

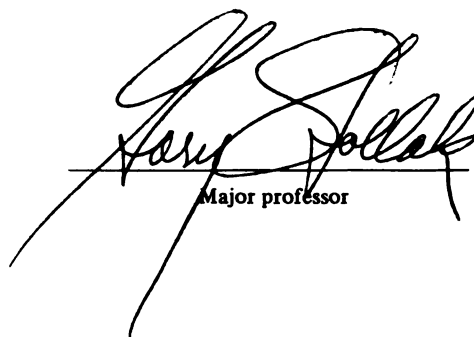


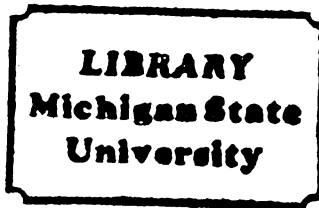


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presented by  
Steven Alan Meyers

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**RELATIONSHIPS AMONG PERCEPTIONS OF PERSONAL AND  
FAMILY FUNCTIONING, DEFENSIVE FUNCTIONING, AND  
WORKING MODELS OF CAREGIVING**

**By**

**Steven Alan Meyers**

**A THESIS**

**Submitted to  
Michigan State University  
in partial fulfillment of the requirements  
for the degree of**

**MASTER OF ARTS**

**Department of Psychology**

**1992**

**ABSTRACT**

**RELATIONSHIPS AMONG PERCEPTIONS OF PERSONAL AND  
FAMILY FUNCTIONING, DEFENSIVE FUNCTIONING, AND  
WORKING MODELS OF CAREGIVING**

**By**

**Steven Alan Meyers**

This study was designed to examine the relationship among self-perceptions, perceptions of family functioning, defensive functioning, and caregiving schemata in a sample of 618 college undergraduates. It was hypothesized that mental representations of personal characteristics (e.g., perceptions of an agentic versus a neurotic self) and representations of family functioning (e.g., perceptions of a psychologically healthy versus unhealthy family) would be systematically associated with the characteristics of respondents' "working model" of caregiving. It was further hypothesized that this relationship would be affected by defensive operations which allow the individual to regulate anxiety. Although results indicated that perceptions of personal functioning, perceptions of family functioning, and defensive functioning are systematically related, no consistent evidence was found to support the hypothesis that perceptions of personal and family system characteristics relate to aspects of respondents' "working models" of caregiving assessed via subject responses to a series of hypothetical parent-child problem situations. Limitations of sample and methodology are discussed, and directions for future research are suggested.

## ACKNOWLEDGEMENTS

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The goal of understanding the causes and concomitants of future sensitive and insensitive parenting is intriguing from both a clinical and research perspective. It would be of great utility to be able to discriminate between those individuals who are "at risk" for later non-optimal caregiving and those who most likely will be sensitive, effective caregivers. As cognitions guide parenting behavior and are predictive of child outcomes (McGillicuddy-Di Lisi, 1985), the assessment of an individual's "working model" of caregiving may provide insight into his/her later effectiveness as a parent. Consequently, the study of the cognitive antecedents of these "working models" of caregiving might be a fruitful endeavor. This work addressed these topics and explored possible relationships among undergraduates' reports of their personal characteristics and family functioning, defensive functioning, and their responses to children in hypothetical problem situations.

## REVIEW OF THE LITERATURE

### Characteristics of the sensitive parent

One popular line of research and theorizing in developmental and clinical psychology has been the delineation of parenting behaviors or "styles" that are associated with rearing children who are labeled by teachers and others as "competent" in terms of personal and social behaviors. For example, in an effort to determine which caregiving behaviors were related to social responsibility, achievement orientation, vitality, and independence in children, Baumrind (1973, 1989) assessed a sample of nursery-school aged

children along the dimensions of instrumental competence, and coded parent-child interaction behaviors in terms of parental control, maturity demands, clarity of communication, nurturance, warmth, and involvement. Three composites, or caregiving "styles," emerged from her analyses.

One style which was characterized by the coupling of firm control with warmth, nurturance and sensitivity in parent-child interactions, the active enforcement of limits, demands for mature behavior, the encouragement verbal give and take, the clear statement of values, and the sharing of reasoning behind parental policies was labeled "authoritative." Children of "authoritative" parents, as compared to children whose parents were either "authoritarian" or "permissive" (see below) were the most self-reliant, competent, and affiliative in Baumrind's samples.

Another parental style which emphasized obedience as a virtue, utilized punitive, forceful measures to obtain compliance with absolute standards, did not encourage child independence, and was characterized by a lack of responsiveness in parent-child interactions was labeled "authoritarian." Boys from "authoritarian" households were found to be relatively hostile, while girls were lacking independence and dominance (Baumrind, 1989).

The third style which consisted of parental behavior that was somewhat warm but did not exert control over children's behavior, which made the fewest maturity demands of children, and was nonpunitive and accepting was labeled "permissive." Compared to children of "authoritative" and "authoritarian" parents, children of "permissive" parents were found to score lowest on measures of self-control and self-reliance.

The communication of sensitivity in parent-child interactions has been further delineated by Stollak and his colleagues (Stollak, 1992; Stollak,

Scholom, Kallman, & Saturansky, 1973; Wright & Stollak, 1991). He and other theorists (e.g., Gordon, 1970) state that empathic communications entail (a) clearly indicating awareness of the child's feelings; (b) helping the child understand the relationship between his/her feelings and behavior and the adult's feelings and behavior; and, (c) helping the child find appropriate outlets for the expressions of his/her feelings, needs, and wishes.

### Origins of sensitive parenting

Although research has described characteristics and consequences of optimal parenting, the process by which an individual becomes a sensitive, "authoritative" parent has remained less clear. How does an individual become a sensitive caregiver? What are the origins of warmth, control, and involvement in parent-child interactions and "working models" of parent-child interaction? This section reviews several theoretical paradigms which elucidate the processes by which an individual's "working model" of caregiving can be influenced by cognitions, including perceptions of personal characteristics, perceptions of family functioning, and defensive functioning.

*Social Learning Theory.* One framework for analyzing the acquisition of caregiving styles is provided by social learning theory, which asserts that any given behavior is obtained through reinforcement principles and/or observational learning. Such theorists stress that through observing the behavior of others, "children can acquire novel behaviors, can discover ways to recombine elements in their existing repertoires, and can become aware of the consequences of their behaviors" (Maccoby & Martin, 1983). Characteristics of models influence learning, for imitation is most probable if

the model is prestigious, nurturant, and skillful relative to the child's preexisting level of ability. With this profile in mind, it is probable that parents represent powerful and salient models whose interactional styles and caregiving behaviors may be emulated by their children. Thus, parenting styles can be transmitted from one generation to the next via modeling processes. It is probable that recipients of sensitive parenting become sensitive parents. Conversely, Simons, Whitbeck, Conger, and Chyi-In (1991) report that observing "harsh parenting" provides children with a "script for the parent role that they enact with their own children." After repeated exposure to insensitive parenting, children may acquire insensitive parenting schemas which may be reflexively employed at a later time.

*Attachment Theory.* More "dynamic" theories of the acquisition of representations of sensitive caregiving which stress emotion, arousal, and the developing self-system are provided by attachment theorists (e.g., Belsky & Pensky, 1988). Influenced by the ethological literature, Bowlby (1982) advanced the idea that behavior is the product of instinctual systems. The infant's tendency to both maintain proximity to the caregiver and to explore the environment serve as the basis for categorizing attachment security (Ainsworth, Blehar, Waters, & Wall, 1978).

Based on his/her relationship history, the child develops expectations concerning the self and others termed the "internal working model" (Bowlby, 1982). Thus, mental representations originating from infant-caregiver interaction serve as the basis for the formation of relationship schemata from which the child brings forward a specific organization of "feelings, needs, attitudes, expectations, cognitions, and behaviors" (Sroufe & Fleeson, 1986).

This has direct implications for future relationships, as schemata affect the way in which relationship-relevant information is perceived, comprehended, remembered, and learned throughout childhood and adulthood (Rumelhart, 1980). Moreover, these templates contain internalized representations of relationships as wholes, as such the roles of both caregiver and "care-receiver" are retained by the child (Sroufe & Fleeson, 1986, 1988).

*Empirical support of attachment theory.* As the manner in which the child relates to others is assumed to be consonant with early attachment experience, researchers have attempted to empirically substantiate the degree to which interactional styles generalize. Sroufe, Fox, and Pancake (1983) found that children from an urban poor sample classified at 12 and 18 months as anxiously attached were overly dependent on preschool teachers at 52 months, based on teacher ratings and behavioral observations. Similarly, Sroufe and Fleeson (1988) report that the relationships of children who as infants were securely attached to their mothers were "warm, mutually respectful, agreeable, age-appropriate, and matter of fact" with their teachers. Meanwhile teachers characterized children who as infants were avoidantly attached to mother as noncompliant and needing control.

Secure attachment in infancy is similarly related to positive peer relations. These children were rated as socially competent, popular, and highly involved with age-mates (Sroufe & Fleeson, 1988). Similarly, Sroufe, Egeland, and Kreutzer (1990) report that those children identified as securely attached at age one-year are considered well liked by peers and possessed clearly identifiable mutual friends at age six. Conversely, avoidant attachment has been associated with frequent hostility, unprovoked

aggression, and generally negative peer interactions (LaFreniere & Sroufe, 1985).

Moreover, attachment quality is related to sociability with unfamiliar, friendly strangers. Twelve-month-old infants who were securely attached to mother were more likely to engage in positive eye contact, respond in an affectively positive fashion, and interact/engage emotionally and physically with an adult clown than were insecurely attached infants (Main & Weston, 1981).

To summarize, those individuals who were the recipients of sensitive caregiving during early childhood are more likely to be categorized as “securely attached” and have many psychosocial and psychoeducational skills in their early school years. Specifically, these individuals may perceive themselves as worthy and potent, perceive others as dependable, and are likely to possess the ability to establish healthy, supportive relationships in the spirit of their past relationships. Those individuals who received insensitive parenting (without substitute sensitive caregiving from others) may suffer from broad impairments that affect the development of social skills in childhood and future caregiving abilities: they may perceive themselves as unworthy of care, perceive others as untrustworthy, and consequently have a great deal of difficulty in establishing healthy, supportive relationships.

*Adult attachment: Retrospective analysis.* Instead of assessing parent-child interactions and longitudinally following the sample to observe later parenting, an alternative approach is to assess retrospectively an adult’s perceptions of characteristics of his/her family of origin and to observe

his/her present functioning as a caregiver.

The Adult Attachment Interview, used by Mary Main and her colleagues (Main & Goldwyn, 1984; Main, Kaplan, and Cassidy, 1985), asks respondents to describe close relationships, supportive memories, contradictory memories, and assessments of relationships in childhood, and current assessments of the same experiences and relationships. Respondents are further asked whether their parents threatened separation, and whether they ever had felt rejected during childhood. Interviews were rated with respect to (a) the extent to which adults value attachment relationships, and regard experiences related to attachment as influential, (b) the ease in discussing attachment relationships, and (c) the readiness to recall attachment related information.

Main, Kaplan, & Cassidy (1985) report that those mothers who valued attachment relationships and readily recalled attachment-relevant information were sensitive caregivers with their own children. Conversely, those mothers who perceived that they were rejected during childhood appeared to defensively distort, idealize, and repress information during the interview, and tended to reject their own infants in observed interactions.

Using similar, but not identical, criteria to judge mothers' representations of received caregiving, Grossmann, et al. (1988) derived four classifications: a positive representation (characterized by the presence of at least one supportive caregiver, the ability to reflect about childhood experiences, realistic views of parents, and the ability to focus on the topic of attachment), a non-defensive representation (characterized by openness and thoughtful descriptions of early relationships, however individuals lacked a clearly supportive parent), an idealizing, incoherent, or intellectualizing



representation, and a repressive representation (indicated by the individual's inability, recalcitrance, or detachment in remembering early childhood experience). They report strong connections between positive maternal relationship representation and mother-infant interactions marked by sensitivity, understanding, cooperation, and child-centeredness when infants were 2, 6, and 10 months old.

### Impact of family perceptions on caregiving working models and behavior

One important determinant of "working models" of caregiving behavior suggested by theorizing and research is the individual's perception of his/her family functioning. Thus, the impact of family variables on an individual's later caregiving is "mediated both by his childhood and by his adult perceptions of his parents' behaviors and attitudes" (Bronson, Katten, & Livson, 1959). Specifically, it has been argued that an individual's perception of a phenomenon is the most important variable affecting his/her own behavior (Gecas & Schwalbe, 1986). Sroufe and his colleagues advance that mental representations of family interactions determine expectations for future relationships (Sroufe, 1988; Sroufe & Fleeson, 1986). Similarly, mothers' recollections of relationships with their mothers (i.e., their children's maternal grandmothers) were predictive of current caregiving behaviors in retrospective studies of attachment (Grossmann, et al., 1988; Main, Kaplan, & Cassidy, 1985).

