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To cite this article: Shahrzad Yektatalab PhD, Fatemeh Seddigh Oskouee MSc & Mansour Sodani PhD (2016): Efficacy of Bowen Theory on Marital Conflict in the Family Nursing Practice: A Randomized Controlled Trial, Issues in Mental Health Nursing, DOI: 10.1080/01612840.2016.1261210

To link to this article: http://dx.doi.org/10.1080/01612840.2016.1261210

Published online: 20 Dec 2016.
Efficacy of Bowen Theory on Marital Conflict in the Family Nursing Practice: A Randomized Controlled Trial

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ABSTRACT

Family plays an important role in health and illness, and preparing the nurses to assess and improve the family functioning and relationship based on a theoretical framework is of critical importance. This randomized controlled trial was performed to evaluate the effectiveness of Bowen system theory on marital conflict in the family nursing practice. A total of 42 couples referring to the family court of Shiraz, Iran were randomly assigned to either the intervention (receiving eight 90-minute sessions of Bowen systemic family therapy) or the control group (receiving no interventions). Outcomes were measured before, after and after one month of the follow up by marital conflict questionnaire and analyzed using repeated measure ANOVAs and t-test. The study results revealed no statistically significant differences between the study groups regarding the total marital conflict scores (t = 2.8, p = .935) or any of the seven subscales of conflict before the intervention (p > .05). However, a significant difference was observed between the two groups in this regard immediately and one month after the intervention (p < .05). The results demonstrated a significant difference between the intervention and control groups regarding the conflict scores and its subscales during the three study periods and groups (F = 79.43, p < .001). This study highlighted the importance of applying Bowen systemic family therapy by nurses in decreasing marital conflicts. Similar studies with larger sample sizes and longer follow-ups are recommended to be conducted on the issue.

Introduction

Marital conflict is defined as a process of interaction in which one or both couples feel discomfort about some aspects of their relationship and try to resolve it (Montgomery, 1989). Occasional conflict is inevitable in the family life. When couples cannot resolve their conflict peacefully, it can be stressful and damaging to relationships (Nadig, 2010), which denotes they have not been able to negotiate and solve the problem. Couples engaged in conflict fight, argue, blame, and criticize each other, which has destructive effects on physical, mental, and family health. Marital conflict is also associated with poor adjustment of children, increased likelihood of parent-child conflict, poor parenting, and conflict between siblings (Grych & Fincham, 1990). The need to address marital conflict has inspired the application of the family therapy, based on Bowen family systems (Bowen, 1978). The purpose of this study was to test the credibility of the theoretical model in marital conflict.

Bowen family system is a comprehensive theory that focuses on human functioning and relationship that is applicable for nursing care of families. It provides a clear and holistic framework for nurses to understand both family's emotional and relationship processes and symptom formation. Knauth (2003) in her clinical case study applied Bowen theory to nursing and stated in her article that the four metaparadigm concepts of nursing discipline consist of family, family environment, health, and nursing which can be articulated in the application of Bowen theory to nursing practice (Knauth, 2003).

Several studies have focused on examining and approving the cross-cultural validity of Bowen's family systems theory (Skowron, 2004; Yang, 1999; Manzi, Vignoles, Regalia, & Scabin, 2006), also, the issue has been studied on our population by Gharahbaghy (2011), suggesting that differentiation of self leads to individuals' quality of specific and social relationships and physical and psychological health.

Bowen believes that conflict between couples or in a family is a sign of problem in the family system, depending on the couples' level of differentiation, their relationship fusion, and the process of triangling (see Table 1 for definitions of all the basic concepts of Bowen theory). According to Bowen, the single generation unit usually starts with a couple who are at approximately equal levels of differentiation (i.e., both have the same degree of need to be validated through the relationship) (Kerr & Bowen, 1988). Differentiation is defined as that of affection from reason (Bartle Haring & Lal, 2010), the capacity of the individual to function autonomously by making self directed choices, while remaining emotionally connected to the intensity of a significant relationship system (Brown, 1999). Bowen believes that in an intimate relationship, one of the most important contracts between individuals (differentiated couples) is permission...
to disagree (Kerr & Bowen, 1988). In the individuals with low level of differentiation, interpretation of the emotional state of the other people and the other's stated disagreement is a personal affront to them and leads to fusion and increase in their anxiety (Brown, 1999). Once anxiety increases, a two-person dyad becomes unstable once anxiety increases. Then, one or both members of the dyad usually pull in a third person to relieve some of the pressure. Bowen postulated that if one member of the triangle remains calm, in emotional contact with the other two the system automatically calms down. On the other hand, with enough stress and reactivity, members lock into a triangular position, and develop symptoms.

