



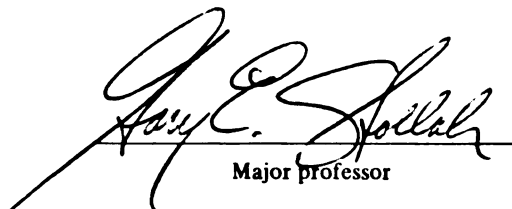
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**The Relationship Between Undergraduates' Projective
Child Caregiving Behaviors and the Degree of Cohesion and
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THE RELATIONSHIP BETWEEN UNDERGRADUATES'
PROJECTIVE CHILD CAREGIVING BEHAVIORS
AND THE DEGREE OF COHESION
AND ADAPTABILITY IN THEIR PERCEIVED FAMILY STRUCTURE

by

Virginia Carol Wright

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ABSTRACT

THE RELATIONSHIP BETWEEN UNDERGRADUATES' PROJECTIVE CHILD CAREGIVING BEHAVIORS AND THE DEGREE OF COHESION AND ADAPTABILITY IN THEIR PERCEIVED FAMILY STRUCTURE

By

Virginia Carol Wright

Positive communication skills are characteristic of sensitive child caregiving and are hypothesized to facilitate balanced levels of cohesion and adaptability in healthy family systems. The present study, using 154 undergraduate students, assessed the relationship between perceived degree of cohesion and adaptability in one's family-of-origin and one's child caregiving attitudes in hypothetical problem situations, as measured by the FACES-III and the Sensitivity to Children Questionnaire, respectively.

A factor analysis of 19 categories of caregiving responding yielded four modes of caregiving: emphasis on the adult's perspective, consequence-specific discipline, recognition of child input, and ordering/directing. Results indicated that use of these four modes of caregiving responding did not vary according to subjects' perception of family-of-origin organization. Mode of caregiving responding did vary according to gender: females scored higher than males on emphasis on adult's perspective and recognition of child input; males scored higher on ordering/directing.

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Chapter 1

Statement of the Problem

Despite the many conceptual bases for postulating a relationship between one's caregiving attitudes and actions and one's perception of the family-of-origin organization (e.g., the degree of cohesion and adaptability), the psychological literature lacks empirical evidence for such a relationship. Patricia Minuchin (1985) has noted:

it would be useful to tap what children perceive of their parents' interaction and to interview adults not only about their recall of childhood experiences, but about perceptions of their parents' interaction during childhood and their own interactions as mates and parents (p. 298).

It was the purpose of this research to provide information with regard to this issue by studying the relationship between an undergraduate's perception of his/her family experience and his/her child caregiving behaviors assessed via a questionnaire consisting of hypothetical parent-child problem situations.

The specific goal was to empirically test the relationship between perception of family cohesion and adaptability in a large sample of undergraduates and their behavior toward children in hypothetical situations. The following general hypothesis was tested:

Young adults who perceive their families as balanced in terms of cohesion and adaptability will exhibit more behaviors indicative of sensitivity toward children (via more positive communication) than will young adults who perceive their families as extreme.

More specifically, it was hypothesized that a) individuals who perceive their families as achieving balanced levels of cohesion and adaptability have learned more positive communication skills through their interactions with other family members than have individuals who perceive their families as more extreme and b) these communication skills will be evidenced in sensitive responding in hypothetical problem caregiving situations.

In the present research, "balanced" and "extreme" families were operationally defined according to Olson's Circumplex Model of Marital and Family Systems (1985). The circumplex model integrates two primary dimensions: cohesion, or "the emotional bonding that family members have toward one another," and adaptability, "the ability of a marital or family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress" (Olson, Portner, and Lavee, 1985, p. 4). Extreme families are those which fall on the extreme ends of the cohesion and adaptability continua. Balanced families are those which fall in the middle of both dimensions. A third group, mid-range families, are those which are on an extreme end of one

dimension, but are balanced on the other. The model assumes a curvilinear relationship between family structure and adaptive functioning: families extreme on either end of the dimensions are more likely to have difficulty coping with situational and developmental stress and thus are more likely to be poorly functioning families than are balanced or mid-range families. (See Appendix A for a diagram of Olson's family typologies.)

For the purpose of this research, parenting sensitivity toward children will be operationally defined as proposed by Stollak, Scholom, Kallman, and Saturansky (1973) and Stollak (1988). Stollak and his colleagues concluded that the literature suggests four responses which indicate sensitivity in caregiving: one which indicates an awareness and acceptance of the child's experiences including their thoughts, needs, wishes and feelings; one which facilitates the child's understanding of the relationship between his or her feelings and his or her actions; one which describes the impact of the child's feelings and actions on the adult's feelings and actions; and one which provides opportunity and directions for the child to find appropriate outlets for his or her feelings, needs and wishes (Stollak et al., 1973).

Also incorporated into the operational definition of sensitivity (versus insensitivity) toward children as proposed by Stollak et al. (1973) and as used in the present research are the categories of insensitive adult behaviors

originally proposed by Gordon (1970). These insensitive adult responses are characterized, in general, by a lack of awareness and lack of communication of the adult's acceptance of the validity of children's feelings and experiences.

Chapter 2

Review of the Literature

The Role of Communication in the Family

While it is presently but one of several focuses of family systems theory, the study of communication patterns within the family was actually the emphasis of researchers often credited with the seminal work in family systems theory. Although originally intended to specifically provide a developmental theory of schizophrenia, the work of Bateson and colleagues (1956) marked perhaps the earliest implication that disturbed behavior is actually disturbed communicative behavior which is maintained and structured by interaction with others, and more specifically with family members. Earlier psychological monographs pertaining to human communication were primarily provided by cognitive theorists interested in the development of communication skills in children, and it was not until the emergence of family systems theory that researchers began to study the communication patterns among family members and the subsequent functioning of the family system.

