stephen Levine (1991) states that psychological intimacy is "...an elusive and transient state of grace that initially creates great private excitement and promises happiness. It is the original glue of important relationships. It is an intangible, subtle, powerful motivator of our sexual expression" (p. 260). What occurs if the initial intimacy that Stephen Levine defines as the "original glue" decreases in a family system?

There has not been much research on the effects of low levels of intimacy on the family system. Research has focused on how intimacy relates to marital satisfaction, sexual behaviors, equity in relationships, and how children or adolescents deal with intimacy. Intimacy is an issue that can be dealt with from a systemic as well as an individual perspective. However, it has been stated that "...by placing so much emphasis on systemic thinking, marriage and family therapists have lost sight of the individual within the system" (Braverman, 1993, p. 285). Therefore it is important to identify when the use of family systems theory is warranted or when or if individual therapy is more suitable.

Family systems theory consists of a multitude of modalities which offer different techniques to reaching a goal. Due to this researcher's personal and professional interest, Experiential family therapy will be the theory referred to within this study. Experiential family therapy emerged in the early 1960s. The goal of this type of therapy is not stability, but instead growth. "Symptom relief, social adjustment, and work..." take a backseat to "...increased personal integrity, greater freedom of choice, less dependence, and expanded experiencing" (Nichols and Schwartz, 1995, p. 298). Theorists that utilize Experiential family therapy do so often because of the following belief:
The world of experience is known through our senses. We gain awareness of it through sense of self, interaction with others, and our relationship to the world around us. What we learn from our experiences is a function of the depth of our involvement in life. (Connell, Mitten, & Whitaker, 1993, p. 246)

As mentioned previously, a deep understanding of oneself and another is an important aspect of intimacy. This coincides with the description above describing experience and its importance of gaining awareness through sense of self, interactions with others and to the world around us. There is a belief that an individual must first have experience on an individual level before it can move into the family system. This experience increases communication in the family system by breaking down defensiveness (Nichols and Schwartz, 1995, p. 293). In other words, it is important for a people to understand themselves before increased intimacy and communication can occur.

Need for the Study

This study is important since previous research has focused primarily on specific aspects of intimacy and how they relate to individuals, rather than what effects intimacy may have on the family system. This study could aid in therapeutic interventions for therapists treating families with low intimacy levels. Since intimacy is an area in which many therapists do not use a family systems approach, the more that is understood about how intimacy affects the family system the easier it may be for a therapist to utilize a family systems approach in dealing with these issues.

Purpose of the Study

The purpose of this proposed study was to identify whether or not there is a relationship between the level of family functioning and intimacy among family members. In this study, family functioning was defined as family adaptability and cohesion.
Research Question

What is the relationship between the level of family functioning and intimacy among family members?
CHAPTER 2
LITERATURE REVIEW

Introduction

Following the introduction to this chapter there are three additional sections. The first section focuses on the various types of intimacy. The second section focuses on the various aspects of family systems theory with a particular emphasis on Experiential systems theory. Experiential systems theory was chosen due to the researcher's particular interest. The third section consists of a summary of the literature review that overviews both the first two sections.

Intimacy

Intimacy is defined by narrow parameters usually only having sexual connotations. Betsy E. Tolstedt and Joseph P. Stokes (1983) state that "...the term intimacy is used to describe a variety of relationship dimensions ranging from sex and sexuality to the extent to which the persons feel 'close' or emotionally bonded" (p. 573). Rotenberg et al. (1993) state that "...intimacy is 'the ability to fuse your identity with someone else's without fear that you're going to lose something yourself'" (p. 199). However, the term intimacy encapsulates a much larger spectrum.

Research has defined intimacy to be several different types, the most common one self-disclosure or verbal intimacy. Verbal intimacy has three separate variables. They are: breadth, depth, and valance (Tolstedt and Stokes, 1983, p. 574). The "...breadth refers to the range of topics about which and individual discloses...A second dimension of verbal
intimacy is the depth of the verbal exchange...[and finally] the valance of a self-disclosure refers to its positive or negative quality" (Tolstedt and Stokes, 1983, p. 574). However, Nelson et al. (1994) state the following three dimensions of intimacy to be:

...openness, breadth, and depth. Openness implies that the individuals share meaningful self disclosures with one another. Each feels secure in the other and trusts the other enough to be honest in their feelings. Breadth describes the range of activities shared by the couple--private, social, and occupational. Depth means that the partners share central, true, and meaningful aspects of themselves. Self-disclosure leads to deeper levels of interaction. (p. 37)

Self disclosure can be defined as "...the process of revealing one's inner thoughts, feelings, and memories to another person" (Waring, Schaefer, and Fry, 1994, p. 137).

