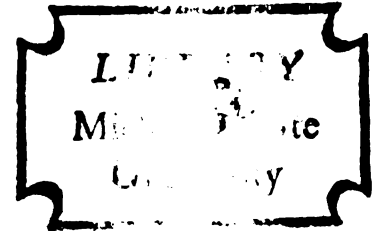


CONSISTENCY OF INTERACTION IN NORMAL  
AND CLINIC FAMILIES

Thesis for the Degree of Ph. D.  
MICHIGAN STATE UNIVERSITY

Marv Moore

1966



This is to certify that the  
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CONSISTENCY OF INTERACTION  
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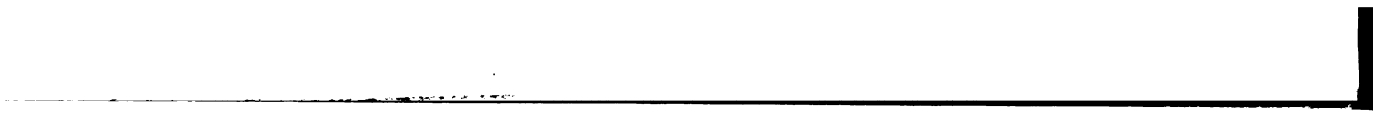
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## ABSTRACT

### CONSISTENCY OF INTERACTION IN NORMAL AND CLINIC FAMILIES

by Marv Moore

This study was undertaken to explore two questions of family interaction: (1) Can we distinguish between "normal" and "abnormal" families in terms of interaction processes? and (2) How stable are family interaction processes over time? Eight normal and seven abnormal families (four or five members each) participated in two similar semi-structured interviews with an 8-10 week interval between sessions; two trained observers rated each family on an instrument consisting of fifty items, mostly five-point Likert scales. Normal families had no known history of psychiatric disorder or treatment and were obtained through labor union and church groups. Abnormal families were all drawn from the treatment waiting list of the Michigan State University Psychological Clinic.

It was hypothesized that (1) judges' ratings of family interaction observed in the standard interview would reveal differences between the normal and clinic families, and (2) that these interaction ratings would be relatively similar in the first and second sessions.

Nineteen items from the Family Rating Scale yielded inter-rater reliability coefficients that were adequate;

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thirty-four from interview 2. The criterion of adequacy was that an inter-rater reliability coefficient be significantly different from zero at the .05 level (i.e., an  $r$  of .43 or greater for interview 1; .44 or greater for interview 2). Statistical analysis to test Hypothesis I issued from the responses to these items. Hypothesis II was tested by analysis of judges' responses to the seventeen items with adequate inter-rater reliability for both interviews.

Regarding the first hypothesis normal families were differentiated from the clinic families by over-all pathology scores and a number of individual Family Rating Scale items. A picture of the normal family in this study emerged from the data. In comparison to the clinic families the normals are characterized by more inter-member agreement, more capacity for reaching common decisions in an equalitarian fashion, less over-all anger but more tolerance of individual independence in thought and action, more interpersonal warmth and cohesiveness, less manifest tension, and a greater degree of happiness. A most significant complement to this description is that both parents in the normal families displayed more over-all satisfaction and effectiveness within their various family roles.

The second hypothesis was tested in two ways. First, the correlations between interview 1 and 2 for each family ranged from .12 to .74 with an over-all mean correlation of .41. Although these measures of temporal stability are not



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as high as pre-study expectations, they suggest that there exists a core of interaction consistency over time for both experimental groups. Such a finding lends support to the premise, frequently assumed in family research projects but seldom tested, that typical interactions are relatively permanent structures.

Second, t tests between interview 1 and 2 group mean pathology scores revealed that normal families were rated as significantly less pathological after the second interview; no such differences obtained for clinic families. This interesting finding may reveal a basic difference between normal families and those which seek some form of psychiatric help, a differential capacity to profit from practice and perfect smoother ways of carrying out the experimental tasks when encountered a second time.

Finally, evaluation of this study's findings led the author to suggest directions for further family interactional research.

Lucy R. Ferguson

Nov. 28, 1966

CONSISTENCY OF INTERACTION IN  
NORMAL AND CLINIC FAMILIES

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DEDICATION

To my wife Joyce

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## CHAPTER I

### INTRODUCTION

#### Statement of the Problem

Recently the emphasis in psychiatry and psychology has shifted from the study of intra-psychic processes to the study of interpersonal processes, especially as they occur naturally between individuals. In this context, there are increasing attempts to classify and understand the interaction of married couples and members of families as well as ongoing groups in industry, group psychotherapy, and other "groups with a history." (Framo, 1965, p. 265). Study of ongoing relationships provides an opportunity for a new type of experiment with human behavior focused on variables which are often eliminated from studies of individual behavior. This paper will investigate two hypothesis concerning family interaction.

Basic to this investigation of the family is the assumption that "normal" and "abnormal" families differ on measurable interaction variables. The present study attempts to add support to recently increasing evidence for this proposition. Measures of interaction consist of ratings by trained judges on several variables of "normal" and "abnormal" families as they participated in a structured





interview. More specifically, HYPOTHESIS 1 was: Ratings of family interaction observed in the standardized interview will reveal differences between "normal" and "abnormal" families.

Another assumption, central to understanding psychopathology, at least within the framework of most major personality theories, is that interpersonal patterns of behavior persist in families for years and influence members' expectations of, and behavior with non-family individuals. To optimally study this assumption one needs to observe families longitudinally. Such expensive and painstaking studies are absent from the family research literature; but less excusably, so are studies assessing consistency of interaction measures over very short time spans, say a few weeks to a year. This study attempted to measure the temporal stability of the interaction measures employed. Each family was engaged in the structured interview twice with an intervening interval of eight to ten weeks. HYPOTHESIS 2 was: Ratings of family interaction observed in the standardized interview are relatively similar in a first and a later session.

#### Relevant Literature

##### The Contributions of Small-Group Research

In an attempt to establish an objective science of the nature of small-group interaction social scientists have contributed to a growing, voluminous literature; Hare (1962)



cites over 1300 relatively recent studies pertinent to the small group. Without attempting to provide a comprehensive overview of the small-group literature, selected issues and findings that appear relevant to the family dynamics are reported here. In reading the small-group literature a most ironic fact emerges. All workers in this field readily agree that the family is the most basic of primary groups, but a study utilizing the family as its subject remains a rarity.

Some of the research on groups focuses on the development of conceptual theories of groups and the inherent dimensions of group dynamics (e.g., Borgatta, Cottrell, and Meyer, 1956). Other research seeks solutions to social problems such as diminishing intragroup conflict, enhancing the learning process, changing attitudes, etc. As more refined techniques of measurement evolved some researchers have produced more precise examinations of empirical problems such as decision making, conflict vs. cooperation, group pressures on the individual, interaction patterns, etc. Practically all systematic studies obtain their data from ad hoc groups, groups without an interaction history and no expectations of future relationships after the experiment. Without denying the obvious contributions of ad hoc group research, Framo (1965) appropriately points out that crucial differences exist between ad hoc groups and the family. Nothing can change the fact that one's parents and siblings will always be such. Although feelings of guilt, anger, jealousy, and warmth probably develop in all groups, they have

different significance in the family. Subjects in an ad hoc group do not have to live with each other after the experiment; possible consequences or after-effects of an experiment are radically dissimilar for temporary and for family groups (e.g., a family group may openly discuss the interpersonal episodes of the experimental session or effect recriminations against family members who divulged family secrets to the experimenter.)

A topic of continual interest in the small-group literature is that of leadership. Cartwright and Zander (1962, p. 496) state that:

It is unfortunate that most of the carefully controlled studies of leader behavior have been conducted with temporarily organized groups where, almost of necessity, members are not concerned with the preservation of the group.

In discussing leadership they state that "nearly every conception of leadership contains the notion that a true leader exerts more influence on the group and its activities than does the average member" (p. 493). Influence can be positive or negative but most leadership studies deal only with positive influence; therefore, they yield little that is directly applicable to pathological leadership in a disturbed *family*. In short, the concept of leadership applied to the *family* becomes immediately more elusive. For example, if an experimenter asked members of American families who is boss at home, the majority would hastily reply, "father." But those working professionally with families know the cultural stereotype of father "wearing the pants" often does



not apply. Less widely realized is the phenomenon of the children sometimes taking over leadership aspects of the parental role (Schmideberg, 1948). Parsons (1955, Ch. 2) suggests that the structure of the nuclear family be differentiated on two dimensions, one of power, and the other of instrumental vs. expressive functions (after Bales, 1953) i.e. goal directed, working behavior vs. integrative, social-emotional behaviors. When mother assumes the instrumental role and father the expressive role definite implications exist for the sexual identity of the children, and when children are parentified into either role the consequences are far reaching (Framo, 1965, p. 414). Another leadership pattern relevant to the family, and not yet adequately explored in the small-group literature, is passive mastery. A passive leader controls by quiet means, exerting his influence by barely noticeable, often subtle, signals--signals largely undetected by any existing global observational technique.

A concept closely related to leadership is that of power. A classical experiment in this area done by Mills (1953) revealed that a three-person group tends to break into a dyad of coalition and a third party in structuring the power relations; often the third party becomes a scapegoat for anxieties of the dyadic relationship. As Mills suggested, Strodbeck (1954) repeated the experiment with family as the experimental group. Strodbeck employed the Revealed Differences Techniques (1951) which requires a

family to reach common consensus on problems about which they independently disagree; he did not conform Mills' main findings and suggested that the split into dyad and monad is less pronounced in families as compared to ad hoc groups. In contrast to Mills' finding are Wynne (1961) and Haley's (1962) assertions that coalitions and splits are the very essence of maintaining family equilibrium.

Coalitions in families are intricate maneuvers; a family member allies himself with all other family members at one time or another, depending on the satisfactions involved or being sought. Discovery of central intrafamilial alliances is difficult because such relationships occur surreptitiously, usually behind defensive operations, such as more superficial alliances, as any family therapist will attest. Strodbeck's (1954) conclusion that alliances are less frequent in families than in ad hoc groups simply contradicts clinical experience. Understanding the discrepancy resides in examining Strodbeck's measure of a coalition; he used the Bales system of interaction analysis (1950) which categorizes the manifest content of subjects' statements, irregardless of deeper levels of motivation. Supporting this assertion are Mills' (1954) findings in a second study of coalitions in three-person groups where he suggested that even in ad hoc groups subjective, affective alliances are of major importance. He summarily states:

In a role structure of some stability, the structure of personal, emotional attachments (positive or negative) is stronger than the structure of common





values and beliefs that are relevant to the purpose of the group, and these structures are stronger than the pattern of manifest interaction between members (p. 667).

Another concept of import to the small-group researchers is "group cohesiveness." This term usually includes the conditions under which groups have appeal, command loyalty, strive toward common goals, and are united against extra-group attack. Several aspects of the concept "cohesiveness" have been studied in groups of superficially related members (e.g., Festinger, Schachter, and Back, 1951). Cartwright and Zander (1962) postulated that a group's attractiveness rests on the extent to which it is need satisfying to individual members; on the other hand, Fouriezos, Hutt, and Guetzkow (1950) found that interaction in ad hoc groups characterized by high self-oriented need produces more conflict, less cohesion, and less member satisfaction. Gross (1956) reported that groups characterized by "symbiosis" (defined sociologically as people cohering as a group when each has something needed to give the other) as contrasted with "consensus" (relationships cemented primarily by agreement to a set of values) exhibit greater cohesion. Gross said:

As long as those needs persist, and so long as each has no easy alternative of satisfying those needs, then the two will be linked. This does not mean they will necessarily like each other; it does mean that they will remain united whether they like each other or not. And herein lies the strength of the symbiotic tie (p. 177).

Although Gross does not mention the family it suffices to

say his conceptualization describes the family better, perhaps, than any other group.

Festinger, Pepitone, and Newcomb (1952) present evidence that when "de-individuation" occurs in a group (i.e., members failing to notice or validate other members' ideas or feelings) inner restraints are reduced, members feel free to indulge in behavior from which they usually refrain, and they are more satisfied with the group. In contrast to Festinger et al.'s finding is the author's suspicion that de-individuation in the family fails to make family members more satisfied with such pathological interactions; however, an experimenter will not immediately find family members reporting their displeasure since to do so would bare anxiety assumed to be intolerable.

French (1941) indicates that organized groups with a longer history developed more "We-feeling" and are less likely to break up than organized groups. Simple application of this principle to family living means viewing the family as a cohesive force of great power. In more formal groups (job, clubs, etc.) when experiences become cumulatively unbearable, one can withdraw his membership without earth-shaking consequences. Such interpersonal anxieties in the family may actually effect the opposite; perhaps the more frustrating the process of growing up, the more difficult it is to leave the family psychologically.

Sherif and Cantril (1947), Asch (1951), and Crutchfield (1955) investigated the persuasive effects upon an

individual of group pressures to conform to standards of the group even when the individual perceives the standards to be obviously contrary to fact. "Group pressure" in these experiments was the effect of staged majority opinion in forcing an unsuspecting subject to question his own divergent percepts. In all the conformity experiments large percentages of the subject pool consistently yielded to group pressure, even when the bogus position was manifestly wrong. Such pressures and forces, in the guise of overt demands and just as often subtle, covert directives, similarly exist in families and are even more compelling. Family persuasive techniques range all the way from physical punishment to subtle and sometimes manipulative threats of love withdrawal. Picture a small child who is pressed to take sides in a parental argument--with the implication of rejection by the parent he doesn't support. A family containing a schizophrenic child represents a most extreme state of affairs where the parents consistently force the offspring to deny and distort reality in a flagrant manner (Haley, 1959).

Studies of formal communication patterns have stressed the power-and-status dimension as being crucial in developing communication channels and networks (Bavelas, 1950; Kelley, 1951, Leavit, 1951; Ruesch, Block, and Bennett, 1953). Communication networks in families demand a more complicated conceptualization. Every family poses its own special rules, channels, and styles of communication (Epstein and Westley, 1959). Families exist as intricate, interrelated systems



with years of practice communicating in their particular fashions; an outsider can find it difficult indeed to trace meaningful messages between family members who themselves reap sheaves of affective content from an unobtrusive gesture. Therapists working with families also find that certain areas of information are reserved for special members on special occasions, and that attempts to induce airing of family secrets raise stout resistance from all involved. Framo (1965) observed that as far as he knows the family treatment setting is the only one where all family members are pushed to discuss their intra-family secrets in front of the other members. Related to the prevalence of family members monumental resistance to attempts to examine communication channels is the recurring finding that meaningful communication between husband and wife in pathogenic families is almost non-existent, both partners sending messages to each other through a selected child. Related to such growth stifling communication patterns is Bateson's formulation of the "double-bind" (1956 and 1963), now a concept commonly heard in the working psychiatric vocabulary.

The present review of small-group literature relevant to family interaction reflects the interests of the author; selection of pertinent articles was greatly aided by Framo's (1965) review of current research on family dynamics. Whereas the aim of small-group research is often the evaluation of methods for increasing group interaction efficiency (measured by how much Ss learned, how fast problems get



solved, etc.) the goal in family interaction research is more encompassing, including not only task efficiency but understanding emotional integration at various levels in terms of satisfying individual affective needs. However, though the clinical family researcher observes more levels and intensities of interaction for a longer time, his current methodologies lack the precision of the small-group approach. Such methodological precision can prove immensely valuable to family researchers if it doesn't substitute for exploring relevant behaviors.