Watzlawick and colleagues (1967) expanded on the earlier work of Bateson and more clearly pronounced the family systems approach by noting that the observation of human behavior should not be an "inferential study of the mind [but rather] the study of the observable manifestations of

relationships" (p. 12). Watzlawick et al. further note that the vehicle of such manifestations is communication. Contemporary family systems theory continues its emphasis on family communication as "what passes between the members, the exchange of material, energy, and information, taking place in the system" (Constantine, 1986). The significance of communication patterns exhibited by the family is clear when one considers the integral role played by communication in the defining of various concepts held by family systems theory. The conception of the healthy family as an "open system," for example, acknowledges that families "maintain constancy through a continuous exchange and flow of information; [that] the identity and functioning of an open system depends on communication within the system and between the system and the external environment" (Jacob, 1987, p.11). Thus, the family's inherent attempts to maintain homeostasis (Jackson, 1957) depends upon the capacity of family members to communicate functionally. As Steinglass (1984) notes, such communication reduces uncertainty and thus permits the establishment of patterned interrelationships.

In a healthy family system, the need for homeostasis is coupled with a need for change and growth. This need for morphogenesis (Speer, 1970) is also dependent upon functional communication patterns. As individual family members grow and develop amidst one another, their behaviors are interpreted and evaluated and their activities are

coordinated through communication (Yerby and Burkel-Rothfuss, 1982). When family members are able to communicate clearly with one another, the family is more able to grow and to adapt within its environment (Jacob, 1987). Thus, communication acts as an important vehicle for both stability and change and, as such, for achieving a healthy balance on the morphogenesis-morphostasis continuum.

Finally, communication (both verbal and nonverbal) defines the nature of the relationships between family members and thus establishes the boundaries within the family system and subsystems. Communication in this sense refers to the messages which characterize all behavior, for all behavior is considered to be communicative (Watzlawick et al., 1967). Within the system, patterns of interpreting and responding to such messages emerge over time and it is the pattern of giving and receiving messages which gives meaning or definition to the relationship (Galvin and Brommel, 1986). Consequently, communication helps to define the type of boundaries maintained by systems and subsystems.

Communication Patterns in Healthy and Unhealthy Family Systems

Because family systems theory takes an ahistoric approach, focusing on the "here and now" of family functioning, emphasis is placed on the description of communication strategies currently being implemented by the family. Thus, a great deal of attention has been focused

upon the description of different patterns of communication evidenced in healthy and unhealthy families. Yerby and Buerkel-Rothfuss (1982) define communication patterns as being: both verbal and nonverbal, specific to the relationship, recurring and predictable, reciprocal and interactive, relationship defining, emergent, and able to be changed by forces within the system or able to influence changes in that system.

Noting these and/or other defining characteristics of a family system's pattern of communication, researchers have attempted to describe families according to the specific patterns evidenced in their interactions. Fitzpatrick (1977), for example, used communication patterns as behavioral data in her work regarding autonomy/interdependence and power in couple relationships. She and her colleagues found that utilizing a variety of modes of communication was characteristic of enduring relationships.

Similarly, families are often described in terms of their communication networks, or prescribed channels of information exchange. Galvin and Brommel (1986) note that families who have high adaptability and flexible rules are likely to have a wide variety of communication networks. On the other hand, families who have low adaptability and exhibit rigid rules are more likely to use the same networks of communication for various problems and situations.

Kantor and Lehr (1976) describe family systems in terms of psychopolitics, the strategies used by family members to achieve personal goals through interpersonal processes. These researchers consider communication to be both verbal and behavioral means of influencing "distance regulation", or the separateness or connectedness of the family. Thus, communication serves to define one's role in the family as well as the relationships between members. Kantor and Lehr distinguished four types of positions or roles which family members could assume: movers, those who originate a collective action; followers, who continue the established action; opposers, who block or alter the action; and bystanders, who remain neutral with respect to the established action. According to Kantor and Lehr, family systems are most functional when different family members assume different roles with regard to a particular action but are flexible in which roles they assume across situations.

Whereas Kantor and Lehr recognize the importance of each communicative role assumed by family members, Satir (1972) described four very similar constructs which she defined as "defended communication" resulting from a threat to an individual's self-esteem. The four variations of defended communication according to Satir are: blaming, placating, distracting, and computing (rationalization). Constantine (1986) notes that these types of defended communication are most descriptive of dysfunctional family systems and are

defensive styles of the psychopolitical positions postulated by Kantor and Lehr. More specifically: blaming is a defensive form of moving; placating, in which one is accomodating and self-effacing, is an extreme form of following; distracting, while indirect, is a form of opposing; and computing, by maintaining distance through intellectualization, is a defended form of bystanding.

Kantor and Lehr's concept of psychopolitics and Satir's concept of defended communication have both been validated in numerous studies (e.g. Koch and Hattem, 1983; and Bryson, 1978, respectively, as cited in Constantine, 1986). The constructs are clearly similar. What Satir provides, however, is a clearer understanding that the roles assumed by family members are, in fact, methods of communication because they define the nature of the relationships between family members and consequently determine the separateness or connectedness of the family.

Communication and the Circumplex Model of Marital and Family Systems

David Olson agrees that communication facilitates family connectedness, or cohesion, and also contends that it facilitates family adaptability. Olson and his colleagues, in an attempt to integrate the many concepts of family functioning, have provided what is called the Circumplex Model of Marital and Family Systems. Through their conceptual clustering of over 50 concepts of family dynamics,

Olson and colleagues found that three basic concepts emerge: family cohesion, family adaptability, and family communication. Positive communication skills serve to help a family maintain healthy levels of cohesion and adaptability. As Olson, Portner & Lavee (1985) note:

Positive communication skills (i.e. empathy, reflective listening, supportive comments) enable couples and families to share with each other their changing needs and preferences as they relate to cohesion and adaptability. Negative communication skills (i.e. double messages, double binds, criticism) minimize the ability of a couple or family members to share their feelings, and thereby, restrict their movement on these dimensions. (p.49)

Olson's Circumplex Model of family functioning has been the subject of many validation studies, (e.g. Garbarino, Sebes & Schellenbach, 1985) and is currently widely accepted among family researchers and practitioners. However, the majority of validation studies have focused exclusively upon the dimensions of cohesion and adaptability and have ignored the dimension of communication as a facilitating dimension. As Olson et al. (1983) note, research on family communication is challenging due to the many varying aspects of communication on which researchers may focus and to the difficulty of obtaining observational data concerning communication patterns.