Self-disclosure/ intimacy has been found to be the major process people utilize in the development of their relationships (Waring, Schaefer, and Fry, 1994, p. 137). However, research also suggests that by focusing only the fact that self-disclosure equals intimacy may lead a couple to intimacy, but that the end result of being intimate is lost (Camarena, Sarigiani, and Petersen, 1990, p. 20). Therefore, it appears that while verbal intimacy is complex, it is also a necessary component to the development and continuation of relationships. Although, it also appears only to be one facet of intimacy.

The second type of intimacy is what is called physical intimacy. Physical intimacy is the type that is most commonly associated with the term "intimacy." Physical intimacy is defined as the type that "...encompasses sex and other physical expressions of love...[and]...many couples seeking counseling question their degree of intimacy as a result of inferences they make based on the frequency and quality of their physical contact" (Tolstedt and Stokes, 1983, p.574).

The third type of intimacy is what is known as affective intimacy. Affective intimacy appears to be the most difficult to measure and define. Betsy E. Tolstedt and Joseph P. Stokes (1983) define affective intimacy as the one which "...reflects feelings of
closeness and emotional bonding, including intensity of liking, moral support, and ability to tolerate flaws in the significant other" (p. 574).

Gender also plays an important role in the perceptions of intimacy. The way in which men and women experience, define, and practice intimacy are clearly different. In an article written by Pamela G. Orosan and Karen M. Schilling (1992) they state that:

From early childhood, women's relationships are characterized as dyadic, exclusive, and collaborative. This type of reciprocal relationship appears to provide an environment which facilitates self-disclosure and emotional closeness. In contrast, men's relationships appear to start out as group-oriented, competitive, and fairly hierarchical. This pattern of interaction may foster a sense of group identity and togetherness, motivating the individuals to focus on their common bond, the group interaction. (p. 203)

Therefore, it appears that in issues dealing with intimacy the women may have an easier time developing and maintaining verbal intimacy in their marital situations.

In The Heart of the Matter (1994), Johnson and Greenberg talk about the implications of emotional expression in therapy and with intimacy. The following is a list of the eight main areas in which emotion is relevant to human relationships. They are:

1. Emotional experience and expression is the primary building block of adult intimate relationships.
2. Emotions, such as love, are adaptive to human functioning.
3. Emotion is a primary signaling system.
4. Emotion primes and organizes people for action in general, and for interpersonal responses in particular.
5. Emotion plays a powerful role in structuring interactional positions.
6. Experienced emotion provides access to needs and desires.
7. Emotions organize perceptions of self and other.
8. Emotion links self and system. (pp. 10-13)

It is important to look more closely at what these areas mean in terms of intimacy in family therapy. Number eight, for instance, talks about how the expression of emotion results in interactional processes occurring between individuals/couples. Therefore, it is "...the
challenge of therapies that seek to restructure intimate relationships is precisely that they have to deal with the dynamic interaction between external and internal realities" (Johnson and Greenberg, 1994, p. 13). It is also important to recognize that intimacy and security in a relationship go hand in hand. "Intimacy is created by emotional experience and expression" (Johnson and Greenberg, 1994, p. 15). Therefore, it is important that a partner feel loved and accepted so that intimacy is fostered and grows.

In *Intimate Worlds*, (1995), Scarf discusses many of the problems with intimacy in a family system. The following defines intimacy:

In truth when it comes to getting intimate, not stand-in for the real self will do. For intimacy involves the capacity to expose one's genuine (if not always palatable) thoughts, feelings, and needs to the close person or forthrightly, 'This is who I am, warts and all.' This could only be hazarded if one were fairly confident that the feedback would be supportive—that to be honest with oneself would be within the pale of what is humanly permissible. (p. 32)

Therefore, some of the problems with lack of intimacy is that it would prevent a person from truly getting to know another person for who they are and accept that. It is also stated that a "Real relationship involves having a place to go with one's not-so-prett thoughts" (Scarf, 1995, p. 32). However, in a family system it is important to be aware that there is always a part of the system that creates tension between what an individual feels is acceptable and what the rest of the family system deems acceptable disclosure, or displaying of the "real" self.