Table 1. Basic Concepts in Bowen family system theory.

| Differentiation of self | The capacity of the individual to function autonomously by making self-directed choices, while remaining emotionally connected to the intensity of a significant relationship system. |
| Triangles | A two-person dyad becomes unstable once anxiety increases. Then, one or both members of the dyad usually pull in a third person to relieve some of the pressure. Bowen postulated that if one member of the triangle remains calm, in emotional contact with the other two the system automatically calms down. On the other hand, with enough stress and reactivity, members lock into a triangular position, and develop symptoms. |
| Nuclear family emotional system | Nuclear family's emotional system includes the members’ thoughts, feelings, emotions, fantasies, associations and past connections individually and together. |
| Family projection process | The family projection process describes the primary way parents transmit their emotional problems to a child. The projection process can impair the functioning of one or more children and increase their vulnerability to clinical symptoms. |
| Multigenerational transmission process | This concept of Bowen's theory describes how patterns, themes and positions (roles) in a triangle are passed down from generation to generation through the projection from parent to child. |
| Sibling position | People who grow up in the same sibling position predictably have important common characteristics. |
| Emotional cutoff | The concept of emotional cutoff describes people managing their unresolved emotional issues with parents, siblings, and other family members by reducing or totally cutting off emotional contact with them. |
| Societal emotional process and regression | The concept of societal emotional process describes how the emotional system governs behavior on a societal level, promoting both progressive and regressive periods in a society. |

Bowen family systems theory can be helpful when dealing with anxiety when conflict and tension between two individuals are projected on another person or thing. For this reason, family members are informed about their past by investigating triangles and as a result can behave freely and without previous limitations (Brown, 1999).

The focus of Bowen theory is not on psychopathology and psychiatric clinical populations but it is on the functioning of all families about life. As such, family nurses practicing in a variety of areas can utilize this theory to guide their practice (Knauth, 2003). In applying Bowen theory in family nursing, the nurse functions as a role model, consultant, and teacher (Knauth, 2003): for example, when the nurse in Bowen family therapy tries to connect with a family without becoming emotionally reactive works as a role model for family. The nurse would work as a consultant when he/she addresses such areas as assessment and interventions at the family levels. Also, when displacement stories are used to teach people about the emotional processes in their own families without raising their defensiveness, he/she, as a teacher, presents the main concept of theory in the context of family.

In this research, the presenting problem is marital conflict that leads to many problems for the family. The need to theoretical-based interventions is essential, especially by expert family nurses who are in close contact with family and can manage the conflict by family therapy intervention and prevent consequences.

As changing nursing toward professionalization in developing countries continues, it is important to apply theoretically based interventions by nurses. Bowen theory can be applicable to family nursing practice. The goals of family nursing are to strengthen healthy relationship patterns and assist the family in developing skills of health care management. These are similar to Bowen theory aiming to use a therapeutic approach to increase the family members’ cognitive understanding and insight of their family emotional and relationship patterns, their ability to manage their own behavior, and their ability to modify their behavior in family relationships, and finally to increase the individual member’s and the family’s functional level of differentiation of self (Knauth, 2003).

Bowen family systems theory can be helpful when dealing with marital issues, anxiety, anger, depression, sexual abuse, and many more areas of conflict (Knauth et al., 2006), but the efficacy of this approach has not been confirmed or tested through empirical research. The aim of this study was to assess the efficacy of applying Bowen theory by family nurse for the couples in conflict who themselves referred to family court to solve their conflict or divorce, and the family court had referred them to the therapist.