#### Review of Family Interaction Studies

This section will review and evaluate the few systematic studies based on direct observation of family interaction. Evaluative emphasis is on method as well as results.

The earliest family interaction research consisted of direct observation of the mother-child dyad, usually in a free play situation. Representative of this approach are papers by Bishop (1951) and Moustakas, Sigel, and Schalock (1956). These studies, even though contributing carefully thought out schedules for categorizing facets of mother-child interactions, failed to capture the transactional meaning of the relationship. Finally, these authors essentially discounted the effects of other family members on the dyad studied.

Drechsler and Shapiro (1961) suggest a technique for direct observation of family interaction in a child-guidance

clinic. After identifying the family's presenting psychiatric problem, they gave the family a questionnaire of twenty items containing factual and fantasy material (e.g., "What sort of things does your family argue about? If you could change one thing about yourself and the other members of your family, what would it be?"). The authors asked each family to discuss the items together, hoping to glean insights about covert interaction patterns. Drechsler and Shapir (1963) since reported how they sampled and analyzed the data yielded from the aforementioned procedure. They illustrated their method of comparing clinical and statistical analysis of the same data to test interactional hypotheses.

Strodtbeck (1951) pioneered the study of husband-wife interaction, developing in the process the "Revealed Differences Technique," and thereby provided the impetus for several family interaction papers. Strodtbeck originally asked each couple to choose three families with whom they were familiar; he next separated the couple and had them specify which of the three families best fit a series of twenty-six conditions: for example, which family has the happiest children. Finally, he brought the couple back together and required that they reconcile their differences, and decide on a jointly derived choice. Using Bales (1950) interaction categories, Strodtbeck found that the spouse who said most tended to win more final decisions, and also that the most talkative partner more frequently asked



questions, gave opinions and analyses, and made rewarding comments, whereas the least talkative partner more often passively agreed but tended towards more overt signs of frustration and aggression. Based on their experience with marital fighting styles and games Bach (1967) and Berne (1964) would certainly ask: does the loudest, most talkative individual in an argument necessarily win the decision? They answer negatively and the author concurs.

Investigators employing the Revealed Differences Technique subsequently studied a variety of problems. March (1953) examined husband-wife interaction around political issues. Kenkel and Hoffman (1956) asked each mate to predict how the other would behave in a session where they would decide jointly how to spend \$300.00; they discovered that not only did the marital pairs judge poorly the roles they would play, but that even after concluding the session they failed, by and large, to recognize the parts each played in the previous interaction.

Strodtbeck (1954), in a study mentioned earlier, provided the forerunner to later systematic family interaction studies when he applied his Revealed Differences Technique to three person family groups, including adolescent sons as well as parents. The experimenter gathered disagreements from each member's independent responses to a questionnaire of alternative solutions to parent-son conflicts. The three-member families (48 in all) dealt with nine disagreements (three with mother and son against father,

three with father and son against mother, and three with mother and father contrary to the son) and selected one alternative in each that best represented the family's thinking. Family discussions occurred without the experimenter present but were tape recorded. Using Bales (1950) interaction analysis Strodtbeck compared family power relations with those in ad hoc groups. Later he attempted to relate his findings to cultural factors and achievement, noting that families, even when in an obvious state of disagreement attempted to give the experimenter the impression that they "never really disagreed" in the first place (1958, p. 176). This finding and Wynne's (1958) concept of "pseudo-mutuality," based on clinical experience, are congruent with each other.

The theme of power stimulated other indirect studies of family interaction. An early interactional study by Garnezy, Farina, and Rodnick (1961) utilized families with a schizophrenic member. Farina (1960) used the structured situation test from the above study to test experimentally Rodnick and Garnezy's (1957) finding that maternal dominance was associated with poor premorbid adjustment of the schizophrenic son, and father dominance with good premorbid adjustment. He studied 36 pairs of parents, divided into 3 groups of 12 pairs each; one group had sons with pre-morbid adjustment characterized by isolation and asexuality; another group's sons had mostly been married and had numerous friends; and the controls' sons were hospitalized for



tuberculosis. After interviewing the parents individually and giving them each the Parental Attitude Research Inventory (PARI), Farina directed them to tell how they would handle a series of problem situations between parent and child. Finally, he requested each pair of parents to reach agreement about how they would handle the problem as a team--in the presence of the investigator. Interaction analysis derived from indices of dominance and conflict (e.g. who spoke first and last, length of speaking time, "yielding" behavior, interruptions, disagreements, and aggressions). Farina confirmed statistically that good premorbid patients had more assertive fathers than did poor premorbid; and that the parents of poor premorbid interacted more conflictually. The author also found that analysis of parents' reports (PARI and direct questions) about family dominance patterns failed to discriminate between the groups; all the groups tended to report the cultural stereotype of paternal dominance. Farina and Dunham (1963) later replicated this study (with the same results) and included the schizophrenic son as a third party in the observed interaction.

Caputo (1963), investigating the dominant-mother, passive-father notion in families with a schizophrenic member, also demonstrated the superiority of direct observation of interaction over pencil and paper tests. After filling out Osgood's Semantic Differential (1957), the parents of twenty male schizophrenic patients and the parents of twenty "normal" males discussed ten items on the Parent Attitude

Inventory which they previously answered divergently. Caputo derived relatively benign pictures of interaction between parents of the pathological families, whereas analysis of ongoing interaction with the Bales method yielded considerable antagonism and mutual hostility between the same parents. The results questioned the veracity of the maternal-dominance, paternal-passivity theory. Whether parental authority was shared by mother and father without conflict discriminated between "normal" and schizophrenic groups, but indices of the locus of authority did not.

Bachove and Zubaly (1959) studied role differentiation in nineteen normal families by comparing interaction patterns (scored by the Bales technique) with self-perceptual data (Leary's Interpersonal Check List, 1957). All three-member families (parents and one male sixth grader) carried out the standardized tasks of problem situations and joint TAT stories, on which they conversed until conjoint agreement. Comparing Bales' category findings from their families to those established by Bales from twenty-four different peer groups (Bales, 1958), Bachove and Zubaly found that the peer groups tended to agree and disagree far more frequently than the families. They explained this discrepancy by suggesting that family disagreement scores funneled into the tension category and that low agreement scores meant a greater tendency openly to stick to one's opinion in the family than in the peer group. A task leader (usually father) and a social emotional leader (mother) typically



evolved from the interaction, and the children expressed most of the negative behavior.

Levinger (1959), using the same design and data as Bachove and Zubaly (1959), with clinic and normal families found that mothers in clinic families participated most often and exhibited significantly more emotionally negative behavior. This study supported the contention that reversal of male-female roles hampers emotional growth in the children. Levinger also found that marital satisfaction, defined as a relatively low discrepancy score between each spouse's "real" and "ideal" Interpersonal Check List descriptions of his partner, correlated positively with the partner's satisfaction with himself.

Ferreira (1963) executed a carefully controlled study comparing decision-making in normal and pathological families. Twenty-five normal and twenty-five abnormal (containing a psychiatric patient) families participated. A family was defined as a mother, father, and a child of either sex over age ten. Two phases comprised the test situation. First, each family member reached an individual decision about three emotionally neutral items (e.g. "If you were going to take a trip to Alaska next month, would you rather go by train, car or boat?") and rank ordered responses in terms of preference. Second, the whole family attempted to reach a decision on the same items, jointly considering the preferences of individual members. Several kinds of family decisions emerged: unanimous decisions (where the family choice

corresponded with the individual choices of every member), majority decisions (where the family choice corresponded to the individual choices of two members), dictatorial decisions (where the family choice equaled only one member's preference), and chaotic decisions (where the family choice corresponded to no individual preferences). The data revealed that all families spontaneously agree more often than chance expectations, but also that significantly greater agreement between individual and family preferences existed in the normal family group. In regard to the dictatorial decisions made, sex differences existed in the normal group but not for the abnormals. Father exceeded mother if the child was a boy and mother exceeded father if the child was a girl. In a later study Ferreira (1965) enlarged the preceding study on decision making in the family. Employing the same experimental procedure with a much larger sample (125 families: 50 normal, and 75 abnormal) they investigated two new variables, decision making time and decision appropriateness, in relation to expressed individual need and preferences, as well as the variable studied earlier, amount of spontaneous agreement. Ferreira reported significant differences for several hypotheses: First, he replicated his previous finding concerning differences of spontaneous agreement between normal and abnormal families. Second, abnormal families took more time to reach a joint decision. Third, also as predicted, appropriateness of family decisions was less for the abnormal families.





In another inventive study Ferreira (1963) investigated patterns of rejection and expectancy of rejection in 55 family triads (25 normal and 30 abnormal). First, all family members colored 11 flags with crayons; next, each member judged the other's productions and "threw away those he disliked for any reason whatsoever" (p. 237). Finally, each member of the triad guessed, based on his knowledge of the others, how many of his flags the other members threw away. The data confirmed the hypothesis of more rejection and expected rejection in the pathological family group. On the basis of these results Ferreira postulated that in healthy families an individual tends to expect rejection commensurate with the amount he displays. In the abnormal families the attitudes of "two eyes for an eye" or "no tooth for a tooth" tend to replace the "eye for an eye" principle (p. 244).

Winter, Ferreira, and Olson (1965) asked 125 three-member families to produce conjointly three TAT stories, each story based on a specified three-card sequence. Data analysis derived from the Arnold system of Story Sequence Analysis (1962) on which judges rate sequential themes on a five-point scale of imputed emotional maturity. The scale purports to measure "the degree to which S's motivation, behaviors, and habitual ways of viewing the world are congruent with good mental health" (P. 394). Analysis of results revealed that the Arnold score successfully differentiated normal from abnormal families, but the three abnormal sub-groups (Delinquent, Maladjusted, and

Schizophrenic) did not differ from each other. Utilizing the same sample of family triads and their TAT stories, Ferreira, Winter, and Poindexter (1966) examined several new variables. Data from sessions taped but not observed yielded the following results. Abnormal families required significantly more time to complete their joint TAT stories. With one exception no differences obtained between or within groups in regard to who talked most; children in schizophrenic families talked least of anyone. Examining the possible sequences of "who speaks after whom," contrary to Haley's (1964) earlier finding, the authors observed no significant variation from randomness. Although predicted, no differences between groups in amounts of conversation overlap (times when two or three voices simultaneously occurred on tape) obtained. However, significantly greater amounts of silence existed in the abnormal families as hypothesized. Finally, the authors observed that the spokesman who reported the family's stories usually talked most during the process although the family often never overtly agreed who would later be the spokesman.

In a valuable experiment Fisher, Boyd, Walker, and Sheer (1959) compared the interaction approach with the individual approach. These investigators compared the parents of 20 normal, 20 neurotic, and 20 schizophrenic men on a battery of measures assessing individual functioning and patterns of spouse interaction. As hypothesized the parents of normal men were individually less disturbed

than the parents of neurotics and schizophrenics. However, an interactional measure, derived from couple's formulations of a joint TAT story, proved to be the only measure discriminating parents of neurotics from parents of schizophrenics. Parents of neurotics, in creating their joint TAT stories, interacted with less disagreement, less ambiguity in exchange of opinion, and with more total volume of communication than the parents of schizophrenics. On the basis of their findings Fisher et al. suggested that schizophrenia results from the combined maladjustment of both parents as they interact with the child. They implied from their data that if a husband and wife combined forces in a relatively congruent manner, they compensated to some degree for their individual pathologies. Framo (1965) made the relevant statement, in discussing this study, that the "lack of clarity" of communication between parents and between each parent and the child proves more pertinent to the development of schizophrenia in the child than open parental disagreement and conflict (p. 429).

Haley (1964) analyzed conjoint TAT stories of 80 three-member families (40 normal and 40 abnormal) borrowed from Ferreira and Winter's (1965) study. The 40 abnormal families all included one member suffering from schizophrenia. Haley's approach was simple but revealing. He tabulated the frequencies of all possible sequences of "who speaks after whom." Armed with these data he attempted to answer three questions "basic to family research" (p. 42). The first question, can

we demonstrate that the family is an organization following repetitive interaction patterns?, Haley answered affirmatively by demonstrating that in all families the variations of conversation sequences differ significantly from random expectations. Secondly, he found that the 80 families distributed themselves on a scale of interaction randomness in an approximately normal fashion. Haley investigated the third question, "Can we on some scale, differentiate a disturbed family from a normal one?" (p. 42) by hypothesizing that his normal family group interacted in a fashion more closely approximating random sequences than the abnormal group where existing pathology produces more rigid relationships. A strikingly significant difference ( $p = .00003$ ) between the normal and abnormal families occurred on Haley's scale of interaction randomness, but not without overlap between the groups. Haley also presented pilot study data lending support to the future possibility of measuring therapeutic change via interactional sequence analysis with high reliability.

Lennard, Beaulieu, and Embrey (1965) also studied communication sequence in 20 three-member families (10 normal and 10 families with a schizophrenic son). Data were transcribed accounts of each family discussing three topics for fifteen minutes each (e.g., "When a boy needs a helping hand with homework, is it better for mother or father to help out?"). Sequence analysis of the three party interactions found that in the abnormal families significantly less

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communication flowed from son to father and vice versa, and mutually between mother and father. Viewing the family as a communication control system, the authors examined amount of intrusion (when a third member forces himself into an ongoing interaction between the remaining two parties) in their samples. Schizophrenic sons and their mothers exhibited significantly fewer intrusions than the same member in the normal families, and fathers in the same family; and successful intrusions (where the intruder succeeded in changing the conversation topic of the other two parties) were significantly less in the schizophrenic families. These findings support the dominant-mother, passive-father theory of interaction in schizophrenic families.

Two recent studies present new techniques of family interaction analysis; both assess transcriptions of families responding to a semi-structured interview including tasks such as "Plan an activity that you could all do together as a family." Terrill and Terrill (1965) categorized individual speeches with a re-worked version of the Leary Interpersonal Check List (1957) and presented interpersonal profiles of family members which this complicated procedure yields. Riskin (1963 and 1964) utilizes skilled clinicians, experienced with families, to microscopically rate family members' speeches on several dimensions: communication clarity, topic shifts, agreement with previous speeches, commitment to stated positions, and affective intensity. An experienced clinician listened several times to a six minute tape that

judges independently rated on the above variables; and according to Riskin, he missed a good deal of significant detail gleaned from the microscopic analysis. Quantitative studies with both these promising techniques are yet to be done.

### Methodological Problems Connected With Measuring Family Interaction

This section deals with selected methodological issues evolving out of the previous review of family interaction studies.

#### Sampling Situations

If the goal of presenting a family with tasks to perform or issues to resolve is revelation of the family's interaction style and deeper motivational systems, then clinical researchers presumably must employ some method that circumvents natural family defensiveness and the strong need to present the family as normal. All family interaction research to date apparently assumes the implication in the projective hypothesis; that is, that a family when presented an ambiguous stimulus or a difference to resolve can do naught but respond with its most typical patterns of behavior. Several factors lead one to question the validity of this assumption.

To begin with, the presence of the experimenter during the experimental session (in person or represented by a tape recorder) presents a powerful stimulus which awaits systematic investigation by family researchers. Assuredly,



the experimenter's presence introduces a new variable into the family's interaction behavior not dealt with outside the laboratory setting. Besides the artifacts of the experimental situation remains the aforementioned fact that family members have to live with each other after the interview concludes. Certainly their public responses are tempered by knowledge or expectations of possible consequences or retaliations once they return home.