Research on the subject of intimacy has spanned a wide area. Intimacy levels and types of intimacy have been compared to things such as sexuality in gay couples, depressed patients, in marriage, in blended families, to equity in relationships, individuation of self, gender factors, addiction, and even therapeutic disclosure. However, the researcher did not find any previous research that looked at how low levels of intimacy affect the overall health (functioning level) of the family as a whole. The only article that
the researcher found that was relevant was one entitled "The Presence of Children and blended Family Marital Intimacy" from the Journal of Divorce and Remarriage (Gold, Bubenzer and West, 1993). This article took 88 couples and looked at what effects family structure, children residing in home, and the birth a mutual child had on the intimacy levels of the couples (p. 97). The results indicated that for the parent greater marital intimacy was linked to having the children in the home. However, for the step-parent the presence of children resulted in lower levels of intimacy between the couples.

There are three main types of intimacy. They are: verbal intimacy, affective intimacy, and physical intimacy. Each of these different types of intimacy plays an important role in the development and maintenance of an intimate relationship between two persons. Emotions play an important role in intimacy and how the family system will function. Emotions or "being oneself" and feeling safe enough to disclose one's true feelings is necessary to foster intimacy and growth in a family.

**Family Systems Theory**

Family therapy is an area that can be intimidating to a therapist if they are unfamiliar with the complex dynamics of family functioning. Family process is hard to define because it is difficult to determine what actual "normal" family process/functioning is. This section of the chapter will attempt to define what "normal" family process is, as well as define what a "system" is. It will then briefly focus on the main contributors to Experiential Family therapy, Carl Whitaker and Virginia Satir. Finally, this section will conclude by defining the main goals and techniques/tools of Experiential family therapy with the main focus on the ones provided by Whitaker and Satir.

What is "normal" family process? Well to begin, one must first define what "normal" is in terms of family functioning. In Normal Family Processes (Walsh, 1993), a "normal" individual is defined by the following four perspectives of normality:
1. *Normality as Health*, from a medico-psychiatric model, is based on the criterion of absence of pathology. Persons who are asymptomatic, manifesting no disturbances, are considered normal and healthy.

2. *Normality as Average*, an approach common in sociological and behavioral studies, uses the statistical norm, or average, to identify typical patterns or traits.

3. *Normality as Utopia*, an approach embodied in psycho--analytic and humanistic theories, conceives of normality as ideal or optimal functioning, or as "self-actualization" of potential.

4. *Normality as Process* attends to individual developmental processes over the life course in the context of transactional systems dependent on an interaction of biopsychosocial variables. This fourth perspective, based on the General Systems Theory...was thought to be most fruitful and allowing for unique coping styles and multiple adaptational routes. (pp. 4-5)

When these perspectives are applied to family processes, however, one must note the most common assumptions and limitations that may occur. In looking at families in terms of being asymptomatic, one must be aware that an "...individual disorder is [not] invariably a symptom of family dysfunction" (Walsh, 1993, p. 6). When a family is assigned the label of average, it must be taken into consideration that families have occasional problems which are not necessarily symptoms of an underlying pathology. Also when defining families in terms of optimal, one must be aware that their definition is not being culturally defined (Walsh, 1993, p. 6-7). These aspects are important to be aware of when defining what "normal" family process is and how the family functions as a system overall.

Next, one must define what a system is. An open, on-going system, such as a family, can be defined by the following six characteristics:

1. It maybe conceptualized as a set of patterned, interactive processes.
2. These processes have qualities that are emergent rather than merely summative.
3. These processes have regularities that permit rules to be inferred.
4. These rules are hierarchically structured.
5. These rules include well-developed sets of guidelines for maintaining and regulating relationships among their component elements.
6. These rules also include well-developed sets of guidelines for maintaining and regulating relationships between the system and its environment. (Broderick, 1993, p. 40)

A family functions without even realizing how the dynamics work. The family sets its own boundaries, it has its own rituals, new characteristics of family members are emphasized at various times, the parents are in control (at least supposed to be), they have their own rules that dictate how they will relate to one another, as well as how the family system will relate to the outside world. However, the most important characteristic a family system, actually any living system, has is the ability to "...make changes in their own behavior based on information about their environment. This mechanism, called feedback, permits the system to alter its activity, its structure, its direction, in order to further its own goals" (Napier and Whitaker, 1978, p. 49).