The validation studies of the Circumplex Model which have addressed the dimension of communication have provided support for a relationship between family cohesion and adaptability and communication skills, although the findings have not yet provided a clear picture. Rodick, Henggeler, & Hanson (1986) provided one of the more supportive studies in their research on mother-son dyads. The authors compared dyads in which the son was a juvenile offender with dyads in which there was no history of adjudication or psychiatric referral. In addition to finding support for the hypothesis that balanced levels of cohesion and adaptability (as measured by the Family Adaptability and Cohesion Evaluation Scales, I.) would be evidenced more frequently in healthy families, Rodick et al. also found that the balanced families also exhibited better communication skills. Specifically, in balanced families the mothers displayed more supportive and explicit communication in an observation measure of dyadic interaction.

Data were not reported for communication patterns of the sons, but other studies have indicated that the hypothesis of positive communication in balanced families is not supported for adolescent family members. For example, reports from a national survey of 426 "normal" two-parent families with adolescents (Olson et al., 1983; Barnes and Olson, 1985) indicated that parents of balanced families perceived better family communication than parents of extreme families, but

that this finding did not hold with the adolescent family members.

Anderson (1986) also found generally supportive but somewhat inconsistent evidence for the hypothesized relationship between degree of family cohesion and adaptability and communication skills as measured by expressiveness. In particular, Anderson found that there was the expected association between expressiveness and balanced degrees of cohesion and adaptability for wives, but that husbands evidenced lower levels of expressiveness associated with balanced families.

What becomes clear from the available validation studies concerning family communication and Olson's Circumplex Model is that measured levels of perceived communication skill rely upon both the family members studied and the variables with which communication skill is defined. Still needed in future validation studies is an attempt to more clearly examine the various aspects of family communication which are most clearly associated with cohesion and adaptability. However, it is clear that there does exist a relationship between some family members' perception of family functioning, as defined by cohesion and adaptability, and communication skills.

In summary, while family systems theorists provide similar yet differing views of healthy versus unhealthy families, most view communication skills as integral to the functioning of the family. Olson notes that healthy families

are those which experience balanced levels of cohesion and adaptability which are made possible through optimal communication. Satir (1975) notes that healthy family functioning is possible only when family members demonstrate direct and clear communication which facilitates flexible rules and an open link to society. Stachowiak (1975) identified four factors associated with family effectiveness, of which two pertained to communication skill: the expression of conflict and the clarity of communication. Barnhill (1979) describes functional families as those who can accept and deal with change yet maintain consistencies and that this requires clear and undistorted communication between family members. Studies from the Timberlawn Psychiatric Research Foundation (Lewis, Beavers, Gossett & Phillips, 1976) describe "optimal" families as displaying open, clear, and frank communication. Clearly, family systems theory has continued to recognize that family functioning is at least partly dependent upon the ability of family members to communicate with one another.

The effects of child caregiving practices on the psychosocial development of children

Over the past decades, there has been a proliferation of research regarding the relationship between child caregiving behavior or style and various aspects of child psychosocial development. Investigators, for example, have provided

evidence for a relationship between caregiver actions and attitudes and children's aggressiveness (Baldwin, 1948; Sears, Maccoby & Levin, 1957), self-esteem (Coopersmith, 1967), sex-role development (Jackson, Ialongo & Stollak, 1986), creativity (Harrington, Block & Block, 1987), competence (Matas et al., 1978), self-regulation (Maccoby & Martin, 1983), and ability to form emotional relationships (Bowlby, 1951).

Perhaps one of the most important contributors to the psychological literature concerning the relationship between child caregiving style and the psychosocial competence of the child is Diana Baumrind. Baumrind (1967, 1968, 1971) extensively studied childrearing practices and found three distinct parenting "styles": authoritarian, permissive, and authoritative.

Authoritarian parents, according to Baumrind, attempt to shape and to exert control over their children's behavior according to rigid, absolute standards. The manner in which this control is exerted is often described as cold and without concern for the child's feelings regarding the behavior. They tend to use punitive measures of discipline in an effort to instill respect for authority and traditional structure. The children of authoritarian parents are often moody, more likely to become hostile under stress, "dysphoric and disaffiliative" (1967, p.32).

In contrast with authoritarian parents, permissive

parents exert little control over their children and lack organization in the family. Oftentimes, these parents have little confidence in their ability to parent and subsequently are ineffective in discipline. Children have few demands placed upon them by permissive parents and consequently often lack self-control and self-reliance.

Authoritative parents are considered to be the most effective caregivers. They are described as consistent, loving, secure in their role as parents and respectful of the independent decisions of their children. Communication styles of authoritative parents are supportive and nondistorted. Children of authoritative parents are more self-reliant, competent, affiliative, socialized and content than are children of authoritarian and permissive parents.

In her research on authoritative, authoritarian, and permissive parents, Baumrind provided evidence that parental restrictiveness and control correlate with self-assertiveness and self-reliance in children. Baumrind's seminal work in the area of child caregiving actions and the psychosocial competence of children still forms the basis for contemporary research. Parental affection, control and restrictiveness are characteristics which are consistently found to influence child development. The development of moral judgment, for example, has been related to childrearing attitudes of parental control. Sethi & Gupta (1984) found that boys aged nine to eleven years with high moral judgment perceived

their mothers as affectionate, accepting, loving and nonintrusive. Same-aged girls who display high moral judgment also perceived their mothers as loving and accepting, but also as more enforcing and controlling. In a similar study of preschool children, Moran & O'Brien (1984) found that intention-based judgments are correlated with maternal democratic control. Similarly, Knight, Kagan & Buriel (1982) found that prosocial development in children among lower economic classes was related to the children's perception of their parents as punishing, yet also supportive.

Another body of research suggests that positive child caregiving skills depend upon parents' ability to communicate effectively with their child. Thomas Gordon (1970) proposed, for example, that there are common adult verbal and behavioral responses which are destructive to the parent-child relationship. These negative responses are characterized by a lack of awareness and communication of the adult's acceptance of children's feelings and experiences.

