

2023

## The Relationship Between Differentiation Of Self And Burnout In Counselors

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THE RELATIONSHIP BETWEEN DIFFERENTIATION OF SELF  
AND BURNOUT IN COUNSELORS

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A Dissertation

Presented to

The College of Graduate and Professional Studies

Department of Applied Clinical and Educational Programs

Indiana State University

Terre Haute, Indiana

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In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

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by

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May 2023

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Keywords: differentiation of self, burnout, counselors, Bowen's family systems

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## ABSTRACT

Differentiation of self is important to explore in counselors due to the emotional nature of their work. Differentiation of self has been shown to have an impact on counselors' wellbeing including their rate of burnout. The intent of the current study was to examine the relationship between differentiation and burnout in counselors. A study by Duggan-Waters (2021) found a significant relationship between differentiation and burnout in marriage and family counselors. This study built on these results by examining the more specific relationships between the areas of differentiation (i.e., emotional reactivity, emotional cutoff, I-position, and fusion with others) and the aspects of counselor burnout (i.e., personal, work, and client). Bowen's Family Systems Theory (Bowen, 1978) provided the rationale to examine relationships between counselors' level of differentiation and burnout. Understanding how differentiation relates to burnout in counselors provides a context for counselor educators to incorporate wellness initiatives into counselor training programs. This study contributes to the understanding of the relationship between differentiation and burnout in counselors and to the understanding of the way the four domains of differentiation relate to the three areas of burnout. To answer four research questions, a study was conducted with 185 master's level counselors currently working in the field. Participants completed the Differentiation of Self Inventory– Revised (DSI-R) and Copenhagen Burnout Inventory (CBI). The results showed a statistically significant inverse relationship between differentiation of self and burnout in counselors. This indicated that higher scores on the DSI-R were related to lower scores on the CBI, and lower scores on the DSI-R were related to higher

scores on the CBI. Then, a multiple regression was conducted with participants' scores on the DSI-R subscales, which include emotional reactivity, emotional cutoff, I-position, and fusion with others, and the personal burnout subscale on the CBI. The model was statistically significant. Emotional reactivity, but not emotional cutoff, I-position, or fusion with others, was statistically significantly related to personal burnout. A multiple regression was then conducted with participants' scores on the DSI-R subscales and the work burnout subscale on the CBI. The model was statistically significant. Emotional reactivity and emotional cutoff, but not I-position or fusion with others, were statistically significantly related to work burnout. Finally, a multiple regression was conducted with participants' scores on the DSI-R subscales and the client burnout subscale on the CBI. The model was statistically significant. I-position, but not emotional reactivity, emotional cutoff, or fusion with others, was statistically significantly related to client burnout. Results indicate that differentiation of self is an important consideration in regard to counselor burnout. Directions for future research are provided. Implications for practice are discussed.

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## CHAPTER 1

### INTRODUCTION

This study contributes to the understanding of differentiation and burnout in counselors. According to Kerr and Bowen (1988), people respond to intimacy and conflict depending on the ways they learned to behave in their family. One aspect of this functioning is differentiation of self. People at high and low levels of differentiation respond to intimacy and conflict differently. Differentiation is measured by the extent that people regulate emotion through fusion with others, emotional reactivity, emotional cutoff, and I-position. Higher or lower levels in these areas determine whether people expend energy toward productive goal-driven behavior or whims of emotionality. Research has shown that lower levels of differentiation are correlated with several negative mental health outcomes (Elieson, 2000; Hooper & Doehler, 2011; Kim & Jeon, 2013; Peleg-Popko, 2002).

Counselors may be especially affected by their level of differentiation due to the nature of their work. The way counselors handle their emotions in the presence of intimacy and conflict may explain why some counselors are more prone to burnout. Counselors must balance important client relationships, in addition to their personal and collegial relationships. Counselors are tasked with entering the world of clients while remaining genuine and objective. The American Counseling Association's [ACA] Code of Ethics reflects the complex nature of counseling relationships and outlines the responsibility of counselors to establish appropriate

relationships (ACA, 2014). Counselors must attend to the specific needs of each client with empathy, treatment planning, and appropriate boundaries. Counselors are instructed to manage emotional reactions and to maintain personal awareness to avoid imposing their values onto clients (ACA, 2014). While empowering clients can be rewarding, these relational responsibilities may be overwhelming for counselors with lower levels of differentiation.

The study of an interpersonal and intrapsychic concept such as differentiation is of particular interest within the counseling profession. When counselors enter professional helping relationships with their clients, they are tasked with interpersonal and intrapsychic processes by nature of the profession. The main interpersonal process includes developing a professional relationship with several clients at the same time. Intrapsychic processes include managing emotional reactions to clients, maintaining an objective perspective to make sound clinical decisions, and maintaining awareness of the distinction between their thoughts and emotions.

Researchers have found correlations between counselor burnout and certain interpersonal and intrapsychic behaviors and traits. Evidence suggested that counselor burnout is negatively correlated with behaviors such as the use of effective coping skills (Jergensen, 2018; Wilkerson, 2009) and self-care (Nelson et al., 2017). Research has also found that counselor burnout is related to traits such as higher levels of emotional intelligence (Gutierrez et al., 2019), mindfulness (Yang et al., 2016), resilience (Lee et al., 2019; Marcus & Dubi, 2006), and self-compassion (Beaumont et al., 2015; Nelson et al., 2017).

### **Statement of the Problem**

Currently, literature on counselor differentiation and burnout is scarce. More research is needed to support established wellness initiatives that orient counselors toward fewer instances of burnout. Further research regarding the relationship between differentiation and burnout in

counselors is important because clinician impairment has been shown to have great costs to society (Morse et al., 2012). Counselors are under pressure to moderate their mental health. According to the ACA's (2014) Code of Ethics, counselors are required to take all reasonable measures to moderate any physical, mental, or emotional impairment in themselves and take action to mitigate any impairments as a safeguard to clients.

Emotional exhaustion and burnout are unsurprisingly common in mental health professionals (Morse et al., 2012), and possibly more common in counselors than in the general population (Bilot, 2012). Burnout has several negative costs for clinicians such as counselors' desire to leave their job (Stephens, 2016; Zapf et al., 2001), detachment from clients (Zapf et al., 2001), problems with physical health (Stephens, 2016), increased likelihood of being a smoker (Xia et al., 2020), and emotional avoidant coping methods (Fye et al., 2018). Burnout symptoms have been linked to attrition in counselors, leading to qualified counselors abandoning the field altogether (Stephens, 2016). Studies have found that counselor turnover may be as high as 33% to 50% (Eby et al., 2010; National Institute on Drug Abuse, 2012).

This is a problem throughout society since qualified mental health services are in short supply in most areas of the United States (Health Resources and Services Administration, n.d.). Even if mental health providers choose to stay in the field while experiencing burnout, there are potential costs to client outcomes (Salyers et al., 2015). This study contributes to the understanding of differentiation's relationship to burnout in counselors and contributes to the establishment of wellness initiatives in counselor training and professional development to prevent burnout.

### **Purpose of Study**

The purpose of the current study was to examine the relationship between differentiation and burnout in counselors. A study by Duggan-Waters (2021) found a significant relationship between differentiation and burnout in marriage and family counselors. This study built on these results by examining the more specific relationships between the areas of differentiation (i.e., emotional reactivity, emotional cutoff, I-position, and fusion with others) and the areas of counselor burnout (i.e., personal, work, and client). BFST provided the theoretical background to examine relationships between counselors' level of differentiation and burnout (Bowen, 1978). Understanding how differentiation relates to burnout in counselors provides a context for counselor educators to incorporate wellness initiatives into counselor training programs.

### **Research Questions**

This study addressed the following research questions:

**R1:** Among counselors, is overall level of differentiation related to overall burnout?

**R2:** Among counselors, are the four areas of differentiation, which include fusion of self, emotional cutoff, emotional reactivity, and I-position, related to personal burnout?

**R3:** Among counselors, are the four areas of differentiation, which include fusion of self, emotional cutoff, emotional reactivity, and I-position, related to work burnout?

**R4:** Among counselors, are the four areas of differentiation, which include fusion of self, emotional cutoff, emotional reactivity, and I-position, related to client burnout?

### **Definition of Terms**

- **differentiation of self:** "The degree to which one is able to balance (a) emotional and intellectual functioning and (b) intimacy and autonomy in relationships" (Skowron & Friedlander, 1998, p. 235). Differentiation is comprised of four areas: emotional

reactivity, emotional cutoff, I-position, and fusion with others.

- **fusion with others:** The “emotional overinvolvement with significant others and overidentification with one’s parents: taking in parental values, beliefs and expectations without question” (Skowron & Schmitt, 2003, p. 212).
- **emotional cutoff:** The “fears of intimacy or engulfment in relationships, and the accompanying behavioral defenses against those fears” (Skowron & Schmitt, 2003, p. 212).
- **emotional reactivity:** The “tendency to respond to environmental stimuli based on autonomic emotional responses, emotional flooding, or lability” (Skowron & Schmitt, 2003, p. 212).
- **I-position:** The “maintaining a clearly defined sense of self and thoughtfully adhering to personal convictions when pressured by others to do otherwise” (Skowron & Schmitt, 2003, p. 212).
- **burnout:** A “state of fatigue and exhaustion” (Kristensen et al., 2005, p. 197). Burnout is comprised of three areas of life that people may attribute their stress: personal, work, and client.
- **personal burnout:** “The degree of physical and psychological fatigue and exhaustion experienced by the person” (Kristensen et al., 2005, p. 197).
- **work-related burnout:** “The degree of physical and psychological fatigue and exhaustion that is perceived by the person as related to his/her work” (Kristensen et al., 2005, p. 197).
- **client-related burnout:** “The degree of physical and psychological fatigue and exhaustion that is perceived by the person as related to his/her work with clients. ...

Clients is a broad concept covering terms such as patients, inmates, children, students, residents, etc.” (Kristensen et al., 2005, p. 197).

### **Summary**

In summary, differentiation of self is important to explore in counselors due to the emotional nature of their work. This study contributes to the understanding of the relationship between differentiation and burnout in counselors and the way the four differentiation subscales relate to the three areas of burnout. The study was needed because there is a gap in the literature related to the relationship between differentiation and burnout in counselors, despite evidence of several links between differentiation and negative mental health outcomes. Counselor burnout has been shown to have many consequences for counselors and society. Further research in this area contributes to better-established wellness methods in counselor education.

## CHAPTER 2

### LITERATURE REVIEW

Bowen's Family Systems Theory [BFST] has been used to explain the functioning of family units, as well as the functioning of individuals in and outside the family of origin. BFST is particularly useful to study in a variety of personal ecological systems because the functioning of individuals within their family of origin is identical to the functioning or patterns of individuals in other systems, though typically less emotionally intense in other systems (Bowen, 1978). A key concept of BFST is differentiation of self. Differentiation has been studied extensively regarding the ways that people adapt within their families, and how that affects their functioning across the various systems they participate in. Research has shown that differentiation correlates with functioning in people's everyday life. For example, it has been shown that differentiation has strong correlations to many areas of mental health functioning such as depression (Elieson, 2000; Hooper & Doehler, 2011; Kim & Jeon, 2013), anxiety (Kim & Jeon, 2013), social anxiety (Peleg-Popko, 2002), somatic symptoms (Peleg-Popko, 2002), and overall functioning (Hooper & Doehler, 2011).