Material and methods

Study design

In this randomized control trial with pre- and post-test design, the participants were randomly divided into the control and intervention groups. The study compared two groups of couples with marital conflict. The intervention group underwent Bowen systemic family therapy while the control group received no interventions during the study period.
Setting and sample

This research was carried out in Family Court of Shiraz, south of Iran from 2013 to 2014. The couples themselves referred to the family court for resolving conflict or divorce. In the setting of this study, family court is a legal center for couples in conflict. The family court suggested the couple’s referral to family nurse in the counseling center of SUMS for evaluation and intervention.

The participants of this study included Iranian conflicting couples referring to Family Court of Shiraz, Iran. The inclusion criteria of the study were living in Shiraz, having primary school education, being physically healthy, obtaining scores of 115 and more in the marital conflict questionnaire, and being willing to participate in the study. On the other hand, the couples having participated in similar treatment programs, having experienced severe crises such as crime, addiction, incurable diseases, sexual disability, infertility, child’s death, a family member’s psychological disorder, and irregular participation in the treatment sessions were excluded from the study. The reason for these exclusions was that these complications might affect the results. The intervention was performed by one expert family mental health nurse. In this research, the family therapist had weekly sessions with an independent coder (an expert psychologist in Bowen family therapy) to evaluate if the intervention was as consistent as possible in major concepts of theory for all couples.

A total of 42 couples participated in this study. Simple randomization procedure was performed by a table of random numbers from the list of couples in conflict who referred to family court of Shiraz during April-June 2013 and met the inclusion criteria. Then, in order to allocate the couples into the study groups, a block randomization procedure was used to provide a balance between the groups and prevent selection bias. Therefore, all the couples were randomly allocated into either the intervention (n = 21) or control group (n = 21) through block randomization by the researcher’s assistant.

Based on a similar study performed on the issue in Isfahan, center of Iran (Baghban & Moradi, 2006) and considering the mean difference (SD) in marital conflict scores (14.35 (12.29)), α = 0.05, and power of .80, a 24-couple sample size was determined for this study. Yet, considering the probable loss, the sample size was increased to 42 couples (21 in each group). During the study, 2 couples in the control and intervention groups withdrew from the study due to the lack of interest to continue (Figure 1). The intervention group received 8 interventional sessions based on Bowen system theory, but the control group did not receive any interventions during the research period.

Ethical consideration

The study was conducted in accordance with the human subjects’ protection principles (Declaration of Helsinki) and recorded in Iranian Registry of Clinical Trials. Approval was obtained from the Ethics Committee of SUMS (CT-92-6604). Permission was also obtained from the authorities of Family Court and counseling centers before the beginning of the project. Additionally, written informed consents for participation in the study were obtained from all the participants. This provided the subjects with some information about the study objectives and procedures, the right to withdraw during the study, the possibility of sharing the results after completion, and promised anonymity in the event of publication of the study results. Moreover, the control group participants received eight systemic family therapy sessions after gathering the data to observe the ethical issues.

Measurements

In this study, the outcome measure included the scores obtained from marital conflict questionnaire.

Marital conflict questionnaire

Marital conflict questionnaire was prepared and validated by Sanai and Bararti in 1996. This is a self-report questionnaire and takes about 15 minutes to be completed. This questionnaire is a valid and reliable questionnaire prepared in cultural setting of the study; therefore, it can be more suitable for measuring marital conflict in the study setting. This questionnaire has 42 items and measures 7 aspects of marital conflict, including cooperation (5 items), sexual relationships (5 items), relationships with spouse’s relatives and friends (6 items), emotional reactions (8 items), supporting children (5 items), relationships with one’s own relatives (6 items), and separating their possessions (7 items). The items could be responded through a 5-point scale ranging from 1 (never) to 5 (always). Thus, the maximum and minimum scores of the questionnaire were 210 and 42, respectively. In this scale, higher scores represented more conflicts and lower ones indicated better relationships. Cronbach’s alpha coefficient equalled .95 for the whole questionnaire and .90, .82, .95, .90, .95, .85, and .92 for its seven elements, respectively (Sanai, Barati, & Boostanipour, 2008).

Procedures

The interventions were carried out for the intervention group in the counseling center of SUMS. Eight 90-minute sessions were held twice a week. They consisted of directed conversation to assist the family members towards greater levels of differentiation, where there is less blaming, decreased reactivity, and increased responsibility for self in the emotional system.