Even if families could be counted on to consistently remove their masks and interact as they do at home, another question challenges the family researchers. Do the commonly employed experimental tasks accurately sample the significant issues of family living? No one yet has attempted to specify a domain of tasks and situations which family studies might sample. Most issues presented experimentally to families only accidentally represent conflicts the family is encountering at the time. In this connection Framo (1965) suggests the blueprints for two possible experiments:

A meaningful experiment would require that each family be presented with the controversies it is inherently struggling with, not with abstract controversies which result in polite play-acting. Preliminary study of the family should reveal its Achilles's heels (p. 433).

Investigation of symptom-free families in a series of exploratory sessions, dealing with the normal crises every family has to deal with, is one research project worth doing (p. 455).

### Interaction Units

No matter what family life issues one samples there remains the difficult task of appropriate selection and measurement of the interactional behavior. Most attempts to measure family interaction have yet to go beyond the categorizing of interaction units and assess the underlying motivational processes. For example, the Bales system of interaction analysis, probably the most comprehensive non-content system for quantifying face to face interaction, categorizes largely the manifest level of interaction; unconscious determinants of behavior are not tapped. Furthermore, the Bales observer considers only the preceding act in classifying a present one--thereby excluding emotional overtones highlighting an interrelated sequence of behaviors.

Whatever method the family investigator employs in assessing interactional variables, he faces the central problem of time sampling; he cannot just observe and quantify everything in sight. The careful researcher needs to select his variables according to a consistent theory, try not to lose too much in translating from concepts to operations, and attempt to discern how often and when an instance of any given variable occurs. The selection of observation intervals must be done, over-all, so as to give a reliable measure of the population of events. Complicating this procedure is the fact that significant behaviors do not necessarily occur repetitively. Some of the most

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emotionally significant moments of interaction in psychotherapy occur rarely, maybe once.

### Selection of Subjects

Sampling procedures in the selection of subject families continues to pose a problem. We just do not know enough yet about the universe of family dynamics to draw definitive and representative samples. Sampling accuracy assumes consistency; the question of stability of family interaction over time, so crucial to our theories of psychopathology, remains essentially an empirical unknown, urgently awaiting systematic study.

The fact emerges, then, that we are presently very far away from experimental manipulation of significant family life variables; however, certain avenues of approach stand clear on the horizon. Such transactional phenomena as Kell and Miller's (1966) "eliciting behaviors," Bach's (1967) and Bateson's (1962) "double-bind" situation are concepts awaiting operational translation; furthermore, all these concepts are assumed to be relatively permanent interactional processes. Such assumptions call for empirical validation.

## CHAPTER II

### METHOD

#### Subjects

All families in this study consisted of four or five member units (both parents and two or three children) meeting the following criteria for acceptance: (1) every family lived together for at least four uninterrupted years previous to participation in the research; (2) children ranged from ages 7 to 17; (3) all families included at least one male child between 8 and 13; and (4) they met the criteria below for inclusion in one of the two samples studied.

The experimenter defined his two samples as follows: Normal group, composed of 8 families where no member ever received, or was recommended to receive, any type of psychiatric treatment for an emotional or nervous disorder. Normal families were obtained from two sources. Three units volunteered as a result of a call for subjects at local labor union meetings and five volunteered after being recommended by their minister as representing the "most emotionally mature" families in his congregation. For their cooperation all normal families received \$10.00 for each of the two interviews. Clinic group, composed of 8 families waiting for psychotherapy at the Michigan State University

Psychological Clinic, involving both parents and sometimes one or more children; no family received any treatment during the course of this experiment. All clinic families initially contacted the clinic because a male child between age 8 and 13 had been referred for underachievement and/or lack of behavior control in school. Clinic families received no remuneration for their part in the project; the treatment agreement at the Michigan State University Psychological Clinic is that families participate in some ongoing research project since no fees are charged for psychotherapy.

A total of 16 families was tested in this project, 8 normal and 8 clinic. One clinic family, however, refused to return for the second experimental session. Inspection of Table 1 reveals that the two groups are essentially similar in composition except for mean level of fathers' education which is 1.2 years higher in the Clinic sample. This difference, however, is not significantly different from chance expectations for this small a sample. Corresponding statistics for each family appear in Appendix A.

TABLE 1.--Comparison of Normal and Clinic family groups on several composition criteria.

	Mean years of completed education		Mean number of children per family	Mean age of children per family
	Father	Mother		
Normal Family Group	12.8	12.2	2.3	10.6
Clinic Family Group	14.0	12.1	2.6	10.4



### The Interviewing Procedure

After greetings and preliminary remarks to place everyone at ease the interviewer (who saw all families for both sessions) introduced the family to the first conjoint task. Preliminary remarks included reiteration of the fact that two raters would be viewing them through the one-way window and that the purpose of the project was to provide information which would hopefully increase our skills in helping families.

The tasks on the interview schedule occurred as follows:

Task 1: The interviewer saw each family member just long enough to ask him the question, "At this point in time what changes would you like to see made in your family, as a whole or in any particular members?" While the clinician got this information remaining family members waited in an adjoining room with the instructions not to discuss the question among themselves. After the whole family had been queried it met again conjointly and carried out these instructions: "Discuss among yourselves the question I have just asked each of you separately; you may discuss any aspect of the question you wish. The only specific request I wish to make is that at some point you talk about specific steps you might take as a family to bring about any of your desired changes. You will have about four minutes, or more if you need it. I will not take part in your family discussion, but will remain quietly in the room."





Task 2: The whole family was instructed: "Plan an activity you could all do together; it should be something you might actually do. I will leave the room for four or five minutes; choose one person to summarize your plans for me when I return." In succession, father and the children excluding mother, mother and the children excluding father, and husband and wife excluding the children all planned activities with the experimenter present.

Task 3: The parents received a proverb (First interview: While the cat's away the mice will play. Second interview: A rolling stone gathers no moss.). The investigator asked them to discuss between themselves the meaning of the proverb and then to plan how they would teach it to their children. Upon the parent's request the interviewer retrieved the children and they were taught the proverb.

Task 4: First the family arranged its seating so it ordered father, mother, and oldest to youngest child. Part 1: Each person secretly wrote on a blank card what he considered the major fault of the person on his left. The clinician collected the cards, added two (1. "Gets mad too easily." 2. "Too bossy."), and then read each of them aloud. After each statement all family members voted out-loud singularly for "the one person in family the fault best describes." Finally, each family member responded to the question, "What do you see as your major fault?" Part 2: Cards were distributed, marked, and voted on in the above manner; but this time in response to the question, "What



do you like best about the person on your right?" The experimenter again added two cards (1. "Fun to talk to." 2. "Fun to be with."). After voting all family members announced what they most admired about themselves.

Task 5: Each child was asked to name the parent he considered most like himself and to ennumerate one or more similarities; then, differences. Next, the children repeated comparisons and contrasts with parents least like themselves. Subsequently, each parent announced the child most and least similar to himself and specified similarities and differences for both. Finally, both spouses stated felt differences and similarities between each other.

Task 6: The interviewer introduced this task with, "In every family the members display several feelings towards each other at various times. For the next few minutes I'm going to ask each of you a couple of questions about three feelings--angry feelings, sad feelings, and happy feelings."

Part 1. To each child: "What are you most likely to do when you get very mad at your brother(s) and/or sister(s)? How about when you're really mad at your mother or father? Who makes you most angry, most often, in your family? About what?" To both parents: What are you most likely to do when you get very angry with the children? Your spouse? Who makes you maddest most frequently?" Part 2. To the whole family: "What are you most likely to do when you feel sad or hurt inside? What's the saddest time you can remember in your family?" Part 3. To every family member:

"What are you most likely to do when you're really feeling happy about something? What is the happiest time you can remember in this family?"

Task 7: Both parents were queried: "Some parents expect their children to obey immediately when they tell them to be quiet or pick up something and so on; others do not think it is terribly important for a child to obey right away. How do each of you feel about this point? Now suppose one of the children doesn't react right away to a request from you to do something; what is most likely to happen? And if this is not sufficiently effective what follows then?"

Task 8: The whole family was asked to discuss the following situational question: "Suppose two of the children (used actual names) are very angry with each other; how should they let each other know how angry they are?" Emphasis on including all family members in the discussion was stressed. After observing the conversation for two or three minutes the interviewer requested that the family compare their ideas to what actually happens in this situation--if they had not already done so.

Task 9: The experimenter issued identical instructions to Task 8 for the following situation: "Sometimes a child will get very angry at his parents and feel like hitting or shouting angry things at them; how should the child let his parents know how angry he feels?"

All families except one abnormal family experienced the interview twice with an eight to ten week interval between sessions. The whole interview took about an hour and a half to complete. All sessions were tape recorded and observed by two trained raters through a one-way window.

### The Rating Scale

The Family Rating Scale (FRS) used derived essentially from a measuring instrument developed by the Michigan State University Psychological Clinic during the year previous to collection of data for this study. The Michigan State University Clinic intended the parent scale to measure variables observed in standardized family intake interviews. The items were constructed on the basis of their purported importance in the process of family interaction, as implied in several theoretical approaches to family therapy (Ackerman, 1958; Satir, 1964; etc.).

Before proceeding with this study ten pilot families (all either in treatment at the Michigan State University Clinic or on the psychotherapy waiting list) participated in the standardized interview and were rated by two observers on the original scale items. The reader will find the original scale in Appendix B. Thirty Likert scale items yielded a mean inter-rater reliability coefficient of .63 per item.

As a result of the pilot study (ten families) the author created the final version of the Family Rating Scale (FRS). FRS consists primarily of items from the parent



scale. Some parent scale items were discarded because of irrelevancy or redundancy; several new items were added to better tailor the FRS to the behaviors elicited by the standard interview. Immediately after each interview observers independently rated the family on the FRS as it appears in Appendix C.

### The Raters

Four raters cooperated to make this research a reality. All were graduate students in clinical psychology at Michigan State University; two at the first year level, two at the second year level. Only the second year students had done some previous family diagnostic work, so interviews with the ten pilot families served to train the raters. The research design called for three raters, employed two at a time; the fourth rater became an alternate when a regular missed a session. The experimenter assigned raters so that by the conclusion of the study each family had been observed by three different raters (two each interview). Families were interviewed in a random order and observers did not know to which group any given family belonged. The mean correlations of agreement for each pair of raters in interview 1 are as follows: .64 for rater combination 1 and 2; .50 for combination 2 and 3; and .74 for combination 1 and 3. Mean correlations for interview 2 are: .58 for rater combination 1 and 2; .57 for combination 2 and 3; and .65 for combination 1 and 3.





## CHAPTER III

### RESULTS

#### Inter-Rater Reliability

The Family Rating Scale (FRS) included 45 five-point Likert scales (1 = most, and 5 = least pathological) measuring variables assumed to be continuous. To begin with, inter-rater reliability coefficients (Person  $r$ 's) were calculated for each Likert scale item on the FRS (see Table 2); the number of paired observations for each reliability coefficient consisted of all families in the study (16 for interview 1; 15 for interview 2). Final data analysis derived from pooled judgment scores (rater 1 + rater 2) on those continuous items where the inter-rater reliability coefficients were found to be significantly different from zero when  $p = .05$  (i.e. an  $r$  of .43 or greater for interview 1; .44 or greater for interview 2). Nineteen consistently rated items remained for interview 1 after this procedure; 34 for interview 2. Far more items were judged consistently for interview 2.

Using the pooled judgment scores for only the consistently rated Likert items, over-all inter-rater reliability coefficients were then determined within each family for both groups. Table 3 presents these correlation coefficients

and the means for each group. Judges tended to rate the clinic families with higher agreement on both interviews.

TABLE 2.--Inter-rater reliability coefficients for Likert scale items of the Family Rating Scale.

Item Designation	Interview		Item Designation	Interview	
	1	2		1	2
IA	.42	.64	IIIG	.26*	.67
IB	.58	.79	IVA	.25*	.59
IC (Father)	.21*	.87	IVB	.19*	.68
IC (Mother)	.32*	.70	IVC	.25*	.49
IE	.50	-.36*	IVE (Father)	.26*	.26*
IF	.50	.74	IVE (Mother)	.03*	-.23*
II	.17*	.76	IVF (Father)	.31*	.08*
IIA	.50	.64	IVF (Mother)	.14*	.33*
IIB	.00*	.34	IVG (Father)	.56	.83
IID	.85	.84	IVG (Mother)	.50	.79
IIH (Father)	.62	.33*	IVI (Father)	.78	.91
IIH (Mother)	.46	.16*	IVI (Mother)	.40*	.56
III	.31*	.73	IVI (Oldest)	.72	.66
IIJ	.36*	.80	IVI (Youngest)	.52	.69
IIF (Father)	.51	.83	IVI (Middle)	.69	.78
IIF (Mother)	.61	.71	IVJ	.44	.89
IIIA	.64	.67	IVK	.20*	.71
IIIB	.20*	.69	IVL	.26*	.25*
IIIC	.56	.39*	IVM	.23*	.57
IIID	.46	.34*	IVN	.65	.96
IIIE	.16*	.77	IVO	.20*	.23*
IIIF	.38*	.79			

\*Not significantly different from zero correlation when  $p = .05$ .

### Test of Hypothesis I

Hypothesis I, which stated that ratings of family interaction observed in the standardized interview will reveal differences between normal and clinic families, was tested in several steps.



TABLE 3.--Inter-rater reliability coefficients within each family for both interviews.

Families	Interview 1*	Interview 2**
Normal Group		
1	.62	.08***
2	.44	.26***
3	.45	.72
4	.19***	.52
5	.42	.51
6	.35***	.69
7	.62	.42
8	.70	.51
$\bar{X}$ =	.47	$\bar{X}$ = .46
Clinic Group		
9	.63	.79
10	.76	.84
11	.71	.84
12	.46	.82
13	.74	.77
14	.80	.89
15	.73	.76
16	.82	Absent
$\bar{X}$ =	.71	$\bar{X}$ = .82

\* n of 19 items

\*\* n of 34 items

\*\*\* r not significantly different from zero when  $p = .05$ .

Summing only the consistently rated Likert scale items provided an over-all pathology score for each family; these scores and the means for each group appear in Table 4. The t test, applied to the difference between normal and clinic group mean pathology scores, yielded highly significant differences between the two groups for both interviews. The t



ratio was 3.34 for interview 1 ( $p = .005$  with 14 d.f. and 19 items); 4.19 for interview 2 ( $p = .005$  with 13 d.f. and 34 items). As hypothesized, the normal and clinic families differed significantly on several measurable variables.

TABLE 4.--Over-all pathology scores for individual families for both interviews.

Families	Interview 1*	Interview 2**
Normal Group		
1	105	311
2	136	307
3	89	309
4	117	293
5	109	308
6	122	325
7	100	276
8	91	318
	$\bar{X} = 108.62$	$\bar{X} = 305.88$
Clinic Group		
9	134	249
10	144	284
11	132	191
12	104	291
13	126	224
14	149	177
15	140	209
16	130	Absent
	$\bar{X} = 132.38$	$\bar{X} = 232.14$

\* n of 19 items

\*\* n of 34 items

Specification of Likert scale items which singularly discriminated between normal and abnormal groups appears in

Table 5. In all cases the normal group obtained less pathological judgment scores than did the abnormal group. (Appendices E and D present the inter-correlations for consistently rated items during interviews 1 and 2 respectively.) For detailed inspection of any item listed in Table 5 consult Appendix C where the experimental version of FRS is found.