According to Stollak et al. (1973) and more recently elaborated in Stollak (1988), the literature suggests four important "ingredients" in adult communications which indicate sensitivity in caregiving. Firstly, sensitive responses to children "clearly indicate an awareness of the child's feelings" (Stollak et al., 1973, p. 170). Secondly, sensitive responses facilitate the child's understanding of

the relationship between his or her feelings and behavior. Thirdly, sensitive responding includes facilitation of the child's understanding of the impact of the his or her feelings and actions on the adult's feelings and behaviors. Finally, sensitive responses help the child "find appropriate outlets for his or her feelings, needs and wishes" (p.170). Despite the fact that there has been little research conducted to verify the effects of specific components of communication on children's psychosocial development, there appears to be a general consensus that communication skills play an important role in effective and empathic caregiving.

Although a complete review of contemporary research regarding the effects of child caregiving practices and children's psychosocial development is beyond the scope of this paper, the importance of recognizing and understanding the influences of caregiving attitudes and actions on children should not be understated. While most literature focuses upon the influences of parenting style on the current characteristics and development of young children, one must also note the longer term effects of caregiving behaviors. Dubow, Huesman & Eron (1987) find, for example, that child rearing that is non-authoritarian correlates with offspring's higher levels of ego development in adulthood. Even without direct longitudinal evidence for long-term outcomes of child caregiving styles, one can extrapolate from existing literature to infer possible outcomes of various parenting

techniques. One notes, for example, that caregiving style influences the development of either prosocial (Barnett, Howard, King & Dino, 1980) or aggressive and antisocial (Loeber & Dishion, 1984) behaviors. Given the existing evidence for continuity of aggressiveness and antisocial behavior across the lifespan (see Loeber, 1982) one may cautiously predict that child caregiving practices play an important role in not only the short-term, but also the long-term, psychosocial functioning of offspring. It is when we allow ourselves to speculate about the possible long-term effects that we begin to recognize the enormous impact of caregiving style on the adaptive and mature, as well as dysfunctional, child and adult development.

Individual and systemic influences in child caregiving styles

Recognizing the crucial role played by caregiving style, research has focused upon investigating the determinants of, or influences on, child caregiving attitudes and behaviors. We tend to think of caregiving style as reflecting distinct and stable personality characteristics of the individual, and this contention, at least to some degree, may be quite valid. Buss & Plomen (1975), for example, note that parent temperament directly effects caregiving attitudes. However, one's caregiving style is also determined, at least in part, by external factors including environmental, child, and family characteristics.

Probably the most obvious as well as the most severe environmental factor adversely affecting caregiving practices is that of poverty. Field (1980) found that disadvantaged (i.e., low SES) black teenage mothers were unaware of the abilities of their premature babies, having expectations which were unrealistic. Their unrealistic expectations led to less effective caregiving behaviors. A lack of an understanding of child development and parenting skills is more evident in lower SES populations (Brooks-Gunn & Furstenberg, 1986) and is reflected in these parents' relatively more ineffective caregiving. In addition, parents in impoverished homes are less likely to spend time with their children (Lewis & Freedle, 1977) and these children are likely to achieve lower IQ scores than are children of parents who speak with and instruct their children (Carew, 1977).

Several characteristics of the child him or herself have been found to exert influence on parents' caregiving style. A child's temperament, for example, influences the manner in which one gives care, especially if the child's temperament is not congruent with that of his parents (Buss & Plomin, 1975). Thomas and Chess (1977) defined three types of child temperament: easy, difficult, and slow-to-warm-up. Ideally, parents recognize their own temperament and the temperament of their children and moderate their caregiving practices accordingly. However, parents might often ignore

or discourage expressions of their children's temperament and moderate their caregiving practices in defensive ways rather than in adaptive ways.

Maccoby (1980) notes other child characteristics which influence child-rearing practices. The child's age or sex or birth order, for instance, greatly influences parents' attitudes and behavior as the abilities and needs of the child change according to developmental stage and cultural demands. In addition, the child's gender can determine parents' attitudes and behaviors. Huston (1983), for example, found that fathers, in particular, act differently with sons than with daughters. In addition, Lasko (1954) reported that first-born children receive more attention and verbal stimulation than siblings born later.

Family size, itself, can influence parenting style. Parents of larger families tend to be more authoritarian (Elder & Bowerman, 1963) and mothers, in particular, experience more stress and have more negative feelings toward child-rearing than do fathers (Hurley & Hahn, 1971). Authoritarian parenting is also more evident in families where parents are experiencing personal stress (Zussman, 1980) and in families of lower socioeconomic status (Hess, 1970).

The emergence of a family systems approach to psychological development, raises the question as to the extent to which one's caregiving attitudes and style reflect

the family structure in which one was raised. At the most basic level, an individual learns caregiving practices from watching one's own parents. As Maccoby & Martin (1983) note, however, our theoretical conceptions of such observational learning have become more sophisticated and we now note that children select only certain aspects of observed familial interactions to internalize and use as a basis for later behavior (Minuchin, 1985). Thus, the family systems approach to the development of caregiving attitudes and behaviors represents a more complex process.

Foundations for a Relationship between Family Health and Individual Child Caregiving Attitudes

Because the system approach focuses almost exclusively on the family unit, the concept of individual development within the context of the family has been virtually disregarded until recent years. In other words, only recently have investigators attempted to assess individual development or individual characteristics vis-a-vis the family system. Researchers who have made such an attempt have, in general, received support for the notion that one's perception of family health or family environment correlates with certain individual characteristics (e.g. Fine, 1984; Billings & Moos, 1982; Kleiman, 1981).

Positive communication skills (e.g., clarity, frankness, expressiveness, and consistency of verbal and nonverbal

messages) are theorized as necessary for families to establish and maintain permeable and resilient family boundaries (Galvin & Brommel, 1986) and as helping to achieve a balance on the morphogenesis-morphostasis continuum by maintaining homeostasis (Steinglass, 1987) while aiding in effective adaptation to the environment (Jacob, 1987). In addition, emotional connectedness in the family relies upon positive communication strategies such as confirmation (Sieburg, 1973) and self-disclosure (Montgomery, 1981). As also noted above, communication skills are necessary for effective and empathic child caregiving.