*Conceptualizations of perceptions of family functioning.* Researchers have demonstrated that perceptions of family health and family environment correlate with individual characteristics which may have an impact on later caregiving behavior (Billings & Moos, 1982). One

conceptualization of the major dimensions of family functioning has been advanced by Olson and his colleagues (e.g., Olson, 1986; Olson, Russell, & Sprenkle, 1983; Olson, Sprenkle, & Russell, 1979) who view perceptions of family functioning in terms of two orthogonal variables, family cohesion and family adaptability. They view family cohesion as “the emotional bonding members have with one another and the degree of individual autonomy a person experiences in the family system.” Perceptions of family cohesion range from low (“disengaged families”) to high (“enmeshed families”). The second dimension that Olson describes is family adaptability, which refers to “the ability of a marital/family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress.” Perceptions of family adaptability similarly range from low (“rigid families”) to high (“chaotic families”). Although perceptions of moderate levels of family cohesion and moderate levels of family adaptability are hypothesized to be most adaptive and have been associated with optimal intrapsychic and interpersonal functioning (Olson, 1985; Olson, Sprenkle, & Russell, 1979), a linear relationship for family adaptability has been documented as well (Green, Harris, Forte, & Robinson, 1991; Perosa & Perosa, 1990).

Consistent relationships have been reported between perceptions of parental availability, trust, communication, and connectedness, and adolescent social competence, self esteem, and emotional adjustment (Armsden & Greenberg, 1987; Greenberg, Siegel, & Leitch, 1983; Rice, 1990). Similarly, Lamborn, Mounts, Steinberg, and Dornbusch (1991) report that adolescents (aged 14-18) who characterize their parents as “authoritative” appear self-confident, academically oriented, and socially adapted, while

those adolescents who perceive their parents as “neglectful” display lower levels of competence and higher levels of misbehavior and psychological distress compared to their peers.

### Impact of personal perceptions on caregiving working models and behavior

In addition to perceptions of family functioning, a second influential determinant of “working models” of caregiving suggested by psychological theory and research is the individual’s perception of his/her personal functioning. The relationship between individual adjustment (assessed through self perceptions) and caregiving attitudes and behaviors has been well documented (Belsky, 1984; Lamb & Easterbrooks, 1981).

*Conceptualizations of personal functioning.* The concept of personal boundaries (Block & Block, 1980a) provides a useful heuristic in delineating the effects of self perceptions on interpersonal and caregiving attitudes and behaviors. The Blocks conceptualize boundaries in terms of permeability (ego-control) and elasticity (ego-resiliency). The construct of ego-control, referring to the balance of an individual’s internal states, environment, and behavior, ranges from overcontrol (i.e., excessive boundary impermeability resulting in containment of impulse and inhibition of action and affect) to undercontrol (i.e., excessive boundary permeability resulting in the inability to contain impulse and delay gratification). Ego resiliency refers to the individual’s ability to sufficiently accommodate the environmental demands by changes in the level of ego control (Block & Block, 1980a).

Stollak, Crandell, and Pirsch (1991) have noted that:

The construct of boundaries also provides an alternate way of conceptualizing the theoretical domains of attachment, parenting styles, and family structure and dynamics. For example, concepts within each of these

domains also describe characteristics of the boundaries among family members. Secure attachment, authoritative caregiving, and optimal levels of cohesion and adaptability may imply optimally permeable and resilient boundaries. Insecure and anxious attachment between parent and toddler/infant, excessively permissive/submissive caregiving, and rigidly enmeshed relationships may imply chronically and excessively permeable and/or brittle boundaries among family members (p. 532).

Alternatively, optimally permeable and resilient boundaries may be reflective of an underlying dimension of personal and interpersonal competence, which is similarly manifested in the context of parent-child interactions and the cognitive representations of these interactions.

#### Defensive functioning and caregiving working models and behavior

Inherently associated with adults' recollection of childhood experiences are defensive processes which limit the individual's perceptual awareness. Regulatory processes emerge from interpersonal interactions (Sroufe, 1989) and shape social behavior vis à vis expectancies and distortions in perceptions.

Regulatory structures have been conceptualized in terms of cognitive operations (i.e., defense mechanisms) that are designed to moderate the experience of painful thoughts and affects evoked by a threatening stimulus (Cramer, 1988, 1991; Freud, 1946; Vaillant, 1977, 1986). These different forms of defense mechanisms are often thought to form a continuum, ranging from those more "primitive" defenses which severely restrict the experience and response of individuals within stressful situations to those more "mature" defenses which permit the individual to enjoy those aspects of an

experience that arouse difficult thoughts and affects (Aronoff & Stollak, 1991).

Millon (1990) proposes that a consonance exists between an individual's regulatory structures, interpersonal behaviors, perceptions of others, and self-perceptions. Moreover, researchers have suggested that mothers who are insensitive caregivers tend to distort, dismiss, and repress recollections of early interactions with their own mothers (see above).

One illustration of the relationship between perceptions of family functioning, defensive functioning, and caregiving schema that is provided by psychoanalytic theory is the work of Fraiberg, Adelson, & Shapiro (1975), who assert that a mother's childhood experiences unconsciously shape the dynamics of her interactions with her infant. These "ghosts in the nursery" compel mothers, to varying extents, to re-enact scenes from their own childhood in the course of caregiving through the mediation of cognitive structures formed earlier in life. Thus, by virtue of receiving extremely insensitive caregiving, mothers in Fraiberg's research program developed mental representations of insensitive parent-child interaction that subconsciously guided their own caregiving attitudes and behaviors. The defense mechanisms of repression and identification with the aggressor enable the transmission process by maintaining noxious memories outside the mother's realm of awareness.

Thus, as regulatory functioning parallels perceptions of self and others and influences schemata of interpersonal behavior, the assessment of defensive structures is a helpful and important element in predicting working models of caregiving behaviors.

### **Hypotheses**

The above theorizing and research suggest the following hypotheses:

(1) Positive perceptions of personal functioning (e.g., personal agency) will relate positively to positive components of the respondents' "working model" of caregiving, whereas they will relate negatively to negative components of the respondents' "working model" of caregiving. In contrast, negative perceptions of personal functioning (e.g., neuroticism) will relate negatively to positive components of the respondents' "working model" of caregiving, but positively to negative components of the respondents' "working model" of caregiving.

(2) Similarly, positive perceptions of family functioning (e.g., high family health) will be positively related to positive components of the respondents' "working model" of caregiving and negatively related to negative components of the respondents' "working model" of caregiving. In contrast, negative perceptions of family functioning (e.g., low family health) will be negatively related to positive components of the respondents' "working model" of caregiving and positively related to negative components of the respondents' "working model" of caregiving.

(3) Utilization of immature defenses (i.e., defense mechanisms) will be negatively related to positive components of the respondents' "working model" of caregiving and positively related to negative components of the respondents' "working model" of caregiving.

## METHOD

### Subjects

Subjects for the project were 618 undergraduate students (437 females, 181 males) enrolled in Introductory Psychology courses at Michigan State University. Participation in this study fulfilled research experience requirements of these courses. Subjects were informed that their participation was voluntary and that their responses were to remain confidential.

### Procedure

Data collection involved 15, two-hour testing sessions. The number of subjects present at each testing session varied between 30 and 70. Before completing three questionnaires (described below) which were distributed in random order, the subjects first completed a demographics questionnaire.

### Measures

**CAREGIVING STYLES:** *Sensitivity to Children (STC) questionnaire.* The Sensitivity to Children questionnaire is a projective measure which asks respondents to indicate his/her response as a parent in ten hypothetical parent-child conflict situations. This format, first introduced by Jackson (1956), represents a compromise between the accuracy provided by direct observation for measuring parent attitudes and the convenience of self-report measures. Developed by Stollak, Scholom, Kallman, & Saturansky (1973), the STC items include themes of sibling fighting, stealing, hiding an accident, masturbation, etc. The STC questionnaire can be found in Appendix A.

Scoring categories for the STC were first developed by Gordon (1970, 1975) and Stollak, et al. (1973) to address both theoretically and empirically derived positive and negative aspects of caregiving behavior. These categories were altered in subsequent studies by Teyber, Messé, and Stollak (1977), and Wright and Stollak (1991), and appear in a modified form in the present investigation. Raters were instructed to read the entire protocol to develop a global impression of the respondent's caregiving style, and then to score each protocol using 42 scoring categories on a five point scale. The STC Scoring Manual can be found in Appendix B.

The scoring of the Sensitivity to Children Questionnaire was completed by twelve undergraduates who received approximately seven weeks of training. Each protocol was independently scored by three undergraduates. Responses to each of the 42 scoring categories were averaged across raters.

*DEFENSIVE FUNCTIONING: Defense Mechanism Inventory (DMI).* The Defense Mechanism Inventory (Ihilevich & Gleser, 1986) is a well established instrument that can be used to identify those individuals in a nonclinical population who possess more or less adaptive defensive structures.

The DMI consists of ten vignettes which require the respondent to imagine him/herself in a variety of difficult or frustrating situations (Ihilevich & Gleser, 1986). Each vignette is followed by four subsections regarding the person's actual reaction to the situation, the nature of the person's impulsive reaction or behavioral fantasy in the situation, the person's thoughts in regard to the situation, and the person's affective



experience and rationale for feeling the way they would in reaction to the situation. Each subsection has five alternative solutions that the person may choose; these five choices represent the five major clusters of defense mechanisms assessed by the DMI.

Subjects are instructed to select the statement that is the most representative and the least representative of how they would react (scored 2 and 0, respectively). The remaining three choices are scored as 1. The scores for the five defense mechanisms are summed separately over the ten vignettes (see Cramer, 1988 for a review).

Five clusters of defense mechanisms are identified by the DMI: (1) Principalization (PRN) is a defensive operation which involves controlling anxiety through cognitive maneuvers and use of intellect. Examples of the defense mechanisms subsumed by PRN include intellectualization, rationalization, and isolation. (2) Reversal (REV) implies the generation of responses to internal threats to minimize the severity of perceived conflicts and to block anxiety arousing stimuli from reaching awareness. Examples of the defense mechanisms subsumed by REV include denial, repression, and reaction formation. (3) Turning against the self (TAS) involves the generation of negative expectations to cushion self esteem against the effects of anxiety-producing experiences. These defenses are frequently expressed in exaggerated and persistent self-criticism, and depressed affect. (4) Projection (PRO) involves the attribution of personally unacceptable states to others, and is used to justify the expression of hostile thoughts, behaviors, and feelings directed towards others. (5) Turning against the object (TAO) is a cognitive operation involving the expression of direct or indirect aggression which serves to master perceived external threats or to mask inner conflicts which

are too painful to confront consciously. The DMI can be found in Appendix C.

*PERCEPTIONS OF SELF AND FAMILY FUNCTIONING: Perception of Personal and Family Characteristics (PPFC).* Items comprising the Perception of Personal and Family Characteristics questionnaire (PPFC) (Stollak, Aronoff, Loraas, Woike, Meyers, & Messé, 1991; Meyers, Stollak, Aronoff, Messé, Loraas, & Woike, 1992) were derived from the California Adult and California Child Q-sets (Block & Block, 1980b, 1980c) (the initial items, stated in the third-person, were written in the first-person so that they could be completed by the subject), the Family Adaptability and Cohesion Evaluation Scales (FACES) III (Olson, Portner, & Lavee, 1985), and the Family Self Report Inventory (Beavers, Hulgus, & Hampson, 1986). The respondents were asked to rate each of the statements on a five-point scale (see Appendix D for a copy of this questionnaire).

In the first psychometric study of the properties of this instrument (Stollak, et al., 1991) questionnaire items were submitted to factor analysis, using varimax rotation of the principle components. This analysis resulted five factors with eigenvalues greater than 1. Three factors pertained to perceptions of family functioning (Family Health, Closeness/Enmeshment, and Expressiveness) and two factors pertained to perceptions of personal functioning (Neuroticism and Competence). Cluster analytic procedures were then carried out on these five factors in order to relate the PPFC with the DMI instrument for purposes of validation. Prior to conducting this analysis, each subject's scores on each of the five PPFC scales were computed and converted to Z-scores. Cluster analytic procedures resulted in six separate

patterns of five mean-composite, PPFC subscale scores (see Appendix E) which integrate individual and social characteristics into typologies of interpersonal styles based on the degree to which each scale was positive or negative.