TABLE 5.--T ratios between group means on consistently rated for both interviews.

FRS Item Designation	FRS Item Label	t ratios Interview 1	t ratios Interview 2
IA	Overt Agreement	2.56**	1.40
IB	Covert Agreement	1.66	1.64
IC(Father)	Communication Clarity: Prevalence of Double Messages	--	2.02*
IC(Mother)	Communication Clarity: Prevalence of Double Messages	--	4.26***
IE	Degree of Consensus with Family Spokesman	1.90*	3.05***
IF(Father)	Communication Discrepancy	.63	.93
IF(Mother)	Communication Discrepancy	--	.94
IF(Oldest)	Communication Discrepancy	1.68	1.43
IF(Youngest)	Communication Discrepancy	--	.63
II	Freedom of Speech	--	1.69
IIA	Decision Making Potential	1.68	2.57**
IIB	Stability of Decisions	--	1.86*
IID	Balance of Power	-.40	.74
III	Degree of Insight into Alignments	--	2.21**
IIJ	Over-all Comfort with Role Relationships	--	3.45***
IIK(Father)	Over-all Emotional Maturity	1.82*	5.70***
IIK(Mother)	Over-all Emotional Maturity	.93	5.29***



TABLE 5.--Continued.

FRS Item Designation	FRS Item Label	t ratios Interview 1	t ratios Interview 2
IIIA	Cooperation	--	2.34**
IIIB	Cohesiveness	2.00*	4.14***
IIIC	Closeness	3.60***	--
IIID	Tolerance of Differences	1.82*	--
IIIE	Manifest Tension	--	2.66***
IIIF	Openness of Family System	--	2.36**
IIIG	Participation in Session	--	.82
IVA	Spontaneity of Affect	--	1.74
IVB	Amount of Anger	--	4.18***
IVC	Control of Anger	--	1.92*
IVG(Father)	Severity for Negative Sanctions	.51	3.85***
IVG(Mother)	Severity for Negative Sanctions	1.96*	6.00***
IVI(Father)	Positive Self Regard	1.20	2.34**
IVI(Mother)	Positive Self Regard	--	1.04
IVI(Oldest)	Positive Self Regard	1.06	2.17**
IVI(Youngest)	Positive Self Regard	.58	2.38**
IVJ	Warmth	1.83*	2.59**
IVK	Empathy	--	2.32**
IVN	Happiness	2.54**	2.15**
Totals		19 items	34 items

\* p = .05  
 \*\* p = .025  
 \*\*\* p = .01

A handful of FRS items were not Likert scales, but rather called for discrete, categorical judgments, e.g., "From the following six categories check the top most used techniques of behavior training for each parent." All such items except one failed to provide sensible bases for judgments, either because of faulty item construction or absence of appropriate behaviors to rate in the standard interview



situation. Consequently, items IIE, IIF, IIG, IVD, IVH, IVM, and IVO were discarded at the stage of data analysis.

Only item IIC, Decision Making Process, was analyzed with the  $X^2$  test for independence between two samples. Judges chose one of three categories (1. Laissez-faire, 2. Authoritarian, or 3. Equalitarian) that best described the family being rated. Category consensus between judges was satisfactory (75% agreement, interview 1; 93%, interview 2). Categories 1 and 2 were combined to form one cell in order to increase the expected frequencies for the  $X^2$  calculation, and the Yates correction for  $X^2$  with small samples was also employed (Walker and Lev, 1953, p. 106). No differences between groups obtained for interview 1 ( $X^2 = .06$ ,  $p = .20$ ); however, abnormal families were judged to be either laissez-faire or authoritarian for interview 2, while the normal families were all rated in the equalitarian category ( $X^2 = 11.25$ ,  $p = .001$ ).

#### Test of Hypothesis II

Hypothesis II, which stated that ratings of family interaction observed during interview 1 are relatively similar to ratings made during interview 2, was tested in two ways.

First, correlations were calculated between interview 1 and 2 for each family with an  $n$  of 17 items, those items rated consistently during both interviews. Table 6 contains those measures of temporal similarity. Inspection of

Table 6 reveals weak confirmation of Hypothesis II. Although all correlation coefficients are in the predicted direction only 7 of the 15 families reach the .05 level of significance i.e., an  $r$  of .40 or higher. On the other hand, the mean correlation for each group just reaches this level. No differences between normal and abnormal family groups stand out in this family by family analysis of temporal similarity.

TABLE 6.--Temporal stability correlations between interview 1 and 2 for each family on 17 consistently rated items.

Family	Normal Family Group	Family	Clinic Family Group
1	.29	9	.54*
2	.23	10	.48*
3	.28	11	.39
4	.65*	12	.12
5	.31	13	.14
6	.41	14	.55*
7	.74*	15	.59*
8	.57*	16	Absent 2nd Interview
	$\bar{X} = .41$		$\bar{X} = .40$

\* Significantly different from zero correlation when  $p = .05$ .

Second, the pooled judgment scores on the 17 items rated consistently during both interviews, were summed to yield a single pathology score for each family. The  $t$  ratio tested for significant differences between interview 1 and 2 group mean pathology scores. Apparently the judges consistently rated the normal families as slightly less pathological

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during the second interview ( $t$  ratio = -2.48,  $p$  = .025 with 14 d.f.); no such differences obtained between interview 1 and 2 for the clinic family group ( $t$  ratio = -.04,  $p$  = greater than .25 with 13 d.f.).

Table 7 contains  $t$  test comparisons between interview 1 and 2 mean scores for each item, thereby indicating which items were individually rated with least stability over time. Only five items (marked by an asterisk) singularly discriminated between the two interviews for the normal family group.

TABLE 7.-- $T$  test comparisons between interview 1 and 2 on each item for both experimental groups.

FRS Item Designation	FRS Item Label	$t$ ratios Normal Group	$t$ ratios Clinic Group
IA	Overt Agreement	0.00	-0.73
IB	Covert Agreement	-1.21	-0.02
IE	Consensus with Spokesman	-3.32*	-0.07
IF(Father)	Communication		
	Discrepancy	-1.65	-0.49
IF(Oldest)	Communication		
	Discrepancy	-0.97	-0.99
IIA	Decision Making Potential	-1.13	0.47
IID	Balance of Power	-1.39	0.05
IIK(Father)	Over-all Emotional		
	Maturity	-1.73	1.02
IIK(Mother)	Over-all Emotional		
	Maturity	-1.56	1.29
IIIB	Cohesiveness	-0.29	0.43
IVG(Father)	Severity for		
	Negative Sanctions	-2.45*	1.08
IVG(Mother)	Severity for		
	Negative Sanctions	-2.51*	0.10
IVI(Father)	Positive Self Regard	-0.78	0.11
IVI(Oldest)	Positive Self Regard	-1.48	-0.63
IVI(Youngest)	Positive Self Regard	-0.93	0.60
IVJ	Warmth	-1.84*	0.10
IVN	Happiness	-1.92*	-0.84

\*  $p$  = .05 or less.

## CHAPTER IV

### DISCUSSION

#### Inter-Rater Reliability

Two findings in regard to inter-rater agreement bear discussing.

First, and rather thought provoking, is the finding that judges rated the clinic families with consistently more mutual agreement than the normal families (see Table 3). One plausible explanation for this discrepancy derives from noting the participation sets which each experimental group probably possessed. The clinic families, because they were on the Michigan State University Psychological Clinic treatment waiting list, previously experienced the Clinic's intake procedure. Typically, the intake procedure includes individual conferences with each family member, a family interview, and sometimes diagnostic testing with the identified patient. By nature of that experience and their personal commitment to future psychotherapy, one could easily maintain that the clinic families were unintentionally primed for participation in this research project. In short, the clinic family group practiced, before the study, revelation of intra-familial difficulties as part of their request for extra-familial help. Furthermore, the clinic families may

have considered, although informed otherwise, that the two project interviews were somehow connected to their treatment.

The normal families, on the other hand, knew they were being compared to a clinic group of families. Naturally, their participation set would be to show the experimenter just how "normal" and "adjusted" they really function. Whereas the clinic family group's set for more honest self revelation might increase inter-judge agreement, the normal group's set to demonstrate their "normality" might very well restrict their range of typical behaviors and thereby depress inter-judge agreement scores.

Another possibility is that the normal family group is more homogeneous and therefore more restricted in the range of behaviors rated in this study. Inspection of the range of over-all pathology scores for each family (see Table 4) reveals that the normal family group is, in fact, more restricted. Thus, the differential consistency with which the judges rated the two experimental groups is, no doubt, related to the two groups inherent difference in variability.

Second is the finding that judges rated far more items consistently during interview 2 than during interview 1: 35 compared to 19 respectively. Although he has no way of directly proving the following assertion, the author maintains that this difference results from the raters increased skill and experience with the measuring instrument. Essentially, this is a desirable practice effect.



Hypothesis I

Experimental Hypothesis I was confirmed; that is, normal and clinic families differed significantly on several interaction variables. The reader will remember that the judges rated family interaction immediately after the standard interview, and that they therefore made their judgments on the basis of global impressions of the families' behavior. Consequently, one cannot purport that judgment scores reflect 100% the content of every FRS item. Examination of Appendix D suggests that the notorious "halo effect" exerted considerable influence on the interview 1 results. The mean intercorrelation between only discriminating items was .52 as compared to .29 for the non-discriminating items. This pattern, although not as clearcut for interview 2 seems again to be operating (see Appendix E). The mean intercorrelation between discriminating items was .53 as compared to .39 for the non-discriminating items. In short, the raters clearly discriminated between the experimental groups in a sort of gross, over-all fashion; but which of the significant differences between the two groups on specific items are real, a result of the halo effect, or both is not at once discernible. With this in mind the author will specify the variables (FRS items) which singularly discriminated between the normal and clinic samples.

Study of Table 5 reveals that the judges' pooled ratings for interview 1 differentiated normal and clinic families on ten separate items. All interview behavior

considered, normal families agreed with each other more often than clinic families (item IA), as well as exhibiting more consensus with individual members who from time to time acted as family spokesman (item IF). At the same time, normal families displayed more tolerance for intra-family diversity of opinions and actions (item IIID). Normal families were judged as more openly expressive of warmth between members (item IVJ), as more comfortable in each other's company (item IIIC), and as possessing more spirit of unity, or identification with the family unit (item IIIB). The mothers, but not the fathers, in the normal group were assessed to be less severe in administering negative sanctions in child rearing. Both parents, however, demonstrated significantly more over-all satisfaction with their various family roles i.e., spouse, parent, provider, individual, etc. (item IIK). Finally, normal families appeared to be happier than clinic families (item IVN).

Only one item (IA: Overt Agreement) which differentiated between the groups in interview 1 failed to do so in interview 2; two other discriminating items (IIIB: Closeness, IIID: Tolerance of Differences) from interview 1 eluded analysis in interview 2 because of insufficient inter-rater reliability. Eleven additional items, not rated consistently enough to merit analysis for interview 1, emerged as adequate discriminators during interview 2.

The eleven discriminating items peculiar to interview 2 complement empirical confirmation of Hypothesis I. Normal

and clinic families differed markedly in the manner that decisions were reached; the observers assessed the normals' decision-making process as equalitarian and shared, the clinics' as either authoritarian or laissez-faire (item IID). Furthermore, the normals obtained higher judgment scores on potentiality for reaching rational family decisions (item IIIA), as well as the capacity to stick with decisions once they were finalized (item IIIB). Normal families displayed less manifest tension (item IIIE); more interpersonal empathy (item IVK); and less overt anger, either towards each other or extra-familial objects (items IVB). Anger also tended to be more controlled, even over-controlled, in the normal family group (item IVC). Judges perceived both parents in the normal group as communicating fewer double messages to each other and to their children than in the clinic group (item IC), and as less severe in administering negative sanctions as child rearing practices (item IVC). Normal families exhibited more insight about inter-member alignments than did clinic families (item III). Finally, normal family members were noted to feel more positively towards themselves, to possess more positive self regard than the clinic families (item IVI).

Some of the above differences between normal and clinic families are consonant with previous findings in the family interaction literature. Two earlier studies (Fisher et al., 1959 and Ferreira, 1965) found as did this research that normal families exhibit more inter-member agreement than do

clinic families. Fisher et al. (1959) studied conjoint family TAT stories; Ferreira (1965), the family decision-making process. The finding that parents of normal families are both judged emotionally healthier than parents of clinic families was also reported by Winter et al. (1965); in contrast to the present study Winter rated parents' joint TAT stories.

Differences between normal and clinic families that were found on the variables measured by the remaining items represent this project's addition to existing family interaction literature. However, the author finds it somewhat difficult to explicate these welcomed results, primarily because the item content is not always associated with a specific behavior incidence occurring during the interview. This is a major shortcoming of the global rating procedure employed herein. It is significant, indeed, to discover that two samples so small as those in this study can be reliably differentiated with this technique, but family interaction research must proceed beyond this point if more sophisticated classification systems of family types are to evolve. The distinct contribution of this study is that its results suggest fruitful variables for further, detailed research.

### Hypothesis II

Two findings concerning the hypothesis of predicted temporal similarity of interaction will be discussed.

First, the correlations between interviews 1 and 2 for each family on the 17 consistently rated items ranged from .12 to .74 with an over-all mean correlation of .41. This finding suggests that there exists a core of interaction consistency over time for both experimental groups which exhibits itself in various degrees for each individual family. Although the measures of temporal similarity are not as high as pre-study expectations, they stand almost alone in contrast to the majority of family interaction studies lacking such measures of reliability over time. Such a finding lends welcome support to the assumption underlying family research that typical interactions are relatively permanent structures.

Another reason for attempting to assess the temporal stability of an interaction rating scale is to ascertain its potential for measuring change which occurs as a product of the psychotherapeutic relationship. The level of temporal stability yielded by the FRS as it now exists will need to be improved somewhat to render an adequate instrument for gauging psychotherapeutic change. Such improvement will probably take the shape of better operationalizing the variable represented by the items that together distinguish between the normal and clinic groups.

At this stage of the family research enterprise, however, expecting higher temporal stability than found in the project is, perhaps, a bit unrealistic. Heightened reliability in assessing family interaction over time will

not be forthcoming until measuring instruments reflect changes in conceptual schemes which include genotypes as well as phenotypes of family interaction. Instruments such as the rating scale herein primarily reflect temporal changes in phenotypic rather than genotypic interactions. Consequently, low temporal reliability scores inaccurately reveal genotypic stability which is assumed to be more unchanging over time.

To punctuate these assertions, visualize a family characterized by a particular type of inappropriate sexual seductiveness; that is, a family marked by repetitive, covert sexual interaction between the parents and children. In light of the above argument, assessing this family with FRS on two different occasions could readily yield valid ratings so far as each item is concerned, but low scores on the similarity measures. How might this occur? Observers might witness the family's seductiveness during interview 1 via a heated argument between the father and teenage daughter while the mother seems bored and lost in a day-dream. Interview 2 might reveal a different example of seductiveness altogether, an incident featuring both parents, but especially the mother, depreciating their pre-adolescent son's young and attractive female teacher with whom he is persistently negativistic. Taking these different instances of inappropriate seductiveness, observers might very likely judge this family higher on Amount of Overt Anger (item IVE) than on amount of Warmth and Empathy (items IVJ and IVK

respectively) after interview 1, but vice versa after interview 2. In short the ratings accurately reflect the phenotypic interaction fluctuation (anger, empathy, and warmth), but reveal little about the genotypic stability (degree of inappropriate sexual seductiveness).