Researchers have also looked at the ways differentiation can affect people who work in helping professions. For example, in two studies of mental health workers, differentiation was significantly correlated to symptoms of vicarious trauma (Halevi & Idisis, 2018; Purvis, 2017). Similarly, research involving other helping professionals has shown that differentiation may be



able to predict other work-related issues such as perceived stress (Levy et al., 2014), job satisfaction (Cochran, 2011), countertransference management (Fatter & Hayes, 2013; Connery & Murdock, 2019), and burnout (Duggan-Waters, 2021).

Given that differentiation has been shown to affect functioning in the general population and more specifically in mental health workers, differentiation appears to be a solid framework to view how counselors' functioning may be related to the development of burnout. The remainder of this chapter is an expansive overview of the following: Bowen's work in developing the framework of BFST, the ways that BFST applies to systems outside the family of origin; the concept of differentiation and the areas of emotional reactivity, emotional cutoff, I-position, and fusion with others; an overview of burnout and the areas of personal, work, and client-related burnout, and finally differentiation's relationship to burnout.

### **BFST Overview**

Currently, literature on counselor differentiation and burnout is scarce. More research is needed to support established wellness initiatives. Many family systems theories have developed within the counseling literature to explain and treat mental health conditions in clients. The development of family systems theories was a shift from placing the focus of mental health symptoms on individuals to viewing individuals' problems as part of a family's relationship process (Wetchler & Hecker, 2015). Theorist Murray Bowen (1978) contributed to the systems view of mental health in what is known as BFST. In BFST, the family is viewed as an emotional system influenced by processes within and between each family member (Kerr & Bowen, 1988). These processes, which Bowen claimed to be predictable in all family systems, affect the individual functioning of each family member. According to Bowen (1978), this predictability also applies to the way individuals function outside of their family systems.

### **Origins of BFST**

In Bowen's early work, he was particularly interested in explaining the origins of mental health symptoms found in patients diagnosed with schizophrenia (Kerr & Bowen, 1988). His work in an inpatient unit through the early years of his career allowed him to study patients and their families as part of intensive family treatment. He noticed intense emotional interactions between patients and their mothers, to the point that they could not be seen as separate from one another. He also noticed that the whole family unit impacted and perpetuated interactions between patients and their mothers. Bowen observed that relationships tended to be reciprocal in nature, in that a family member may see another family member as weak and treat them as such, who in turn may then act weak.

As his work expanded to outpatient units, Bowen (Kerr & Bowen, 1988) found that family processes in extreme individual cases (i.e., symptoms of patients with diagnosed schizophrenia in an inpatient unit) were not much different than family processes with a member experiencing more mild mental health symptoms (i.e., symptoms of patients without diagnosed schizophrenia in an outpatient unit). That is, every family system he encountered operated in a similar manner. What he observed led him to theorize that families consisted of a network of emotional processes happening within each family member, between two or more family members, and across the entire family unit. Emotional interactions and processes influence the functioning of family members within the family system.

Bowen concluded that because the family is an emotional unit, an individual's emotional functioning may be less autonomous or independent to that individual than previously thought (Kerr & Bowen, 1988). Family cycles, such as the periods of ebb and flow and closeness and separateness in families, affect individuals' emotional functioning more than any one factor

related to the individual. People's functioning and emotional states are inherently influenced by their environment. This emotional process is regulated by two interplaying forces: one that predisposes individuals to live a life based on their own directives, known as individuality, and one that predisposes individuals to respond more readily to the influence of others, known as togetherness.

Each family member's thoughts, feelings, and behaviors add to and mirror what is happening in the family system (Kerr & Bowen, 1988). People are motivated by processes that are not contained only within the individual. Rather, people are motivated by varying emotional processes outside of themselves; specifically, they are highly influenced by emotional processes happening within the entire relationship unit. Individual behavior can be explained better when looking at behavior in the context of a relationship system.

### **Functional Position in the Family**

According to BFST, each member of a family assumes a position in the family known as their functional position (Kerr & Bowen, 1988). This position is determined by such things as birth order and the overall functioning of the family, as well as the functional position and needs of other family members. The family's emotional system has been likened to that of a planet's gravitational pull. The functional position of each person is based on the pull of the family's emotional system. The functional position has also been likened to evolutionary processes found in natural selection due to the adaptive nature of both. That is, a people's functional position and basic relationship patterns are shaped or adapted depending on the needs of the family.

People's functional position influences their beliefs, values, attitudes, feelings, and behavior in all areas of life (Bowen, 1978). Bowen posited that the way individuals adapt to the patterns of their family is the way they learn to behave in the other systems around them. Bowen

observed that patterns developed in the family of origin were nearly identical to other relationships except in their intensity. Observation of family emotional processes led to the development of BFST and included the conceptual tenets of differentiation of self, fusion with others, emotional cutoff, emotional reactivity, I-position, life energy, and individuality and togetherness in relationships (Kerr & Bowen, 1988).

### **Differentiation of Self**

A central tenet of BFST is differentiation of self. According to Bowen (1978), differentiation is a concept that describes or portrays “the basic level of self in a person” (p. 472). The basic self is the part of a person that is not affected by relationship systems. It is the part of a person that is unmovable in a relationship because one has already personally established their beliefs, ideas, thoughts, and feelings apart from other people. The stronger a person’s basic sense of self, the less tendency to change parts of the self for others or devote energy to processes that maintain or gain others’ approval.

While differentiation is multifaceted, it essentially refers to the capacity to be together with others while preserving a distinct individuality or sense of self (Kerr & Bowen, 1988). Differentiation is multidimensional in that it measures or defines many facets of this sense of self (Bowen, 1978). Overall, it describes how a person’s sense of self is affected by relationship systems. A major component of this is how easily people can distinguish thoughts from feelings or how lost people are in their emotions. Highly differentiated people have more autonomy and are less prone to emotional fusion. They need less energy to preserve their sense of self while in a relationship with others, and more of their energy is directed toward goals. If there is a disruption in a relationship system, differentiation affects the way people respond.

Less differentiated people become anxious when there is a disruption in the family system (Bowen, 1978). They often invest more energy toward the relationship system because they have difficulty seeing their thoughts and feelings as separate from facts. When they experience feelings, such as anxiety, they will ruminate on their immediate thoughts and feelings instead of objectively recognizing them as a response to a particular set of circumstances. Their response to relationship disharmony, therefore, is more reactive. Less differentiated people may often mistake feelings and thoughts for facts. They will likely base decisions on the way they are feeling or how they predict others will feel. They are under the rule of their emotions and may ruminate on emotions or thoughts, especially when there is disharmony in a relationship. Less differentiated people will react to the emotions or thoughts in attempt to alleviate anxiety. This may result in certain behaviors such as cutting off from relationships or seeking more fusion in relationships to fulfill personal needs.

Bowen (1978) contrasted the experience of less differentiated people to the experience of highly differentiated people. Unlike less differentiated people, highly differentiated people are clear about the distinction between their thoughts and feelings. Bowen (1978) recognized an advantage to higher differentiation in that “the relative separation of feelings and thinking brings life much more under the control of deliberate thoughts, in contrast to lesser differentiated people whose life is a pawn of the ebb and flow of the emotional process” (p. 475). This routine of deliberate thought means that highly differentiated people have the freedom to choose where their energy is directed. This energy may be directed toward goal-oriented thoughts or activities, or toward relationships should they choose, but they are not ruled by that need. Bowen described that people near the mid-high range of differentiation are better able to make decisions based on

their convictions rather than their need for approval, while still having sensitivity to others' opinions about them on the most essential issues.

### **Four Areas of Differentiation of Self**

According to Kerr and Bowen (1988), based on their level of differentiation, people tend to direct their energy in different ways. This affects how people behave in the four main areas of differentiation. Depending on their level of differentiation, people will have tendencies toward or away from the four areas of differentiation which include emotional reactivity, emotional cutoff, I-position, and fusion with others.

#### ***Emotional Reactivity***

Bowen (1978) theorized that people have various levels of emotional reactivity toward their outside circumstances. At higher levels of emotional reactivity, people's emotional response to circumstances may be involuntary, unpredictable, or all-consuming (Skowron & Schmitt, 2003). According to Kerr and Bowen (1988), high emotional reactivity can range from behavior frenzy to paralysis. Kerr and Bowen stated that anxiety may manifest as different types of emotionally reactive behaviors such as passive aggression or abandoning a relationship. People who are less emotionally reactive can better regulate their emotions and remain objective. Objectivity allows individuals to see the way their emotions are affected by others. Objectivity also makes it easier for people to take ownership of their problems as they recognize the ways they contribute to them.

#### ***Emotional Cutoff***

Some individuals may pull away and emotionally distance themselves from a strongly fused family unit in an attempt to differentiate, with Bowen (1978) calling this behavior emotional cutoff. While some people may experience the intimacy in fused families as necessary

and welcome, others may experience this intimacy as threatening. Those who are uncomfortable with intimacy may respond by emotionally distancing themselves from their family or other relationships where intimacy is anticipated. Bowen claimed that this is an effort to avoid further fusion of identities and an attempt to create a pseudo-self. Individuals may do this with or without physical distance.

Kerr and Bowen (1988) asserted that the more fusion people experience in relationships, the more likely it is that they will cut off emotionally from others. This may lead people to exaggerate independence from others, appear aloof, or isolate themselves. Skowron and Friedlander (1998), however, emphasized that people who tend to be emotionally cut off from relationships have the same need for acceptance and approval as those who desire continued fusion with others.

### ***I-Position***

Bowen (1978) indicated that another aspect of differentiation is I-position. This affects people's capacity to maintain a distinct sense of self, especially in the presence of others. This also means that people can remain objective in the face of emotionality. Individuals with high levels of I-position make decisions grounded in their own convictions, beliefs, and values or what they believe is right, rather than basing decisions on the emotionality of the situation or to earn the approval of others. Those with higher levels of I-position tend to experience more self-acceptance and are more likely to resist pressure from others.

### ***Fusion With Others***

Bowen (1978) asserted that differentiation determines whether people's egos are well established as a single sense of identity or entangled in the family identity. Bowen described fusion with others as the tendency for people's identity and emotions to be tied to others. People

who are more fused tend to seek approval and will look to outside sources to meet their emotional needs.

People from families that are highly fused have less sense of individual identity. This may lead individuals to look toward others for help with decisions (Kerr & Bowen, 1988). Highly fused people may also react to differences in a way that reflects a desire for others to be more like them. This may include demanding others to be more like them or a tendency to forfeit parts of their identity to be more like another. Their identity is built on the foundation of others. Highly fused individuals tend to establish relationships that have little emotional separation. This may be contrasted to the experiences of a less fused person who can enter close relationships while remaining a distinct individual (Bowen, 1978).

People who are highly fused are also strongly affected by the emotionality of others. They may worry about how decisions will affect the emotions of others and may make decisions accordingly. They may ruminate on others' emotions, thoughts, and behaviors to avoid losing relationships or approval (Bowen, 1978). Individuals who are highly fused may become physically sick from worrying about the emotions of another. People from families that are less fused often do not look to other people to determine their next course of action.