To examine the construct validity of the PPFC instrument, a bivariate crosstabulation was performed to elucidate the relationship between adaptive functioning on the PPFC and adaptive (i.e., "mature") defensive functioning on the DMI. It was found that 21 of the 28 persons in the most adaptive clusters on the PPFC (e.g., Competent/Secure, Independent) were characterized by the most "adaptive" defenses on the DMI (e.g., Principalization, Reversal). Furthermore, 21 of the 27 persons in the least adaptive PPFC clusters (e.g., Disengaged/Avoidant, Volatile/Chaotic, Enmeshed) utilized the least "adaptive" of defenses on the DMI (e.g., Turning Against Self, Projection, Turning Against Other) ( $p < .005$ ) (Aronoff & Stollak, 1991).

## RESULTS

### Initial analyses

*Analyses of PPFC data.* The analyses of the data in the present study included, first, a replication of the factor analysis of a slightly revised PPFC. A principle components factor analysis with varimax rotation yielded a five factor solution, similar to that found in the the previous study (Stollak, et al, 1991). Items were included on one of the following five factors if the absolute value of the loading was equal to .50 or higher: Family Health<sup>1</sup> (e.g., "Our family is good at solving problems together"), Neuroticism (e.g., "I am fearful and anxious"), Agency (e.g., "I am vital, energetic, lively"), Cohesion/Enmeshment (e.g., "We like to do things only with our family but not with others outside the family"), and Family Expressiveness (e.g., "We speak our mind, no matter what") (See Table 1 for the factors, and the items that comprise them, obtained in this and in the previous study).

Reliability coefficients were computed for the PPFC instrument and the five subscales and were found to demonstrate adequate internal consistency. The Cronbach's  $\alpha$  for the instrument = .80, Family Health  $\alpha$  = .75, Neuroticism  $\alpha$  = .70, Agency  $\alpha$  = .76, Cohesion/Enmeshment  $\alpha$  = .77, and Family Expressiveness  $\alpha$  = .69.

An analysis of the relationships between perceptions of personal and family functioning revealed low but statistically significant positive

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<sup>1</sup> As the large Family Health scale of the PPFC correlated positively with *both* the Mature Defenses and Immature Defenses composites of the DMI (to be described below), the factor was broken down into two groupings, Family Health and Defensive Perceptions of Family Health, and was further refined through regression analyses. Correlation coefficients pertaining to these two composites in the subsequent tables therefore utilize partial correlations rather than zero-order correlations.

**TABLE 1**  
**Factor Analysis of the PPFC**

Factors I and II: Family Health					Factor loadings
Family Health					
63.	Our family is good at solving problems together.				.770
59.	The future looks good to our family.				.742
28.	When there are problems and stresses in our lives our family has been able to resolve and overcome them very well.				.647
45.	We all have a say in family plans.				.633
57.	Our happiest times are at home.				.600
58.	The grownups in my family are strong leaders.				.562
30.	Our family changes its way of handling tasks when necessary to solve a problem or to reduce stress.				.545
29.	Family members feel closer to other family members than to people outside the family.				.510
Defensive Health					
54.	In our home, we feel loved.				.780
75.	My family is happy most of the time.				.776
70.	Family members pay attention to each other and listen to what is said.				.751
43.	Family members pay attention to each other's feelings				.750
62.	Our family is proud of being close.				.744
77.	On a scale of 1 to 5, I would rate the functioning of my family as:				-.714
1	2	3	4	5	
My family functions well together			My family does not function very well together. We really need help.		
41.	Family togetherness is very important.				.689
48.	There is closeness in my family but each person is allowed to be special and different.				.688
56.	We argue a lot and never solve problems.				-.683
72.	The mood in my family is usually sad and blue.				-.680
64.	Family members easily express warmth and caring towards each other.				.668
73.	We argue a lot.				-.613
46.	The grownups in my family understand and agree on family decisions.				.596
51.	Our family members touch and hug each other.				.596
47.	Grownups in my family compete and fight with each other.				-.553
49.	We accept each other's friends.				.552
52.	Family members put each other down				-.551
76.	Each person takes responsibility for his/her behavior.				.538
69.	Our family members would rather do things with other people than together.				-.536
67.	When things go wrong we blame each other.				-.524
40.	When there are stresses or problems it is hard to identify the leader(s) in our family and we often experience further stresses and problems.				-.523

**Factor III: Neuroticism**

21. I go to pieces under stress. I become rattled and disorganized	.719
22. When I am under stress, I turn to and depend on others to help me and protect me. I become dependent.	.641
08. I overreact to minor frustrations. I am easily irritated and/or angered.	.602
10. I become rigidly repetitive or immobilized when under stress.	.587
09. I have rapid shifts in mood. My emotions change easily.	.560
12. I am self-reliant, confident, and trust my own judgment.	-.553
01. I am fearful and anxious.	.545
02. I feel unworthy. I think of myself as "bad".	.513
13. I withdraw and disengage when under stress.	.509
05. I have bodily symptoms when I am tense and in conflict (for example, headaches, stomach aches, nausea, etc.).	.506

**Factor IV: Agency**

19. I am vital, energetic, lively.	.641
07. I am self-assertive.	.622
17. I am resourceful in initiating activities.	.611
20. I am aggressive (physically or verbally).	.596
11. I have a rapid personal tempo. I react and move quickly.	.548
15. I am creative in perception, thought, or play.	.527
04. I am emotionally expressive (facially, gesturally, or verbally).	.507

**Factor V: Cohesion/Enmeshment**

37. We can easily think of things to do together as a family but not when with outsiders.	.678
27. We like to do things only with our family but not with others outside the family.	.650
39. Family members consult other family members on their decisions but not outsiders.	.626
31. Family members like to spend free time only with each other and not with others outside the family.	.611
44. Our family would rather do things together than with other people.	.591
33. Family members feel very good about each other and easily share their feelings with each other but not with outsiders.	.504

**Factor VI: Expression**

53. We speak our mind, no matter what.	.564
68. We say what we think and feel.	.543
65. It's okay to fight and yell in our family.	.533

correlations between Family Health and Personal Agency ( $r = .15, p < .001$ ), Family Cohesion ( $r = .30, p < .001$ ), and Family Expression ( $r = .21, p < .001$ ). Moreover, Personal Agency was positively, and statistically significantly, correlated with Family Cohesion ( $r = .10, p < .01$ ) and Family Expression ( $r = .27, p < .001$ ) (See Table 2 for the intercorrelation matrix).

*Analyses of DMI data.* A principle components factor analysis with varimax rotation of the DMI subscale scores yielded a three factor solution, in accordance with several previous investigations and reiterates the lack of independence of the scales (see Cramer, 1988). PRN and REV loaded substantially on the first factor, labeled "Mature Defenses;" TAO and PRO loaded substantially on the second factor, labeled "Immature Defenses;" and TAS loaded on the third factor. Factor naming was guided by previous theoretical and empirical work which suggests that individuals who score highest on PRN are the most "psychologically mature" and are most successfully able to contain affective experience, while individuals who score highest on PRO and TAS are the least "psychologically mature" and are less able to successfully contain affective experience (Cramer, 1988, 1991; Aronoff & Stollak, 1991).

*Analyses of STC data.* The average scores across three raters for each of the 42 scoring categories of the STC were submitted to a principle components factor analysis with varimax rotation. The analyses yielded nine factors with eigenvalues greater than 1.0. Scoring categories were considered reflective of one of the following nine "modes of caregiving" if the absolute value of the loading was equal to .40 or higher: Empathic Communication (e.g., "The

**Table 2. PPFC Factor Intercorrelations**

	<i>Fam Health</i>	<i>Defen Health</i>	Neuroticism	Agency	Cohesion	Expression
<i>Fam Health</i>	1.00	-.85****	.01	.15****	.30****	.21****
<i>Def Health</i>	-.85****	1.00	-.12***	-.03	-.11***	-.12***
Neuroticism	.01	-.12***	1.00	-.24****	.04	.00
Agency	.15****	-.03	-.24****	1.00	.10**	.27****
Cohesion	.30****	-.11**	.04	.10**	1.00	.03
Expression	.21****	-.12***	.00	.27****	.03	1.00

\*\*\*\* p &lt; .001, two tailed

\*\* p &lt; .01, two tailed

\*\*\* p &lt; .005, two tailed

\* p &lt; .05, two tailed

Note: Italics indicate partial correlation coefficients instead of zero-order correlation coefficients



person attempts to obtain more information in a genuinely caring manner”), Anger Communication (e.g., “The person lets the child know that s/he is angry with him/her”), Preaches (e.g., “The person exhorts, moralizes, or preaches”), Teases Child (e.g., “The person teases or makes fun of the child”), Withdrawal (e.g., “The person withdraws, submits, avoids confronting the child”), Power Assertion (e.g., “The person gives the child specific directions regarding expected future behavior”), Psychologizes (e.g., “The person analyzes the child, figures the child out, offers the child insight”), Encourages Responsibility (e.g., “The person teaches the child, him/herself, is responsible for what happens to him/herself”), and Allows Fighting (e.g., “The person tries to keep the child from fighting” [-]) (see Table 3 for the factors and items). Factors resemble, but are not identical to, those obtained in previous research using either the same items (Wright & Stollak, 1991) or verbally-presented hypothetical problem situations (Teyber, Messé, and Stollak, 1977). Differences may also be attributable to changes in the scoring procedure; raters evaluated each STC scenario individually instead of evaluating the protocol as a whole, as done in this study.

Reliability estimates were calculated for these data by averaging the product-moment correlations between raters (e.g., A-B, A-C, B-C) for each of the nine composite rating scales of the STC (Jacob, Tennenbaum, & Krahn, 1987). Average correlation coefficients for the composite rating scales were as follows: Empathic Communication,  $r = .86$ ; Anger Communication,  $r = .82$ ; Preaches,  $r = .73$ ; Teases Child,  $r = .68$ ; Withdrawal,  $r = .67$ ; Power Assertion,  $r = .58$ ; Psychologizes,  $r = .47$ ; Encourages Responsibility,  $r = .59$ , and; Allows Fighting,  $r = .42$ . All coefficients were highly significant ( $p < .0005$ ) and imply good interrater reliability.

**Table 3**  
**Factor Analysis of STC: 9 Factor Solution**

**Factor 1: Empathic Communication**

03. The person gives comfort and understanding.	.858
33. The person attempts to obtain more information in a genuinely caring manner...	.849
06. The person is easy going and relaxed with the child.	.828
01. The person respects the child's opinions and encourages the child to express them.	.825
10. The person encourages the child to talk about his/her problems.	.813
29. The person excuses, sympathizes, consoles, reassures the child.	.808
07. The person talks it over and reasons with the child when the child misbehaves.	.746
42. The person attempts to obtain more information about the child's feelings.	.725
24. The person persuades with logic, instructing, lecturing -- without moralizing.	.723
23. The person advises, recommends, provides answers or solutions.	.708
08. The person trusts the child.	.695
34. The person gives the child alternatives or compromise solutions.	.656
40. The person gives the child directions regarding the expression of his/her feelings...	.551
30. The person probes, questions, cross-examines, or interrogates the child.	-.511
39. The person is empathic; stating what the child is feeling/wishing/wanting/needing.	.491

**Factor 2: Anger Communication**

14. The person lets the child know that s/he is angry with him/her.	.831
02. The person is angry with the child.	.794
09. The person warns, admonishes, or threatens punishment.	.674
21. The person orders, directs, or commands the child.	.605
04. The person uses physical punishment.	.570
15. The person punishes the child by taking away a privilege s/he otherwise would have had.	.563
19. The person warns the child by warning him/her about the bad things that can happen...	.555
25. The person evaluates/judges negatively, disapproving, blaming, criticizes.	.539
18. The person lets the child know how ashamed and disappointed s/he is...	.491
11. The person expects the child not to have secrets from him/her.	.481
05. The person expresses that the child is a disappointment to him/her.	.472

**Factor 3: Preaches**

22. The person exhorts, moralizes, or preaches.	.704
36. The person relates his/her behavior to the child's behavior.	.589
12. The person expects the child to keep control of feelings at all times.	.462
26. ...The person is making a global evaluation of the child's worth.	.449
18. The person lets the child know how ashamed and disappointed s/he is...	.418

**Factor 4: Teases Child**

16. The person teases and makes fun of the child.	.804
27. The person calls the child names, ridicules, shames the child, uses sarcasm,...	.790
05. The person expresses that the child is a disappointment to him/her.	.428

**Factor 5: Withdrawal**

32. The person withdraws, submits, avoids confronting the child.	.821
31. The person withdraws, distracts, ignores, bypasses the child away from the problem.	.797

**Factor 6: Power Assertion**

- |  |      |
|--|------|
| 35. The person gives the child specific directions regarding expected future behavior. | .638 |
| 41. The person bribes the child or makes a contingent demand.                          | .435 |

**Factor 7: Psychologizes**

- |   |      |
|---|------|
| 37. The person relates his/her feelings to the child's feelings.                    | .655 |
| 28. The person analyzes the child, figures the child out, offers the child insight. | .638 |

**Factor 8: Encourages Responsibility**

- |   |      |
|---|------|
| 17. The person teaches the child that the child, him/herself, is responsible for what happens to him/herself. | .734 |
|---|------|

**Factor 9: Allows Fighting**

- |   |      |
|---|------|
| 13. The person tries to keep the child from fighting. | .882 |
|---|------|

Examination of the correlations between modes of caregiving indicate the presence of a positive constellation of caregiving behaviors, akin to “authoritative parenting” (Baumrind, 1973, 1989), consisting of empathy (i.e., Empathic Communication), maturity demands (i.e., Encouraging Responsibility), and involvement (i.e., negative correlation with Withdrawal). Similarly, a negative constellation of caregiving behaviors emerges, resembling Baumrind’s description of “authoritarian parenting,” consisting of positive correlations between the following modes of caregiving: Anger Communication, Preaches, Teases Child, and Withdrawal (See Table 4 for intercorrelation matrix).