Intervention group

Each couple in the intervention group participated in eight sessions of family therapy. Bowen’s family therapy which is not a technique focused model but incorporates specific descriptions of how to structure the therapy sessions. The goal of therapy was to assist the family members towards greater levels of differentiation, where there is less blaming, decreased reactivity and increased responsibility for self in the emotional system. The central role of the therapist was directing conversation by asking questions about what was going on inside family members and between them, encourage couples to explain relationship experiments in order to recognize the dysfunctional relationship and own roles in family system processes, and experience what it was like to act opposite their usual
automatic emotional responses. The client was also engaged in a discussion on the nature of emotional triangles and how he/she could neutralize symptomatic triangulations and coaching. Minimal focus was set on their children in the process of therapy.

In the beginning sessions, the therapist aimed to reduce the couples’ anxiety about the symptom by encouraging them to learn how the symptom is part of their pattern of relating. In this regard, information about family emotional process was gathered and the family became oriented about the present main problem in the systemic context of the family by asking questions about the couples’ past and current relationship, significant events in their family, and the family response to the feeling anxiety from these events from past to present (For example, “When your husband spend more time with his mother, how do you respond to it?”). Then, a couple of significant patterns emerged as the genogram (family diagram) was developed. These patterns showed developmental and situational stressors in a three-generation family system and couples’ relationship with their parents, the issues transferred to them from the past, and signs of emotional “cutoff.” In this regard, genogram was used as a road map for the development of a treatment.

Then, the couples were helped to make connections between the development of conflict and potent themes in a family’s history, exposing the emotional process and dealing with the process helped to move toward improvement of functioning. Recognizing the effect of their actions and responding to other people’s actions that caused the problems to persist. Clients recognized their own roles in system processes, and experienced what it is like to act opposite their usual emotional responses. Encouraging couples to approach a nonemotionally reactive one, clearly presents his/her opinion and beliefs, has a stabilizing effect on decreasing tension and emotional reactivity (For example, using “I prefer your more participation in…” instead of “you don’t cooperate in …”).

In addition, the triangles that showed the couples’ relationships with others, structure and the flow of movement within the triangle were assessed and the couples began to propose a change in the direction of movement in the central symptomatic triangle.

The second aim was to help the couples focus on “self” issues to increase their levels of differentiation. They were helped to resist the pull of what Bowen termed the “togetherness force” in the family. The therapist tried to get the family into position to
accept responsibility for its own change. The therapist’s efforts to connect with a family without becoming emotionally reactive and her emphasis on maintaining a “differentiated” stance implied that the therapist was not responsible to be helpful. The therapist’s approach to a calm and interesting investigation was important such that the family began to learn about itself as an emotional system.

Discussion regarding the theoretical concepts as they operated in their own family and using displacement stories in order to encourage family members to see beyond their biases was a part of the therapy. In the later phases of therapy, adult clients were coached in differentiating themselves from their family of origin, the assumption being that gains in differentiation will automatically flow over into decreased anxiety and greater self-responsibility within the nuclear family system. Then, marital conflict questionnaire was completed by the couples with cooperation of the researcher’s assistant immediately after and one month after the intervention.

In this study, no one reported any undesirable side effects or unintended signs, symptoms, or diseases related to participation in the study.

Control group

The control group couples were given a pre-test and two post-tests immediately and 1 month after the end of the intervention in the intervention group. In addition to filling the questionnaires, they were provided with eight systemic family therapy sessions after gathering the data to observe the ethical issues.

Data analysis

The study data were gathered by the researcher’s assistant who was not informed about the intervention before, immediately after, and one month after the end of the intervention. Demographic information and marital conflict questionnaires were also completed with cooperation of the researcher’s assistant. Demographic information included age, sex, and education level.

In this research, the personnel of Family Court and counseling center were not informed about the groups, measurements, and interventions. The researcher’s assistant who collected the data was blind to the intervention. The statistician who performed the data analysis was kept blinded to the allocation, as well.