According to Skowron and Schmitt (2003), when people experience a high level of fusion with others and a low sense of identity, they may respond in two ways. People may perceive a need for continued fusion with others to maintain the identity they have established and may seek further fusion in relationships. Other highly fused people may perceive a need to distance themselves emotionally from others in what is known as emotional cutoff (Bowen, 1978).



### **Expenditure of Life Energy**

Bowen (1978) emphasized that differentiation affects people's tendency to act or think in ways that fulfill emotional needs. Bowen believed that people tend to expend energy toward goal-directed activity or toward the ways other people can meet their needs. Bowen identified these efforts as life energy. He theorized that differentiation may affect the amount of life energy expended toward relationship-based goals of love, happiness, and security. He identified that for those with lower differentiation, "so much life energy goes into seeking love and approval, or attacking the other for not providing it, that there is little energy left for self-determined, goal-directed activity" (Bowen, 1978, p. 520).

Differentiation affects the amount of life energy people direct toward their individual life goals or thoughts and actions related to togetherness (Kerr & Bowen, 1988). This may include seeking relationships at work that satisfy emotional needs or attempting to avoid others who may affect their emotions. This also may mean creating solutions that are more emotion- or relationship-based, rather than objective- and goal-driven (Bowen, 1978).

In individuals who are more differentiated, family patterns orient them toward actions and thoughts that are less motivated or threatened by needs for approval (Kerr & Bowen, 1988). Family relationships provided enough opportunity to be self-directed, making fulfillment of life goals of love, happiness, and security more easily fulfilled outside of work. For highly differentiated individuals, life energy is directed toward interest-driven goals, rather than emotion- or fulfillment-driven goals at work.

### **Individuality and Togetherness in Relationships**

According to BFST, everyone has a biological need for individuality and togetherness (Kerr & Bowen, 1988). Individuality propels people to follow their directives. Togetherness

propels people to follow the directives of others, to either be more like others or have others be more like them. People invest different amounts of life energy into others or themselves based on their level of differentiation from others. People tend to expend life energy when their sense of identity is defined in the context of their relationships with other people. For a less differentiated person, togetherness needs “are felt as deep yearnings to be loved, accepted and guided through life” (Kerr & Bowen, 1988, p. 71). On the other hand, people tend to reserve life energy when their identity is based on a strong sense of self, rather than being dependent on the whims of others. For a highly differentiated person, togetherness is “felt not as deep yearnings and needs, but as a basic attraction and interest in one’s fellow man” (Kerr & Bowen, 1988, p. 71). The tendency for life energy to be bound in others or self is determined by people’s level of differentiation.

### **Interpersonal and Intrapsychic Functioning**

Overall, differentiation involves patterns and abilities within two main categories known as interpersonal and intrapsychic functioning (Bowen, 1978, Skowron & Friedlander, 1998).

Interpersonal functioning refers to an individual’s capacity to achieve balance in their independence and the way individuals respond to intimacy and independence in relationships.

Intrapsychic functioning refers to the way individuals experience emotion and their capacity to use intellect during times of emotion (Bowen, 1978).

#### ***Interpersonal Functioning: Intimacy and Autonomy in Relationships***

Interpersonal ability refers to the capacity for individuals to engage comfortably in relationships while upholding a strong sense of self and maintaining autonomy (Bowen, 1978; Kerr & Bowen, 1988; Skowron & Schmitt, 2003). An individual’s intention and desire for intimacy are impacted by their level of differentiation. For example, intimacy in relationships

can feel comforting or threatening to people depending on their established sense of self (Bowen, 1978). In highly differentiated people, intimacy is often comforting because they are not bothered by pressure to conform. They hold to their values and beliefs without fear of acceptance or rejection. In this way, intimacy is often sought to simply enjoy the presence of the other person, not to fulfill needs.

On the other hand, in less differentiated people, intimacy may be comforting or threatening (Bowen, 1978). Intimacy may be threatening to less differentiated people when they feel overwhelmed by strong emotionality in themselves and others or when they feel unwanted pressure to merge with another's values and beliefs. Intimacy may be comforting to less differentiated people who find comfort in fusing their beliefs and values with another person. Intimacy may be sought to satisfy needs of acceptance. Intimacy may also be rejected in the form of emotional cutoff to alleviate anxiety when emotions or pressure are overwhelming (Bowen, 1978; Kerr & Bowen, 1988; Skowron & Schmitt, 2003).

### ***Intrapsychic Functioning: Emotional and Intellectual Ability***

Intrapsychic ability refers to components of emotional and intellectual functioning (Skowron & Schmitt, 2003). It involves the capacity to distinguish thoughts from feelings, comfort with and access to the feeling process, the effect of others' emotionality, and the ability to choose between operating from logic or emotions (Skowron & Friedlander, 1998; Skowron & Schmitt, 2003). While it is comprised of several abilities, intrapsychic ability overall involves people's ability to regulate their emotions (Skowron & Schmitt, 2003).

Those who are highly differentiated function well in both logic and emotion (Skowron & Friedlander, 1998). They find it easier to remain calm and maintain a separate set of thoughts or beliefs, even in the presence of emotional reactions from others. While highly differentiated

people still experience strong emotions, they can choose when to engage in their emotions or when to operate from logic because a calm response is more appropriate. Highly differentiated people have a more natural inclination to see situations objectively.

Those who are less differentiated tend to be emotionally reactive when faced with conflict or emotionality (Kerr & Bowen, 1988). They may get lost in the thoughts and emotions of others, as well as their own thoughts and emotions. They have less ability to see objectively their thoughts and emotions as separate. Difficulty distinguishing between logic and emotion will often result in an individual making decisions based on feeling and reactivity, rather than logic.

### **Current Research on Differentiation of Self**

The concepts outlined by BFST about differentiation have been supported extensively in the literature. Research has shown that differentiation is related to mental health in the general population, as well as to outcomes in helping professionals and counselors. There is, however, little research on the direct relationship of differentiation to burnout in counselors.

### **Differentiation and Mental Health in the General Population**

Research has shown that differentiation correlates with many areas of functioning in people's everyday life. For example, differentiation of self has strong correlations to many areas of mental health functioning such as depression (Elieson, 2000; Hooper & Doehler, 2011; Kim & Jeon, 2013), anxiety (Kim & Jeon, 2013), social anxiety (Peleg-Popko, 2002), somatic symptoms (Peleg-Popko, 2002), and overall functioning (Hooper & Doehler, 2011). All studies examining differentiation found that people who were more differentiated tended to have better mental health outcomes than those who were less differentiated.

### **Differentiation and Outcomes in Helping Professionals**

Researchers have also looked at the ways differentiation can affect people who work in helping professions. For example, differentiation of self is related to job satisfaction in teachers (Cochran, 2011) and perceived level of stress in social workers (Levy et al., 2014). Ogundele (2009) suggested that ministers be aware of the ways differentiation can affect their work, especially regarding taking on the values and beliefs of the congregations they serve. Ogundele also described how instances of differentiation-related behaviors, such as emotional reactivity, can affect the parishioners they serve.

### **Differentiation and Outcomes in Counselors**

Researchers have found that differentiation was significantly correlated to symptoms of vicarious trauma (Halevi & Idisis, 2018; Purvis, 2017). Purvis (2017) analyzed counselors' level of differentiation and experience of vicarious trauma and found the relationship to be significant. Halevi and Idisis (2018) added to the research on differentiation and vicarious trauma in a study of counselors in public and private therapy practices. According to their findings, differentiation was negatively correlated with vicarious trauma in that the higher their level of differentiation the less vicarious trauma symptoms counselors reported. Based on their results, Halevi and Idisis posited that higher levels of differentiation allow counselors to balance emotion and intellect and engage in efficient coping skills that could be protective of burnout. Hence, counselor burnout may be explained by differentiation. They concluded that "the therapist's ability to maintain both clear and flexible personal boundaries through a judicious combination of emotional and intellectual resources allows [them] to uphold an effective separation between the patient's emotional world and his or her own" (Halevi & Idisis, 2018, p. 702).

Fatter and Hayes (2013) studied differentiation and countertransference management in counselor trainees. While they did not find counselors' overall level of differentiation to be a predictor of countertransference management, they did find that the differentiation subscale I-position was positively correlated with countertransference management. The authors suggested this may imply that therapists are better able to manage their countertransference reactions when they are more differentiated. Similarly, Connery and Murdock (2019) found that therapists who are less differentiated reported more over- and under-involved countertransference behaviors, and over-involved and under-involved feelings compared to therapists with higher differentiation.

### **Burnout**

The concept of burnout was first introduced in research in the 1970s and has been defined as a negative mental state that stems from consistent exposure to stress (Maslach & Leiter, 2016a, 2016b). Kristensen et al. (2005) compared the tenets of burnout established by Maslach and Leiter with other leaders in burnout research. The central thread that connected all these researchers' definitions of burnout is the experience of emotional exhaustion and fatigue.

### **Attributional Analysis**

Kristensen et al. (2005) agreed that burnout consists of exhaustion and fatigue but argued that this view of burnout does not account for the ways people attribute stress to certain areas of their life. They argued that life domains or spheres can be separated into three areas: personal, work, and client. Burnout is attributed to different domains of life. Symptoms are interpreted in different ways based on an individual's attributional analysis. This describes the way fatigue and exhaustion may be present, but outcomes vary greatly depending on how much stress or burnout

is attributed to each area. Attributions shape people's emotions, attitudes, and actions about each life domain.

Initial studies of burnout were comprised of helping professionals, whose jobs primarily consisted of contact with clients. According to Maslach and Leiter (2016b), the strong interpersonal component in helping professions meant that relational transactions in the workplace were among the first variables studied within burnout research. Counselors are a particularly important group to study due to the distinct emotional experiences found in their work. For example, Zapf et al. (2001) found that counselors often experience a high need for emotional suppression at work and that emotional suppression is linked to higher levels of burnout.

### **The Development of Burnout**

Evidence suggests that burnout is influenced by certain demographic variables such as counselor age (Lim et al., 2010), gender (Martin-Johnson, 2016), and the number of years worked as a counselor (Sim et al., 2016). Several studies have found that burnout may also be related to clinicians' perceived work setting (Lim et al., 2010), challenges with tasks and responsibilities and difficulty with collegial relationships (Sim et al., 2016). Counselor burnout has also been linked to dissatisfaction with the number of job resources available to them for their work as a counselor (Dreison et al., 2016; McCormack et al., 2018), the ambiguous nature of their work (Skovholt & Trotter-Mathison, 2016), and a shortage of clinicians (Health Resources and Services Administration, n.d.).

### **Research on Differentiation and Burnout in Counselors**

Research relating specifically to differentiation and burnout in counselors is scarce. Duggan-Waters (2021) is currently the only researcher to look directly at this relationship with

counselors. Duggan-Waters studied differentiation and burnout in 83 marriage and family therapists. Of these participants, the majority identified as cis-gendered women (71%), followed by cis-gendered men (19.3%), and other (3.6%). Participants identified as Caucasian (62.7%), Asian/Pacific Islander (9.6%), Hispanic or Latino (8.4%), African American (2.4%), Native American/American Indian (2.4%), multiracial (9.6%), and other (4.8%). Responses indicated that most participants were married (51.9%), followed by single (37%), divorced (8.6%), and widowed (2.5%). The average age of the respondents was 36.9 years. Participants averaged 1.05 children.