Another way to define a healthy family system, was written by Carl Whitaker. Carl Whitaker, in his book Midnight Musing of a Family Therapist (1989), identifies the eight dialects of a healthy family as follows: 1). belonging vs. individuating, 2). cognition vs. intuition, 3). roles vs. personhood, 4). control vs. impulse, 5). public relations vs. personal relations, 6). love vs. hate, 7). craziness vs. trickiness, and 8). stability vs. change (p. 105+). It is the balance between each of these eight dialects the family must find in order to be "healthy." If they are out of balance the family is in conflict and increased familial anxiety results. Whitaker does not attempt to decrease this familial anxiety, instead he utilizes it to increase positive growth.

Experiential family therapy uses the family system's process to enhance their functioning and to foster growth. Experiential Family therapy was first developed in the 1960s from the humanistic perspective of psychology (Nichols and Schwartz, 1995, p. 288). The two prominent members of the experiential movement were Carl Whitaker and
Virginia Satir. Carl Whitaker was a psychiatrist that "...aimed to puncture pretense and liberate family members to be themselves" (Nichols and Schwartz, 1995, p. 289). Virginia Satir, on the other hand, was a social worker who "...emphasized communication as well as emotional experiencing" (Nichols and Schwartz, 1995, p. 289).

Experiential family therapy has goals that are unique to this arena of family therapy. According to Nichols and Schwartz (1995), the goal of experiential family therapy is as follows:

Growth, not stability, is the goal of experiential family therapy. Symptom relief, social adjustment, and work are considered important, but secondary to increased personal integrity..., greater freedom of choice, less dependence, and expanded experiencing....The aim is for individual family members to become sensitive to their needs and feelings and to share these within the family. In this way, family unity is based on lively and genuine interaction, rather than on repression and self-abnegation. (p. 298)

In addition, Virginia Satir states her goals and thoughts regarding Experiential Family therapy as follows:

[Therapy is utilized]...to enhance individuals' potential for becoming more fully evolved as human beings. In family therapy, her goal-and-art is to integrate the needs of each family member for independent growth with the integrity of the family system...to enable the family to gain new hope and to help it reawaken old dreams or develop new ones...By putting emphasis on hope, people enter the process of therapy with a positive feeling...[The] second goal...is to strengthen and enhance the coping skills of individual family members by teaching them new ways of viewing and handling situations. Emphasis is on the process of coping rather than specific problems...[Finally, the last goal]...of her therapy is to make people aware that they have the ability to make choices small choices as they interact with each other, larger choices as they make important decisions about the conduct of their lives. (Satir and Baldwin, 1983, p. 185)

There are many different goals throughout experiential therapy. However, one of the most important goals is increasing a family's creativity. Carl Whitaker does this through "craziness." Whitaker defines "craziness" as a "...nonrational, creative experiencing and functioning," goal of therapy (cited in Nichols and Schwartz, 1995, p.
Overall, Whitaker "...presumes that families come to treatment because they're unable to be close, and therefore unable to individuate. By helping family members recover their own potential for experiencing, he believes he's also helping them recover their ability to care for one another" (cited in Nichols and Schwartz, 1995, p. 300).

As in any theory, Experiential family therapy has its own set of tools and techniques that are uniquely its own. The main tools and techniques will be briefly explained using examples taken mainly from Carl Whitaker or Virginia Satir, as well as other contributors of Experiential family therapy.

Family sculpture is utilized to help the therapist gain an accurate account of the family communication patterns that are not verbal in nature. The therapist asks a family member to arrange the other family members in some meaningful way to show their relationship to one another. They can use gestures, body postures, as well as distance and closeness to demonstrate the communication patterns and relationship of the family members (Satir and Baldwin, 1983, p. 244).