Considering the fact that the intervention was performed in the form of family therapy, the couples’ mean scores of conflict were taken into account. The data were entered into the SPSS statistical software (version 21, SPSS Inc, Chicago, IL) and analyzed using independent and paired t-test, Chi-square test, Pearson’s correlation coefficient, and repeated measures ANOVAs test. Besides, \( p < .05 \) was considered as statistically significant.

Results

Demographic characteristics

In this study, the participants’ age ranged from 18 to 41 years old. The mean (SD) age of the participants was 27.22 (6.12) years in the intervention group and 26.95 (8.13) years in the control group. The number of male and female participants was equal. The majority of the subjects had an elementary level of education \((n = 30, 60\%)\). The results showed no significant difference between the two groups regarding age, sex, and education level \((p > .05)\) (Table 2).

| Table 2. Baseline Characteristics of Participants (\(N = 80\)). |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| **Characteristics** | **All subjects** | **G1 (n = 40)** | **G2 (n = 40)** | **P-value** |
| Age, M(SD) | 27.08 (5.89) | 27.22 (6.12) | 26.95 (5.19) | \(*p = .270\) |
| Education, n (%) | | | | |
| Elementary | 18 (45%) | 12 (30%) | 6 (15%) | \(\Phi = .93\) |
| Middle school | 11 (27.5%) | 16 (40%) | 5 (12.5%) | \(\Phi = .440\) |
| High school | 2 (5%) | 1 (2.5%) | | |
| Academic | 9 (22.5%) | 11 (27.5%) | | |

Note. \(\Phi = \) chi-square; \(G1 = \) Intervention group; \(G2 = \) Control group; \(* = \) independent t-test; \(\Phi = \) Mean (SD).

Conflict

The study results revealed no statistically significant differences between the study groups regarding the total marital conflict scores \((t = 2.8, p = .93)\) or any of the seven subscales of conflict before the intervention \((p > .05)\) (Tables 3 and 4). However, a significant difference was observed between the two groups in this regard immediately and one month after the intervention \((p < .05)\) (Tables 3 and 4).

Repeated measures test was used to investigate the changes in the couples’ means scores of conflict in three successive stages. The results demonstrated a significant difference between the intervention and control groups regarding the conflict scores and its subscales during the three study periods and groups \((p < .001)\) (Tables 3 and 4). Thus, the results supported the study hypothesis.

Discussion

Marital conflict is highly important due to its direct relationship with the family’s psychological and physical health (Fincham, 2003). The present study aimed to evaluate the effect of Bowen systemic theory on the marital conflict by mental health nurse. The study results showed that using Bowen systemic family therapy by mental health nurse reduced the conflict among couples. Bowen theory can serve as an effective framework to guide nursing toward better understanding of human behavior, family functioning, and symptom.

Bowen theory was successfully used in several researches. Hyland (1990) has applied it in her work on hospitalized children and adolescents. Bowen’s concept of differentiation was used in the treatment of homeless clients who were not mentally ill.

The study of Tuason and Friedlander (2000) supported the cross-cultural applicability of Bowen’s theory in a sample of 306 Filipino adults and expected links were observed between greater differentiation scores and lower anxiety and general symptomatology scores. Consistent with the model, the study of Knauth et al. (2006) supported the higher levels of differentiation of self as related to lower levels of chronic anxiety \((p < .001)\) and higher levels of social problem solving \((p < .01)\). Higher
levels of social problem solving were related to less drug use (p < .05), less high-risk sexual behaviors (p < .01), and an increase in academic engagement (p < .01). The findings support the theoretical model's credibility and provide evidence that differentiation of self is an important cognitive factor that enables the adolescents to manage chronic anxiety and motivates them to use effective problem solving and increased academic engagement.

Gladding (2011) believes that Bowen's systemic family therapy reduces conflict among undifferentiated couples. Also, there are other studies that show the influence of Bowen systemic family therapy in marital satisfaction rate and producing good feelings in couples coming to family therapy clinic (Bartle-Haring & Lal, 2010; Haefner, 2014; Skowron, Holmes, & Sabatelli, 2003). The study conducted by Chung and Gale (2009) in South Korea (a collectivistic culture) showed the relationship between the level of differentiation (one of the core concepts of Bowen theory) and family function, and higher differentiation levels were significantly related to healthier family functioning in their study. In another cross-cultural investigation conducted in Taiwan by Yang (1999), family differentiation was found to predict greater self-esteem and interpersonal competence. In this regard, Goldenberg and Goldenberg (2000) argued that differentiated people had a better response to life stresses and good performance of emotional and intellectual system.