### Refined analyses

*Relationships between constructs.* An analysis of the correlations between measures of perceptions of personal and family characteristics and measures of defensive functioning indicated that the Family Health factor of the PPFC instrument correlated positively with both the Mature Defenses composite ( $r = .15, p < .001$ ) and the Immature Defenses composite of the DMI ( $r = .22, p < .001$ ). In order to preserve the construct validity of Family Health subscale, items from this factor were individually correlated with the Mature Defenses and the Immature Defenses composites. A comparison between the magnitudes of the correlation coefficients was used to determine if the item was measure of Family Health or Defensive Perceptions of Family Health (i.e., items that were correlated to a greater extent with Mature Defenses remained a part of the Family Health subscale, while those items which were correlated to a greater extent with Immature Defenses were allocated to a new PPFC scale which was labeled Defensive Perceptions of Family Health).

Table 4. STC Factor Intercorrelations

	Empath Com	Anger Com	Preaches	Teases	Withdraws	Power Assrt	Psychologize	Encour Resp	Allows Fight
Empat Com	1.00	-.03	.39****	-.09*	.15****	.44****	.43****	.29****	.01
Anger Com	-.03	1.00	.54****	.60****	.17****	.32****	.18****	.00	-.09*
Preaches	.39****	.54****	1.00	.35****	.23****	.37****	.28****	.07	-.06
Teases	-.09*	.60****	.35****	1.00	.06	.13***	.12**	-.02	-.05
Withdraws	.15****	.17****	.23****	.06	1.00	.14****	.11**	-.11**	-.09*
Power Assrt	.44****	.32****	.37****	.13***	.14****	1.00	.33****	.16****	-.08*
Psychologiz	.43****	.18****	.28****	.12**	.11**	.33****	1.00	.11**	.01
Encour Resp	.29****	.00	.07	-.02	-.11**	.16****	.11**	1.00	.01
Allows Fight	.01	-.09*	-.06	-.05	-.09*	-.08*	.01	.01	1.00

\*\*\*\* p &lt; .001, two tailed

\*\*\* p &lt; .005, two tailed

\*\* p &lt; .01, two tailed

\* p &lt; .05, two tailed

Because Family Health items still correlated positively and significantly with Immature Defenses ( $r = .11, p < .02$ ), and Defensive Health items still correlated positively and significantly with Mature Defenses ( $r = .13, p < .005$ ), these subscales were further refined through regression analyses in which the variance associated with the correlation between the two scales was removed from each (i.e., the residual scores from the regression procedures were used in subsequent analyses).

Further analysis of the correlations between perceptions of personal and family characteristics (as measured by PPFC scales) and the three composite scales of the DMI indicated that the Family Health was positively correlated with Mature Defensive Functioning ( $r = .10, p < .05$ ) and negatively correlated with both Immature Defensive functioning ( $r = -.11, p < .05$ ) and the lesser-adaptive defense mechanism of Turning Against the Self ( $r = -.11, p < .01$ ). Conversely, Defensive Perceptions of Family Health was positively correlated with Immature Defensive functioning ( $r = .22, p < .001$ ). Similarly, perceptions of personal characteristics related to defensive functioning in the predicted manner. Perceptions of Agency were negatively associated with the usage of the most immature defense mechanism, Turning Against the Self ( $r = -.17, p < .001$ ), and perceptions of Neuroticism were positively correlated with the utilization of Turning Against the self ( $r = .29, p < .001$ ) and negatively correlated with the adaptive, Mature Defenses and less adaptive Immature Defenses ( $r = -.18, p < .001, r = -.20, p < .001$ , respectively) (See Table 5).

In multiple regression analyses (see Table 6), DMI composite scales were used individually as the criterion variables with PPFC factors entered in a stepwise manner as predictors. These series of regression analyses

Table 5. Correlations between PPFC, DMI, and STC Factors

	PPFC 1	PPFC 2	PPFC 3	PPFC 4	PPFC 5	PPFC 6	DMI 1	DMI 2	DMI 3	STC 1	STC 2	STC 3	STC 4	STC 5	STC 6	STC 7	STC 8	STC 9
Fam Hlth	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***
Def Hlth	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***
Neurot	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***
Agency	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***
Cohesion	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***
Expression	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***
Mature	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***
Immatur	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***
TAS	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***
Empath	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***
Anger	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***
Preach	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***
Teases	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***
Withdrow	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***
Power	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***
Psychol	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***
Respon	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***
Fighting	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***	.85***

\*\*\*\* p < .001, two tailed    \*\*\* p < .005, two tailed    \*\* p < .01, two tailed    \* p < .05, two tailed  
 Note: Italics indicate partial correlation coefficients instead of zero-order correlation coefficients

**TABLE 6**

Stepwise multiple regression analyses: Prediction of DMI composite scales from PPFC

	Multiple <i>R</i>	<i>F</i> change	p value
<b>Dependent variable: Mature Defenses (PRN, REV)</b>			
<i>Predictors</i>			
1. Neuroticism (-)	.1816	15.217	.0001
2. Family Cohesion (+)	.2057	4.330	.0380
<b>Dependent variable: Immature Defenses (PRO,TAO)</b>			
<i>Predictors</i>			
1. Neuroticism (-)	.2116	19.930	.0000
2. Defensive Health (+)	.2835	16.403	.0001
3. Family Health (-)	.3052	5.970	.0150
<b>Dependent variable: Turning Against Self</b>			
<i>Predictors</i>			
1. Neuroticism (+)	.3015	47.602	.0000
2. Family Health (-)	.3246	7.661	.0059
3. Agency (-)	.3396	5.336	.0213

**TABLE 7**

Stepwise multiple regression analyses: Prediction of STC scales from DMI and PPFC

	Multiple <i>R</i>	<i>F</i> change	p value
<b>Dependent variable: STC 1 Empathic Communication</b>			
<i>Predictors</i>			
1. Immature Defenses (+)	.1215	4.795	.0293
<b>Dependent variable: STC 2 Anger Communication</b>			
<i>Predictors</i>			
1. Immature Defenses (-)	.1469	7.059	.0083
<b>Dependent variable: STC 4 Teases Child</b>			
<i>Predictors</i>			
1. Cohesion (+)	.1144	4.242	.0403
<b>Dependent variable: STC 7 Psychologizes</b>			
<i>Predictors</i>			
1. Defensive Health (-)	.1249	5.071	.0250
<b>Dependent variable: STC 9 Allows Fighting</b>			
<i>Predictors</i>			
1. Turning Against Self (-)	.1309	5.575	.0188



demonstrate the predictive utility of the individual factors of the PPFC, as perceptions of personal and family characteristics predict criterion variables largely in the hypothesized manner. More specifically, Mature Defenses was negatively predicted by Neuroticism, and positively predicted by Family Cohesion; Immature Defenses was positively predicted by Defensive Perceptions of Family Health, negatively predicted by Family Health, and, unexpectedly, negatively predicted by Neuroticism, and; Turning Against the Self was positively predicted by Neuroticism, negatively predicted by Family Health, and negatively predicted by Personal Agency.

Hypotheses regarding the presence of a systematic relationship between respondents' "working model" of personal and family functioning, defensive functioning, and modes of caregiving were not supported by this investigation. More specifically, results from (a) an analysis of the correlations between STC, DMI, and PPFC factors (Table 5), and (b) multiple regression analyses entailing the nine modes of caregiving as dependent variables with both PPFC scales and DMI composite scales as predictors (Table 7) yielded few statistically significant and interpretable results. The few significant results derived from the multiple regression analyses are best attributed to chance, as 81 statistical analyses (i.e., 9 criterion variables x 6 predictors derived from the PPFC + 3 predictors derived from the DMI) yielded only 5 significant findings (i.e., approximately 6%).

## DISCUSSION

Current psychological literature suggests that positive representations of self and others are associated with sensitivity in caregiving. Moreover, it has been hypothesized that this relationship is mediated by cognitions (e.g., “working models,” attitudes, beliefs, scripts) which guide behavior.

This study was designed to examine possible relationships among college undergraduates’ self-perceptions, perceptions of family functioning, defensive functioning, and “working models” of caregiving. It was hypothesized that mental representations of self characteristics (e.g., perceptions of an agentic versus a neurotic self) and representations of family functioning (e.g., perceptions of a psychologically healthy versus unhealthy family) would be systematically associated with the degree of sensitivity of respondents’ “working model” of caregiving. It was further hypothesized that this relationship would be affected by defensive operations which allow the individual to regulate anxiety. Thus, it was predicted that the maturity of the defense mechanisms which respondents rely upon would be related to both the respondents’ representations of self and family functioning, and to characteristics of the respondents’ “working model” of child caregiving.

*Parallels between perceptions of self and family.* First, consistent with attachment theory, the data indicated that an individual’s working model of personal functioning tends to be concordant with his/her working model of relationships with significant others. Specifically, respondents’ perceptions of

family health, cohesion, and communication were positively correlated with perceptions of personal agency. Undergraduates who believed they were self-efficacious and potent also possessed mental representations of close, healthy family relationships. This pattern of results is nearly identical to findings reported in previous studies with this instrument (Stollak et al., 1991).

*Relationships between perceptions of self and family and defensive functioning.* Second, perceptions of self and family functioning were systematically related to regulatory, or defensive, functioning. Pearson product-moment correlations indicated that respondents' perceptions of family health were associated positively with mature defensive functioning and negatively with immature defensive functioning. Similarly, perceptions of personal agency were negatively related to reliance upon the least mature defense, Turning Against the Self (TAS), while perceptions of personal neuroticism were positively related to TAS. Moreover, stepwise multiple regression analyses similarly indicated that defensive functioning was predicted by both perceptions of family functioning (i.e., Family Cohesion, Family Health) and by perceptions of personal functioning (i.e., Neuroticism, Agency).

These results support the construct validity of the PPFC questionnaire and extend the findings reported in previous empirical research with this instrument in which a bivariate crosstabulation was performed to elucidate the relationship between adaptive functioning on the PPFC and adaptive (i.e., "mature") defensive functioning on the DMI. It was found that 21 of the 28 persons in the most adaptive clusters on the PPFC (e.g., Competent/Secure, Independent) were characterized by the most "adaptive" defenses on the DMI

(e.g., Principalization, Reversal). Furthermore, 21 of the 27 persons in the least adaptive PFFC clusters (e.g., Disengaged/Avoidant, Volatile/Chaotic, Enmeshed) utilized the least "adaptive" of defenses on the DMI (e.g., Turning Against Self, Projection, Turning Against Other) ( $p < .005$ ) (Stollak et al., 1991).

Previous research and theorizing has emphasized early developmental experience in explaining the link between an individual's defensive functioning and his/her perceptions of personal and family functioning (Aronoff & Stollak, 1991). During the first years of life, the child's perceptions and cognitive representations of self and others emerge from interactions with caregivers (Sroufe, 1989). Similarly, these interactions, with inherent frustrations and anxieties, spawn the rudiments of regulatory processes: "...[I]t is unquestionable that the prototypes of the ego defenses will be processed through the mother-child relation in the course of development" (Spitz, 1961).