Because there is a consensus among many psychologists that the same communication skills are characteristic of both positive child caregiving styles and healthy family functioning, the hypothesis that families who exhibit balanced levels of cohesion and adaptability also display more positive communication (Olson, 1985) can be extended to a hypothesis that the offspring of balanced families have observed and learned, and therefore will exhibit, more positive communication skills (and thus a greater level of sensitivity) in their present caregiving of children and when they become parents than will the offspring of extreme families. This hypothesis is not only conceptually supported by the fact that communication skills are integral to both family functioning and caregiving attitudes, but is also supported by noting the similarities between the description

of healthy versus unhealthy family systems and the description of healthy versus unhealthy caregiving practices.

Consider, as an example, Baumrind's discussion of authoritative, authoritarian, and permissive parents and Olson's description of balanced, rigid, and chaotic family systems. The similarities are striking. Authoritarian parents exhibit the rigid, inflexible approach to discipline and control which characterize the rigid extreme of adaptability. Permissive parents manifest qualities characteristic of chaotic family systems: limited and erratic leadership, inconsistent discipline, etc. Finally, authoritative parents are consistent in their discipline, yet receptive to the ideas of their children and able to flexibly adapt to various situations. Thus their caregiving style reflects the qualities Olson describes as evident in balanced families.

Similar comparisons can be made with regard to Baumrind's categorization of parenting styles and Olson's description of various family systems typed on the cohesion dimension of his model. Authoritative parents are described by Baumrind as warm, loving and respectful of their children's ideas and wishes. This description of authoritative parents is similar to Olson's description of the parent-child relationship in balanced families in which family members are close to one another yet recognize and respect one another's unique feelings and needs. Similarly,

Olson's description of extreme families corresponds closely to Baumrind's description of less effective child caregiving styles. Authoritarian parents, for example, are described by Baumrind as lacking supportive and affectionate relationships with their children. This lack of emotional connectedness between parent and child is hypothesized by Olson to be evident in disengaged families. In contrast, Olson hypothesizes that enmeshed families exhibit extreme levels of emotional connectedness and thus are potentially unable to differentiate the feelings and needs of individual family members. Permissive parents, as described by Baumrind, often lack confidence in their parenting role and are nondemanding of their children, perhaps because their emotional over-connectedness to their children restricts them from expressing love in open and non-manipulative manners. Despite the clear similarities, there exists at present no empirical evidence for a relationship between these theories of perceived healthy family functioning and adaptive child caregiving practices.

Chapter 3

Hypotheses

1. Analyses were planned to assess the relationship between the predictor variable -- global measure of perceived health of family structure, as defined by Olson's circumplex model -- and the criterion variable -- degree of caregiving sensitivity.

Olson (1985) has argued that families who perceive themselves as "balanced" on the cohesion and adaptability continua represent those families whose communication skills allow them to achieve and maintain homeostasis, clear boundaries, etc. Patricia Minuchin (1985) and others (e.g., Fine et al., 1984, and Kleiman, 1981) have expanded the hypothesis to note that balanced levels of cohesion and adaptability relate not only to family health, but to individual adjustment as well. One's ability to provide sensitive caregiving is considered an important measure of individual adjustment. Because positive communication skills are hypothesized as necessary to achieve balanced levels of cohesion and adaptability, it is predicted that individuals who perceive their families as "healthy" (i.e. balanced) have learned positive communication skills and that they will use the skills in the form of sensitive child caregiving. More specifically, it was predicted that subjects who perceived their families as balanced would display more sensitive

caregiving than would subjects who perceived their families as more extreme.

2. Teyber, Messe, & Stollak (1977), used the Sensitivity to Children scoring categories also employed in this study.

(Also presently used are three additional categories developed for the current study). They found that the categories represented theoretically derived sensitive and insensitive parent responses (as described above). However, a factor analysis of the categories also yielded six factors representing different modes of caregiving responses. These factors described the following kinds of adult responses: lecturing-directing, power assertion-control, adult's expression of child's influence upon him/her, empathy, ridicule-interrogation, and instrumental control. (See Appendix B for a list of caregiving categories and their factor loadings for each of the six factors.)

Because Teyber et al. used methodology quite different from that used in the present study (for example, in the Teyber et al. study, adult responses were provided verbally rather than in written form), factor solutions were not expected to be identical. However, these factor solutions were used to provide a general understanding of modes of caregiving to be used to develop hypotheses addressing the relationship between the following predictor variables and the criterion variable, patterns of caregiving responses: a)

degree of perceived cohesion in subjects' family-of-origin and b) degree of perceived adaptability in subjects' family-of-origin.

2a. Olson (1985) defines family cohesion as "the emotional bonding that family members have toward one another." According to the circumplex model proposed by Olson, families balanced in cohesion are healthier than families who are either enmeshed or disengaged. Families who are too highly cohesive (i.e., enmeshed) are so emotionally connected that family members are potentially unable to differentiate the feelings and needs of individual members. Families who are too low in cohesion (i.e., disengaged) are lacking in emotional connectedness and thus family members' relationships often lack support and affection. Thus, it was predicted that the degree of perceived cohesiveness in undergraduates' family-of-origin would be reflected in the frequency of some caregiving responses including recognition of the individuality of the child and the degree of supportiveness and warmth of relationship between parent and child.

2b. Olson (1985) defines adaptability as "the ability of a ... family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress" (p. 4). According to

the circumplex model postulated by Olson, families who show balanced levels of adaptability are healthier than families who are either chaotic or rigid. Families who are too high in adaptability (i.e., chaotic) are characterized by limited and erratic leadership and inconsistent discipline. Families who are too low in adaptability (i.e., rigid) are characterized by strict discipline and unchanging rules and control, with little allowance for input from children. Thus, it was predicted that the degree of perceived adaptability in undergraduate's family-of-origin would be reflected in the frequency of caregiving responses such as specific and consistent discipline strategies and power assertion-control.

3. Although the cohesion and adaptability dimensions of the circumplex model have often been studied as separate entities, it is the purpose of the circumplex model to account for the fact that family environment or family health depends upon where the family falls (simultaneously) on both the cohesion and adaptability continua. Thus, Olson's sixteen proposed family types represent sixteen unique family systems, each of which have different styles of communication, different relationship rules and roles, etc. Thus, it was hypothesized that specific patterns of caregiving responding may be unique to each proposed family system type. No specific hypotheses could be proposed prior to initial

data analysis because patterns of caregiving responding were defined by initial analyses. Thus, specific hypotheses regarding the relationship between family system type and pattern of caregiving responding will be elaborated in later parts of this paper.