The idea behind family sculpture is to portray an image of family life using people and props. It can be useful in demonstrating scenes from the past, and can be utilized to initiate change by allowing the individual to manipulate the scene to his or her liking (Nichols and Schwartz, 1995, p. 312).

"The use of metaphor can develop new awareness by connecting or linking two events, ideas, characteristics, or meanings, and transforming experiences from one mode to another" (Satir and Baldwin, 1983, p. 244). The use of metaphor allows the therapist to seek information without threatening the family system. It also enables the family members to digest the parts of the metaphor that have meaning for them, and allows them to have room to interpret the information on their own level while discarding the rest.

The purpose of reframing is to "...create a shift in the perceptions of family members with respect to the behavior so that it may be handled more constructively"
(Satir and Baldwin, 1983, p. 246). For example, by putting something into observational terms rather than as blaming it puts the action or person in a new perspective.

When used appropriately humor can be a very important tool that can aid the way a family looks at itself. Many learning experiences can be "...facilitated by the humorous context of the situation, which enables...[people]...to be aware of their behavior without needing to be defensive about it" (Satir and Baldwin, 1983, p. 246).

The use of roleplaying in therapy is "...based on the premise that experience, to be real, must be felt and exposed in the present" (Nichols and Schwartz, 1995, p. 313). Role play can help an individual look at a situation from another point of view, for example, if asked to play a different member of their family.

Virginia Satir often used the "...power of physical contact" (Satir and Baldwin, 1983, p. 247). However, it must be noted that physical contact must be used with caution and not all individuals will be receptive to touch. Therefore, it is important to always ask permission.

These are just some of the many different types of tools and techniques many Experiential family therapists utilize in the course of treatment. While it is impossible to list every tool/technique, it is important to have adequate knowledge of the various techniques in order to be flexible and spontaneous with the family in therapy. Also, by having a "large bag of tricks" it enables the therapist to switch from technique to technique with ease to facilitate growth and change in the clients and their families.

Experiential family therapy is only one of the many different types of family systems theory that is utilized today. Family systems theory in general is a type of therapy that can be a great asset in the promotion of change and growth in a family system, as well as on an individual level. However, it is important to understand what family process is, as well as know how a system functions to be most effective as a therapist. Experiential family therapy focuses on growth and the use of anxiety to help facilitate change, as well
as many different types of tools and techniques such as reframing, humor, touch, and roleplaying, and it is important that a therapist chooses the tools or technique that will work best with a family and their presenting problems.

Summary

To summarize the literature reviewed in this chapter, it is important to have a working knowledge or own personal definition of what intimacy means for the therapist as an individual. There are as many definitions of intimacy as there are people in the world, and intimacy means something different to each one of them. There are three main types of intimacy which are prominent. There is verbal intimacy which deals mainly with self-disclosure. The second type is physical intimacy with the focus being on physical contact or sex. The final type of intimacy is affective which is comprised of feelings of closeness and bondedness with another. Gender also plays an important role in the subject of intimacy by determining the way in which intimacy is given, as well as received. The effect emotion has on intimacy goes back to the subject of affective intimacy and the feelings of safety that must be present in order to have a truly "intimate" relationship.

Family process and intimacy is difficult to understand. One must first understand the way a family system functions in order to know how one individual affects each person in the family, as well as the system as a whole. Experiential family therapy is only one of several modalities used in family system work. Experiential family therapy focuses on the "here and now" emotions that plague the system, and works with the levels of anxiety to help promote individual, as well as systemic change. The most common types of interventions used in Experiential therapy are roleplaying, metaphor, reframing, humor, and family sculpture. Following a family systems model would then lend the researcher to believe that low levels of intimacy between the adult couple in the system will effect the overall functioning level of the family as a whole.
CHAPTER 3

METHODOLOGY

Introduction

The objective of this study was to identify whether or not there is a relationship between the level of family functioning and intimacy among family members. The research question addressed in this study was: what is the relationship between the level of family functioning and intimacy among family members.

Research Design

The research design was descriptive in nature. The main focus of descriptive research is "...not to give value to sets of relationships between events, but simply to draw attention to the degree two events or phenomena are related" (Merriam and Simpson, 1995, p. 61). Therefore, the causal/comparative research design is a form of descriptive research that will identify the degree to which low intimacy levels between couples affect the family systems.