Furthermore, results from this investigation support clinical and personality psychologists who have suggested that the individual who has been raised in a family that is characterized by nurturance and positive problem solving skills (indexed by perceptions of family functioning in the present study) will be instilled with a sense of mastery, industry, and self-esteem (indexed by perceptions of personal functioning in the present study). Such individuals should consequently develop effective anxiety management techniques, which are reflected in both positive problem solving skills and in adaptive, mature defensive functioning (Stollak, 1992). Conversely, those respondents who lacked sensitive parenting, and have recollections of unavailable or harsh caregivers, should tend to experience guilt, shame, and mistrust of others. Defensive functioning for these individuals emerges from

early, non-optimal caregiving, and serves to maintain these patterns in consequent interpersonal functioning via distortions of experiencing (Main & Goldwyn, 1984).

These results provide greater specificity in delineating the relationship between defensive functioning and perceptions of personal and family characteristics. Although previous research documents an association between recollections of family-of-origin characteristics and defensive distortions, investigations by Main and colleagues and by Grossmann and associates are limited in the description of the defensive processes which are influencing their subjects' recollections (e.g., Grossman, et al., 1988; Main, Kaplan, & Cassidy, 1985). The present study offers a novel contribution in that perceptions of personal and family characteristics were systematically related to subjects' utilization of five defense mechanisms (Projection, Turning against the Self, Turning against the Other, Reversal, and Principalization) as determined by a valid and reliable measure of defensive functioning. Moreover, while previous research has equated defense with pathology, the present study argues that defenses can be adaptive and can foster growth and mastery of environmental challenges (Cramer, 1991). As such, this investigation emphasizes the relationship by documenting an association between positive perceptions of self and others and adaptive regulatory functioning.

Future research in this area should supplement investigations of perceptions through the exploration of relationships between the individual's behavior in the context of his/her family and defensive behavior. Family interaction tasks, such as those described by Stollak, Crandell, & Pirsch (1991), can be coded along the dimensions of cohesion, adaptability, and

communication, which parallel several factors of the instrument used to assess perceptions of family characteristics in this study. Moreover, it has been proposed that defensive functioning may be assessed through videotaped interactions, in addition to the more popular forms of self-report or projective questionnaire assessment. In this behavioral measure of regulatory functioning, interpersonal communication processes are assumed to represent strategies by which tensions are managed (Woike, Aronoff, Stollak, & Loraas, 1991). Behavioral defense mechanisms could be coded along the dimensions of Principalization, Reversal, Projection, and Turning against Others, and could be correlated with categories of behaviors from family interaction tasks.

Finally, this study emphasizes that conceptions of family psychological health as measured by self-report instruments are highly subject to defensive distortion. Many items of the PPFC questionnaire which were allocated to a "Family Health" scale by exploratory factor analysis correlated with an index of immature defensive functioning to a greater extent than with an index of mature defensive functioning, as measured by the DMI. Additional analyses were undertaken to refine the Family Health factor, which resulted in the creation of not only a more valid family health scale, but also provided the PPFC with a scale which assessed defensively-distorted family health, termed "Defensive Perceptions of Family Health."

*Relationships between perceptions of personal and family functioning, defensive functioning, and working models of caregiving.* Third, there was no consistent evidence to support the general hypothesis that there would be a relationship between subjects' perceptions of personal

and family functioning and the degree of sensitivity in respondents' child caregiving schemata as measured via responses to the STC problems. Additionally, there was no consistent evidence found to support the hypothesis that maturity of defensive functioning would be consistently related to aspects of the respondents' "working models" of caregiving.

The lack of significant findings in this area can be attributed, in part, to conceptual and methodological limitations of this study, including characteristics of the sample and characteristics of the instrument used to assess caregiving schemata.

*Conceptual limitations.* Although perceptions of personal and interpersonal functioning may be important forces in shaping the individual's conceptions of caregiving, ecologically-minded psychologists (e.g., Belsky, 1984) emphasize the impact of macrosystem and exosystem variables on caregiving attitudes and behaviors. More specifically, this study did not consider the influence of the respondents' cultural background, racial background, or socioeconomic background on responses to children in the hypothetical parent-child conflict situations. Moreover, this study did not assess enduring personality traits (beyond perceptions of personal agency and neuroticism) which may more directly shape "working models" of caregiving. Traits such as self-centeredness and compassion, which were either not assessed by the PPFC or were subsumed under a larger and potentially heterogeneous factor, may affect the respondents' sensitivity in hypothetical parent-child conflict situations (Lamb & Easterbrooks, 1981).

Another limitation of the present study was that respondents were not provided with the opportunity to express their perceptions of their interpersonal functioning in domains beyond the family unit. Thus, the

adequacy of this data relies upon: (a) a stable, generalized representation of family functioning, and, (b) the family unit being the most salient system in which the respondent has participated. Unfortunately, neither of these assumptions is necessarily true.

First, the stability of the “traditional” American family has become largely a myth, as family reorganizations associated with divorce and remarriage have become increasingly common experiences in the lives of parents and children (Hetherington, 1992). As approximately 50% of all children under the age of eighteen are expected to experience the divorce of their parents (Glick & Lin, 1986), it is highly likely that college undergraduates’ recollections of family functioning are not unitary representations, but rather represent an accumulation of a largely heterogeneous set of experiences.

Second, although the family is the system in which the child is most heavily embedded during his/her formative years, it is by no means the exclusive system in which the child participates. Caregiving attitudes and behaviors can be acquired from individuals outside of the nuclear family, including members of the extended family (e.g., aunts, uncles, grandparents), neighbors, and family friends.

A last conceptual limitation of the present study involves assessing cognitive representations of caregiving interactions for individuals who probably have not had many opportunities to be child caregivers. Researchers have suggested that the differentiation, abstractness, and integration of a construct, such as a schemata of caregiving, is related to the frequency of relevant social interaction (Applegate, Burke, Burleson, Delia, & Kline, 1985). It might be that experience as a parent, or a history of caregiving interactions,



is a main source of an individual's attitudes, beliefs, and expectations regarding caregiving interactions. Perhaps college undergraduates' current notions about caregiving are best considered "tentative," in need of validation, and are subject to change following experience (Goodnow, 1985).

*Methodological limitations.* In addition to a lack of parenting experience, other sample limitations exist. First, respondents were restricted to a population of young, college undergraduates who were functioning at a level which was sufficient to permit acceptance to and enrollment in a competitive, four-year university. Thus, the generalizability of these results is restricted. Second, although respondents satisfied a research requirement by participating in this study, subjects' level of motivation throughout this investigation is uncertain. Undergraduates may have experienced fatigue while completing two-hours of questionnaires and may not have answered items with as much thought and accuracy as was desirable. The STC questionnaire, a free-response, projective measure, would be especially vulnerable to these fatigue effects. Having subjects verbally respond to tape recordings of conflicts, as Teyber, Messé, & Stollak (1977) did, might be more involving, and may provide a more valid indicator of schemata, rather than responding to a questionnaire.

Further methodological limitations stem from the questionnaires which were utilized. Although the Sensitivity to Children questionnaire is an interesting alternative to self-report instruments for measuring parenting attitudes, it has not been validated. Moreover, despite the many steps that were taken to train undergraduate coders and to ensure interrater reliability, it may be necessary with this questionnaire to use a group of coders who are more extensively trained in making the required clinical judgments.

Even though this study demonstrated the internal consistency and the construct validity of the PPFC instrument, further psychometric exploration is warranted. Specifically, future research with this questionnaire should focus on measuring test-retest reliability, and the content validity of the items. The latter could be accomplished through (a) judgment of item accuracy by professionals (e.g., psychologists, social workers, etc.); (b) correlating the PPFC against another measure of perceived personal and/or family functioning; or, (c) associating performance on the PPFC with observed and coded interpersonal interactions. Moreover, in an effort to determine if the PPFC is vulnerable to response bias, the effects of social desirability can be determined by correlating the questionnaire with the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1964).

Despite measurement difficulties, efforts to assess characteristics of and precursors to an individual's "working model" of caregiving remain valuable. Future studies should not only utilize valid and reliable instruments to measure perceptions of personal and interpersonal characteristics, but should strive towards developing a more comprehensive model of the relationship between perceptions and child caregiving schemata. This would imply addressing variables, in addition to defensive functioning, which moderate and complement this association. Additional variables to be incorporated in future experimental designs can include indices of macrosystem variables (e.g., racial background, SES), enduring personality traits (e.g., empathy, tolerance), and perceptions of salient relationships outside the nuclear family (e.g., grandparents, aunts, uncles). Moreover, assessment of perceptions can be complemented by behavioral observations

in these domains. Future studies with these instruments can not only target additional populations, but also can assess the impact of perceptions of personal and family characteristics, defensive functioning, and caregiving schemata on later child behaviors. For instance, it is recommended that married couples pregnant with their first child, and/or parents with infants and toddlers can be incorporated into a prospective study in which parents' questionnaire responses are related to later child outcome. Alternatively, questionnaire scores from a sample of parents with 6-8 year old children might be related to contemporaneous family interaction and child behavior in school.

## **APPENDIX A**

### **Sensitivity to Children (STC) Questionnaire**

## APPENDIX A

## STC

Name \_\_\_\_\_

**Instructions**

A series of situations will be found on the following pages. You are to pretend or imagine that you are the parent of the child described. Except where otherwise noted all the children in the following situations are to be considered \_\_\_\_\_ years old.

Your first task is to write down exactly how you would respond to the child or children in each of the situations, in a word, sentence, or short paragraph. Write down your exact word and actions in the space noted, but please do not explain why you said what you what you described. Write down your exact words and actions as if you were writing a script for a play or movie. For example, do not write "I would reassure and comfort him." Instead, for example, write "I would smile at him and in a quiet voice say "Don't worry Billy, I love you."

Your second task is to write down why you said and did what you wrote in the space provided.

1. Your child admired a miniature toy at the store. Your child did not have money to buy it nor did your child ask you to buy it. After returning home, you see your child take it out of a pocket and begin playing with it.

Exactly what would you say and do in this situation?

Why would you say and do what you wrote in the above space?

2. After hearing some screaming in the family room, you go there and find your older child hitting your two year old child.

Exactly what would you say and do in this situation?

Why would you say and do what you wrote in the above space?

3. It is 8:00 p.m. and that is the time you and your child have previously agreed is the bedtime for that evening. Your child wants to stay up and play and says, "Please let me stay up for a while."

Exactly what would you say and do in this situation?

Why would you say and do what you wrote in the above space?



4. When emptying the garbage can, you find at its bottom the broken remains of a toy you had given your child two weeks ago. It is clear that your child did not want you to find out that the toy was broken.

Exactly what would you say and do in this situation?

Why would you say and do what you wrote in the above space?

5. Your child and your child's friends are playing in your living room and you have asked them two times to play somewhere else because you are expecting a visitor and you want the living room to look nice. As you are coming back for the third time to ask the children to leave, you hear a crashing noise and find the children on the floor looking surprised with a knocked over lamp near them.

Exactly what would you say and do in this situation?

Why would you say and do what you wrote in the above space?

6. You and your child have completed shopping in a local market, and as you are checking out your child asks for a candy bar. It is close to dinner time, so you say "No." Your child says "Please, I am really hungry" and begins to reach for the candy.

Exactly what would you say and do in this situation?

Why would you say and do what you wrote in the above space?

7. Before going to bed at 10:00 p.m., you go into your child's room to see if the cover is in place and to tuck it in, if necessary. You see your child masturbating. You see your child looking at you, and as you approach, your child pulls the blanket up to his/her chin.

Exactly what would you say and do in this situation?

Why would you say and do what you wrote in the above space?

8. Your child had been playing at the dinner table. Toys and things were scattered about the table. You told your child to be sure to pick up everything before dinner. A friend of your child came over and both went outside to play. You had to pick up the toys and things yourself. Your child walks in, just in time for dinner.

Exactly what would you say and do in this situation?

Why would you say and do what you wrote in the above space?

9. Your child comes running into the house yelling, "I won! I won!" Your child bumps into you and you drop a glass of water you had in your hand. The glass shatters on the floor and the water spills over your clothes.

Exactly what would you say and do in this situation?

Why would you say and do what you wrote in the above space?

10. You just bought your child a new coat and your child has worn it to school for the first time. You had asked your child to try to keep it clean. When your child comes home, the coat is covered with dirt. Your child says, "My friend was cold so I let my friend wear it. My friend fell down and got dirt on it."

Exactly what would you say and do in this situation?

Why would you say and do what you wrote in the above space?