In Duggan-Waters' (2021) study, participants completed the Differentiation of Self Inventory– Revised ([DSI-R]; Skowron & Schmitt, 2003), Relational Ethics Scale (Hargrave et al., 1991), the Maslach Burnout Inventory ([MBI]; Maslach & Jackson, 1981), and Burnout Measure: Short Version ([BMSV]; Maslach-Pines, 2005). Duggan-Waters (2021) explored variance in burnout related to demographics, then introduced differentiation to explain the remaining variance. Duggan-Waters found that differentiation, quality of relationships, and age significantly impacted marriage and family therapists' levels of burnout in areas of emotional exhaustion and personal accomplishment. Results at step one of the hierarchical multiple regression indicated that marital status accounted for 6% variance, and differentiation accounted for an additional 9% of the variance for emotional exhaustion as measured by the MBI. The final model, which included family status and total differentiation score, explained 15.3% of the variance in emotional exhaustion. Only differentiation, and not family status, was significantly related to emotional exhaustion.

In a second model, analyses indicated that the age of counselors accounted for 8% of the variance explaining the emotional exhaustion and personal accomplishment components of



burnout, as measured by the BMSV, experienced by marriage and family therapists (Duggan-Waters, 2021). Differentiation introduced in step two explained an additional 17.2% of the variance. The final model explained 25.2% of the variance in BMSV. In the final model, DSI-R, marital status, age, and the number of children were significant predictors of burnout. Duggan-Waters concluded that these findings aligned with previous research and BFST theory that suggested relational demands from home and demands from work affect each other.

### **Summary**

This chapter highlighted research in differentiation of self and burnout as they relate to helping professionals and counselors. BFST was established as the foundational theory to guide this study (Bowen, 1978). Differentiation of self was described as overall emotional maturity and sense of self with four distinct areas consisting of emotional reactivity, emotional cutoff, I-position, and fusion with others (Bowen, 1978; Kerr & Bowen, 1988). Differentiation was further explained through explanations of life energy and interpersonal and intrapsychic functioning. Current research on differentiation including the general population, helping professionals, and counselors was outlined. Burnout was also explained as emotional exhaustion and fatigue in three life domains consisting of personal, work, and client (Kristensen et al., 2005). Burnout was further explained through discussion of attributional analysis to life domains. Finally, relevant research by Duggan-Waters (2021) was presented which outlined their findings of a study on differentiation and burnout in counselors. Duggan-Waters found that differentiation was correlated with burnout in counselors.

### **Research Questions**

The following research questions guided this study:

**R1:** Among counselors, is overall level of differentiation related to overall burnout?

**R2:** Among counselors, are the four areas of differentiation, which include fusion of self, emotional cutoff, emotional reactivity, and I-position, related to personal burnout?

**R3:** Among counselors, are the four areas of differentiation, which include fusion of self, emotional cutoff, emotional reactivity, and I-position, related to work burnout?

**R4:** Among counselors, are the four areas of differentiation, which include fusion of self, emotional cutoff, emotional reactivity, and I-position, related to client burnout?

## CHAPTER 3

### METHODOLOGY

This study contributes to the understanding of the relationships between differentiation of self and burnout in counselors. The research questions presented at the end of Chapter 2 provide an outline of the foundational goals of this study. The research methods, which include descriptions of participants, instruments, procedures, and data analysis procedures, along with a discussion of the rationale and related literature, are explained in Chapter 3.

#### **Research Design**

The research method chosen for this study was a cross-sectional survey design. Counselors were asked to complete two instruments: the DSI-R (Skowron & Schmitt, 2003) and the CBI (Kristensen et al., 2005). A screening questionnaire and demographic questionnaire developed for this study were also used. The DSI-R (Skowron & Schmitt, 2003) has been used in research to measure differentiation levels on four subscales: emotional reactivity, emotional cutoff, I-position, and fusion with others. The CBI (Kristensen et al., 2005) has been used extensively in the helping field and otherwise to examine burnout in people's life on three subscales: personal, work, and client.

#### **Participant Recruitment**

Participants included master's level counselors working in a counseling role who have earned a master's degree in counseling. Exclusion criteria included not having a master's degree

in counseling or not currently working as a counselor. Individuals with degrees in social work were excluded due to training differences between social work and counseling. It was estimated that approximately 108 participants would be needed. This was based on the recommendation of Tabachnick and Fidell (2007) who suggested that for a multiple regression in which the researcher wants to examine the model and the individual variables with a moderate relationship between the independent variables and dependent variable, the number of participants (N) should be greater than or equal to 104 plus the number of independent variables ( $N \geq 104 + m$  where m is the number of independent variables). In this study, there were four independent variables in the proposed multiple regression analyses; hence, approximately 108 participants were needed.

Participants were recruited using a variety of approaches and were provided a recruitment letter (see Appendix A). They were recruited using the counseling listservs COUNSGRAD (<https://lists.osu.edu/mailman/listinfo/counsgrads>) and CESNET (<https://www.cesnet-l.net/>) by sending a call for participants in a recruitment email (see Appendix A). Participants were also recruited through counseling groups on Facebook. Additionally, emails were sent to school counselors whose contact information was provided by the state's Department of Education. Finally, emails were sent to counseling agencies and to counselors working within agencies.

Participants received the recruitment message which contained the link to participate. Participants were asked to click the link to enter the survey. Once they clicked the link, they were directed to the Qualtrics (<https://www.qualtrics.com>) website where the project was housed. They were presented with an informed consent form (see Appendix B) and asked to click "I agree to participate" to begin the survey or click "I do not agree to participate." Those who agreed to participate were directed to a Qualtrics page to complete the screener questionnaire. If participants did not meet the inclusion criteria (i.e., master's level counselors currently working

in the field) to participate based on their responses to screener questions, they were directed to a final screen thanking them for their willingness to participate. Qualifying participants were then directed to the demographic questionnaire and instruments. Participants had the option to stop participation at any time by exiting the survey. Unfinished surveys were not considered. Participants were not able to withdraw their responses after submission because responses were collected anonymously.

### **Participants**

A total of 185 master's level counselors participated in this study examining the relationship between differentiation of self and burnout in counselors. Participants were 83.8% women ( $n = 155$ ), 15.7% men ( $n = 29$ ), and .5% non-binary ( $n = 1$ ). Participants identified their ethnicity as 94.1% White ( $n = 174$ ), 3.8% Black or African American ( $n = 7$ ), 1.6% Hispanic or Latinx ( $n = 3$ ), 1.1% Asian ( $n = 2$ ), 1.1% American Indian or Alaska Native ( $n = 2$ ), and .5% Middle Eastern ( $n = 1$ ). Participants ranged in age from 25 to 73 years old ( $M = 42.1$ ,  $SD = 10.07$ ), with two participants not reporting age. Participants identified their marital status as 73% married ( $n = 135$ ); 13% single, never married ( $n = 24$ ); 7.6% living with a partner ( $n = 14$ ); 5.4% divorced or separated ( $n = 10$ ); .5% widowed ( $n = 1$ ); and .5% chose not to disclose ( $n = 1$ ). Participants identified their parental status (select all that apply) as 53.5% yes, I have children under 18 ( $n = 99$ ); 28.1% yes, I have children 18 or older ( $n = 52$ ); and 29.2% no, I do not have children ( $n = 54$ ). Participants described their counseling master's degree as 71.4% school counseling ( $n = 132$ ), 21.1% clinical mental health counseling ( $n = 39$ ), 2.2% marriage and family therapy ( $n = 4$ ), 2% two master's degrees in clinical mental health and school counseling ( $n = 4$ ), .5% two master's degrees in clinical mental health counseling and art therapy ( $n = 1$ ), .5% community counseling ( $n = 1$ ), .5% counseling psychology ( $n = 1$ ), .5% rehabilitation

counseling ( $n = 1$ ), .5% counseling ( $n = 1$ ), and .5% clinical psychology ( $n = 1$ ). Participants identified the number of years they have worked as a counselor with a range of 1 to 32 years ( $M = 11.7$ ,  $SD = 7.95$ ), with one participant not reporting.

### **Instruments**

Two established instruments that measure differentiation and burnout were used. Permission was received to use the established scales (see Appendices C and D). A screening questionnaire and a demographic questionnaire were developed for this study.

#### ***DSI-R Overview***

The DSI-R (Skowron & Schmitt, 2003) is composed of four subscales: emotional reactivity, emotional cutoff, I-position, and fusion with others (see Appendix E). This scale has been used extensively in research with helping professionals. The inventory consists of 43 questions, with 12 questions each in subscales emotional cutoff and fusion with others, and 11 questions each in subscales emotional reactivity and I-position. Respondents answer items on a 6-point scale to indicate if the questions are *not at all true of me* (1) to *very true of me* (6).

In the initial validation of the DSI-R, internal consistency measured by Cronbach's alpha coefficient was .88 for the total DSI-R scale, .84 for emotional reactivity, .82 for emotional cutoff, .85 for I-position, and .74 for fusion with others (Skowron & Friedlander, 1998). Skowron and Schmitt (2003) wanted to improve the reliability and construct-related validity of the scale. They revised the scale and established a revised 12-item fusion with others scale. The internal consistency calculated using Cronbach's alpha coefficients for DSI-R full scale was .92, emotional reactivity was .89, emotional cutoff was .84, I-position was .81, and fusion with others was .86. For the current study, internal consistencies were calculated for the DSI-R overall and each subscale. The Cronbach's alpha coefficients for DSI-R full scale was .90, emotional

reactivity was .73, emotional cutoff was .83, I-position was .80, and fusion with others was .80, which are similar to those from previous studies that found high internal consistency for the overall instrument and its subscales.

### ***CBI Overview***

The CBI (Kristensen et al., 2005) assesses participants' burnout on three subscales: personal burnout, work burnout, and client burnout (see Appendix F). The scale has 18 questions with six questions in the personal and client subscales and seven questions in the work subscale. All items are scored from 0 to 100 with five response options indicating *never/almost never* (0) to *always* (100). The CBI was designed with distinct subscales that allow researchers to use the subscales with a variety of populations (Kristensen et al., 2005). The CBI allows researchers to choose one or all subscales for use in their studies. The personal subscale may be used with any population given that all people experience some form of personal life. The work subscale may be used for those who participate in paid work of any kind. The client subscale may be used for helping professionals who work with clients. Previous research by Kristensen et al. (2005) found Cronbach's alpha coefficients ranged from .85 to .87, indicating high internal reliability. For the current study, internal consistencies were calculated for the CBI overall and each subscale. The Cronbach's alpha coefficient for CBI full scale was .94, personal burnout was .88, work burnout was .88, and client burnout was .86, which are similar to those from previous studies that found high internal consistency for the full scale and subscales.

### ***Screener Questionnaire***

The screener questionnaire (see Appendix G) was developed for this study and included two questions related to the respondents' degree type and current work situation. Answers to these questions helped to filter out participants who did not meet the study's inclusion criteria. It

was pertinent to the study that participants be trained in a counseling program at the master's level. It was also important that participants were currently working in the field as a counselor. The first screener questions asked participants about the type of master's degree they earned. The options for this question were *clinical mental health counseling* (1), *substance abuse counseling* (2), *school counseling* (3), *social work* (4), *other counseling master's degree* (5): (please specify): with an open text option, and *I did not graduate with a master's degree in counseling* (6). The second screener question asked participants to identify if they currently worked in the counseling field (e.g., seeing clients, advising students). The option for this question were *yes* (1) and *no* (2). To qualify for participation, participants need to indicate that they graduated from a master's program in counseling and were currently working as a counselor. Participants who indicated they did not graduate from a master's program in counseling or indicated they graduated from a master's program in social work were not qualified to participate. Participants who identified that they were not currently working as a counselor also did not meet the inclusion criteria for the study.