Population and Sample

The size of the sample was 80 individuals, including 14 couples, all voluntary participants. The sample included a cross-section of non-randomized family members or individuals that were or were not currently participating in therapy. They were clients of the researcher, as well as clients of two co-workers from various agencies, and other couples recruited from the general population. The sample included respondents that were married, cohabiting, or had some form of commitment to another person.
Assumptions and Limitations

Some assumptions are that the respondents were honest in their responses, and that the causal/comparative design was an appropriate design for this study. The limitations of the study include the difficulty selective sampling provides. The sample may not be representative of the overall population due to the difficulties involved in getting a representative sample for each of the age groups being tested (Merriam and Simpson, 1995, p. 64). Another limitation is the use of individuals rather than couples in the research.

Procedure

The instruments used in the study were coded to maintain confidentiality. Each participant had the option to sign a release stating that participation in the study was voluntary. The instruments were mailed or distributed by the researcher or co-workers who administered them to their clients. There were 20 packets mailed and 60 packets distributed by the researcher or her co-workers. Each packet contained (2) FACES II scales, (2) PAIR Inventories, a cover sheet, and a demographic sheet.

Instrumentation

One of the instruments used in the study was the Family Adaptability and Cohesion Evaluation Scale (FACES- II). This scale is comprised of a thirty-item paper and pencil measure that focuses on assessing family and/or couple functioning using a 5-point Likert scale. The norms for FACES-II were developed through its use in a national survey which included 1000 "non-problem" couples across the life cycle; 400 adolescents also took FACES-II so that the difference in norms could be documented (Olson, Bell and Portner, n.d.). However, documentation suggests that the use of FACES-II over the more recently
developed FACES-III will provide some advantages in research. The overall alpha reliability of FACES-II is reported as .90 verses the .68 alpha for the FACES-III instrument that was normed using 2453 adults and 412 children across a life cycle (Olson, Bell and Portner, n.d.). The second advantage of using FACES-II is that "...the correlation between adaptability and cohesion and social desirability in FACES-II is less problematic" (Olson, Bell and Portner, n.d.). The third advantage is that the "concurrent validity is higher in FACES-II than in FACES-III" (Olson, Bell and Portner, n.d.).

The other instrument used in the study was the Personal Assessment of Intimacy in a Relationship Inventory (PAIR) (Schaefer and Olson, 1981). PAIR Inventory explores five distinct areas of intimacy: emotional, social, sexual, intellectual, and recreational as defined in chapter one. PAIR Inventory has the ability to measure not only the perceived or actual levels of intimacy but also the expected or ideal levels of intimacy in a relationship. (Olson and Schaefer, n.d., p.1). The PAIR Inventory's validity and reliability tests were done on a sample of 192 couples (N=384) that had been married anywhere between one and 37 years, were between the ages of 21 and 60, also 55% of the population also had some schooling above a high school education (Schaefer and Olson, 1981, p. 52). The PAIR scores are set up in a profile format that includes scores for each of the different types of intimacy. The range of scores in absolute terms is 0 to 96. The average perceived score fell between 42 and 58 for each of the types of intimacy with the exception of the social intimacy and the conventionality scores. The social intimacy scores were higher the average being 61, and the Conventionality scores were lower the average being 38. It is noted, however, that a conventionality score above 55 is considered high and below 20 is considered low (Olson and Schaefer, n.d., p.7). The internal consistency scores (alpha reliability) for each of the PAIR intimacy subscales are as follows: emotional = .75, social = .71, sexual = .77, intellectual=.70, recreational=.70, spiritual=.82, and conventionality=.80 (Olson and Schaefer, n.d., p. 12).
The demographic items were the following: number of children, number of members in current family system, how long in current committed relationship, current economic status, whether currently legally married, and the age and sex of each partner.