4. Analyses were also planned to assess the relationship between the predictor variable, gender, and the criterion variable, degree of caregiving sensitivity in hypothetical situations.

Teyber et al. (1977) reported that female subjects were, in general, more accepting, less likely to use power assertion to a child's angry communication and less likely to use ridicule-interrogation in response to a child's angry communication. Although Teyber et al.'s study, as noted above, used different methodology, it was predicted that females would, in general, display more sensitivity and less insensitivity.

Chapter 4

Method

Subjects

Subjects for the project were 154 undergraduate students (78 males, 76 females) 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.

Measures

Subjects were asked to complete a series of questionnaires about various aspects of their self-concept (e.g. sex-role orientation) and about their relationship with each of their parents. In addition, subjects completed three questionnaires pertinent to this study: a demographics questionnaire (see Appendix C), the Sensitivity to Children questionnaire, and the Family Adaptability and Cohesion Evaluation Scale III (Olson, Portner & Lavee, 1985). The order of presentation of the questionnaires was counterbalanced to minimize response bias.

The Sensitivity to Children (STC) questionnaire is a projective measure which asks respondents to indicate his/her response as a parent in sixteen hypothetical situations. This format, first introduced by Jackson (1956), represents a

compromise between the accuracy provided by direct observation for measuring parenting attitudes and the convenience of self-report measures. Developed by Stollak et al. (1973), the STC items reflect problem situations commonly reported by parents. Problem situations include themes of sibling fighting, stealing, hiding an accident, masturbation, etc. The STC questionnaire can be found in Appendix D.

Scoring categories for the STC, as noted above, reflect those used by Gordon (1970) and Stollak et al. (1973) and address both the theoretically and empirically derived positive and negative (i.e. sensitive and insensitive) aspects of caregiving actions. Specifically, positive caregiving attitudes and behaviors are those which promote the development of the child's self-esteem and worth, interpersonal competence, and mastery of the environment (Stollak et al., 1973, p. 173). Negative caregiving behaviors are those which Gordon (1970) and Baumrind (1967) note as hindering the optimum psychosocial development of children. These behaviors include an unwillingness of the caregiver to consider the child's feelings, needs, and wishes. In addition, three scoring categories were added for the present research. These three categories ("ordering in uncertain terms," "indication of positive affect through non-verbal communication," and "expression of parents' feelings without a specific feeling word") were added to more clearly differentiate ambiguous statements. Appendix E

presents a complete list of the scoring criteria for each of the 30 STC categories.

Scoring of the STC questionnaire was completed by four undergraduates who were trained for a total of approximately nine weeks. In addition to the initial training period, coders met with the author once weekly to maintain reliability between the coders. The undergraduates each independently coded approximately one-half of the completed protocols, thereby allowing reliability estimates to be obtained based on the total sample of responses.

Each STC item was scored for every category that was present in the response, but any category was scored only once for each item. Subjects received a composite score for each scoring category through an average of the category totals provided by two independent coder ratings.

The Family Adaptability and Cohesion Evaluations Scale (FACES) III is a 20 item questionnaire representing the third in a series of scales developed to assess the two dimensions (i.e., cohesion and adaptability) on Olson's Circumplex Model described above (See Appendix F). There are ten cohesion items, including two items related to each of the following concepts: emotional bonding, supportiveness, family boundaries, time and friends, and interest in recreation. There are also ten item representing the adaptability dimension. This dimension includes two items related to each of the following concepts: leadership, control, and

discipline; and four items concerning the concepts of roles and rules.

Olson et al. (1985) have reported adequate internal consistency reliability for both the cohesion ($r=.77$) and the adaptability ($r=.62$) dimensions. In addition, the FACES III has eliminated the correlation between the adaptability and cohesion dimensions ($r=.03$) that were present in earlier versions of the questionnaire and has reduced the impact of social desirability on the adaptability dimension, thus improving the scale's construct validity.

One often cited problem with the FACES III is the lack of agreement between family members with regard to reported degree of cohesion and adaptability in their family dynamics. Olson et al. (1985) thus suggest obtaining responses to the FACES III from multiple family members. The sampling procedure used in the current study did not include administering the FACES III to multiple family members. Thus, it is important to note that the data presented here represent one's unique perception of family-of-origin organization rather than a family score which might be a more valid representation of actual family organization.

Chapter 5

Results

Category Usage and Reliability

Mean usage of the 30 scoring categories of the Sensitivity to Children Questionnaire ranged from .006 to 4.97 per subject. As noted above, each of four trained undergraduates coded approximately one-half of the completed protocols. Reliability estimates (Pearson correlation coefficients) were obtained for each coder pair and these coefficients were then averaged to provide a single reliability estimate for each caregiving category. Eleven low frequency categories were unreliably used by the coders ($r < .60$) and thus were dropped from further analyses. Reliability estimates for the remaining 19 scoring categories ranged from .62 to .91, with an average correlation coefficient of .75. Table 1 presents the mean usage, standard deviations, and inter-rater correlation coefficients for the 19 categories used in the following analyses.

Relationship Between Caregiving Sensitivity and Global Family Health

Hypothesis One proposed a relationship between family health and the degree of caregiving sensitivity as measured, respectively, by the FACES III and the Sensitivity to Children (STC) Questionnaire. An average sensitivity score and an average insensitivity score were computed for each

Table 1

Mean Usage, Standard Deviation, and Reliability
Coefficients for the STC Scoring Categories