### ***Demographic Questionnaire***

The demographic questionnaire (see Appendix H) included questions about participants' gender, race/ethnicity, relationship status, parent status, age, and years in the profession. Gender and race/ethnicity selection options were chosen for inclusivity purposes and include the option to self-describe or refuse disclosure if the appropriate option was not listed. Gender selection options included *woman* (1), *man* (2), *non-binary* (3), *not listed or prefer to self-describe* (4), and *prefer not to say* (5). Race/ethnicity selection options included *American Indian or Alaska Native* (1), *Asian* (2), *Black or African American* (3), *Hispanic or Latinx* (4), *Native Hawaiian or Other Pacific Islander* (5), *Middle Eastern* (6), *White* (7), *not listed or prefer to self-describe*: (8), and



*prefer not to say* (9). Relationship status included the following categories: *married* (1), *single* (2), *living with a partner* (3), *divorced or separated* (4), *widowed* (5), and *prefer not to say* (6). Parent status included the following categories: *no children* (1), *yes, children under 18* (2), *yes, children 18 or older* (3), and *prefer not to say* (4). Age and years in the profession were answered as open text boxes.

Demographic questions were chosen to describe the study participants. Items were selected carefully to describe the most pertinent descriptors of counselors. Finally, items were selected to support an increased understanding of counselor experiences related to differentiation of self and burnout.

### **Procedures**

Qualtrics software provided by Indiana State University was used to administer the survey. Participants entered Qualtrics with the link provided in the recruitment message. Participants were asked to click “I agree to participate” to provide informed consent. If participants did not agree to participate, they were directed to a message thanking them for their time and a list of mental health resources. If participants agreed to participate, they were directed to the screener questions. If participants did not meet the two criteria for participation (i.e., were not master’s level counselors currently working in the field) they were directed to a thank you message describing the participation requirements and a list of mental health resources. If participants met the criteria for participation, they were directed to the survey. At the end of the survey, participants were provided with a list of mental health resources. Data were stored in Qualtrics. After closing the survey to potential participants, data were downloaded into SPSS for analysis.

### **Data Storage and Confidentiality**

This research study was deemed exempt by Indiana State University's Institutional Review Board. The researcher completed the required Collaborative Institutional Training Initiative training for studies with human subjects. All data files and software were password protected and locked by two-step authorization. Data were anonymous because participant names and identifying information were not collected, and the anonymize responses feature was selected in Qualtrics.

## CHAPTER 4

### RESULTS

The following chapter is a presentation of the results of this study. The data cleaning procedures resulted in the use of data from 185 participants. The statistical analyses include a correlation for research question one and multiple regressions for research questions two, three, and four. The results for each research question were statistically significant.

#### **Data Cleaning Procedures**

A total of 241 individuals entered the survey. An initial set of 48 individuals were deleted from the dataset because they entered the survey to view the screener questions and then exited the survey. An additional 13 individuals were deleted from the dataset because they indicated social work as their earned master's degree and therefore were not able to continue taking the survey. Two more participants were deleted because they completed all or most questions on the DSI-R but did not complete any of the CBI questions. An additional eight participants were deleted because they were missing six or seven questions on the DSI-R.

The remaining 186 participants answered most or all the questions on the instruments; however, a criterion was set to drop any participants who missed more than one question on any subscale. This resulted in data from an additional participant being deleted. A total of 185 participants were included in the analyses. An additional seven participants were missing data for one question but were not dropped. It was observed through this process that five participants

seemed to skip questions pertaining to a spouse or partner that were on the emotional cutoff subscale of the DSI-R. For each of these seven participants, the subscale was identified for their missing question. Then, the mean for the completed items of the subscale for each participant was calculated. The mean of the available data on that subscale was entered to replace the missing data.

Statistical analyses were conducted on data from 185 participants. Participants were asked to complete two established instruments: the DSI-R and CBI. The DSI-R measured level of differentiation, and consists of the four subscales emotional reactivity, emotional cutoff, I-position, and fusion with others. A higher score on the DSI-R and its subscales indicates higher levels of differentiation of self. The CBI measured participants' level of burnout, and consists of the three subscales personal burnout, work burnout, and client burnout. A higher score on the CBI and its subscales indicates higher levels of burnout. The following section presents the results of the statistical analyses for each research question.

### **Research Question One**

To answer the first research question “Among counselors, is overall level of differentiation related to overall burnout in counselors?” a correlation was used to examine the relationship between counselors' composite score on the DSI-R and their composite score on the CBI. Descriptive statistics are listed in Table 1. There was a statistically significant inverse correlation between differentiation of self and burnout,  $r = -.44, p < .001$ . This shows that higher DSI-R scores were associated with lower CBI scores, and lower DSI-R scores were associated with higher CBI scores. Hence, higher differentiation is associated with lower overall burnout, and lower differentiation is associated with higher overall burnout.

**Table 1**

Descriptive Statistics for the DSI-R and CBI (N=185)

Variable	<i>M</i>	<i>SD</i>
DSI-R	190.37	26.44
CBI	59.07	12.88

**Research Question Two**

To answer the second research question “Among counselors, are the four areas of differentiation, which include emotional reactivity, emotional cutoff, I-position, and fusion with others, related to personal burnout?” a multiple regression analysis was conducted. The independent variables included emotional reactivity, emotional cutoff, I-position, and fusion with others. The dependent variable was personal burnout. Table 2 shows the descriptive statistics and correlations among the variables.

**Table 2**

Descriptive Statistics and Correlations of DSI-R Subscales and Personal Burnout (N=185)

	Personal	ER	EC	IP	FO
Emotional Reactivity	-.42***				
Emotional Cutoff	-.26***	.40***			
I-position	-.34***	.51***	.28***		
Fusion with Others	-.32***	.64***	.26***	.53***	
<i>M</i>	18.52	41.73	58.02	46.03	44.59
<i>SD</i>	4.08	7.90	9.21	7.83	9.90

*Note.* ER = emotional reactivity; EC = emotional cutoff; IP = I-position; FO = fusion with others.

$p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

The assumptions of homoscedasticity, linearity, no multicollinearity, no autocorrelation, and normality were examined and met. A potential outlier was identified as this participant's

difference between their observed personal burnout score and predicted burnout score was greater than other participants' residuals. Consequently, multiple regressions were conducted with and without the possible outlier. The results of the two multiple regressions were the same, so the participant was included in the reported analysis. The model was statistically significant,  $R^2 = .21$ , adj.  $R^2 = .19$ ,  $F(4, 180) = 11.73$ ,  $p < .001$ . The model accounted for 21% of the variance in personal burnout. Examining the regression coefficients showed that emotional reactivity was statistically significantly related to personal burnout (see Table 3). However, emotional cutoff, I-position, and fusion with others were not statistically significantly related to personal burnout.

**Table 3**

Regression Coefficients of DSI-R Subscales on Personal Burnout (N=185)

Variable	<i>b</i>	<i>SE</i>	$\beta$	<i>t</i>	$\rho$	95% <i>CI</i>
Emotional Reactivity	-.15	.05	-.29	-3.14	.002	[-.25, -.06]
Emotional Cutoff	-.04	.03	-.09	-1.23	.219	[-.10, .02]
I-position	-.08	.04	-.15	-1.81	.071	[-.16, .01]
Fusion with Others	-.01	.04	-.03	-.32	.748	[-.09, .06]
Constant	31.22	2.11		14.79	.000	[27.06, 35.39]

### Research Question Three

To answer the third research question “Among counselors, are the four areas of differentiation, which include emotional reactivity, emotional cutoff, I-position, and fusion with others, related to work burnout?” a multiple regression analysis was conducted. The independent variables included emotional reactivity, emotional cutoff, I-position, and fusion with others. The dependent variable was work burnout. Table 4 shows the descriptive statistics of and correlations among variables.

**Table 4**

Descriptive Statistics and Correlations of DSI-R Subscales and Work Burnout (N=185)

	Work	ER	EC	IP	FO
Emotional Reactivity	-.38***				
Emotional Cutoff	-.34***	.40***			
I-position	-.29***	.51***	.28***		
Fusion with Others	-.28***	.64***	.26***	.53***	
<i>M</i>	21.19	41.73	58.02	46.03	44.59
<i>SD</i>	5.10	7.90	9.21	7.83	9.90

Note. ER = emotional reactivity; EC = emotional cutoff; IP = I-position; FO = fusion with others.

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

The assumptions of homoscedasticity, linearity, no autocorrelation, no multicollinearity, and normality were examined and met. No outliers were noted. The model was statistically significant,  $R^2 = .20$ , adj.  $R^2 = .18$ ,  $F(4, 180) = 11.00$ ,  $p < .001$ . The model accounted for 20% of the variance in work burnout. Examining the regression coefficients showed that emotional reactivity and emotional cutoff were statistically significantly related to work burnout. I-position and fusion with others were not statistically significantly related to work burnout (see Table 5).

**Table 5**

Regression Coefficients of DSI-R Subscales on Work Burnout (N=185)

Variable	<i>b</i>	<i>SE</i>	$\beta$	<i>t</i>	$\rho$	95% <i>CI</i>
Emotional Reactivity	-.15	.06	-.23	-2.47	.014	[-.27,-.03]
Emotional Cutoff	-.12	.04	-.22	-2.94	.004	[-.20,-.04]
I-position	-.06	.05	-.10	-1.20	.231	[-.17,.04]
Fusion with Others	-.01	.05	-.02	-.21	.832	[-.10,.08]
Constant	37.77	2.66		14.22	.000	[32.53,43.01]

### Research Question Four

To answer the fourth research question “Among counselors, are the four areas of differentiation, which include emotional reactivity, emotional cutoff, I-position, and fusion with others, related to client burnout?” a multiple regression analysis was conducted. The independent variables included emotional reactivity, emotional cutoff, I-position, and fusion with others. The dependent variable was client burnout. Table 6 shows the descriptive statistics of and correlations among variables.

**Table 6**

Descriptive Statistics and Correlations of DSI-R Subscales and Client Burnout (N=185)

	Client	ER	EC	IP	FO
Emotional Reactivity	-.42***				
Emotional Cutoff	-.26***	.40***			
I-position	-.34***	.51***	.28***		
Fusion with Others	-.32***	.64***	.26***	.53***	
<i>M</i>	18.52	41.73	58.02	46.03	44.59
<i>SD</i>	4.08	7.90	9.21	7.83	9.90

*Note.* ER = emotional reactivity; EC = emotional cutoff; IP = I-position; FO = fusion with others.

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

The assumptions of homoscedasticity, linearity, no autocorrelation, no multicollinearity, and normality were examined and met. No outliers were noted. The model was statistically significant,  $R^2 = .11$ , adj.  $R^2 = .09$ ,  $F(4, 180) = 5.47$ ,  $p < .001$ . The model accounted for 11% of the variance in client burnout. Examining the regression coefficients showed that I-position was statistically significantly related to client burnout. However, emotional reactivity, emotional cutoff, and fusion with others were not statistically significantly related to client burnout (see Table 7).