In the nursing practice, Knauth (2003) did a clinical case study guided by Bowen theory that presented an effective framework to guide the nurses toward better understanding of human behavior, symptom formation, and the family.

Family nursing is more than family centered care and presents the values of information sharing, respect, and collaboration with families as central to family nursing (Bell, 2013, 2009). Barker (1989) defined nursing as provision of the conditions necessary for a person to thrive, grow, and develop and care compassionately. Compassionate caring without using psychiatric drugs could help people grow and develop. These values are similar to Bowen theory that aims to use a therapeutic approach to increase the family members’ ability to manage their own behavior, and their ability to modify their behavior in family relationships. Application of theoretical-based interventions by nurses can improve the functioning of all families about life and improves the community based approaches in the discipline of family nursing. This study is an attempt to advance the understanding and utility of Bowen theory to family nursing practice.

In the current study, the impact of Bowen systemic family therapy on marital conflict was measured before, immediately

<table>
<thead>
<tr>
<th>Marital conflict</th>
<th>Pre M ± SD</th>
<th>Post M ± SD</th>
<th>Follow M ± SD</th>
<th>RM-ANOVA, F, p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>126.40 (5.79)</td>
<td>106.55 (11.12)</td>
<td>103.17 (12.48)</td>
<td>F = 45.78, F = 45.03, F = 79.43</td>
</tr>
<tr>
<td>Control</td>
<td>126.55 (5.75)</td>
<td>128.45 (7.68)</td>
<td>130.25 (7.40)</td>
<td>p &lt; .001, p &lt; .001, p &lt; .001</td>
</tr>
<tr>
<td>P-value</td>
<td>p = .930</td>
<td>p &lt; .001</td>
<td>p &lt; .001</td>
<td></td>
</tr>
<tr>
<td>a t-test</td>
<td>t = 2.80</td>
<td>t = 0.86</td>
<td>t = 0.75</td>
<td></td>
</tr>
</tbody>
</table>

Note: a Independent t-test; RM-ANOVA = Repeated measures analysis of variance.

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Pre Mean (SD)</th>
<th>Post Mean (SD)</th>
<th>Follow Mean (SD)</th>
<th>RM-ANOVA, F, p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G1</td>
<td>14.40 (2.03)</td>
<td>12.25 (2.04)</td>
<td>12.02 (2.04)</td>
<td>F = 21.50, F = 10.30, F = 22.88</td>
</tr>
<tr>
<td>G2</td>
<td>14.42 (1.24)</td>
<td>14.47 (1.38)</td>
<td>14.45 (1.12)</td>
<td>p &lt; .001, p &lt; .030, p &lt; .001</td>
</tr>
<tr>
<td>SR</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>G1</td>
<td>14.77 (1.80)</td>
<td>12.35 (2.07)</td>
<td>11.92 (2.20)</td>
<td>F = 13.98, F = 8.55, F = 39.38</td>
</tr>
<tr>
<td>G2</td>
<td>14.05 (1.77)</td>
<td>14.70 (1.32)</td>
<td>14.75 (1.35)</td>
<td>p &lt; .001, p &lt; .001, p &lt; .001</td>
</tr>
<tr>
<td>ER</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>G1</td>
<td>25.32 (3.19)</td>
<td>21.62 (3.27)</td>
<td>20.45 (3.19)</td>
<td>F = 52.50, F = 5.85, F = 54.93</td>
</tr>
<tr>
<td>G2</td>
<td>24.50 (1.92)</td>
<td>24.37 (2.45)</td>
<td>24.62 (2.48)</td>
<td>p &lt; .001, p &lt; .001, p &lt; .001</td>
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<tr>
<td>SR</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>G1</td>
<td>15.25 (1.56)</td>
<td>13.20 (2.00)</td>
<td>13.37 (1.97)</td>
<td>F = 8.79, F = 28.48, F = 30.62</td>
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<tr>
<td>G2</td>
<td>16.20 (1.72)</td>
<td>16.65 (1.57)</td>
<td>17.05 (2.9)</td>
<td>p &lt; .001, p &lt; .001, p &lt; .001</td>
</tr>
<tr>
<td>RSRF</td>
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<tr>
<td>G1</td>
<td>21.05 (3.60)</td>
<td>17.45 (3.27)</td>
<td>16.55 (3.06)</td>
<td>F = 23.27, F = 1.50, F = 50.43</td>
</tr>
<tr>
<td>G2</td>
<td>18.82 (1.83)</td>
<td>19.25 (1.68)</td>
<td>19.82 (1.75)</td>
<td>p &lt; .001, p &lt; .001, p &lt; .001</td>
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<tr>
<td>ROR</td>
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<tr>
<td>G1</td>
<td>18.85 (2.00)</td>
<td>15.42 (2.62)</td>
<td>15.25 (3.01)</td>
<td>F = 16.65, F = 23.89, F = 37.12</td>
</tr>
<tr>
<td>G2</td>
<td>19.12 (2.07)</td>
<td>19.52 (1.73)</td>
<td>20.10 (1.70)</td>
<td>p &lt; .001, p &lt; .001, p &lt; .001</td>
</tr>
<tr>
<td>SP</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>G1</td>
<td>16.75 (1.91)</td>
<td>14.25 (1.96)</td>
<td>13.60 (2.30)</td>
<td>F = 21.33, F = 43.99, F = 22.31</td>
</tr>
<tr>
<td>G2</td>
<td>19.42 (3.04)</td>
<td>19.47 (2.29)</td>
<td>19.45 (2.51)</td>
<td>p &lt; .001, p &lt; .001, p &lt; .001</td>
</tr>
</tbody>
</table>