It appears to this author that a salient goal for further research is the delineation of central genotypic interactions in the complex process of family living. This endeavor will most likely evolve from a wedding of relevant interpersonal theory and the discovery of inter-relationships between empirically known phenotypical interactions. Earlier in this paper such concepts as Bach's (1967) "marital fighting styles," Berne's (1964) "transactional games," Kell and Meuller's (1966) "eliciting behaviors," Bateson's (1962) "double bind," and Wynne's "pseudomutuality," were suggested as relevant theoretical sources. Delineation of genotypes in family interaction may be expedited by employment of a non-linear model such as Crego's (1966) pattern analytic approach.

Second, *t* tests for significant differences between interview 1 and 2 mean group pathology scores yielded an interesting finding. The normal family group was rated significantly less pathological after the second interview; no such differences obtained for the clinic group. Interviews 1 and 2 were essentially identical in format and families obviously anticipated this fact early in the second session.

Why then did the normal families change in amount of judged pathology, but not the clinic ones? One plausible explanation may represent an important difference between the two experimental groups. The normal families apparently profit from practice and perfect smoother ways of carrying out the experimental tasks when encountered a second time. Such flexibility is less characteristic of families like the clinic sample seeking psychiatric help.

The items which singularly reflect this flexibility most are presented in Table 7 (i.e., items marked by an asterisk). During interview 2, as compared to interview 1, the normal families were judged as a group to be significantly different from itself on five items, in the direction of exhibiting less pathology. During interview 2 normal families displayed more consensus with individual members who from time to time acted as family spokesman, less severity for negative sanctions on the part of both parents, more warmth between members, and more happiness.



## CHAPTER V

### SUMMARY

This study was undertaken to explore two questions of family interaction: (1) Can we distinguish between "normal" and "abnormal" families in terms of interaction processes? and (2) How stable are family interaction processes over time? Eight normal and seven abnormal families (four or five members each) participated in two similar semi-structured interviews with an 8-10 week interval between sessions; two trained observers rated each family on an instrument consisting of 50 items, mostly five-point Likert scales. Normal families had no known history of psychiatric disorder or treatment and were obtained through labor union and church groups. Abnormal families were all drawn from the treatment waiting list of the Michigan State University Psychological Clinic.

It was hypothesized that (1) judges' ratings of family interaction observed in the standard interview would reveal differences between the normal and clinic families, and (2) that these interaction ratings would be relatively similar in the first and second sessions.

Nineteen items from the Family Rating Scale yielded inter-rater reliability coefficients that were adequate;



34 from interview 2. The criterion of adequacy was that an inter-rater reliability coefficient be significantly different from zero at the .05 level (i.e., an  $r$  of .43 or greater for interview 1; .44 or greater for interview 2). Statistical analysis to test Hypothesis I issued from the responses to these items. Hypothesis II was tested by analysis of judges' responses to the 17 items with adequate inter-rater reliability for both interviews.

Regarding the first hypothesis normal families were differentiated from the clinic families by over-all pathology scores and a number of individual Family Rating Scale items. A picture of the normal family in this study emerged from the data. In comparison to the clinic families the normals are characterized by more inter-member agreement, more capacity for reaching common decisions in an equalitarian fashion, less over-all anger but more tolerance of individual independence in thought and action, more interpersonal warmth and cohesiveness, less manifest tension, and a greater degree of happiness. A most significant complement to this description is that both parents in the normal families displayed more over-all satisfaction and effectiveness within their various family roles.

The second hypothesis was tested in two ways. First, the correlations between interview 1 and 2 for each family ranges from .12 to .74 with an over-all mean correlation of .41. Although these measures of temporal stability are

not as high as pre-study expectations, they suggest that there exists a core of interaction consistency over time for both experimental groups. Such finding lends support to the premise, frequently assumed in family research projects but seldom tested, that typical interactions are relatively permanent structures.

Second, t tests between interview 1 and 2 group mean pathology scores revealed that normal families were rated as significantly less pathological after the second interview; no such differences obtained for clinic families. This interesting finding may reveal a basic difference between normal families and those which seek some form of psychiatric help, a differential capacity to profit from practice and perfect smoother ways of carrying out the experimental tasks when encountered a second time.

Finally, evaluation of this study's findings led the author to suggest directions for further family interactional research.

## REFERENCES

## REFERENCES

- Arnold, M. 1962. Story Sequence Analysis. New York: Columbia University Press.
- Asch, S. E. 1951. "Effects of Group Pressure Upon the Modification and Distortion of Judgments," Groups, Leadership and Men. Ed. H. Guetzkow. Pittsburgh: Carnegie Press, pp. 177-190.
- Bach, G. 1967. Intimate Enemies. (To be published January, 1967.)
- Bach, G., Bacon, D. L., Searles, H. F., Warkentin, J., and Leland, T. 1966. "Conference by Telephone Discussing Hate and Aggression in Psychotherapy," Voices, 1, 18-31.
- Bachove, C., and Zubaly, B. M. 1965. "Exploratory Study of Family Inter-relationships in a Small Sample of Non-clinic Families," Masters thesis, Bryn Mawr, described in Chapter 11, Intensive Family Therapy. Ed. Boszormenyi-Nazy and Framo. New York: Hoeber Medical Division, Harper and Row.
- Baldwin, A. L. 1949. "Effects of Home Environment on Nursery School Behavior," Child Development, 20, 49-62.
- Bales, R. F. 1952. "Some Uniformities of Behavior in Small Social Systems," Readings in Social Psychology. Ed. G. E. Swanson, T. M. Newcomb, and E. L. Hartley, New York: Holt.
- Bateson, G., Jackson, D. D., Haley, J., and Weakland, J. H. 1956. "Towards a Theory of Schizophrenia," Behavioral Science, 1, 251-264.
- \_\_\_\_\_. 1962. "A Note on the Double Bind," Family Process, 2, 154-164.
- Bavelas, A. 1950. "Communication Patterns in Task-Oriented Groups," J. Acoust. Soc. Amer., 22, 725-730.
- Berne, E. 1964. Games People Play. New York: Grove Press, Inc.



- Bishop, B. M. 1951. "Mother-Child Interaction and the Social Behavior of Children," Psychol. Monogr., No. 11, 65, 1-43.
- Borgatta, E. F., Cotrell, L. S., and Mayer, H. J. 1956. "On the Dimensions of Group Behavior," Sociomet., 19, 223-240.
- Caputo, D. V. 1963. "Parents of Schizophrenics," Family Process, 2, 339-356.
- Cartwright, D., and Zander, A. 1962. Group Dynamics: Research and Theory. (2nd edition). Evanston, Ill.: Row, Peterson.
- Champney, H. 1941. "The Measurement of Parent Behavior," Child Develop., 12, 131-166.
- Crutchfield, R. S. 1955. "Conformity and Character," Amer. Psychol., 10, 191-198.
- Drechsler, R. J., and Shapiro, M. I. 1961. "A procedure for Direct Observation of Family Interaction in a Child Guidance Clinic," Psychiatry, 24, 163-170.
- \_\_\_\_\_. 1963. "Two Methods of Analysis of Family Diagnostic Data," Family Process, 2, 367-379.
- Epstein, N. B., and Westley, W. A. 1959. "Patterns of Intra-Familial Communication," Psychiatric Research Reports. Ed. D. E. Cameron and M. Greenblatt, Vol. 11, pp. 1-12.
- Farina, A. 1960. "Patterns of Role Dominance and Conflict in Parents of Schizophrenics," J. Abnorm. Soc. Psychol., 61, 31-38.
- Farina, A., and Dunham, R. N. 1963. "Measurement of Family Relationships and Their Effects," Arch. Gen. Psychiat., 9, 64-73.
- Ferreira, A. J. 1963. "Decision-making in Normal and Pathological Families," Arch. Gen. Psychiat., 8, 68-73.
- \_\_\_\_\_. 1963. "Rejection and Expectancy of Rejection in Families," Family Process, 2, 235-244.
- Ferreira, A. J., and Winter, W. D. 1965. "Family Interaction and Decision Making," Arch. Gen. Psychiat., 13, 214-223.



- Ferreira, A. J., Winter, W. D., and Poindexter, E. J. 1966. "Some Interactional Variables in Normal and Abnormal Families," Family Process, 5, 60-75.
- Festinger, L., Schachter, S., and Back, K. W. 1950. Social Pressures in Informal Groups. New York: Harper.
- Festinger, L., Pepitone, A., and Newcomb, T. M. 1952. "Some Consequences of De-individuation in a Group," J. Abnormal Soc. Psychol., 46, 382-389.
- Fisher, S., Boyd, I., Walker, D., and Sheer, D. 1959. "Parents of Schizophrenics, Neurotics, and Normals," Arch. Gen. Psychiat., 1, 149-166.
- Fouriezos, N. T., Hutt, M. L., and Guetzkow, H. 1950. "Measurement of Self-Oriented Needs in Discussion Groups," J. Abnorm. Soc. Psychol., 45, 682-690.
- Framo, J. L. 1965. "Systematic Research on Family Dynamics," Intensive Family Therapy. Ed. Boszormenyi-Nagy, I., and Framo, J. L. New York: Hoeber Medical Division, Harper and Row. Chapter 11.
- French, J. R. P. 1941. "The Disruption and Cohesion of Groups," J. Abnorm. Soc. Psychol., 36, 361-377.
- Garmezy, N., Farnia, A., and Rodnick, E. H. 1960. "The Structured Situation Test: A Method for Studying Family Interaction in Schizophrenia," Amer. J. Orthopsychiat., 30, 445-452.
- Gross, E. 1956. "Symbiosis and Consensus as Integrative Factors in Small Groups," Amer. Sociol. Rev., 21, 174-179.
- Haley, J. 1962. "Family Experiments: A New Type of Experimentation," Family Process, 1, 265-293.
- \_\_\_\_\_. 1964. "Research on Family Patterns; An Instrument Measurement," Family Process, 3, 41-65.
- Hare, A. P. 1962. Handbook of Small Group Research. Glencoe, Ill.: Free Press.
- Kell, B., and Mueller, W. 1966. Impact and Change: A Study of Counseling Relationships. New York: Appleton-Century-Crofts, 1966.
- Kelley, H. H. 1951. "Communication in Experimentally Created Hierarchies," Hum. Rel., 4, 39-56.

- Kenkel, W. F., and Hoffman, D.K. 1956. "Real and Conceived Roles in Family Decision Making," Marr. & Fam. Liv., 19, 323-343.
- Leary, T. 1957. Interpersonal Diagnosis of Personality. New York: Ronald Press.
- Leavitt, H. J. 1951. "Some Effects of Certain Communication Patterns on Group Performance," J. Abnorm. Soc. Psychol., 46, 38-50.
- Lennard, H. L., Beaulieu, M. R., and Embrey, N. G. 1965. "Interaction in Families with a Schizophrenic Child," Arch. Gen. Psychiat., 12, 166-183.
- Levinger, G. 1965. "The Assessment of Family Relationships: A Progress Report," Western Reserve University, Cleveland, Ohio, (mimeo), described in Chapter 11, Intensive Family Therapy. Ed. Boszormenyi-Nagy and Framo. New York: Hoeber Medical Division, Harper and Row.
- March, J. G. 1953. "Husband-Wife Interaction over Political Issues," Pupl. Opin. Quar., 17, 461-470.
- Mills, T. M. 1953. "Power Relations in Three-Person Groups," Amer. Sociol. Rev., 18, 351-357.
- \_\_\_\_\_. 1954. "Power Relations in Three-Person Groups," Amer. Sociol. Rev., 19, 657-667.
- Moustakas, C. E., Sigel, I. E., and Schalock, H. D. 1956. "An Objective Method for the Measurement and Analysis of Child-Adult Interaction," Child Develop., 27, 265-279.
- Osgood, C. E., Suci, G. L., and Tannebaum, P. H. 1957. The Measurement of Meaning. Urbana: University of Illinois Press.
- Parsons, T. 1955. "Family Structure and the Socialization of the Child," Family, Socialization, and Interaction Process. Ed. T. Parsons and R. F. Bales. Glencoe, Ill.: Free Press, pp. 35-131.
- Riskin, J. 1963. "Methodology for Studying Family Interaction," Arch. Gen. Psychiat., 8, 343-348.
- \_\_\_\_\_. 1964. "Family Interaction Scales: A Preliminary Report," Arch. Gen. Psychiat., 11, 484-494.



- Rodnick, E. H. and Garmezy, N. 1957. "An Experimental Approach to the Study of Motivation in Schizophrenia," Nebraska Symposium on Motivation. Ed. M. R. Jones. Lincoln: University Press, pp. 109-184.
- Ruesch, J., Block, J., and Bennett, L. 1953. "The Assessment of Communication: A Method on the Analysis of Communications," J. Psychol., 35, 59-80.
- Schmideberg, M. 1948. "Parents as Children," Psychiat. Quart., 22, 207-218.
- Strodtbeck, F. L. 1951. "Husband-Wife Interaction Over Revealed Differences," Amer. Sociol. Rev., 16, 468-473.
- \_\_\_\_\_. 1954. "The Family as a Three-Person Group," Amer. Sociol. Rev., 19, 23-29.
- Terrill, J. M., and Terrill, R. E. 1965. "A Method for Studying Family Communication," Family Process, 4, 259-290.
- Walker, H. M., and Lev, J. 1953. Statistical Inference. New York: Holt, Rinehart, and Winston, Inc.
- Weakland, J. 1962. "Family Therapy as a Research Arena," Family Process, 1, 63-69.
- Winter, W. D., Ferreira, A. J., and Olson, J. L. 1965. "Story Sequence Analysis of Family TAT's," J. Proj. Techn. and Person. Assess., 29, 392-397.
- Wynne, L. C., Ryckoff, I. M., Day, J., and Hirsch, S. I. 1958. "Pseudo-Mutuality in the Family Relations of Schizophrenics," Psychiat., 21, 205-220.
- Wynne, L. C. 1961. "The Study of Intrafamilial Alignments and Splits in Exploratory Family Therapy," Exploring the Base for Family Therapy. Ed. N. W. Ackerman, F. L. Beatman, and S. N. Sherman. New York: Fam. Serv. Ass. of America, pp. 95-115.