## **APPENDIX B**

### **Sensitivity to Children (STC) Coding Manual**



## APPENDIX B

## STC Rating Manual

This manual is designed to be used for coding the Sensitivity to Children questionnaire in conjunction with the STC Rating Scale. The following procedure should be adhered to when evaluating an STC protocol:

1. Carefully read through the entire protocol and extract a general flavor for the individual's caregiving style.
2. Score the protocol using the 42-item STC rating scale.

Importantly, each item on the rating scale is defined and exemplified in this manual. Use the definitions and examples in this manual to guide your ratings.

1. *The person respects the child's opinions and encourages the child to express them.*

DEFINITION: Asks the child what s/he thinks and listens to the response; reassures child that it is okay to express feelings; makes the child feel comfortable with his response.

EXAMPLES: "What's the matter"; "How are you feeling"; "Is there any special reason why you want to stay up?"

2. *The person is angry with the child.*

DEFINITION: Verbal statement of anger; irrational or abusive punishment; irrational or abusive actions towards the child; claims to yell.

EXAMPLES: "Pick that up right now!"; "I'm going to beat you!"; "You really made me mad."

3. *The person gives comfort and understanding.*

DEFINITION: Touches the child in a soothing manner; Provides reassuring comments; understands that children make mistakes.

EXAMPLES: "I know what you're feeling"; "It's alright to feel that way"; "We all make mistakes, just be more careful next time"; "Let's sit down and talk about it."

*4. The person uses physical punishment*

**DEFINITION:** States that there will be physical punishment; inflicting pain to get obedience (includes withholding a meal).

**EXAMPLE:** "Come here, I'm going to spank you"; "I would hit my child"; "There will be no dinner for you tonight."

*5. The person expresses that the child is a disappointment to him/her.*

**DEFINITION:** Making the child feel that s/he has let the respondent down; making the child feel guilty based on personality-issues, not on the basis of the child's actions; emphasizes negative issues from the past; stating comments to purposefully lower the child's self-esteem.

**EXAMPLES:** "You're an embarrassment"; "You really let me down"; "Why can't you be like -----."

*6. The person is easy going and relaxed with the child.*

**DEFINITION:** Jokes with the child; remains calm and takes adversity in stride; refrains from unnecessarily questioning the child.

**EXAMPLES:** "No big deal... Accidents happen": "Hey, what did you win?!?"

*7. The person talks it over and reasons with the child when the child misbehaves.*

**DEFINITION:** Verbal discussion explaining the problem and consequences of child's behavior; asks child as to why s/he misbehaved; talks rationally and understandably with the child.

**EXAMPLES:** "Perhaps we can reach an agreement about your punishment"; "Do you understand what you did wrong and why I'm punishing you?"

*8. The person trusts the child.*

**DEFINITION:** Believes the child's account of an event; does not question the child's version of a story which seems reasonable; does not make assumptions about the child's behavior; does not talk to child in unnecessarily severe tone or repetitive manner when telling the child to do something.

**EXAMPLES:** "I believe you if that's what you say"; "I trust you will do as you are told."

*9. The person warns, admonishes or threatens punishment.*

**DEFINITION:** Implies punishment as a consequence of misbehavior; uses scare tactics to make child behave or do desired task.

**EXAMPLES:** "If you don't stop hitting you're sister you're going to be spanked"; "You're going to get it"; "I'm warning you to do that."

10. *The person encourages the child to talk about his/her problems.*

**DEFINITION:** Asks questions which promote disclosure; helps child confront problems instead of avoiding them; makes child feel comfortable about discussing problems.

**EXAMPLES:** "Is there something on your mind, honey?"; "Can I help you with something?"

11. *The person expects the child not to have secrets from him/her.*

**DEFINITION:** Respondent is surprised or upset when hidden information is discovered; expectation of honesty and openness; expresses that s/he wants the child can confide in him/her; expects child not to hide wrongdoings; threatens punishment if secret is found out.

**EXAMPLES:** "How come you didn't tell me that the toy was broken?"; "Instead of stealing the toy, why didn't you ask me for it?"; "You better not lie to me... I want to know now."

12. *The person expects the child to keep control of feelings at all times.*

**DEFINITION:** Expresses irritation or annoyance when the child loses emotional control (either exceptionally happy or sad); does not encourage child to express emotions; encourages restraining emotions; expects child to behave too much like an adult.

**EXAMPLES:** "Calm down"; "Control yourself"; "Boys don't cry."

13. *The person tries to keep the child from fighting.*

**DEFINITION:** Physically or verbally intervenes in conflicts and tries to deter future conflicts; provides alternative solutions to conflicts.

**EXAMPLES:** "Don't hit your sister"; "Don't bully anyone"; "How would you like it if I hit you?"

14. *The person lets the child know that s/he is angry with him/her.*

**DEFINITION:** Expresses to the child (by words or actions) that s/he is angry; threatens punishment.

**EXAMPLES:** "I'm mad at you"

15. *The person punishes the child by taking away a privilege s/he otherwise would have had.*

**DEFINITION:** Withholds something the child wants for the purpose of punishment; restricts child's freedom by threats or involves contingencies.

**EXAMPLES:** "You can't watch television for a week"; "Because you tipped over the lamp your friends can't come over."

16. *The person teases and makes fun of the child.*

**DEFINITION:** Belittles the feelings or actions of the child or the child him/herself; calls the child names; imitates the child's gestures.

**EXAMPLES:** "You think the plant is going to grow *that* way?"; "That's a stupid thing to do."

17. *The person teaches the child that the child, himself/herself, is responsible for what happens to himself/herself.*

**DEFINITION:** Explains that punishment is due to the child's actions; tries to illustrate that the child's behavior influences the outcomes of the situation.

**EXAMPLES:** "You stole the toy, so you now have to return it and apologize"; "You are the one who loaned your coat, so you now have to help me clean it"; "I asked you not to play here, but you chose to do so anyway. Now the lamp is broken and your friends must go home."

18. *The person lets the child know how ashamed and disappointed s/he is when the child misbehaves.*

**DEFINITION:** Expresses disappointment, through speech or actions, when the child's behaviors do not conform with the parents' wishes.

**EXAMPLES:** "I thought I knew you better than this"; "You're not a little boy anymore -- only little boys do these sorts of things"; "I'm disappointed that you resorted to fighting to solve your problems."

19. *The person warns the child by warning him/her about the bad things that can happen to him/her*

**DEFINITION:** Gives messages that make the child feel fearful and submissive and indicate little or no respect for the child's needs or wishes.

**EXAMPLES:** "If you do that, you'll be sorry"; "If you don't go to bed right away, you're going to get it!"

20. *The person tells the child what s/he, the adult, is feeling.*

**DEFINITION:** Verbally or physically expresses own emotions to the child.

**EXAMPLES:** "I'm upset with you because you broke the lamp"; "I'm glad you won, but I wish you would watch where you are running."

**21. *The person orders, directs, or commands the child.***

**DEFINITION:** Expresses that the child must comply with the respondent's wishes, feelings or needs, producing a fear of power.

**EXAMPLES:** "Stay away from your sister"; "Go to your room."

**22. *The person exhorts, moralizes or preaches.***

**DEFINITION:** Messages which bring to bear on the child the power of external authority, duty or obligation; conveying messages which express "shields," "oughts," and "musts."

**EXAMPLES:** "You ought to do the right thing"; "You shouldn't think that way."

**23. *The person advises, recommends, provides answers or solutions.***

**DEFINITION:** Respondent gives his/her advice or ideas in a situation.

**EXAMPLES:** "I would tell Tommy to bring his coat to school tomorrow so that he won't have to borrow yours"; "I suggest you talk to the owner of the store and explain why you took the toy."

**24. *The person persuades with logic, instructing, lecturing – without moralizing.***

**DEFINITION:** Attempts to teach child; provides lengthy and reasoned arguments in an attempt to obtain compliance.

**EXAMPLES:** "To hit your little brother is not fair because you are stronger and smarter"

**25. *The person evaluates/judges negatively, disapproving, blaming, criticizes.***

**DEFINITION:** Provides negative statements which make the child feel inadequate, stupid, unworthy or bad.

**EXAMPLES:** "I can't believe you broke the lamp after being warned! Don't you know when to behave?"; "This is all your fault."

**26. *The person praises, judges, evaluates the child positively without referral to the child's actions. The person is making a global evaluation of the child's worth.***

**DEFINITION:** Praises child in overall terms that are not specific to the praise-worthy act; speaks positively of the child's internal characteristics rather than child's behaviors.

**EXAMPLES:** "You're wonderful, Jimmy!"; "You are so smart."

27. *The person calls the child names, ridicules, shames the child, uses sarcasm, makes light of the child.*

**DEFINITION:** Respondent mocks the child or his/her behaviors & actions; pejorative name-calling; makes child feel unworthy of respect.

**EXAMPLES:** "Breaking the lamp was a really smart thing to do"; "You should feel embarrassed and awful for playing with yourself"; "Stupid."

28. *The person analyzes the child, figures the child out, offers the child insight.*

**DEFINITION:** Messages which communicate to the child that s/he has him/her "figured out," knows what his/her motives are or why s/he is behaving in a certain way.

**EXAMPLES:** "You're only hitting your brother because you feel that I am giving him more attention than I am giving you"; "You only want to stay up late because you want to prove that you are mature."

29. *The person excuses, sympathizes, consoles, reassures the child.*

**DEFINITION:** Provides supportive comments to child after a distressing incident; implicitly understands child's feelings (sympathizing) and attempts to lessen the emotional burden by removing the child from blame (excusing), or by providing encouraging remarks (reassuring).

**EXAMPLES:** "I understand that you are afraid that I would be mad, but you can always come to me and tell me anything."

30. *The person probes, questions, cross-examines, interrogates the child.*

**DEFINITION:** Asks questions in a systematic and rigorous way, conveying a lack of trust in the child or the child's account of the situation.

**EXAMPLES:** "Exactly when and how did the toy break?"; "What were you doing under the blanket — why were you doing that?"

31. *The person withdraws, distracts, ignores, bypasses the child away from the problem.*

**DEFINITION:** Respondent changes the topic away from the incident at hand by not inquiring, changing the subject, questioning unimportant/trivial details, or simply by not responding (purposefully).

32. *The person withdraws, submits, avoids confronting the child.*

**DEFINITION:** States that s/he will discuss the situation later; diverts attention from the child to other concerns; ignores the child's actions; gives in to child's wants.

**EXAMPLES:** "O.K., you can have the candy bar"; "I'm too busy right now..."

33. *The person attempts to obtain more information, in a genuinely caring and non-accusatory manner, regarding the child's behavior and/or the reasons for his/her actions.*

**DEFINTION:** Attempts to understand the child's behavior and tries to reason with him/her using discussion; asks questions about the actions and feelings of the child and listens to response; allows child to explain before accusing.

**EXAMPLES:** "Honey, did you think I would be mad if you broke the toy?"; "Is there something you want to talk about?"

34. *The person gives the child alternatives or compromise solutions.*

**DEFINITION:** Attempts to show the child that there are many different ways to solve problems and that there can be middle ground when trying to resolve a conflict.

**EXAMPLES:** "Don't you think that you could talk with your sister instead of fighting with her?"; "Are there any special reasons why you want to stay up late tonight... Maybe we can work out a later time for tomorrow."

35. *The person gives the child specific directions regarding expected future behavior.*

**DEFINITION:** Verbally defines the role that the child is expected to play and how they are expected to express themselves; restricts alternatives in behavior and is not amenable to deviation from instructions.

**EXAMPLES:** "Next time you will tell me when the toy is broken"; "From now on you will pick up your toys before playing"; "This will never happen again in this house."

36. *The person relates his/her behavior to the child's behavior.*

**DEFINITION:** Shows his/actions are a direct result of the child's actions; emphasizes that parent (respondent) was once a child, too, and draws parallels.

**EXAMPLES:** "Because you broke the lamp I am sending your friends home"; "I didn't do that when I was your age!"

37. *The person relates his/her feelings to the child's feelings*

**DEFINITION:** Attempts to show the child that the caregiver (respondent) can or would experience similar feelings in similar situations; empathic and sympathetic to the child.

**EXAMPLES:** "If I won something I would be excited, too"; "If they did that to me I would be mad too, but that doesn't mean you should hit them."

38. *The person expresses positive feelings without using specific feeling words. The person offers non-verbal positive responses to the child, e.g., hugging, kissing, holding, smiling, speaking softly, to the child.*

EXAMPLES: "I would hug and hold him."

39. *The person is empathic; stating what the child is feeling/wishing/wanting/needing.*

DEFINITION: Relates to the child's emotion at the given time; offers an example of what the child is going through to convey understanding.

EXAMPLES: "I know that a candy bar would taste delicious right now because you're hungry."; "You're really excited!! To win is so exciting."