Note: Co = cooperation; ER = emotional reactions; G1 = intervention group; G2 = control group; RM-ANOVA = repeated measures analysis of variance; ROR = relationships with one's own relatives; RSRF = relationships with spouse's relatives and friends; SC = supporting children; SE = sexual relationship; SP = separating their possessions.
after, and one month after the intervention. Therefore, similar studies with larger sample sizes and longer follow-ups are recommended to be conducted on the issue.

Conclusion
In the present study, Bowen's theory was applied to the marital conflict. This theory is also suggested to be used in other family problems, such as separation, children's anxiety, conflict between parents and adolescents, and other nursing areas. Conducting studies with longer follow-up periods is yet another suggestion for future studies. In addition, our research assessed the rate of conflict among the couples. Hence, the feeling of well-being and psychological diseases, such as depression, stress, and compulsive obsession disorders is recommended to be evaluated in undifferentiated couples in other studies.

Overall, in this study the hypothesis that using Bowen systemic theory by nurses could reduce marital conflict was approved. Barker and Buchanan-Barker (2011) state that “The concept of the ‘mental health nurse’ might signal the emergence of a new vision for human services” (p. 337). Therefore, mental health nurses are recommended to use theories to improve family functioning and mental health.

Acknowledgments
The authors would like to thank the Shiraz University of Medical Sciences, Shiraz, Iran and also the Center for Development of Clinical Research of Nemazee Hospital and Dr. Nasrin Shokrpour for editorial assistance. Additionally, the authors would like to thank the authorities of Family Court and counseling center of Shiraz University of Medical Sciences and all the couples who cooperated in the study. Dr. Shahrrzd Yektatalab, Fatemeh Sedigh Oskouee, and Mansour Sedani were responsible for the study design, data collection, data analysis, and drafting the manuscript. Dr. Shahrrzd Yektatalab made critical revisions to the paper for important intellectual content. Fatemeh Sedigh Oskouee obtained funding. Dr. Shahrrzd Yektatalab provided administrative and technical support.

Declaration of interest
The financial support is a MSc. scholarship from research deputy and represents no conflict of interest. The authors alone are responsible for the content and writing of the paper.

Funding
The study was financially supported by Shiraz University of Medical Sciences. This study was a part of a student thesis supported by Shiraz University of Medical Sciences (88-4666) and recorded in the Iranian Registry of Clinical Trials (IRCT2014082318902N1).

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