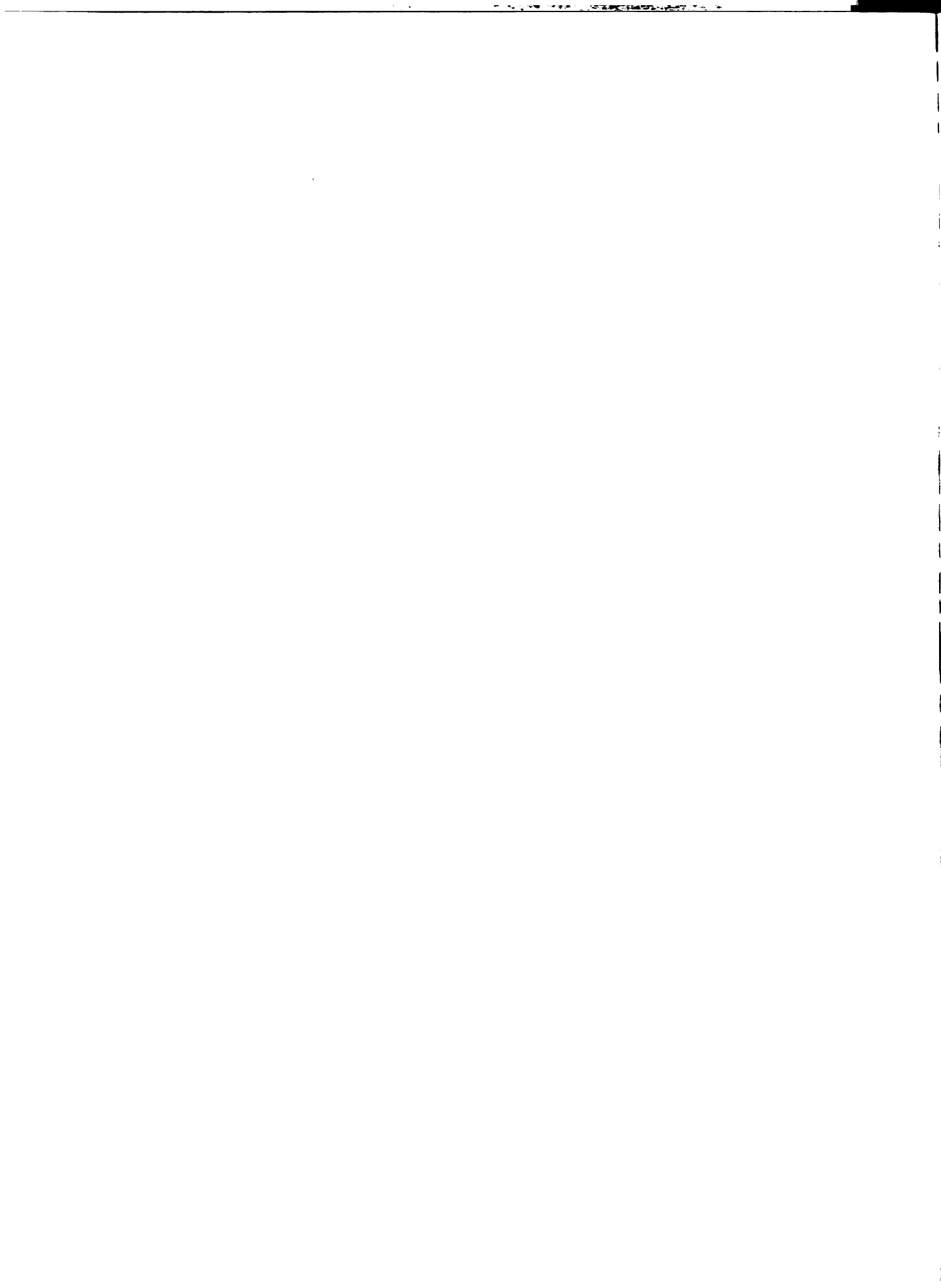
## APPENDICES

APPENDIX A

SPECIFICATION OF FAMILIES SAMPLED IN THIS STUDY

Specification of families sampled in this study; families 1-8 are the normal group and families 9-16 are the abnormal group.

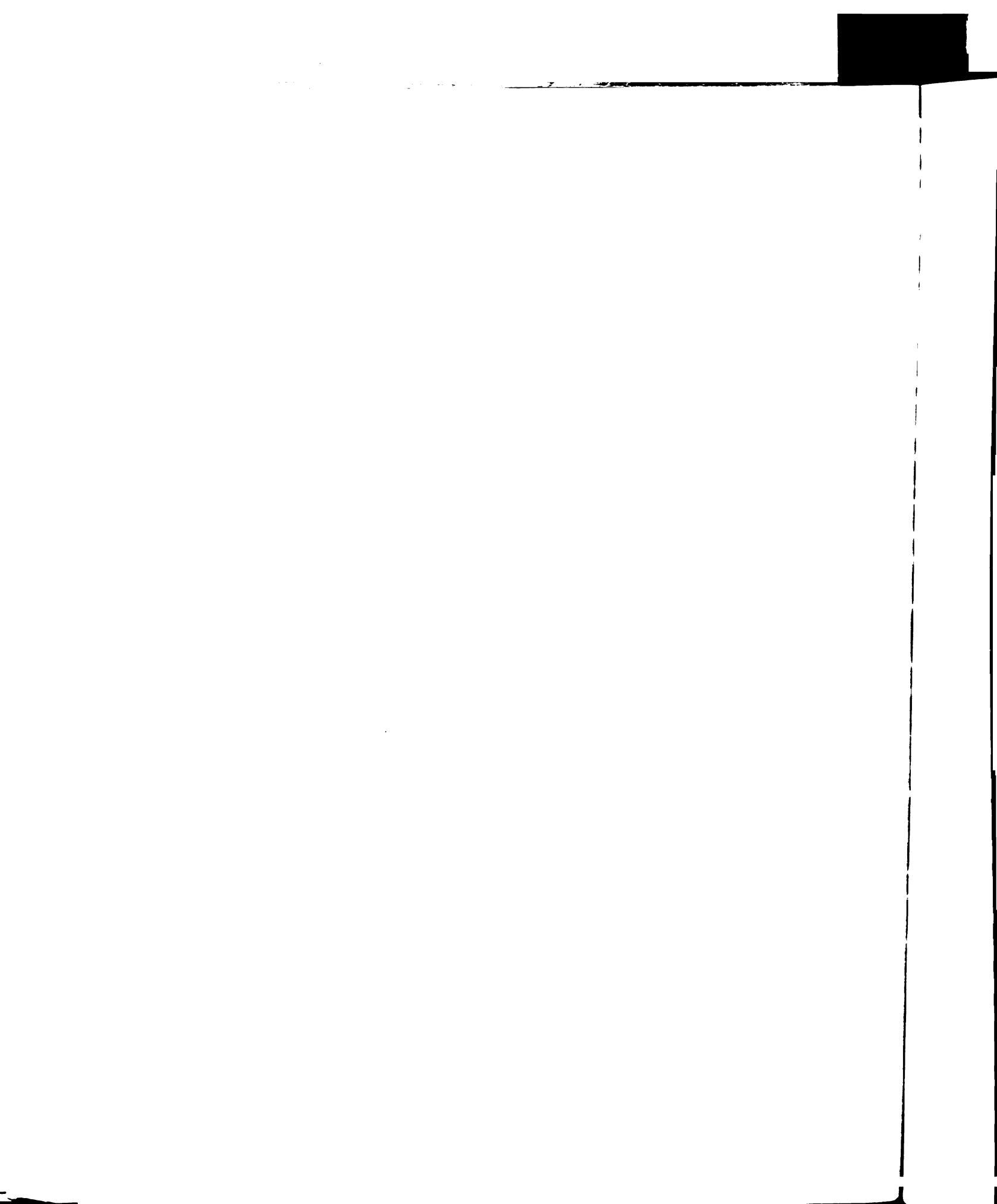
Family Number	Father		Mother		Children	
	Occupation	Education	Occupation	Education	Sex	Age
1	Tool and Die Maker	12	Housewife	12	M	11
					M	14
2	IBM Programmer	14	Housewife	14	M	9
					M	5
3	Personnel Director, Mich. Dept. of Social Service	12	Housewife	12	M	7
					M	7
					F	12
4	Labor Union Leader	12	Housewife	12	M	8
					M	9
					F	11
5	Bricklayer	12	Housewife	12	M	15
					F	10
6	Accountant	16	Housewife	12	M	17
					M	12
7	Postal Clerk	12	Secretary	12	M	12
					F	16
8	Insurance Salesman	12	Housewife	12	F	7
					M	9
9	Machinist	12	Housewife	12	M	7
					F	9
					M	12
10	Graduate Student	17	Housewife	13	M	10
					F	13
11	Pet Store Manager	15	Housewife	12	M	8
					M	12
12	Mechanical Engineer	17	Housewife	14	M	8
					M	12
13	Cartographer	13	Housewife	11	M	7
					F	12
					M	14
14	Graduate Student	16	Secretary	12	M	8
					M	12
					M	15





Specification of families sampled in this study, continued.

Family Number	Father		Mother		Children	
	Occupation	Education	Occupation	Education	Sex	Age
15	Factory Worker	12	Housewife	12	M	7
					F	8
					M	9
16	Construction Worker	10	Secretary	11	M	8
					M	11
					M	16



APPENDIX B

RATING SCALE USED IN THE PILOT STUDY

## RATING SCALES (2d Revision)

### I. COMMUNICATION

- A. Overt Agreement: To what degree do family members agree with each other?
1. No agreement with what is said; constantly arguing.
  3. Seem to agree and disagree about equal amounts with what others say.
  5. Members seem to articulate with each other so well that listeners in the family agree virtually all the time with the speaker.
- B. Covert Agreement: To what degree do family members agree on a non-verbal, more hidden level (nods, facial expressions, sounds)?
1. Practically no agreement with what is said; constant evidences of difference.
  3. Seem to agree and disagree about equal amounts with what others say.
  5. Other members of the family seem to agree with each other most of the time.
- C. Consistency: To what degree does the family maintain a stated position or view? Intra-family - To what degree do they shift or not shift in response to pressures from one another?
1. Virtually no consistency of communication; constant change of mind, contradictions within statements, shifts in position.
  3. Moderate and equal amounts of consistency and inconsistency.
  4. Consistent communication; members maintain positions and change them only after considerable persuasion by others.
  5. Rigid - party-line conformity.
- D. Name the most vocal member of the family: \_\_\_\_\_
- E. Family Spokesman: The degree to which a particular member does the talking.
1. No one speaks for anyone else; a collection of individuals speaking only for themselves.
  3. One spokesman who dominates communication and speaks for everyone almost all the time.
  5. Shared spokesmen; one or two members may express family positions, but the spokesman varies according to the topic - members feel free to speak for all when they feel they can do so.
- F. Degree Spokesman Represents Family Consensus: Assuming that there is a person, or persons, who seems to be speaking for the entire family unit, to what degree does the speaker really seem to represent the family opinion?
1. Not at all; although the speaker seems to be speaking for everyone, he or she is clearly representing only his or her own opinion and no one else seems to agree.

(over)

3. The spokesman seems to be speaking for himself but the rest of the family agrees with the spokesman to a moderate degree.
  5. The spokesman seems to truly be expressing for all the family, which is in agreement with what is being said.
- G. Freedom of Speech: How free and comfortable do members feel about speaking and taking positions?
1. Members feel reluctant to speak meaningfully to each other or for themselves.
  3. Some inhibitions about talking to each other but can communicate at some times about some things.
  5. Virtually all members feel free and comfortable to speak when they want to.
- H. Rank order each family member on frequency and amount of actual speaking, from who spoke the most to who spoke the least in total time. (#1 is most talkative.)

## II. ROLE RELATIONSHIPS

A. Balance of Power: Is there a boss?

1. No one seems able to take over leadership in the family, even though attempts may be made by one or more members to do so.
3. While there is no consistent family leader, at different times various members take over the "boss" position, but cannot hold it for long.
5. There is definitely a family leader who has control of the family whenever he or she decides to exert his power.

B. Who is the Boss - in the clinician's judgment?

Rank order each family member according to their leadership position in the family - who is the boss, the most powerful, etc., and who is next in line? (#1 is the strongest leader.)

C. Who does the family perceive as the boss?

D. Decision-Making: Can the family arrive at a common decision? (Rate if decision attempted during hour.)

1. The family is so paralyzed with confusion and conflict that it seems incapable of reaching any decision.
3. Arriving at a decision is difficult, but the family does so with only moderate conflict and decisions are often rational ones.
5. The family seems capable of working together smoothly in reaching a rational decision.

E. Stability of Decisions: Once reached, does the family sustain its decisions? (Infer from available information.)

1. Decisions made are extremely unstable and are constantly being altered, reversed, or criticized.

3. Decisions made are held to about as often as they are changed.
5. Once a decision is made, it is held to firmly and consistently.

**F. Decision-Making Process: How are decisions reached? (Use scale if decision is made.)**

1. The process is unstable, various members being involved, and decisions often seem to emerge out of general confusion.
3. The process is generally a one-sided, authoritarian one.
5. Decisions are reached through an equalitarian, shared process in which all involved members play a role in the solution.

**G. Alignments: Degree of Insight into Alignments: How aware, at all levels, is the family of the alliances and subgroupings which go on within the total unit?**

1. Family seems to be completely unaware of alignments.
2. Family denies any knowledge of alignments, but covertly seems to be aware of their existence.
3. Family seems to be aware of some of the alignments but unaware of others.
4. Family aware of most of the alignments but unaware of at least one alignment.
5. Family seems to be completely aware of all alignments.

Use H if can obtain information. Must ask specifically about this to rate.

**H. Alignments; Stability: How stable and long standing are the alignments within this family, of whatever kind?**

1. There appears to be little permanence or stability to any of the alignments made; they are constantly shifting and in flux.
3. There is a moderate degree of stability to at least some of the alignments in the family; while they do shift, once made they are likely to exist for some time.
5. The present alignments in the family, or general lack of them, have existed this way for a very long time and seem quite firm and permanent.

**I. Rate the amount of ambivalence in the family about the status of family alignments. (Infer from available information.)**

1. None.
2. Little.
3. Moderately ambivalent.
4. Quite.
5. Extremely conflicted.

**J. Alignment Chart: Attempt to sketch out a sociogramatic diagram of the main family alignments, including subgroupings and movements between alliances whenever possible. Starting with a sketch of the seating arrangements may help. (over)**

K. Sexual Roles: How appropriate are the overt roles assumed by the male and female adults in relation to the cultural stereotype?

1. Unclear, unstable, constantly changing.
2. Generally reversed.
3. Appropriate.

L. Consistency of Sexual Roles:

1. Completely erratic; always shifting; constantly struggling to maintain them.
3. Moderately stable; some shifting, but not in all aspects or for very long.
5. Quite consistently firm and stable.

M. Overall Comfort with Role Relationships in Family: How comfortable does this family feel with their present role relationships?

1. Not at all happy; no one seems to be satisfied with his or her role.
2. Generally unhappy, but at least one member seems reasonably comfortable and satisfied with the way things are.
3. Generally comfortable, but at least one member reasonably dissatisfied with the way things are.
5. All quite satisfied with present role relationships.

### III. FAMILY COHESIVENESS.

A. Cooperation: Can this family work cooperatively on a task or problem?

1. Little or no cooperation within the family; considerable squabbling or arguing; everyone goes his own way.
3. Moderate degree of cooperation, up to a point, but members insist on having their way, too.
5. Considerable degree of cooperativeness, of working together and submerging individual goals and feelings for the common goal.

B. Cohesiveness: Identification with the family unit; a feeling of "we" rather than "I."

1. None; just a collection of seemingly unrelated individuals.
3. Modest degree of identification with the family unit.
5. Pleasure and pride in family unit and real feeling for it.