40. *The person gives the child directions regarding the expression of his/her (the child's) feelings in the present.*

DEFINITION: Explains to the child how s/he should be acting when dealing with an emotion at the given time; outlines parameters for accepted emotional expression of the child.

EXAMPLES: "It's okay to cry"; "I know you are excited, but you shouldn't rush into the house like that."

41. *The person bribes the child or makes a contingent demand.*

DEFINITION: Uses rewards to obtain desired response from the child.

EXAMPLES: "If you go to bed now I will buy you a candy bar tomorrow."

42. *The person attempts to obtain more information about the child's feelings.*

DEFINITION: Questions the child about emotions; leads child in conversation, gently prodding about current state.

EXAMPLES: "Why are you looking so sad?"; "How do you feel?"; "Does that make you happy?"

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Definitions and examples provided in this manual were developed through the combined efforts of nine undergraduates whose time and dedication are greatly appreciated. Additionally, several definitions and examples are based upon the delineations of Gordon (1971, 1975).



## **APPENDIX C**

### **Defense Mechanisms Inventory (DMI) Questionnaire**

## APPENDIX C

## DEFENSE MECHANISMS INVENTORY (DMI)

## SITUATIONAL SURVEY

**INSTRUCTIONS:** Read carefully. (Do not make any marks on this booklet.)

On each of the following pages is a short story. Following each story are four questions with a choice of five answers for each. The four questions relate to the following four kinds of behavior: actual behavior, impulsive behavior in fantasy, thoughts, and feelings. Of the four, it is only actual behavior which is outwardly expressed; the other three take place only in the privacy of one's mind and, therefore, have no external repercussions.

What we want you to do is to select the one answer of the five which you think is the most representative of how you would react, and mark the number corresponding to that answer on the computer answer sheet by darkening the space marked three (3) next to that number. Then select the one answer you think is least representative of how you would react and mark it by darkening the space marked one (1) next to that number. The other three responses should be marked as two (2). For example, let us assume that out of the five possible answers to a question (e.g., numbers 6, 7, 8, 9, 10), response number 7 is the one you consider most representative of the way you would react, and response number 10 is the least representative.

Read all the five answers following the question before you make your selections. In marking your answers on the computer sheet, be sure that the number of the answer agrees with the number on the computer sheet.

You are waiting for the bus at the edge of the road. The streets are wet and muddy after the previous night's rain. A motorcycle sweeps through a puddle in front of you, splashing your clothing with mud.

What would your ACTUAL reaction be?

1. I would try and remember the biker's face so I could find him later.
2. I'd wipe myself off with a smile.
3. I'd yell obscenities after the biker.
4. I'd scold myself for not having at least worn a raincoat.
5. I'd shrug it off since things like that happen all the time.

What would you IMPULSIVELY (in fantasy) want to do?

6. Wipe that biker's face in the mud.
7. Tell the police about the biker since he probably does this all the time.
8. Kick myself for standing so close to the edge of the road.
9. Let the biker know that I really didn't care that he splashed me.
10. Let the biker know that bystanders also have rights.

What THOUGHT might occur to you?

11. Why do I always get myself into things like this?
12. To hell with that biker!
13. I'm sure that basically that biker is a nice person.
14. You can expect something like this to happen on wet days.
15. I wonder if that biker splashed me on purpose.

How would you FEEL and why?

16. Satisfied, after all, it could have been worse.
17. Depressed, because of my bad luck.

18. Like shrugging my shoulders, because a person can't let things like that bother him.
19. Resentment, because the biker was so careless and mean.
20. Furious, that the motorcyclist got me dirty.

You have a paper route on which there are many people. You have to work very hard because you need the money and jobs are scarce. It is your responsibility to make sure everything runs smoothly. You have a classmate who helps you deliver the papers. Recently many people have been complaining about not getting their papers. You know you have been careful in doing your job, so you decide to fire your helper. Tat same day your boss from the paper drops over at your house. Without letting you explain, your boss says the paper route is being taken away from you because you are careless. Your assistant is assigned your job and you are now in the position of helper.

What would your ACTUAL reaction be?

21. I'd be a good sport about it, since the boss is only doing his job.
22. I'd blame the boss for having made up his mind against me even before the visit.
23. I'd be thankful to get rid of such a tough job.
24. I'd look for a chance to make things hard for the assistant.
25. I'd blame myself for not being good enough for the job.

What would you IMPULSIVELY (in fantasy) want to do?

26. Congratulate my assistant on getting the paper route.
27. Try to find out if the boss from the paper and my helper had worked together to fix it so I would lose the paper route.
28. Tell my assistant to go to hell.
29. I'd like to kill myself for not having done something about my helper sooner.
30. I'd like to quit, but I don't know where I could get another job.

What THOUGHT might occur to you?

31. The boss deserves a screwball for a paper carrier.
32. To sell papers you have to have the right person in the right job.
33. There is no doubt that this was just an excuse to get rid of me.
34. I'm really lucky that I only lost my job and didn't have to pay for papers not delivered.
35. How could I be so dumb?

How would you FEEL and why?

36. Resentful, because the boss had it in for me.
37. Angry, at my assistant for getting my job.
38. Pleased that nothing worse had happened.
39. Upset that I am a failure.
40. Resigned, after all, you have to be satisfied with having done all that you can.

You are living with your aunt and uncle who have been treating you like their own child. They have taken care of you since you were very young. One night you plan to sleep outside with your friends. This is part of an initiation for a club that all your friends belong to and you want very much to join. Unfortunately, there is a storm outside. Your aunt and uncle insist that you call and cancel your plans because of the weather and the late hour. You are about to disregard their wishes and go out the door when your uncle says in a commanding voice, "Your aunt and I have said that you can't do, and that is that."

What would your ACTUAL reaction be?

41. I would do as my uncle said because he has always wanted what is best for me.
42. I'd tell them that I always knew they didn't want me to grow up.
43. I would cancel my campout since you must not stir up trouble in the family.
44. I'd tell them it was none of their business and go out anyway.
45. I'd agree to remain at home and apologize for having upset them.

What would you IMPULSIVELY (in fantasy) want to do?

46. Knock my head against the wall.
47. Tell them to stop ruining my life since they don't really care about me because they are not my real parents.
48. Thank them for being so concerned about me.
49. Leave, slamming the door in their faces.
50. Go out camping anyway since one should not allow the weather to alter one's plans.

What THOUGHT might occur to you?

51. Why don't they shut up and leave me alone?
52. They never have really cared about me.
53. They are so good to me, I should follow their advice without question.
54. You can't take without giving something in return.
55. It is my fault for wanting to go out in such bad weather.

How would you FEEL and why?

56. Annoyed, that they think I am a baby.
57. Miserable, because there is nothing much I can do.
58. Grateful that they care about me.
59. Resigned, after all you can't get your own way all the time.
60. Furious, because they interfere with my life.

You are spending your vacation visiting an old friend who has moved with his parents to another town. He invites you to go with him to a fair given that weekend at the community clubhouse. Shortly after you arrive, he accepts an invitation to go out in a canoe with another friend, leaving you with a group of strangers to whom you have barely been introduced. They talk with you, but while some of them have canoes, for some reason no one asks you to go canoeing. Your friend, on the other hand, seems to be very popular that day. He looks as if he is having a wonderful time. As he paddles past, he calls out to you, "Why don't you go out in one of the canoes?"

What would your ACTUAL reaction be?

- 61. I'd say sarcastically, "I'm not canoeing because I'd rather watch you."
- 62. I'd tell him that I really didn't feel like going out in a canoe.
- 63. I'd wonder what's wrong with me.
- 64. I'd tell him that it's easier to get to know his friends by talking to them than it would be by going out in a canoe.
- 65. I'd get up and leave because he apparently wants to embarrass me.

What would you IMPULSIVELY (in fantasy) want to do?

- 66. Assure him that I am perfectly satisfied and happy, so he won't worry.
- 67. I'd like to punch him in the nose.
- 68. Point out that you cannot expect to be everybody's friend on your first day in a strange place.
- 69. Tell him that now I know what sort of a "friend" he really is.
- 70. I'd like to sink into the ground and disappear.

What THOUGHT might occur to you?

- 71. He has it in for me.
- 72. I should never have come here in the first place.
- 73. I'm glad my friend is enjoying himself.
- 74. Something like this can't be avoided in a place where you don't know the crowd.
- 75. I'll make him sorry for his behavior.

How would you FEEL and why?

- 76. Upset, because I was so unsuccessful.
- 77. Furious at him for the embarrassment.
- 78. Resigned, because this is the kind of situation every newcomer must put up with once in a while.
- 79. Angry to find that my friend is so disloyal.
- 80. Grateful, for having had such a pleasant day.

You have a summer job cutting grass at a golf course and you want to impress upon the foreman who hired you that you are more competent than your fellow workers. You are eagerly awaiting an opportunity to prove yourself. One day a new power mower is brought onto the course. The foreman calls all the summer help together and asks whether anyone knows how to operate it. You sense the chance you have been waiting for, so you tell the foreman that you have used a machine like that and would like a chance to try your hand at this one. He refuses, saying, "Sorry, we can't take a chance," and calls over a kid who worked there last summer to try to get the machine started. No sooner has the older kid pulled the starter, than sparks begin to fly and the machine grinds to a halt. At this point the foreman asks you if you still want a chance to try and start the machine.

What would your ACTUAL reaction be?

81. I'd say that I don't think I could do it either.
82. I'd tell the other help that the foreman wants to hold me responsible for the machine's crack-up.
83. I'd tell the foreman that I appreciated his giving me the chance.
84. I'd say "no," cursing the foreman under my breath.
85. I'd tell the foreman that I would try because one must never back down from a challenge.

What would you IMPULSIVELY (in fantasy) want to do?

86. Tell that foreman that he'll not put the blame for a broken machine on me.
87. Thank the foreman for not letting me try it first.
88. Tell the foreman that he should try to start the broken machine himself.
89. Point out to the foreman that he was wrong to think that just being older and having worked longer guarantees success.
90. Kick myself for talking myself into a no-win situation.

What THOUGHT might occur to you.

91. That foreman is really a pretty decent person.
92. Damn the foreman and the blasted machine.
93. This foreman is out to get me.
94. Machines don't always work right.
95. How could I be so stupid to even think of running that machine.

How would you FEEL and why?

96. Uncaring, because if somebody doesn't appreciate what you are able to do, you lose your enthusiasm.
97. Angry that I was asked to do an impossible job.
98. Glad that I was asked to do an impossible job.
99. Annoyed that I was purposely put on the spot.
100. Disgusted with myself because I risked making a fool out of myself.



On your way to school, you are hurrying through a narrow street lined with tall buildings. Suddenly a piece of brick comes crashing down from a roof where some repairmen are working. The brick bounces off the sidewalk, bruising your leg.

What would your ACTUAL reaction be?

- 101. I'd tell the repairmen I was going to get my parents after them.
- 102. I'd be mad at myself for having such bad luck.
- 103. I'd hurry on so I wouldn't be late for school.
- 104. I'd continue on my way, happy that nothing worse had happened.
- 105. I'd try to discover who those irresponsible people were.

What would you IMPULSIVELY (in fantasy) want to do?

- 106. Remind the repairmen that they should be more careful.
- 107. Make sure the repairmen knew that nothing serious had happened.
- 108. Give them a piece of my mind.
- 109. Kick myself for not having watched where I was going.
- 110. See to it that those careless workers pay for their negligence.

What THOUGHT might occur to you?

- 111. Those repairmen don't know how to do their job right.
- 112. I'm lucky that I wasn't badly hurt.
- 113. Damn those men!
- 114. Why do such things always happen to me?
- 115. One can't be too careful these days.

How would you FEEL and why?

- 116. Angry, because I was hurt?
- 117. Furious, because I would have been killed by their carelessness.
- 118. Calm, because one should always be able to keep one's cool.
- 119. Upset by my bad luck.
- 120. Thankful that I'd gotten away with no more than a scratch.

You are at day camp and it is time for your swimming session. There are several groups, each of which has a special time to swim in the pool. The time is up for the last group and it is now your turn to swim. Some children from that group have delayed in getting out of the pool. You dive in while some of the children are nearby but you make sure not to hit them as you dive. The counselor comes over and makes you sit out your swimming period because people from the last group were still in the pool when you made your dive.

What would your ACTUAL reaction be?

- 121. I'd blame myself for having been careless.
- 122. I'd go to my parents and try to get the counselor in trouble.
- 123. I'd ask the counselor why he has such a grudge against me.
- 124. I'd try to cooperate with the counselor, after all, he is a good person.
- 125. I'd accept punishment without question, since the counselor is just doing his duty.