**Table 7**

Regression Coefficients of DSI-R Subscales on Client Burnout (N=185)

Variable	<i>b</i>	<i>SE</i>	$\beta$	<i>t</i>	$\rho$	95% <i>CI</i>
Emotional Reactivity	-.03	.06	-.51	-.51	.613	[-.14,.08]
Emotional Cutoff	-.06	.04	-.13	-1.69	.092	[-.13,.01]
I-position	-.11	.05	-.19	-2.19	.030	[ -.20,-.01]
Fusion with Others	-.03	.04	-.06	-.64	.524	[-.11,.06]
Constant	26.75	2.40		11.15	.000	[22.01,31.49]

## CHAPTER 5

### DISCUSSION

The following is a discussion of the results of the current study for each research question. The results of this study are compared to previous research on differentiation of self and burnout. The limitations of the current study are explored. Implications for future research are then discussed. Finally, implications for practice are provided.

#### **Research Question One**

The first research question examined whether there was a relationship between counselors' composite scores on the DSI-R and their composite scores on the CBI. Based on research informed by BFST, it was proposed that a relationship between a counselor's level of differentiation of self and burnout may exist. It was expected that higher levels of differentiation of self would be related to lower levels of burnout among counselors. The correlation showed that there was a statistically significant inverse relationship between differentiation of self and burnout in counselors. This indicated that higher scores on the DSI-R were related to lower scores on the CBI, which aligned with the predicted outcome. This suggests that individuals who are more differentiated also tend to experience less burnout, and those who are less differentiated tend to experience more burnout.

The results are not surprising in the context of findings from previous research. Research has shown a direct relationship between differentiation of self and burnout in counselors. For

example, Duggan-Waters (2021) found that marriage and family therapists' DSI-R scores, but not their relational ethics scores, were related to total burnout scores on two measures. Burnout was measured by the Maslach Burnout Inventory, which measures burnout on three subscales of emotional exhaustion, depersonalization, and personal accomplishment, and the Burnout Measure: Short Version, which is a 10-item version of the 21-item MBI.

This current study is also supported by previous research involving mental health workers. Finzi-Dottan and Kormosh (2016) found social workers' differentiation of self scores were related to burnout. The Haber's Level of Self-Differentiation Scale which measures differentiation on subscales of emotional maturity and emotional dependency, and the Burnout Measure Short scale (BMS) which measures three components of physical, emotional, and cognitive symptoms of burnout were used. Similarly, in a study examining child protective service workers of various education levels, Torres (2016) found a significant correlation between DSI-R and burnout as measured by the Maslach Burnout Inventory – Human Services Survey, which measured participants' level of burnout in human services work on subscales of emotional exhaustion, depersonalization, and personal accomplishment. In addition, Beebe (2007) found that clergy's scores on the Differentiation of Self and Role – Clergy Version (DSR-C), which measures components of differentiation on subscales of fusion with others, I-position, fusion with role, and I-position in role, were related to their scores of burnout on the Maslach Burnout Inventory – Educators Survey (MBI-ES).

### **Research Question Two**

The second research question examined whether there was a relationship between the four areas of differentiation, which include emotional reactivity, emotional cutoff, I-position, and fusion with others, and personal burnout in counselors. The multiple regression examining the

relationship of the DSI-R subscales to CBI subscale of personal burnout was significant. Only the emotional reactivity subscale of the DSI-R was found to be significantly related to personal burnout. Emotional cutoff, I-position, and fusion with others were not significantly related to personal burnout. It was not surprising to find that fusion with others was not significant in relation to personal burnout as preceding research has found similar results (Guarino & Borja, 2019; Hooper & Doehler, 2011). Emotional cutoff and I-position may not have been significant as these may be behaviors that are more like coping mechanisms and not interpreted as stressful or negative actions by the individual in a way that affects their personal life. Since other researchers have found emotional cutoff and I-position to be significantly related to personal burnout variables, these results may reflect training and responsibility differences between the participants in this study (i.e., primarily school counselors) and the mental health counselors (Guarino & Borja, 2019) and college students (Hooper & Doehler, 2011) in other studies.

To date, no other studies have specifically examined the relationship between the DSI-R subscales and personal burnout. However, the results from this study coincide with research examining the relationship of DSI-R and subscales with variables that closely align with personal burnout. Personal burnout is defined as “the degree of physical and psychological fatigue and exhaustion experienced by the person” (Kristensen et al., 2005, p. 197). The personal burnout scale is comprised of questions assessing participants' feelings of tiredness, physical exhaustion, susceptibility to illness, and emotional exhaustion.

Research has shown overall differentiation scores to be related to components that align with personal burnout in helping professionals. Guarino and Borja (2019) found that overall DSI-R scores were correlated to mental health, which was defined as overall emotional functioning as measured by the Mental Health Inventory (MHI). Connery (2011) found that overall

differentiation as measured by the DSI-Short Form (DSI-R SF) was related to anxiety as measured by the State-Trait Anxiety Inventory-Y Form (STAI), which measures subscales of state anxiety and trait anxiety. Studies outside of counseling research have also found similar results in relation to overall differentiation and mental health symptoms such as depression (Elieson, 2000; Hooper & Doehler, 2011; Kim & Jeon, 2013), anxiety (Kim & Jeon, 2013; Miller et al., 2004), somatic symptoms (Peleg-Popko, 2002), overall functioning (Hooper & Doehler, 2011), and psychological health and adjustment (Calatrava et al., 2022; Miller et al., 2004).

With regard to the DSI-R subscales, Guarino and Borja (2019) found in Filipino counselors that the DSI subscale of emotional reactivity was significantly correlated to mental health. Unlike the current study, their results showed that emotional cutoff and I-position were also significantly correlated to mental health in the sample of counselors. Like the current study, they found fusion with others was not significantly related to mental health (Guarino & Borja, 2019). Similar to the study by Guarino and Borja, Hooper and Doehler (2011) found in a sample of college students, that the DSI subscale scores of emotional reactivity, emotional cutoff, and I-position, but not fusion with others, were related to participants' overall functioning and depression (Hooper & Doehler, 2011).

### **Research Question Three**

The third research question examined whether there was a relationship between the four areas of differentiation, which include emotional reactivity, emotional cutoff, I-position, and fusion with others, and work burnout in counselors. The multiple regression examining the relationship of the DSI-R subscales to CBI subscale work burnout was significant. Both emotional reactivity and emotional cutoff were significantly related to work burnout. I-position

and fusion with others were not significantly related to work burnout. It was not surprising to find that fusion with others was not significant in relation to work burnout as preceding research has found similar results (Cavaiola et al., 2012; Guarino & Borja, 2019). I-position may not have been significant in relation to work burnout because being led by others may be a way of life that does not affect the way an individual feels about their work situation. Since other research has found I-position to be significantly related to work burnout variables, this may be related to differences in responsibilities and training for the participants of this study and mental health counselors (Guarino & Borja, 2019) and teachers (Cochran, 2011).

To date, no other studies have specifically examined the relationship between DSI-R subscales and work burnout. Work burnout is defined as “the degree of physical and psychological fatigue and exhaustion that is perceived by the person as related to his/her work” (Kristensen et al., 2005, p. 197). The work burnout scale is comprised of questions assessing participants' feelings of exhaustion, burnout, and frustration at the thought of work and during or after being at work. Results from this study coincide with past research that has examined the relationship between differentiation of self and other variables that align with work burnout such as job burnout and job satisfaction. Guarino and Borja (2019) found that the DSI-R was related to professional quality of life as measured by the Professional Quality of Life: Compassion and Satisfaction and Fatigue (ProQOL) which assesses difficulty dealing with work and feelings of ineffectiveness at doing work. Cavaiola et al. (2012) found that the DSI-R was related to job satisfaction.

In regard to subscales, similar to the current study, Guarino and Borja (2019) found the DSI-R subscales of emotional reactivity and emotional cutoff, but not fusion with others, were related to job burnout. Unlike the current study, they found that I-position was related to job

burnout. Cavaiola et al. (2012) examined the relationship between differentiation and job satisfaction in college students. They measured differentiation using the DSI-R and the Work DSI-R, which is a measure the researchers created based on the DSI-R and the DSI-R subscales of emotional reactivity, emotional cutoff, and fusion with others. They did not examine I-position. They measured job satisfaction with a Likert scale assessing the amount of stress participants attribute to their job based on interpersonal job stressors. They found, like the current study, emotional cutoff, but not fusion with others, was related to coworker or supervisor stress. This may be related to the way an individual seeks support in relationships or how one approaches conflicts in the workplace. Unlike the current study, they did not find that emotional reactivity measured by the DSI-R to be related to job satisfaction pertaining to worker or supervisor stress. Additionally, like the current study, according to the Work DSI-R, they found that emotional reactivity and emotional cutoff, but not fusion with others were significantly related to job satisfaction as defined by coworker or supervisor stress (Cavaiola et al., 2012).

In a study of teachers, Cochran (2011) found the DSI-R subscales of fusion with others and I-position were significantly related to job satisfaction defined as the level of satisfaction with their job, which was measured by the Teacher Job Satisfaction Questionnaire. I-position was the only DSI-R subscale to be related to job satisfaction with work conditions and job responsibilities. The results of the current study contradict Cochran's findings. The difference in results may be due to differences in variables observed in each study. Work burnout in this study may be different from job satisfaction which in Cochran's study was defined as satisfaction with colleagues, working conditions, pay, responsibility, work itself, advancement, security, and recognition.

### **Research Question Four**

The fourth research question examined whether there was a relationship between the four areas of differentiation, which include emotional reactivity, emotional cutoff, I-position, and fusion with others, and client burnout in counselors. The multiple regression examining the relationships of DSI-R subscales to CBI subscale client burnout was significant. I-position was significantly related to client burnout. Emotional reactivity, emotional cutoff, and fusion with others were not significantly related to client burnout. It was not surprising to find that fusion with others was not significant in relation to client burnout as preceding research has found similar results (Cavaiola et al., 2012). It was surprising, however, to find that emotional reactivity and emotional cutoff were not significant in relation to client burnout as they have been found significant in other studies relating to client burnout (Cavaiola et al., 2012). Similarly, emotional reactivity has been found to be significant in studies relating to vicarious traumatization (Halevi & Idisis, 2018; Purvis, 2017). These differences may be related to differences in the participants of this study (i.e., primarily school counselors) and college students (Cavaiola et al., 2012) and mental health counselors (Halevi & Idisis, 2018; Purvis, 2017).

Although to date no other studies have specifically examined the relationship of the DSI-R subscales and client burnout, the results from this study agree with research on variables that align with client burnout. Client burnout is “the degree of physical and psychological fatigue and exhaustion that is perceived by the person as related to his/her work with clients” (Kristensen et al., 2005, pp. 197). Variables such as job satisfaction regarding client or customer work and vicarious traumatization may be similar to components of client burnout. A study by Cavaiola et al. (2012) examined the relationships between the DSI and aspects of job satisfaction regarding



client or customer work. Unlike the current study, they found that emotional reactivity and emotional cutoff were significantly related to job satisfaction regarding client or customer burnout. Like the current study, they found that fusion with others was not significantly related to job satisfaction related to client or customer work. They did not examine I-position in this study.