C. Closeness: Is this family a close unit; do they like to do things together?

1. No closeness; members are quite isolated, separated, independent of each other.

3. Moderate degree of closeness, especially if something interests a member.

5. Quite close, tend to do things frequently as a group; seem to like and feel comfortable in each other's company.

D. Tolerance of Differences - degree of real acceptance and understanding regardless of what they say:

1. No tolerance for differences of opinions or actions - everything has to be done in one way only.

3. Moderate tolerance for differences in certain areas and up to a certain point.

5. Considerable flexibility and tolerance for a diversity of opinions and behavior by members of the family.

E. Tension: Is the family a tense or a relaxed unit?

1. Extremely tense family; no relaxation at all.

3. Moderate amount of tension, but can relax and be casual virtually to same degree.

5. Relaxed and comfortable.

F. Openness: Is the family unit a very tight and closed system, or is it receptive and open to others.

1. Family tight, closed, self-contained, suspicious and rejecting of others attempting to understand or entree the system.

3. Family reserved, but also able to open up for another person, especially after they get to know the person.

5. Family very open, accepting of others, bids them welcome, likes others to join in with them, friendly.

G. Participation in Family Session: Does the family participate in the family session and to what degree?

1. Very reluctant to get involved in the interview; no real willingness to participate.

2. Entire family reluctant to get involved, but gradually at least one member begins to participate.

3. Most of family reluctant to participate, but at least one person does (may act as family spokesman).

4. Most of the family willing to participate, but at least one person reluctant to do so, prefers to stay uninvolved.

5. Family very willing to participate and be involved in family session.



IV. FAMILY FEELINGSA. Spontaneity: How free is the family in expressing affect?

1. Greatly inhibited, over-controlled, or very impulsive; members express little feeling and may be quite discomfited if this happens; reserved, deliberate.
3. Moderate degree of inhibition, but in controlled manner can express affect and occasionally can become spontaneous.
5. Quite spontaneous and free with feelings.

B. Anger: How angry is this family as a whole?

1. Intensely angry; furious; in a rage.
3. Moderately angry.
5. Little or no anger.

C. Control of Anger: No matter how angry the family is, how well is this controlled?

1. Poorly controlled, family has little or no control over its expression.
3. Moderately controlled.
5. Well controlled, perhaps even to degree of over-control.

D. Direction of Anger: At whom is the family angry? (Indicate with whom the family is most angry.)

1. At everyone; everyone is mad at everyone else.
2. Usually at one person at a time, but the target is constantly shifting.
3. At one person, usually a child.
4. Parents angry at siblings and/or vice versa.
5. Siblings angry at each other.
6. Parents angry at each other.
7. At persons outside the family group - neighbors, boss, teachers, etc.
8. No one really; anger, when expressed, seems appropriate in terms of degree and object.

E. Warmth: Is this a warm family?

1. No warmth, members very cold and distant from each other.
2. Slight warmth, but members generally reserved and cool.
3. Moderate degree of warmth, but somewhat inconsistent.

4. Generally warm, but somewhat reserved in showing this.
  5. Quite warm and open in expressing this to each other.
- F. Empathy: Is this a family which can feel for others, including members of the unit?
1. Little feeling for anyone but oneself.
  2. Some feeling for others, but the self is still paramount.
  3. Equal feeling for self and others.
  5. Considerable feeling and caring for other people, both in- and outside of the family unit.
- G. Nurturance: Is this a giving family in which dependent behavior is accepted?
1. Very withholding, ungiving, discouraging of dependency, no time for others.
  2. Somewhat giving and nurturant, but mainly around specific things (e.g., an accident) or time of life (e.g., to an infant).
  3. Nurturant, give comfortably to each other, not only in response to needs of each but in response to the nurturer's needs as well.
  4. Somewhat overnurturant - overprotective.
  5. Extreme overnurturance, to point of symbiosis.
- H. Concern about Sexuality: Is the family concerned about sexual feelings or behavior? (Infer from available information.)
1. Little or no concern, almost a denial of problem or area.
  3. Moderate and/or appropriate concern.
  5. Overconcern which seems an inappropriate magnifying of this area.
- I. Comfort with Sexuality: How comfortable is this family in discussing sexual concerns or behavior? (Rate if discussed during interview.)
1. Most uncomfortable, anxious, unwilling to discuss this area, guilty.
  3. Moderately comfortable, but with some anxiety and some reticence at discussing this area.
  5. Quite comfortable and relaxed in discussing this area; open among themselves about this area.
- J. Independence: Does this family encourage independent behavior by its members.
1. Very punishing and discouraging of independent behavior, fearful of it, rewarding dependent behavior.

(over)

3. Ambivalent about this area, encouraging and discouraging both dependent and independent behavior.
4. Quite encouraging of it, but in an age-appropriate and realistic manner.
5. Push family members to be independent at all costs.

K. Happiness: Is this a happy family?

1. No - very unhappy, depressed, sad.
3. Moderately so, but mainly about specific events or happenings.  
Do not seem as happy as they should be.
5. Happy with each other and themselves - pleased with the way things are going.

L. Likeability: Do you like this family?

1. No, very unpleasant.
2. Generally no, only occasionally so.
3. Ambivalent, sometimes likeable, about as often not.
4. Generally yes, only occasionally no.
5. Yes, this is a most pleasant family.

V. IMPRESSIONS

Please describe anything else about this family which seems important but which does not seem to be covered adequately in the existing rating scales. This will not only aid in the family description, but will help in the generation of better or additional ways of conceptualizing family interaction.

## APPENDIX C

## FAMILY RATING SCALE (FRS) USED IN FINAL STUDY

## FAMILY RATING SCALES (3rd Revision)

### I. COMMUNICATION

- A. Overt Agreement: To what degree do family members agree with each other?
1. No agreement with what is said; constantly arguing.
  3. Seem to agree and disagree about equal amounts with what others say.
  5. Members seem to agree with each other practically all the time.
- B. Covert Agreement: To what degree do family members agree on a non-verbal, more hidden level (nods, facial expressions, sounds)?
1. Practically no agreement with what is said; constant evidences of difference.
  3. Seem to agree and disagree about equal amounts with what others say.
  5. Other members of the family seem to agree with each other most of the time.
- C. Clarity: How prevalent are double messages in the interactions between parents and between parents and children? Rate each parent separately.
1. High percentage of double messages; parent says one thing overtly while communicating simultaneously a contrasting covert (non-verbal) message most of the time, e.g. Parent telling child: "It's o.k. for you to say what you don't like about me, but be honest about it."
  3. Moderate prevalence of double messages; such communication is present about as often as not.
  5. Low percentage of double messages; almost no evidence of double bind communication; most communications lack contrasting overt and covert meanings.
- D. Name the most vocal member of the family: \_\_\_\_\_
- E. Family Spokesman: The degree to which a particular member does the talking.
1. No one speaks for anyone else; a collection of individuals speaking only for themselves.
  3. One spokesman who dominates communication and speaks for everyone almost all the time.
  5. Shared spokesmen; one or two members may express family positions, but the spokesman varies according to the topic - members feel free to speak for all when they feel they can do so.
- F. Degree Spokesman Represents Family Consensus: Assuming that there is a person, or persons, who seems to be speaking for the entire family unit, to what degree does the speaker really seem to represent the family opinion?
1. Not at all; although the speaker seems to be speaking for everyone, he or she is clearly representing only his or her own opinion and no one else seems to agree.

(over)

3. The spokesman seems to be speaking for himself but the rest of the family agrees with the spokesman to a moderate degree.
  5. The spokesman seems to truly be expressing for all the family, which is in agreement with what is being said.
- G. Communication Breakdown: When communication breaks down what is most likely to happen? A communication breakdown is any instance where one family member fails to understand the meaning of another's message to him. Disagreement is not considered a communication breakdown unless there is obvious misunderstanding. For example, if one of the children fails to understand the meaning of the proverb as the parents are teaching it, what happens? Rate for all family members if possible, but only if such breakdowns are observed. More than one category may be applicable.
1. Communicator forces the receiver to profess understanding in an authoritarian manner; communicator may or may not ask for clarification from the receiver.
  2. Communicator belittles the receiver for not understanding but does not force receiver to profess understanding.
  3. Communicator and receiver reach an impasse, mainly because misunderstanding is seen by both as a disagreement and agreeing with the other is viewed as a loss of self esteem. Neither comes to understand the other's intended meaning.
  4. Communicator either ignores or simply fails to see that there is a misunderstanding and consequently does not have to deal with it.
  5. Communicator typically acquiesces to receiver's perception of his message to avoid disharmony.
  6. Communicator asks for clarification on the part of the receiver and makes an attempt to understand the breakdown. Restructuring of the message so that the receiver can make better sense of it usually follows.
  7. Other \_\_\_\_\_
- H. Discrepancy: How much discrepancy is there between what family members tell the clinician alone and what they tell each other in the family session? This rating is specifically of the interview task "What would you like to see changed in you or the rest of your family at the present time?" Rate each family member separately.
1. High degree of discrepancy; individual tells clinician something but will not discuss it with rest of the family.
  3. Moderate degree of discrepancy; some of what is told the clinician is discussed with the rest of the family, and some is not.
  5. Low level of discrepancy; what is related to the clinician is also discussed with the rest of the family.

I. Freedom of Speech: How free and comfortable do members feel about speaking and taking positions?

1. Members feel reluctant to speak meaningfully to each other or for themselves.
3. Some inhibitions about talking to each other but can communicate at some times about some things.
5. Virtually all members feel free and comfortable to speak when they want to.

II. ROLE RELATIONSHIPS

A. Decision-Making: Can the family arrive at a common decision? (Rate if decision attempted during hour.)

1. The family is so paralyzed with confusion and conflict that it seems incapable of reaching any decision.
3. Arriving at a decision is difficult, but the family does so with only moderate conflict and decisions are often rational ones.
5. The family seems capable of working together smoothly in reaching a rational decision.

B. Stability of Decisions: Once reached, does the family sustain its decisions? (Infer from available information.)

1. Decisions made are extremely unstable and are constantly being altered, reversed, or criticized.
3. Decisions made are held to about as often as they are changed.
5. Once a decision is made, it is held to firmly and consistently.

C. Decision-Making Process: How are decisions reached? Check the one category below that best describes the family being rated.

1. The process is unstable, various members being involved, and decisions often seem to emerge out of a general confusion if they arise at all -- laissez faire.
2. The process is generally a one-sided, authoritarian one.
3. Decisions are reached through an equalitarian, shared process in which all involved members play a role in the solution.

D. Balance of Power: Is there a boss?

1. No one seems able to take over leadership in the family, even though attempts may be made by one or more members to do so.
3. While there is no consistent family leader, at different times various members take over the "boss" position, but cannot hold it for long.
5. There is definitely a family leader who has control of the family whenever he or she decides to exert his power.

(over)

- E. Who is the Boss - in the clinician's judgment?
- F. Who does the family perceive as the boss?
- G. Sociogramatic alignment charts: Make sociograms on the basis of the following questions:
1. Towards whom does each family member show (overtly and covertly) the most antagonism?
  2. To whom does each family member show the most warmth and affection (overtly or covertly)?
- H. Sexual roles: How appropriate are the overt sexual roles assumed by the male and female adults and children in this family? Rate once for adults and once for children.
1. Very inappropriate and reversed.
  3. Moderately appropriate.
  5. Very appropriate; stereotypically overdone.
- I. Alignments: Degree of Insight into Alignments: How aware, at all levels, is the family of the alliances and subgroupings which go on within the total unit?
1. Family seems to be completely unaware of alignments.
  2. Family denies any knowledge of alignments, but covertly seems to be aware of their existence.
  3. Family seems to be aware of some of the alignments but unaware of others.
  4. Family aware of most of the alignments but unaware of at least one alignment.
  5. Family seems to be completely aware of all alignments.
- J. Overall Comfort with Role Relationships in Family: How comfortable does this family feel with their present role relationships?
1. Not at all happy; no one seems to be satisfied with his or her role.
  2. Generally unhappy, but at least one member seems reasonably comfortable and satisfied with the way things are.
  4. Generally comfortable, but at least one member reasonably dissatisfied with the way things are.
  5. All quite satisfied with present role relationships.
- K. Overall maturity: How effectively are the parents able to function in all the roles afforded by the family context, i.e. spouse, parent, individual, provider. Rate each parent on this global dimension of psychological maturity. A mature parent would seem to be one who gets satisfaction from effective functioning in all his or her various roles.



1. Mature functioning in almost all family roles.
3. Mature role functioning about as often as immature functioning.
5. Immature functioning in almost all family roles.

### III. FAMILY COHESIVENESS

- A. Cooperation: Can this family work cooperatively on a task or problem?
1. Little or no cooperation within the family; considerable squabbling or arguing; everyone goes his own way.
  3. Moderate degree of cooperation, up to a point, but members insist on having their way, too.
  5. Considerable degree of cooperativeness, of working together and submerging individual goals and feelings for the common goal.
- B. Cohesiveness: Identification with the family unit; a feeling of "we" rather than "I".
1. None; just a collection of seemingly unrelated individuals.
  3. Modest degree of identification with the family unit.
  5. Pleasure and pride in family unit and real feeling for it.
- C. Closeness: Is this family a close unit; do they like to do things together?
1. No closeness; members are quite isolated, separated, independent of each other.
  3. Moderate degree of closeness, especially if something interests a member.
  5. Quite close, tend to do things frequently as a group; seem to like and feel comfortable in each other's company.
- D. Tolerance of Differences: degree of real acceptance and understanding regardless of what they say:
1. No tolerance for differences of opinions or actions - everything has to be done in one way only.
  3. Moderate tolerance for differences in certain areas and up to a certain point.
  5. Considerable flexibility and tolerance for a diversity of opinions and behavior by members of the family.
- E. Tension: Is the family a tense or a relaxed unit?
1. Extremely tense family; no relaxation at all.
  3. Moderate amount of tension, but can relax and be casual virtually to same degree.

(over)

5. Relaxed and comfortable.

F. Openness: Is the family unit a very tight and closed system, or is it receptive and open to others?

1. Family tight, closed, self-contained, suspicious and rejecting of others attempting to understand or entree the system.
3. Family reserved, but also able to open up for another person, especially after they get to know the person.
5. Family very open, accepting of others, bids them welcome, likes others to join in with them; friendly.

G. Participation in Family Session: Does the family participate in the family session and to what degree?

1. Very reluctant to get involved in the interview; no real willingness to participate.
2. Entire family reluctant to get involved, but gradually at least one member begins to participate.
3. Most of family reluctant to participate, but at least one person does (may act as family spokesman).
4. Most of the family willing to participate, but at least one person reluctant to do so, prefers to stay uninvolved.
5. Family very willing to participate and be involved in family session.

#### IV. FAMILY FEELINGS

A. Spontaneity: How free is the family in expressing affect?

1. Greatly inhibited, over-controlled; members express little feeling and may be quite discomfited if this happens; reserved, deliberate.
3. Moderate degree of inhibition, but in controlled manner can express affect and occasionally can become spontaneous.
5. Quite spontaneous and free with feelings.

B. Anger: How angry is this family as a whole?

1. Intensely angry; furious; in a rage
3. Moderately angry.
5. Little or no anger.

C. Control of Anger: No matter how angry the family is, how well is this controlled? Rate for each family member separately and then for the family as a whole.