What would you IMPULSIVELY (in fantasy) want to do?

- 126. Tell the counselor that he can't use his position to push me around.
- 127. Kick myself for not having waited for the kids to get out of the pool.
- 128. Thank the counselor for saving me from a possible accident.
- 129. Stand up for my rights as a matter of principle.
- 130. I would like to leave the camp.

What THOUGHT might occur to you?

- 131. He's doing the right thing, actually I ought to thank him for teaching me an important lesson.
- 132. Each person must carry out his job as he sees it.
- 133. This counselor ought to wash dishes instead of trying to run a pool.
- 134. How could I be so thoughtless.
- 135. I bet he gets a kick out of punishing people.

How would you FEEL and why?

- 136. Boiling anger, because he's making trouble for me.
- 137. Resentment, because he's picking on me.
- 138. Ashamed, because I was careless.
- 139. Shrug it off, after all, this sort of thing happens all the time.
- 140. Relieved, because I might have to hurt somebody.

You have spent the last two summers working in a bicycle repair shop. At the time you started you had a choice between bicycle repair or working with your father. You preferred the other job despite your father's advice. Now that the repair shop has closed, you find that there are no other jobs for the summer. You can either go to work with your father or you can do odd jobs. You would like to repair the bikes of kids in the neighborhood but you don't have the necessary tools. After a great deal of hesitation, you decide to ask your dad to put up the money. After listening to your ideas, he reminds you that he wanted you to work for him instead of at the repair shop. Then he tells you, "I'm not prepared to throw away my hard-earned money on your crazy schemes. It's time you started helping me in my business."

What would your ACTUAL reaction be?

- 141. I'd accept his offer since everyone depends on everyone else in this world.
- 142. I'd admit to him that maybe he could lose his money if something went wrong.
- 143. I'd tell him off very strongly.
- 144. I'd tell him that I'd always thought that he had a grudge against me.
- 145. I'd thank him for still wanting me to work for him.

What would you IMPULSIVELY (in fantasy) want to do?

- 146. Go to work for him and make him happy.
- 147. Give up trying and end it all.
- 148. Take my father's offer since jobs don't grow on trees.
- 149. Let him know what a miser everyone thinks he is.
- 150. Tell him that I wouldn't work for him if he were the last person on earth.

What THOUGHT might occur to you?

- 151. He'll get what's coming to him one day.
- 152. You have to stand on your own two feet since your family won't always be around.
- 153. Why was I so stupid as to bring the subject up.
- 154. I must admit that my father is acting for my own good.
- 155. This proves what I've suspected all along, that my father has never believed in me.

How would you FEEL and why?

- 156. Angry, because he doesn't want me to succeed on my own.
- 157. Grateful for his offer of a job.
- 158. Resentful that he is hurting me.
- 159. Resigned, since you can't have everything your own way all the time.
- 160. Hopeless, because my father won't help me.

You and John, one of your best friends, are playing catch. Unexpectedly Tammy, another friend from the next street, drops over. You introduce Tammy to John and you all play ball together. You are supposed to go to the amusement park with Tammy in two days and you are really looking forward to it. The day that you are supposed to go, Tammy calls up and says she can't go with you because she has to go over to her grandmother's. You decide to join some other friends going to the amusement park. At the amusement park you see Tammy and John riding the roller coaster.

What would your ACTUAL reaction be?

- 161. I'd snub them because I'm sure they'd try to pretend that they didn't see me.
- 162. I'd greet them politely as a civilized person should.
- 163. I'd curse them under my breath.
- 164. I'd tell them that I was glad that they had become friends.
- 165. I'd go home and sulk in my room.

What would you IMPULSIVELY (in fantasy) want to do?

- 166. Hide somewhere in order to avoid facing them
- 167. Punch them in the nose.
- 168. Show them that I didn't mind that they were together.
- 169. Ask John if stealing your friend is the only way he knows of getting to the amusement park.
- 170. Show that you understand why they became friends.

What THOUGHT might occur to you?

- 171. Naturally Tammy liked John since he is so much better looking than I am.
- 172. Getting what you want can cause you to be disloyal to a friend.
- 173. They certainly are a pair of double-crossers.
- 174. I hope they get what they deserve.
- 175. They really seem to get along well together.

How would you FEEL and why?

- 176. Pleased that my friends get along so well.
- 177. Upset, because I shouldn't have been so trusting.
- 178. Shrug it off because one has to take things like this in one's stride.
- 179. Really mad because they lied to me.
- 180. Furious at them, because of what happened.

You and a school friend are competing for president of your class. Although both of your chances seem about equal, your friend has been in school longer and is therefore more popular. Recently, however, you have had a party at which everyone in the class has had a good time. You are sure you are now very well-liked by all of them. However, your friend wins as president.

What would your ACTUAL reaction be?

- 181. I'd try to find out which persons in the class didn't vote for me and get even.
- 182. I'd do my best to continue to behave as I did before the election, as a true friend should.
- 183. I'd accept the outcome as proof that I wouldn't have made as good a president as my friend.
- 184. I'd refuse to cooperate with the new president.
- 185. I'd congratulate my friend on this victory.

What would you IMPULSIVELY (in fantasy) want to do?

- 186. Support the results as a good citizen should.
- 187. Kick myself for ever running for president, when I knew I wasn't as good as the other candidate.
- 188. Show the class how mistaken they had been in voting for such an incompetent person.
- 189. Help my friend to be a good president.
- 190. Break the neck of each and every member of the class who voted against me.

What THOUGHT might occur to you?

- 191. I guess I just don't have what it takes to be president.
- 192. I probably wouldn't like being president as much as I thought I would.
- 193. There certainly is something fishy about the class's decision.
- 194. You can't let a failure get you down.
- 195. Who cares about the future of this class, anyway!

How would you FEEL and why?

- 196. Happy that I still have my old friends.
- 197. Upset because my defeat is known throughout the school.
- 198. Furious at the class because of their treatment of me.
- 199. Shrug it off, because that's the way the cookie crumbles.
- 200. Angry, because I have been the victim of an unfair decision.

## **APPENDIX D**

### **Perceptions of Personal and Family Characteristics (PPFC) Questionnaire**

## APPENDIX D

## PPFC/90

All of the questions on these pages are to be answered on the enclosed printed answer sheet. You must use a #2 pencil. The first 22 words and sentences in the booklet describe different characteristics of persons and the rest describe characteristics of families. Using the answer key found below and on the top of each page select the number of the response that best describes how you feel about each item as it refers to your perceptions of yourself and your family.

1	2	3	4	5
Never or Almost Never	Once in a while	Sometimes	Frequently	Almost Always
or	or	or	or	or
Very slightly or not at all	A little	Moderately	Quite a bit	Very Much

1. I am fearful and anxious.
2. I feel unworthy. I think of myself as "bad".
3. I try to be the center of attention (for example, by showing off, demonstrating accomplishments, volunteering, etc.).
4. I am emotionally expressive (facially, gesturally, or verbally).
5. I have bodily symptoms when I am tense and in conflict (for example, headaches, stomach aches, nausea, etc.).
6. I become anxious when the environment is unpredictable or poorly structured.
7. I am self-assertive.
8. I overreact to minor frustrations. I am easily irritated and/or angered.
9. I have rapid shifts in mood. My emotions change easily.
10. I become rigidly repetitive or immobilized when under stress.
11. I have a rapid personal tempo. I react and move quickly.
12. I am self-reliant, confident, and trust my own judgment.
13. I withdraw and disengage when under stress.
14. I am competent. I am skillful.
15. I am creative in perception, thought, or play.
16. I attempt to transfer blame to others.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Never or Almost Never</b>	<b>Once in a while</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Almost Always</b>
<b>or</b>	<b>or</b>	<b>or</b>	<b>or</b>	<b>or</b>
<b>Very slightly or not at all</b>	<b>A little</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Very Much</b>

17. I am resourceful in initiating activities.
18. I revert to more immature behavior when I'm under stress.
19. I am vital, energetic, lively.
20. I am aggressive (physically or verbally).
21. I go to pieces under stress. I become rattled and disorganized.
22. When I am under stress, I turn to and depend on others to help me and protect me. I become dependent.
23. Family members only ask each other for help rather than outsiders.
24. When there are stresses and problems in the family my parents do not ask for or ignore children's suggestions. Often even more stresses and problems occur.
25. It is important in our family to share with each other what we think of each other's friends.
26. Children in our family do not have a say in their discipline and they are often harshly punished.
27. We like to do things with our family but not with others outside the family.
28. When there are problems and stresses in our lives our family has been able to resolve and overcome them very well.
29. Family members feel closer to other family members than to people outside the family.
30. Our family changes its way of handling tasks when necessary to solve a problem or to reduce stress.
31. Family members like to spend free time with each other but only rarely spend free time with others outside the family.
32. My parents do not discuss punishment or discipline with the children.
33. Family members feel very good about each other and easily share their feelings with each other but not with outsiders.
34. Family members feel that if they say something negative to each other, other family members will be very hurt. We walk on "eggshells" around each other.
35. When our family gets together for activities, everybody has to be present.



1	2	3	4	5
Never or Almost Never	Once in a while	Sometimes	Frequently	Almost Always
or	or	or	or	or
Very slightly or not at all	A little	Moderately	Quite a bit	Very Much

36. When there are stresses or problems in our family rules change which often lead to further stresses or problems.
37. We can easily think of things to do together as a family but not when with outsiders.
38. We shift household responsibilities from person to person so often that we often do not know our responsibilities and problems occur.
39. Family members consult other family members on their decisions but not outsiders.
40. When there are stresses or problems it is hard to identify the leader(s) in our family and we often experience further stresses and problems.
41. Family togetherness is very important.
42. It is hard to tell who does which household chores. Chores do not often get done because no one is in charge.
43. Family members pay attention to each other's feelings.
44. Our family would rather do things together than with other people.
45. We all have a say in family plans.
46. The grownups in my family understand and agree on family decisions.
47. Grownups in my family compete and fight with each other.
48. There is closeness in my family but each person is allowed to be special and different.
49. We accept each other's friends.
50. There is confusion in my family because there is no leader.
51. Our family members touch and hug each other.
52. Family members put each other down.
53. We speak our mind, no matter what.
54. In our home, we feel loved.
55. Even when we feel close, our family is embarrassed to admit it.
56. We argue a lot and never solve problems.
57. Our happiest times are at home.



1	2	3	4	5
Never or Almost Never	Once in a while	Sometimes	Frequently	Almost Always
or	or	or	or	or
Very slightly or not at all	A little	Moderately	Quite a bit	Very Much

58. The grownups in my family are strong leaders.
59. The future looks good to our family.
60. We usually blame one person in our family when things aren't going right.
61. Family members go their own way most of the time.
62. Our family is proud of being close.
63. Our family is good at solving problems together.
64. Family members easily express warmth and caring towards each other.
65. It's okay to fight and yell in our family.
66. One of the adults in the family has a favorite child.
67. When things go wrong we blame each other.
68. We say what we think and feel.
69. Our family members would rather do things with other people than together.
70. Family members pay attention to each other and listen to what is said.
71. We worry about hurting each other's feelings.
72. The mood in my family is usually sad and blue.
73. We argue a lot.
74. One person controls and leads our family.
75. My family is happy most of the time.
76. Each person takes responsibility for his/her behavior.
77. On a scale of 1 to 5, I would rate the functioning of my family as:

1	2	3	4	5
My family functions well together				My family does not function very well together. We really need help.

**78. On a scale of 1 to 5, I would rate independence in my family as:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No one is independent. There are no open arguments. Family members rely only on each other for satisfaction rather than on outsiders</b>		<b>Sometimes independent. There are some disagreements. Family members find satisfaction both within and outside of the family.</b>		<b>Family members usually go their own way. Disagreements are open. Family members look outside of the family for satisfaction.</b>

## **APPENDIX E**

### **PPFC Cluster Typologies**

APPENDIX E  
PPFC Cluster Typologies  
(From Stollak, Aronoff, Loraas, Woike, Meyers, & Messé, 1991)

	Family Health	Neuroticism	Competence	Family Cohesion	Communication
Competent-Secure (N=139)	.89	-.60	.74	1.00	.46
Independent (N=198)	.36	-.42	.63	-.64	.76
Disengaged-Avoidant (N=89)	-1.57	.69	-.56	-.96	-.94
Volatile-Chaotic (N=31)	-1.81	1.42	-.08	-.52	1.32
Neutral (N=232)	.05	-.30	.35	.01	-.66
Enmeshed (N=109)	-.16	1.33	-.85	.82	-.18

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