Purvis (2017) found that mental health professionals' I-position scores, like the current study, as well as emotional reactivity scores, were related to vicarious traumatization, which is the “negative emotional response resulting from empathic listening to traumatic content within counseling sessions” (Purvis, 2017, p. 6). Likewise, Halevi and Idisis (2018) found that therapists' I-position scores, similar to the current study, and emotional reactivity scores were related to vicarious traumatization scores which was defined as “ruptures in cognitive schemas and gaps in psychological needs on levels of trust, intimacy, self-esteem, and control” (Halevi & Idisis, 2018, p. 698).

### **Limitations of the Study**

The current study has some identified limitations. First, although the instruments used in the study are reliable and valid, the instruments are self-report measures and rely on the self-awareness of the participant. Additionally, the study is correlational in nature. This means it cannot be assumed that level of differentiation causes burnout. Furthermore, through the data-screening process, it was found that a few participants missed the questions on the DSI-R that pertain to a spouse or partner, are longer in nature, and fall on the emotional cutoff scale. This may indicate the DSI-R may have some limitations.

Next, the participant sample was primarily white women. Although this may be representative of the demographics of the general counseling population, it may limit the

conclusions drawn about the experience of counselors from a variety of cultural backgrounds. Finally, the participants were primarily school counselors. There may be differences in school counselor roles and responsibilities compared to counselors working in a different mental health setting. This may limit the extent that conclusions can be generalized to all counseling populations.

### **Implications for Future Research**

The current study has several implications for future research. First, this study found no significant relationship between fusion with others and any aspect of burnout. This is not surprising, considering most studies have also not found fusion with others to be significantly related to burnout or other mental health functioning. Future research could focus more on understanding why fusion with others, which is defined as “emotional overinvolvement with significant others and overidentification with one’s parents: taking in parental values, beliefs and expectations without question” (Skowron & Schmitt, 2003, p. 212), has not been shown to have a relationship with burnout. This may be investigated through qualitative means and include interview questions that relate to fusion with others. This may also be explored by further assessing the definition of fusion with others in relation to systems theory to come to agreement about how fusion with others is either a negative or positive experience.

To date, there have been no qualitative studies examining differentiation of self and burnout. Since the results of the current study provide support to the body of quantitative literature suggesting a relationship between differentiation and burnout in counselors, further research could deepen understanding by interviewing counselors. This may be studied by assessing counselors on their level of differentiation and burnout, then choosing participants at the high and low end of the differentiation scales to interview. Researchers could ask questions

about the ways counselors are affected by differentiation, especially regarding burnout.

Since school counselors were the primary participant sample of this study, researchers may want to conduct a similar study targeting specific mental health professional populations such as community mental health counselors or social workers. Additionally, the current study data could be further analyzed to examine relationships between counselors' demographic variables, differentiation, and burnout. This might help explain how such variables as gender, age, years of practice, and relationship and parental status interact with variables of differentiation and burnout.

### **Implications for Practice**

Findings from the current study have implications for practice by counselors and for counselor educators. First, this study contributes to the body of literature supporting the benefits of examining differentiation of self in relation to burnout in counselors. Understanding differentiation of self is a process that consists of education and reflection. Counselors who are experiencing burnout may benefit from exploring areas of differentiation in and outside of personal counseling. Research has supported that differentiation of self and the subscales of emotional reactivity and I-position can be improved with counseling (Messina et al., 2018). The book *Everything Isn't Terrible* (Smith, 2019) follows Bowen's system theory as a guideline to help readers understand and improve their differentiation.

Additionally, counselors need to be aware of their level of emotional reactivity. Only the emotional reactivity subscale of the DSI-R was related to personal burnout. Emotional reactivity, along with emotional cutoff, was also related to work burnout. The results of the study emphasize the importance of emotional reactivity maintenance in relation to personal and work burnout and indicate that counselors may benefit from understanding emotional reactivity in their

daily life. Emotional reactivity is often the result of core beliefs and automatic thought processes and may be improved with practice in cognitive behavioral therapy techniques. Practicing how to calm the mind through meditation may also improve instances of emotional reactivity.

The results of the study also suggest the importance of monitoring emotional cutoff in relation to work burnout. This may imply the importance of social support in relationship to work burnout. Counselors may benefit from examining the ways they cutoff emotionally and how that might contribute to burnout at work. Additionally, the results of this study suggest the importance of I-position for counselors in relation to client burnout. Counselors would benefit from understanding their self and values within the context of the systems they operate. This, overall, may help counselors balance decision-fatigue when faced with moral dilemmas with clients or as they sit with clients of differing values. Exploring emotional cutoff may also help clinicians feel more confident in their work as they are not as affected by the people, emotions, and situations outside of themselves. This may be essential in preventing resentment or burnout toward clients.

The current study has implications for counselor educators. Considering differentiation when designing a course curriculum may be useful. Counselors may benefit from psychoeducation about the risk of burnout for those with lower levels of differentiation. Self-exploration through journaling activities may help counselor trainees connect their burnout to areas of differentiation. Additionally, learning and practicing cognitive behavioral techniques in the classroom may help students implement them into their daily life. The DSI-R may also be a helpful tool to use with counselor trainees to predict who may burn out and put interventions into place.

## **Conclusion**

The current study found overall differentiation scores were inversely related to burnout in counselors. The current study also found that DSI-R subscale emotional reactivity was related to personal burnout. This agrees with research on variables that align with personal burnout such as mental health, anxiety, and depression. Additionally, the current study found the DSI-R subscales of emotional reactivity and emotional cutoff to be related to work burnout. This mostly agreed with research on variables that align with work burnout such as job burnout and job satisfaction. Additionally, the current study found the DSI-R subscale of I-position was related to client burnout. This finding was similar to research on variables that align with client burnout such as job satisfaction regarding customers and clients and vicarious traumatization. Further research should be conducted to expand the results of the current study and fill gaps caused by research limitations. In terms of professional practice, counselors should be aware of how differentiation may relate to their burnout levels. Counselor educators should implement activities into their curriculum that focuses on areas of differentiation to potentially prevent burnout in counseling students and supervisees.

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## APPENDIX A: RECRUITMENT LETTER

From: Jennifer Wallace [jwallace31@sycamores.indstate.edu]

To: recipient

SUBJECT: Counselors needed for burnout study

Dear Counselor,

My name is Jennifer Wallace, a doctoral candidate in the Counselor Education and Supervision program at Indiana State University. I am conducting a research study for my dissertation titled "The Relationship Between Differentiation of Self and Burnout in Counselors." You are asked to participate because you are a master's level counselor currently working in the field. You can help by answering questions in this anonymous survey, which should take you approximately 15 minutes.

To participate in this study, you must:

1. Have a master's degree in a counseling field
2. Currently work in the field of counseling

Survey Link: [https://indstate.qualtrics.com/jfe/form/SV\\_5oNKhBHJg0HYse2](https://indstate.qualtrics.com/jfe/form/SV_5oNKhBHJg0HYse2)

As a part of this study, you are asked to take part in a survey containing questions pertaining to differentiation of self and burnout. Your participation in this interview will help contribute to the literature on differentiation of self and burnout in counselors, as I hope to use information from this study to inform training practices for counselor education programs.

I appreciate your time and consideration. If you have any questions, please contact the primary investigator Jennifer Wallace at jwallace31@sycamores.indstate.edu or faculty advisor Dr. Christy Coleman-Brown at Christy.ColemanBrown@indstate.edu.

Sincerely,  
Jennifer M. Wallace, LMHC-A, M.Ed.  
Doctoral Candidate  
Indiana State University

## APPENDIX B: INFORMED CONSENT

### Welcome to the research study!

#### **The Relationship Between Differentiation of Self and Burnout in Counselors**

You are invited to participate in a research study. This study aims to better understand the relationship between differentiation of self and burnout in counselors. This document will help you decide if you want to participate in this research by providing you with information about the study and what you are asked to do. For this study, you are asked to take an anonymous survey which should take approximately 15 minutes.

You have been asked to participate in this research because you are a master's level counselor currently working in the field. It is unlikely that you will benefit directly by participating in this study, but the research results may benefit the counselor education and supervision community by providing a better understanding of the relationship between differentiation of self and burnout in counselors. Some reasons you might want to participate in this research are the opportunity to contribute to a research project and increase knowledge on this topic in the counselor education and supervision field.

Although every effort will be made to protect your answers, complete anonymity cannot be guaranteed over the internet. Some reasons you may not want to participate are the time commitment of completing the survey, the potential risk of a breach of confidentiality, and the possibility of mild discomfort when reading questions. The choice to participate or not is yours; participation is entirely voluntary. You can decline to answer any or all questions or withdraw at any time. No one will know whether you participated or not.

For this study, you are asked to participate in an anonymous survey that will be disseminated by Qualtrics Survey Software. If you volunteer to participate in this study, you will be asked to provide some demographic information and to respond to questions from previously established surveys which include the Differentiation of Self Inventory-Revised and the Copenhagen Burnout Inventory. This data may be retained for use in future research studies on differentiation and burnout.

If you have any questions, please contact:

Jennifer Wallace, LMHC-A, MEd: The Bayh College of Education Department of Applied Clinical and Educational Sciences at Indiana State University at 217-712-9347 or by email at [Jwallace31@sycamores.indstate.edu](mailto:Jwallace31@sycamores.indstate.edu).

Christy Coleman-Brown PhD: The Bayh College of Education Department of Applied Clinical and Educational Sciences at Indiana State University by email at [Christy.ColemanBrown@indstate.edu](mailto:Christy.ColemanBrown@indstate.edu).

If you have any questions about your rights as a research subject or if you feel you have been placed at risk, you may contact the Indiana State University Institutional Review Board (IRB) by mail at Indiana State University,



Office of Sponsored Programs, Terre Haute, IN 47809, by phone at (812) 237-3088 or by email at [irb@indstate.edu](mailto:irb@indstate.edu).

## APPENDIX C: PERMISSION LETTER – DSI-R

**From:** Elizabeth Skowron [eskowron@uoregon.edu](mailto:eskowron@uoregon.edu)  
**Subject:** RE: Request to use DSI-R  
**Date:** March 11, 2022 at 12:37 PM  
**To:** Jennifer Wallace [jwallace31@sycamores.indstate.edu](mailto:jwallace31@sycamores.indstate.edu)

**CAUTION: This message originated from outside of Indiana State University. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Dear Jennifer,

You are welcome to use the DSI-R in your research. Best wishes for a successful project.

Sincerely,

---

Elizabeth Skowron, Ph.D.  
 Professor, Department of Psychology  
 University of Oregon  
[eskowron@uoregon.edu](mailto:eskowron@uoregon.edu)

**From:** Jennifer Wallace [jwallace31@sycamores.indstate.edu](mailto:jwallace31@sycamores.indstate.edu)  
**Subject:** Request to use DSI-R  
**Date:** March 11, 2022 at 12:05 PM  
**To:** [eskowron@uoregon.edu](mailto:eskowron@uoregon.edu)



Dr. Skowron,

I am a doctoral candidate at Indiana State University for a Ph.D. in Counselor Education and Supervision. I am impressed with the work you and your colleagues have done to create scales measuring differentiation of self. I am writing to request permission to use the DSI-R in my dissertation work under guidance of Dr. Christy Coleman-Brown, Dr. Amanda White, and Dr. Bridget Roberts-Pittman.