Method of Analysis

The frequency and percentage of response was calculated for all demographic items. Means and standard deviations were computed for all PAIR scales and FACES II scales. T-tests were used to determine if there was a difference between males and females on the PAIR and FACES II. ANOVA was used to assess if the scores on the PAIR and FACES II varied by any demographic items. Finally, correlation analysis (Pearson r) was used to assess the relationship between the level of intimacy and family cohesion and adaptability.
CHAPTER 4

PRESENTATION AND ANALYSIS OF THE DATA

Introduction

The purpose of this proposed study was to identify whether or not there is a relationship between the overall functioning of the family and the perceived level of intimacy. In order to examine the relationship between the level of intimacy the family or individuals have on the overall level of family functioning, two instruments were utilized to gather data. The first instrument utilized was the PAIR which measured the overall perceived intimacy level of the individuals/families. The second instrument utilized was FACES II which measured the adaptability and cohesiveness of the family system.

Demographic Data

There were 30 males and 50 females that returned completed packets. The largest two age groups were the 25-30 and the 37-45 range which had 22 (28%) respondents each. Ninety-five percent of the respondents were white, and the largest number of respondents reported a religious preference of Catholic at 37%. The highest number of respondents reported being in a committed relationship for five years, and seventy percent of the individuals were married. Out of the 80 respondents, 42 (52.5%) of them had children, and 22 (28%) of the respondents had two children. Forty-nine (61.25%) of the individuals were single prior to current relationship, and 21 (26.25%) were divorced prior to their current committed relationship. Approximately 61% of the individuals had a total
household income over $50,000 per year. Twenty-eight (35%) of the respondents had a high school diploma or GED and 27 (33%) had a Master's degree. Out of the individuals that responded 75 (93%) were currently working at the time of the study. When asked if they were currently involved in couples counseling, 58 (74%) reported that they were not. However, 25% of the individuals that answered "no" reported having had counseling in the past.

PAIR

The Personal Assessment of Intimacy in Relationships (PAIR) inventory is divided into five different types of intimacy along with a conventionality score which states how socially desirable an individual is responding. Means and standard deviations of the PAIR scales for the participants in this study are shown in Table 1.

<table>
<thead>
<tr>
<th>PAIR SCALE</th>
<th>MEAN</th>
<th>STD. DEVIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>70.6</td>
<td>22.67</td>
</tr>
<tr>
<td>Social</td>
<td>65.1</td>
<td>20.57</td>
</tr>
<tr>
<td>Sexual</td>
<td>73.55</td>
<td>19.68</td>
</tr>
<tr>
<td>Intellectual</td>
<td>70.45</td>
<td>23.50</td>
</tr>
<tr>
<td>Recreational</td>
<td>73.15</td>
<td>18.44</td>
</tr>
<tr>
<td>Conventionality</td>
<td>64.95</td>
<td>23.61</td>
</tr>
</tbody>
</table>

A t-test of means indicated that there were no significant differences between men and women on any of the PAIR scales. The norm for the nonclinical conventionality score ranges between 42-58 with a mean score of 38 (Olson and Schaefer, n.d., p. 8). This score shows the extent to which an individual is responding in a socially desirable way. A higher score indicates that the individual is responding in a socially desirable way. The individual is trying to "look good" and is tending to minimize problems in his or her relationship. Any score on conventionality >55 is considered high. Therefore, with a
mean of 64.95, most of the respondents in this study were answering in a socially desirable way. ANOVA results indicated that the mean scores on the PAIR scales did not vary by age, ethnicity, level of education or income.

**FACES II**

Faces II assesses a family along two dimensions. The first dimension is cohesion which is divided into four types. The four types of cohesion are: very connected, connected, separated, and disengaged, and measure the level of emotional bonding, family boundaries, coalitions, time, space, friends, decision-making, interests and recreation. The results of this study showed that 47.5% (38) of the respondents fell within the category of being connected, and 17.5% (14) fell within the very connected category. Only 4 (5%) of the respondents were in the category of disengaged, and 13 (16.25%) were in the separated category.

The second dimension looks at family adaptability which measures assertiveness, leadership (control), discipline, negotiation, roles, and rules. This area is divided into four categories as follows: very flexible, flexible, structured, and rigid. The largest single group of respondents were in the flexible category which accounted for 46.25% (37) of the respondents. The respondents were distributed among the other categories as follows: very flexible (13.75%), structured (33.75%), and rigid (6.25%).