1. Poorly controlled, family has little or no control over its expression.

3. Moderately controlled.
  5. Well controlled, perhaps even to degree of over-control.
- D. Direction of Anger: At whom is the family angry? (Indicate with whom the family is most angry.) More than one category may be applicable.
1. At everyone; everyone is mad at everyone else.
  2. Usually at one person at a time, but the target is constantly shifting.
  3. At one person, usually a child.
  4. Parents angry at siblings and/or vice versa.
  5. Siblings angry at each other.
  6. Parents angry at each other.
  7. At persons outside the family group - neighbors, boss, teachers, etc.
  8. No one really; anger, when expressed, seems appropriate in terms of degree and object.
- E. Permissiveness for aggression towards parents: Rate each parent separately.
1. Not at all permissive. Believes this is something one should not permit under any circumstances. Always attempts to stop child immediately; neither verbal nor physical aggression permitted.
  2. Slightly permissive.
  3. Moderately permissive. Feels that one must expect a certain amount of this, but that it should be discouraged rather firmly. May permit some "sassing" but no hitting.
  4. Quite permissive.
  5. Completely permissive. Does not attempt to stop child from hitting parent or shouting angrily at him. May express belief that child has right to hit parent if parent has right to hit child.
- F. Permissiveness for aggression among siblings; rate parent separately.
1. Not at all permissive. Parents try to stop quarreling and fighting immediately. Punish severely.
  2. Slightly permissive.
  3. Moderately permissive. Stop if somebody getting hurt; may allow verbal battles if they don't go on too long. Scolding given but not severe punishment.
  4. Quite permissive
  5. Entirely permissive. Parent never interferes in children's quarrels; they are allowed to fight it out. Parents do not try to stop or prevent things.

(over)

- G. Severity for negative sanctions: Rate each parent on a scale of severity (harshness) for negative sanctions (physical punishment, privilege deprivation, love withholding, and isolation) used in behavior training.
1. Low level of severity; negative sanctions in question are not administered with hostility other than that which is a natural and appropriate response to the child's error.
  3. Moderate level of severity.
  5. High level of severity; negative sanction used are very overdone and tinged with a great deal of hostility not merited by the child's mistake.
- H. Techniques of Behavior Training: What kind of training techniques are most prevalent for each parent? From the following categories check the two most used techniques for each parent.
1. Use of praise and approval.
  2. Use of tangible rewards like money or candy.
  3. Physical punishment.
  4. Deprivation of privileges.
  5. Withdrawal of love e.g. "Mommy doesn't like little boys who swear."
  6. Isolation e.g. "Go to your room until you stop crying."
- I. Positive self regard: To what extent do family members see themselves as worthwhile individuals? Rate each individual and then the family as a whole on this dimension.
1. High positive self regard; able to state with pride and confidence one's own attributes and value.
  3. Moderate self regard.
  5. Low self regard; unable to make statements of self worth and even self depreciatory when asked to do so.
- J. Warmth: Is this a warm family?
1. No warmth, members very cold and distant from each other.
  2. Slight warmth, but members generally reserved and cool.
  3. Moderate degree of warmth, but somewhat inconsistent.
  4. Generally warm, but somewhat reserved in showing this.
  5. Quite warm and open in expressing this to each other.
- K. Empathy: Is this a family which can feel for others, including members of the unit?
1. Little feeling for anyone but oneself.

2. Some feeling for others, but the self is still paramount.
  3. Equal feeling for self and others.
  5. Considerable feeling and caring for other people, both in- and outside of the family unit.
- L. Nurturance: Is this a giving family in which dependent behavior is accepted?
1. Very withholding, ungiving, discouraging of dependency, no time for others.
  2. Somewhat giving and nurturant, but mainly around specific things (e.g. an accident) or time of life (e.g., to an infant).
  3. Nurturant, give comfortably to each other, not only in response to needs of each but in response to the nurturer's needs as well.
  4. Somewhat overnurturant - overprotective.
  5. Extreme overnurturance, to point of symbiosis.
- M. Independence: Does this family encourage independent behavior by its members? Check the one category below that best describes the family.
1. Very punishing and discouraging of independent behavior, fearful of it, rewarding dependent behavior.
  2. Ambivalent about this area, encouraging and discouraging both dependent and independent behavior.
  3. Quite encouraging of it, but in an age-appropriate and realistic manner.
  4. Push family members to be independent at all costs.
- N. Happiness: How happy is this family?
1. Very unhappy with each other and themselves; not at all pleased with the way things are going.
  4. - - -
  5. - - -
  7. Very happy with each other and themselves; pleased with the way things are going.
- O. Likeability: Do you like this family?
1. No, very unpleasant.
  2. Generally no, only occasionally so.
  3. Ambivalent, sometimes likeable, about as often not.
  4. Generally yes, only occasionally no.

5. Yes, this is a most pleasant family.

V. MISCELLANEOUS

A. Appropriateness of proverb interpretation: Check the category which is most appropriate for each parent's interpretation. Rate for each child if he or she makes an interpretation.

1. Complete literalness, e.g. "When the cat's out of the house the mice can play without getting caught."
2. Generalization from the literal. Subject subsumes a specific instance cited in the proverb under a general statement -- a kind of pseudo abstraction, e.g. "Small animals can be more active when their natural enemies are not present."
3. Concrete interpretation. A low level of abstraction. Meaning is given fairly well but tinged with literalness, e.g. "You mean like parents are cats and children are mice and the children play instead of behave when their parents are away?"
4. Moderate degree of abstraction, e.g. "Workers are more likely to take advantage of their boss when he's not watching."
5. High level of abstraction, e.g. "People are more likely to take advantage of authority figures having some power over them when those figures are not immediately present."
6. False abstraction. Faulty meaning attributed to the proverb, e.g. "Cats and mice are nice pets but you shouldn't keep them together."
7. Refusal to interpret the meaning.
8. Other \_\_\_\_\_

B. Fantasy detachment: To what extent can family members imagine themselves performing an activity which they may never do in actuality? Rate each family member and then the family as a whole. Check the one category that best fits.

1. Unable to imagine or fantasy such an activity; show confusion about the instructions to do so.
2. May not be unable to do so but refuse to do so by depreciating the instructions or making excuses.
3. Can imagine themselves doing such an activity but it is an unrealistic one (in terms of the instructions to plan something they could actually do if they wanted to) e.g. a low income family planning a trip to Europe.
4. Are able to imagine themselves doing such an activity and plan one they have actually done, are going to do, or one they have never done before.

APPENDIX D

INTERCORRELATIONS FOR CONSISTENTLY RATED ITEMS  
DURING INTERVIEW 1

Intercorrelations for consistently rated items during interview 1; a correlation coefficient of .44 is significantly different from zero at the .05 level.

	IA*	IE*	IF*	IIF*	IIF(M)*	IIFB*	IIFC*	IIFD*	IVG(M)*	IVJ*	IVN*	IB	IF(F)	IF(O)	IHA	IHD	IVG(F)	IVIF	IVIO	IVII
IA*	xx																			
IE*	.81	xx																		
IIF(F)*	.60	.42	xx																	
IIF(M)*	.42	.73	xx																	
IIFB*	.53	.47	xx																	
IIFC*	.77	.68	.64	xx																
IIFD*	.77	.68	.64	xx																
IVG(M)*	.42	.33	.00	.21	.40	.41	.52	.38	xx											
IVJ*	.49	.59	.22	.24	.60	.52	.85	.45	xx											
IVN*	.35	.38	.42	.60	.44	.46	.39	.36	.48	xx										
IB	.83	.89	.50	.46	.74	.69	.72	.51	.52	.43	xx									
IF(F)	.36	.44	.35	.25	.30	.31	.03	.05	.19	.50	xx									
IF(O)	.25	.15	.54	.55	.03	.17	.20	.52	.13	.23	.14	xx								
IHA	.59	.55	.44	.80	.52	.08	.16	.44	.44	.53	.11	.07	xx							
IHD	.21	.21	.26	.03	.03	.00	.00	.04	.28	.30	.15	.19	.01	xx						
IVG(F)	.31	.32	.48	.26	.41	.26	.34	.05	.36	.39	.32	.17	.17	xx						
IVIF	.06	.25	.19	.34	.32	.34	.15	.28	.59	.32	.07	.11	.01	.xx						
IVIO	.15	.24	.19	.26	.05	.14	.15	.28	.25	.17	.11	.02	.18	.00						
IVII	.15	.24	.19	.26	.05	.14	.15	.28	.25	.17	.11	.02	.18	.00						
IVG(F)	.31	.32	.48	.26	.41	.26	.34	.05	.36	.39	.32	.17	.17	xx						
IVI(F)	.06	.25	.19	.34	.32	.34	.15	.28	.59	.32	.07	.11	.01	.xx						
IVI(F)	.15	.24	.19	.26	.05	.14	.15	.28	.25	.17	.11	.02	.18	.00						
IVI(O)	.15	.24	.19	.26	.05	.14	.15	.28	.25	.17	.11	.02	.18	.00						
IVI(Y)	.16	.60	.21	.27	.06	.30	.28	.34	.25	.17	.11	.01	.18	.00						

\*Item which significantly discriminated between normal and clinic families at least at the .05 level.



APPENDIX E

INTERCORRELATIONS FOR CONSISTENTLY RATED ITEMS

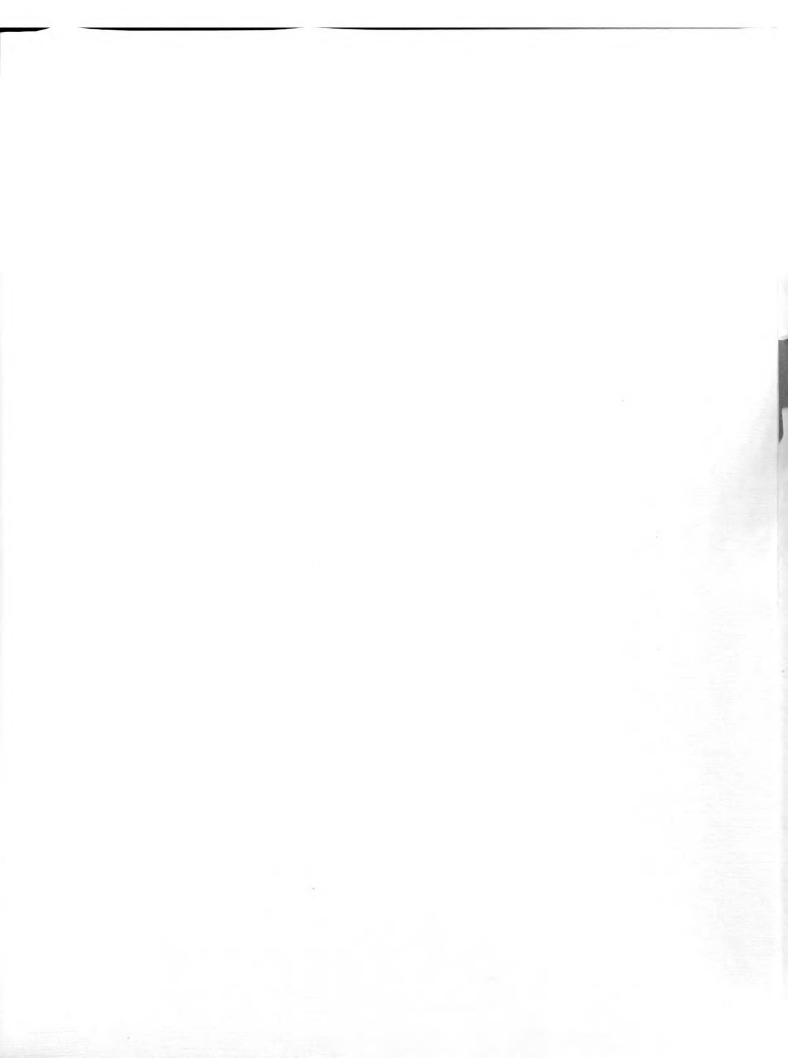
DURING INTERVIEW 2



IC(F)*	IC(M)*	IE*	IIA*	IIIB	III*	IIJ	IIK(F)*	IIK(M)*	IIIA*	IIIB*	IIIF*	IIVB*	IVC*	IVG(F)*	IVG(M)*	IVI(F)*	IVI(O)*	IVI(Y)*	IVJ*	IVK*	IVN*	IA	IB	IF(F)	IF(M)	IF(O)	IF(Y)	II	IID	IIIG	IIV	II(M)	
xx	59	83	84	55	65	70	58	53	77	73	81	71	71	63	73	42	17	61	93	82	73	04	31	02	21	00	08	75	14	47	78	17	
	xx	xx	65	35	60	77	80	85	77	79	74	70	70	60	63	26	40	47	69	76	68	48	67	25	41	14	72	21	26	44	32		
			80	39	36	89	76	84	90	91	84	81	57	78	82	50	32	49	82	82	90	57	88	53	15	61	45	73	46	46	32		
		xx	xx	66	49	76	64	67	86	75	59	66	13	61	73	50	08	66	82	80	74	68	85	25	03	24	28	49	20	48	15		
				xx	45	53	55	31	44	36	23	60	04	43	42	35	13	53	50	29	27	23	38	11	16	02	14	56	28	18	07		
					xx	53	57	41	46	54	53	79	15	41	57	33	51	48	60	66	39	60	40	29	28	16	38	25	28	18	13		
					xx	xx	85	80	81	93	86	65	92	32	84	57	44	86	75	67	70	58	76	54	25	72	42	80	56	51	48		
						xx	xx	xx	67	76	64	75	79	35	91	50	51	48	75	65	70	42	63	41	31	52	27	67	36	36	18		
								xx	69	84	71	63	36	38	88	45	37	36	72	75	76	41	63	41	13	45	38	74	54	35	45		
									xx	77	81	60	33	33	75	44	17	66	79	80	82	66	88	39	13	45	38	74	54	35	49		
										xx	92	61	33	31	86	58	43	89	86	92	66	63	79	41	06	51	27	43	50	63	17		
											xx	87	10	34	79	54	48	46	90	89	93	69	84	35	05	40	19	34	35	65	80		
											xx	63	33	82	82	58	44	62	78	66	60	55	49	09	22	17	00	65	09	26	64		
											xx	xx	18	61	78	58	14	62	78	66	60	55	49	09	22	17	00	65	09	26	64		
											xx	xx	xx	xx	xx	37	15	30	03	07	09	13	08	11	26	05	18	08	15	13	37		
												xx	xx	xx	xx	78	15	46	74	62	77	56	67	49	08	56	46	46	55	45	37		
												xx	xx	xx	xx	69	39	41	86	80	79	60	70	29	14	42	17	61	34	44	66		
												xx	xx	xx	xx	xx	37	56	40	47	06	47	23	51	38	45	38	45	38	45	39		
												xx	xx	xx	xx	xx	xx	41	11	16	35	30									48		
												xx	xx	xx	xx	xx	xx	xx	32	46	38	44	43	03	02	05	05	33	20	12	34	10	
												xx	xx	xx	xx	xx	xx	xx	89	88	68	68	83	19	07	26	08	79	24	53	66	38	
												xx	xx	xx	xx	xx	xx	xx	80	87	07	05	20	00	74	32	45	76	47	36	47	36	
												xx	xx	xx	xx	xx	xx	xx	70	85	xx	xx	70	87	52	03	60	41	73	58	57	67	
												xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	79	04	09	10	05	20	70	72	41		
												xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	30	10	34	30	76	50	47	57	26	
												xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	15	94	93	16	86	01	02	25	41	
												xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	20	28	24	28	11	21	28	05	37	
												xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	86	xx	xx	xx	79	16	05	37	07	
												xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	92	02	15	02	02	26	53	56	33	
												xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	30	
												xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
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												xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx</	

\*Item which significantly discriminated between normal and clinic families at least at the .05 level.







MICHIGAN STATE UNIV. LIBRARIES



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