Categories	Mean Usage	S.D.	<u>r</u>
Ordering, directing.....	4.97	1.70	.77
Warning, threatening.....	1.05	.91	.82
Moralizing, exhorting, preaching.....	1.96	1.22	.63
Advising, recommending	1.02	.74	.63
Persuade with logic, lecturing.....	3.56	1.87	.79
Ridicule, name-calling, shaming.....	1.97	1.49	.73
Excusing, sympathizing.....	.88	.76	.62
Probing, cross-examining.....	2.85	1.78	.88
Withdrawing, avoiding.....	1.16	1.06	.79
Restriction of priveledges.....	1.40	1.21	.83
Physical punishment.....	.17	.42	.91
Statement of adult feelings.....	1.33	1.02	.75
Relates child feelings to adult feelings.....	.01	.06	.63
Relating child's behavior to adult's behavior.....	.08	.31	.77
Attempt to obtain information regarding child's behavior.....	.93	.66	.69
Child offered compromise.....	1.06	.85	.65
Non-verbal positive response given to child.....	1.05	1.23	.87
Non-specific expression of adult's feelings.....	1.52	.95	.68
Child given specific directions regarding future behavior.....	1.60	1.24	.72

subject by dividing the total number of sensitive and insensitive responses by the number of possible sensitive and insensitive categories. Scoring categories considered to represent sensitive caregiving responses were those five categories proposed by Stollak et al. (1973), as well as two of the three categories developed for the current study. One category, "non-specific expression of adult's feelings" was not included in this analysis because it could be considered either sensitive or insensitive. Those considered to represent insensitive caregiving responses were Gordon's proposed destructive modes of parent-child communication. (See preceding discussions.) In Table 1, the first 11 categories reflect those comprising the insensitive responses. Each subject received, in addition to average sensitivity and insensitivity scores, an Index of Sensitivity score which reflected the average number of sensitive responses relative to the average number of insensitive responses.

The Index of Sensitivity scores ranged from .11 to 1.32, with a sample mean of .46. Females had significantly higher Index of Sensitivity scores than did males: the mean score for females was .54 and the mean score for males was .39 ($p < .001$). This finding primarily reflects a difference in the average frequency of sensitive responses. The frequency of sensitive responses for males ($x = .73$) was substantially lower ($p < .001$) than for females ($x = 1.10$), while there was no significant gender difference with regard to average

frequency of insensitive responses.

Based on responses to the FACES III, each subject received a Distance from Center (DFC) score. This score, used by Olson et al. (1985), is based on the hypothesis that families whose members perceive their family as falling as close as possible to the center of the circumplex model (i.e. balanced families) are better functioning than those whose levels of cohesion and/or adaptability deviate from the center of the two continua. Thus, a very large DFC score is proposed to be indicative of a less healthy family system. Initially, two DFC scores were obtained for each subject: one based on norms provided by Olson et al. (1985), and one based on the current sample mean. However, because these two scores were found to be significantly correlated ($r=.90$), only the scores based on Olson's norms were used in subsequent analyses.

For the purpose of examining the relationship between Distance From Center and caregiving sensitivity, squared DFC scores were used in order to maximize the difference between extreme scores and balanced scores. Relevant to Hypothesis One, no significant correlation was found between DFC scores and Index of Sensitivity scores. However, when examining sensitive and insensitive responding separately, a significant relationship was found between squared DFC scores and average insensitivity scores ($r=-.17$, $p<.05$). In other words, subjects reporting less balanced families (i.e. higher

DFC scores) were less likely to respond to the hypothetical situations in insensitive ways.

This relationship clearly goes against the proposed hypothesis. In an attempt to further understand this unpredicted finding, these relationships were explored separately for males and for females. There was no significant relationship between squared DFC scores and any measure of sensitivity/insensitivity in caregiving for females. For males, however, the same negative relationship between squared DFC scores and average insensitivity scores was found ($r = -.28$, $p < .01$).

Further clarification of the negative correlation between squared DFC scores and insensitivity obtains from examination of subjects' total number of scored responses. As indicated earlier, each STC item was scored for every category present in a response, but any one category was scored only once for each item. The total number of scored responses, then, reflects the number of different categories scored across the sixteen items of the STC questionnaire. The mean number of scored responses for the total sample was 28.6, with females receiving a significantly higher number of scored responses ($p < .02$), thus suggesting that females used a greater variety of caregiving responses. It was also found that the number of scored responses was negatively correlated with squared DFC scores for males ($r = -.29$, $p < .05$). In other words, male subjects reporting their families to be more

balanced were more likely to have a higher number of scored responses. Furthermore, when controlling for number of scored responses, the negative correlation between squared DFC scores and average insensitivity scores was no longer significant. Thus, while it is possible that male subjects who perceive their families as balanced are more likely to use insensitive responses to children, it is also possible that this finding only reflects the finding that these male subjects are more likely to respond frequently to children than are males who perceive their families as more extreme.

Data Reduction

The remaining hypotheses proposed relationships between perceived family system types and modes of caregiving responding. A factor analysis of the 19 reliable scoring categories of the STC reduced the data to a smaller number of modes of caregiving responding. A principal-components analysis using a varimax solution yielded eight factors (eigenvalues > 1.0), accounting for 62.6 percent of the variance. Items were included on a factor if the factor loading reached .40 or higher. Table 2 presents the factor loadings for the STC scoring categories comprising the eight factors, as well as the percent of total variance accounted for by each factor.

As can be seen in Table 2, the factors found in the current analysis do not resemble those obtained in previous research. (See Appendix B for the factor solution obtained

Table 2

Factor Loadings For Scoring Categories Comprising
The Eight Factors of Mode of Caregiving

Categories	Factor Loadings	% Variance
FACTOR I.		15.2
17. Statement of adult feelings.....	.75	
5. Persuade with logic, lecturing.....	.64	
10. Excusing, sympathizing.....	.60	
12. Withdrawing, avoiding.....	-.52	
FACTOR II.		8.8
11. Probing, cross-examining.....	-.69	
13. Restriction of priveledges.....	.66	
8. Ridicule, name-calling, shaming.....	-.57	
FACTOR III.		7.9
25. Child offered compromise.....	.76	
4. Advising, recommending .....	.69	
FACTOR IV.		7.3
3. Moralizing, exhorting, preaching....	-.80	
24. Attempt to obtain information about child's behavior.....	.62	
FACTOR V.		6.3
29. Non-specific expression of adult's feelings.....	.76	
30. Child given specific directions regarding future behavior.....	.46	
21. Relating child's behavior to adult's behavior.....	.46	
FACTOR VI.		6.2
28. Non-verbal positive response given to child.....	.79	
14. Physical punishment.....	.52	
FACTOR VII.		5.6
2. Warning, threatening.....	.72	
18. Relates child feelings to adult feelings.....	-.54	
FACTOR VIII.		5.3
1. Ordering, directing.....	.80	

by Teyber, Messe & Stollak, 1977.) This discrepancy appears due, at least in part, to the fact that many of the scoring categories were dropped in the present research due to coding unreliability and that the present research involved written, as opposed to verbal, responses by subjects.