Table 2 shows the means and standard deviations for the cohesion and adaptability scales of the FACES II. A t-test of means indicated that there were no significant differences found between men and women on cohesion and adaptability. ANOVA results also indicated that the mean scores for cohesion and adaptability did not vary by age, ethnicity, marital status, education or income.
TABLE 2

FACES II MEAN SCORES

<table>
<thead>
<tr>
<th>FACES II SCALE</th>
<th>MEAN</th>
<th>STD. DEVIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohesion</td>
<td>65.26</td>
<td>8.77</td>
</tr>
<tr>
<td>Adaptability</td>
<td>48.03</td>
<td>6.27</td>
</tr>
</tbody>
</table>

Correlation

The results indicated that all scales on the PAIR were significantly (P<.05) correlated with both cohesion and adaptability on the FACES II. Table 3 presents the Pearson correlation coefficients between the PAIR scales, and cohesion and adaptability scales on the FACES II.

TABLE 3

CORRELATIONS BETWEEN PAIR AND FACES II

<table>
<thead>
<tr>
<th>PAIR SCALE</th>
<th>COHESION</th>
<th>ADAPTABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>0.60</td>
<td>0.45</td>
</tr>
<tr>
<td>Social</td>
<td>0.56</td>
<td>0.33</td>
</tr>
<tr>
<td>Sexual</td>
<td>0.49</td>
<td>0.27</td>
</tr>
<tr>
<td>Intellectual</td>
<td>0.55</td>
<td>0.42</td>
</tr>
<tr>
<td>Recreational</td>
<td>0.52</td>
<td>0.23</td>
</tr>
</tbody>
</table>
Summary

The purpose of this study was to identify whether or not there is a relationship between the overall functioning of a family and the level of intimacy among family members. The research question in this study was: what is the relationship between the level of intimacy the family or individuals have and the overall family functioning?

The literature that was reviewed discussed the various types of intimacy and any research found in this area, as well as the various aspects of family systems theory with a focus on Experiential systems theory. The literature that focused on the topic of intimacy showed that there are three main types of intimacy: verbal, physical, and affective intimacy. It is important for an individual to know how a family functions in order to determine how an individual functions within the family, as well as how that person affects the family as a whole. Experiential family therapy focuses on the "here and now" and works with the various levels of anxiety within the family in order to promote change.

The research design that was used in this study was descriptive in nature. This design identified the degree to which low intimacy levels between couples affects the family system. The intimacy level was measured using the Personal Assessment of Intimacy in Relationships (PAIR). The functioning level of the family was measured using FACES II.

The sample size was 80 individuals, all voluntary participants. The sample included a cross-section of non-randomized family members or individuals that were or
were not currently participating in therapy. They were clients of the researcher, as well as, clients of two co-workers from various agencies, and other individuals from general population. The findings indicated that all scales on the PAIR were significantly correlated with both family adaptability and cohesion as measured by FACES II.

Conclusions

It was found that there was a positive correlation between the level of intimacy and the cohesiveness and adaptability of the family system. This may suggest that a high level of intimacy may have a positive effect on family cohesiveness and adaptability. The data indicates that the respondents in this study were part of families that were healthy in terms of their cohesiveness, or ability to be emotionally bonded with other family members, and in their adaptiveness or ability to change and adjust to work with the other members of the household.

The intimacy scores on the PAIR showed that most of the scores fell toward the high or healthy end of the scale. However, the conventionality score on the PAIR, showed that the respondents may have been answering in socially desirable ways. Gender did not appear to affect the level of functioning or intimacy level of the couple or family.

Recommendations

It is this researcher's belief that if there is a relationship between the level of functioning and the intimacy level as suggested by the data in this study, then a family systems approach would be beneficial when therapists are dealing with intimacy issues within a family. Intimacy is a subject that creates anxiety for many people, whether discussed in a social setting, between two partners, or even answering children's questions. Therefore, since one of the premises of experiential family therapy is that increased anxiety promotes change, then would it not be beneficial for the family to utilize this increased
level of anxiety when dealing with the issues of intimacy. It is this researcher's belief that by doing so, not only would intimacy issues be resolved more quickly, but also the negative feelings that for many people accompany the issue of intimacy may be decreased. This researcher recommends that further study of the intimacy levels of individuals as children, young adults, and adults be examined at to see what change occurs over the life span, as well as how the intimacy level affects them socially.