The study is intended to answer the following research questions:

- R1. Among counselors, is overall level of DOS related to overall burnout?
- R2. Among counselors, are the four subscales of differentiation (fusion of self, emotional cutoff, emotional reactivity, i-position) related to burnout?
- R3. Are counselors more burned out now than they were before the covid-19 pandemic?


Thank you for considering. I am excited to contribute to literature on Bowen's theory and differentiation. Let me know if you have any questions.

Sincerely,

Jennifer M. Wallace, LMHC-A  
 Doctoral Candidate  
 Indiana State University

[jwallace31@sycamores.indstate.edu](mailto:jwallace31@sycamores.indstate.edu)

## APPENDIX D: PERMISSION LETTER - CBI

**From:** Tage Søndergaard Kristensen [tsk@task-consult.dk](mailto:tsk@task-consult.dk)   
**Subject:** Re: Request to use CBI  
**Date:** March 12, 2022 at 4:10 AM  
**To:** Jennifer Wallace [jmwallace31@gmail.com](mailto:jmwallace31@gmail.com)

Dear Jennifer,

Thank you for your mail and for your interest in the CBI.  
 The questionnaire is in public domain and free to be used by all.

I enclose some material that might be of interest to you.



CBI Scores. Int  
 Compa...s.docx



An Interview  
 with Ta...9.docx



Information  
 sheet o...BI.docx

Good luck with your research!

Best,

Tage Søndergaard Kristensen  
 Task-Consult  
 Østre Alle 35E  
 3250 Gilleleje  
 +45 29704012  
[tsk@task-consult.dk](mailto:tsk@task-consult.dk)

Den 11. mar. 2022 kl. 18.25 skrev Jennifer Wallace <[jmwallace31@gmail.com](mailto:jmwallace31@gmail.com)>:

Dr. Tage Kristensen,

I am a doctoral candidate at Indiana State University for a Ph.D. in Counselor Education and Supervision. I am impressed with the work you and your colleagues have done in creating a scale measuring burnout in the areas of personal, work, and client-related work. I believe it would be a great fit for my research with counselors. I am writing to request permission to use the Copenhagen Burnout Inventory in my dissertation work under guidance of Dr. Christy Coleman-Brown, Dr. Amanda White, and Dr. Bridget Roberts-Pittman.

The study is intended to answer the following research questions:

- R1. Among counselors, is overall level of DOS related to overall burnout?
- R2. Among counselors, are the four subscales of differentiation (fusion of self, emotional cutoff, emotional reactivity, and self-blame) related to burnout?

## APPENDIX E: DIFFERENTIATION OF SELF INVENTORY - REVISED

(DSI-R)

These are questions concerning your thoughts and feelings about yourself and relationships with others. Please read each statement carefully and decide how much the statement is *generally true* of you on a 1 (not at all) to 6 (very) scale. If you believe that an item does not pertain to you (e.g., you are not currently married or in a committed relationship, or one or both of your parents are deceased), please answer the item according to your best guess about what your thoughts and feelings would be in that situation. Be sure to answer every item and try to be as honest and accurate as possible in your responses.

		Not at all true of me	←	→	Very true of me		
1.	People have remarked that I'm overly emotional.	1	2	3	4	5	6
2.	I have difficulty expressing my feelings to people I care for.	1	2	3	4	5	6
3.	I often feel inhibited around my family.	1	2	3	4	5	6
4.	I tend to remain pretty calm even under stress.	1	2	3	4	5	6
5.	I usually need a lot of encouragement from others when starting a big job or task.	1	2	3	4	5	6
6.	When someone close to me disappoints me, I withdraw from him/her for a time.	1	2	3	4	5	6
7.	No matter what happens in my life, I know that I'll never lose my sense of who I am.	1	2	3	4	5	6
8.	I tend to distance myself when people get too close to me.	1	2	3	4	5	6
9.	I want to live up to my parents' expectations of me.	1	2	3	4	5	6
10.	I wish that I weren't so emotional.	1	2	3	4	5	6
11.	I usually do not change my behavior simply to please another person.	1	2	3	4	5	6
12.	My spouse/partner could not tolerate it if I were to express to him/her my true feelings about some things.	1	2	3	4	5	6
13.	When my spouse/partner criticizes me, it bothers me for days.	1	2	3	4	5	6
14.	At times my feelings get the best of me and I have trouble thinking clearly.	1	2	3	4	5	6
15.	When I am having an argument with someone, I can separate my thoughts about the issue from my feelings about the person.	1	2	3	4	5	6
16.	I'm often uncomfortable when people get too close to me.	1	2	3	4	5	6
17.	I feel a need for approval from virtually everyone in my life.	1	2	3	4	5	6
18.	At times I feel as if I'm riding an emotional roller-coaster.	1	2	3	4	5	6
19.	There's no point in getting upset about things I cannot change.	1	2	3	4	5	6
20.	I'm concerned about losing my independence in intimate relationships.	1	2	3	4	5	6
21.	I'm overly sensitive to criticism.	1	2	3	4	5	6
22.	I try to live up to my parents' expectations.	1	2	3	4	5	6
23.	I'm fairly self-accepting.	1	2	3	4	5	6
24.	I often feel that my spouse/partner wants too much from me.	1	2	3	4	5	6
25.	I often agree with others just to appease them.	1	2	3	4	5	6
26.	If I have had an argument with my spouse/partner, I tend to think about it all day.	1	2	3	4	5	6
27.	I am able to say "no" to others even when I feel pressured by them.	1	2	3	4	5	6
28.	When one of my relationships becomes very intense, I feel the urge to run away from it.	1	2	3	4	5	6
29.	Arguments with my parent(s) or sibling(s) can still make me feel awful.	1	2	3	4	5	6
30.	If someone is upset with me, I can't seem to let it go easily.	1	2	3	4	5	6
31.	I'm less concerned that others approve of me than I am in doing what I think is right.	1	2	3	4	5	6
32.	I would never consider turning to any of my family members for emotional support.	1	2	3	4	5	6
33.	I often feel unsure when others are not around to help me make a decision.	1	2	3	4	5	6
34.	I'm very sensitive to being hurt by others.	1	2	3	4	5	6

		<div> <div>Not at all true of me</div> <div>←</div> <div>→</div> <div>Very true of me</div> </div>					
35.	My self-esteem really depends on how others think of me.	1	2	3	4	5	6
36.	When I'm with my spouse/partner, I often feel smothered.	1	2	3	4	5	6
37.	When making decisions, I seldom worry about what others will think.	1	2	3	4	5	6
38.	I often wonder about the kind of impression I create.	1	2	3	4	5	6
39.	When things go wrong, talking about them usually makes it worse.	1	2	3	4	5	6
40.	I feel things more intensely than others do.	1	2	3	4	5	6
41.	I usually do what I believe is right regardless of what others say.	1	2	3	4	5	6
42.	Our relationship might be better if my spouse/partner would give me the space I need.	1	2	3	4	5	6
43.	I tend to feel pretty stable under stress.	1	2	3	4	5	6
44.	Sometimes I feel sick after arguing with my spouse/partner.	1	2	3	4	5	6
45.	I feel it's important to hear my parents' opinions before making decisions.	1	2	3	4	5	6
46.	I worry about people close to me getting sick, hurt, or upset.	1	2	3	4	5	6

DSI-R Subscale Composition: (underlined means reverse scored)

Emotional Reactivity: 1, 6, 10, 14, 18, 21, 26, 30, 34, 38, 40

“I” Position: 4, 7, 11, 15, 19, 23, 27, 31, 35, 41, 43

Emotional Cutoff: 2, 3, 8, 12, 16, 20, 24, 28, 32, 36, 39, 42

Fusion with Others: 5, 4, 13, 17, 22, 25, 29, 33, 37, 44, 45, 46

## APPENDIX F: COPENHAGEN BURNOUT INVENTORY

**Copenhagen Burnout Inventory**

The following questions ask about your experience with burnout. Please read each statement and decide how much the statement describes your experience from (*Always*) (*Never/almost never*). Please answer every item and try to respond as honestly as possible.

Always	Often	Sometimes	Seldom	Never/almost never
--------	-------	-----------	--------	--------------------

1. How often do you feel tired?
2. Do you feel worn out at the end of the working day?
3. Do you find it hard to work with clients?
4. How often are you physically exhausted?
5. Do you feel burnt out because of your work?
6. Does it drain your energy to work with clients?
7. Are you exhausted in the morning at the thought of another day at work?
8. How often do you feel weak and susceptible to illness?
9. Do you find it frustrating to work with clients?
10. How often are you emotionally exhausted?
11. Do you feel that every working hour is tiring for you?
12. Do you feel that you give more than you get back when you work with clients?
13. How often do you think: "I can't take it anymore?"
14. Do you have enough energy for family and friends during leisure time?
15. Are you tired of working with clients?
16. How often do you feel worn out?
17. Is your work emotionally exhausting?
18. Do you sometimes wonder how long you will be able to continue working with clients?
19. How often do you feel worn out?
20. Does your work frustrate you?

CBI Subscale Composition: (underlined means reverse scored)

Personal: 1, 4, 8, 10, 13, 16, 19

Work: 2, 5, 7, 11, 14, 17, 20

Client: 3, 6, 9, 12, 15, 18

## APPENDIX G: SCREENING QUESTIONNAIRE

The following questions are related to your education and current work status:

1. What type of master's degree did you earn? (Select all that apply)
  - 1 = Clinical mental health counseling
  - 2 = Marriage and family therapy
  - 3 = School counseling
  - 4 = Social work\*
  - 5 = Substance abuse counseling
  - 6 = Other counseling area (please specify): [text to be coded by the researcher]
  - 7 = I do not have a master's degree in counseling\*\*
  
2. Are you currently working in the counseling field (e.g., seeing clients, advising students)?
  - 1 = Yes
  - 2 = No\*\*\*

\*If participants answer "Social work" they will not be allowed to continue in the survey; they will be directed to a final screen thanking them for their interest and a list of mental health resources

\*\*If participants answer "I do not have a master's degree in counseling" they will not be allowed to continue in the survey; they will be directed to a final screen thanking them for their interest and a list of mental health resources.

\*\*\*If participants answer no to question two, they will not be allowed to continue in the survey; they will be directed to a final screen thanking them for their interest and a list of mental health resources.

## APPENDIX H: DEMOGRAPHIC QUESTIONNAIRE

The following questions are related to your demographics:

1. What is your gender?

1 = Woman

2 = Man

3 = Non-binary

4 = Not listed or prefer to self-describe: Open text to be coded by the researcher.

5 = Prefer not to say

2. What is your age?

Open text box.

3. What is your race or ethnicity? (Select all that apply)

1 = American Indian or Alaska Native

2 = Asian

3 = Black or African American

4 = Hispanic or Latinx

5 = Native Hawaiian or Other Pacific Islander

6 = Middle Eastern

7 = White

8 = Not listed or prefer to self-describe: Open text to be coded by the researcher.

9 = Prefer not to say

4. How many years have you worked as a counselor?

Open text box.

5. What is your marital status?

1 = Single, never married

2 = Married

3 = Living with partner

4 = Divorced or separated

5 = Widowed