Subjects' scores were summed to form composite scales for each of the eight factors (i.e. the total sum of responses for all categories included in each factor, weighted according to the direction of the factor loading). These composite scales were then subjected to a second factor analysis in an attempt to further reduce the data. This factor analysis of subscales resulted in four factors, accounting for 62.4 percent of the variance (see Table 3). Table 4 presents individual items on that were associated with each of the four subscale factors.

The first factor ("Emphasis on the Adult's Perspective") was comprised of items indicating adult's emphasis on his/her own feelings, opinions or ideas (e.g., "statement of adult's feelings") rather than on either the feelings of the child or on specific discipline interventions. The second factor ("Consequence-Specific Discipline") was comprised of items which reflected the adult's tendency to respond to problem situations with specific consequence-oriented strategies (e.g. "restriction of privileges"). Items which were negatively loaded on this factor were those which impose no specific "goal-directed" interventions (e.g. "ridicule,

Table 3

Factor Loadings of the Original Factors Comprising The Four Composite Scales				

	Second-Order Factors			
First-Order Factors	1	2	3	4

Factor 1	.66	-.47	.09	-.10
Factor 2	-.20	.77	-.03	-.21
Factor 3	.14	-.09	.69	-.19
Factor 4	-.44	-.11	.27	-.35
Factor 5	.80	.09	.10	-.09
Factor 6	-.06	.08	.80	.15
Factor 7	.25	.64	.02	.22
Factor 8	-.10	-.02	.01	.90

Percent Variance	20.0	15.5	14.1	12.8

Note: Numbers in bold type are those included in the
columnar composite scales.

Table 4

Items Comprising the Four Composite Scales

FACTOR I. Emphasis on the Adult's Perspective

- 17. Statement of adult's feelings
- 5. Persuade with logic, lecturing
- 10. Excusing, sympathizing
- 12. Withdrawing, avoiding (-)
- 3. Moralizing, exhorting, preaching
- 24. Attempt to obtain information about child's behavior (-)
- 29. Non-specific expression of adult's feelings
- 30. Child given specific directions regarding future behavior
- 21. Relating child's behavior to adult's behavior

FACTOR II. Consequence-Specific Discipline

- 11. Probing, cross-examining (-)
- 13. Restriction of privileges
- 8. Ridicule, name-calling, shaming (-)
- 2. Warning, threatening
- 18. Relates child feelings to adult feelings (-)

FACTOR III. Recognition of child input

- 25. Child offered compromise
- 4. Advising, recommending
- 28. Non-verbal positive response given to child
- (14. Physical punishment)

FACTOR IV. Ordering, directing

- 1. Ordering, directing

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name-calling", "cross-examining").

The third factor ("Recognition of child input") was comprised of items which recognized the child as a person and as having his/her own contribution to the solution of problem situations. However, one item, "physical punishment," is clearly incongruent with the others. This factor is comprised of two subscales: one comprised of two items -- "child offered compromise" and "advising, recommending"; the other was also comprised of two items -- "non-verbal positive response given to child" and "physical punishment". This latter subscale initially was understood as indicating a non-verbal means of communicating with a child, in both rewarding and punishing ways. In order to understand this subscale's contribution to the second-order factor, it is important to note that the average usage of "physical punishment" was very low ($\bar{x}=.17$) compared to that of "non-verbal positive responding" ($\bar{x}=1.05$). This difference suggests that variance in the composite scores of this factor used in the subscale factor analysis can be attributed primarily to the use of "non-verbal positive responding."

Finally, the fourth factor was comprised of only one item, "Ordering, directing." The mean usage of this response was greater than the usage of all other categories, and it is clear both from a statistical and practical standpoint that the use of "ordering, directing" is used independently of the other categories of caregiving responses.

Relationships Among Perceived Family System Types and
Categories of Caregiving Responding

Categories of caregiving repsonding, as defined by factor composite scores, served as criterion variables and were examined in relation to the predictor variables, perceived family system types. Because the original hypotheses were based upon factors derived in past research, new hypotheses were formulated to be more specifically based upon the subscales found in the present data. As noted above, degree of cohesion was predicted to be most related to a recognition of the individuality of family members and to the capacity for supportiveness and warmth. In the present study, it was expected that these qualities of parental style would be most reflected in scores on "Emphasis on the Adult's Perspective" and on "Recognition of Child Input."

Because degree of family adaptability is reflected in the family's patterns of leadership, discipline, and control, it was predicted that degree of perceived adaptability would be primarily related to subjects' scores on "Consequence-specific Discipline" and "Ordering, Directing." Finally, because family system type as defined by the Circumplex Model accounts for both perceived degree of adaptability and perceived degree of cohesion, it was predicted that scores on all four subscales would account for differences between specific family system types.

Based on responses on the FACES III, subjects were categorized on both the adaptability dimension (as chaotic, flexible, structured, or rigid) and on the cohesion dimension (as disengaged, separated, connected or enmeshed). Assignment of subjects to the various cohesion and adaptability groups was done according to cutoff norms provided by Olson et al. (1985). A series of ANOVAs showed no significant between-group differences in the use of any of the four composite scales (see Tables 5 and 6).

In addition, subjects were assigned to one of five family system types: structured-connected, structured-separate, flexible-connected, flexible-separate, and balanced. Although it would be preferable to use all 16 family types identifiable via the FACES III, the sample size of this study did not allow adequate distribution of cases for this full categorization procedure to be employed. (See Appendix H for the distribution of the sample.) Olson et al. (1985) have suggested various combinations of the sixteen family types for the analysis of variance with smaller sample sizes (see Appendix I). The disadvantage of using only five family system types is the inability to examine the most extreme cases. In any event, as was the case when looking at adaptability and cohesion separately, no significant between group differences in factor scores were found for the five family system types (see Table 7).

Table 5

Means and F Scores on the
Four Scales for the Adaptability Groups

Composite Scale	Adaptability Group				F(3,152)
	Rigid (n=15)	Structured (n=31)	Flexible (n=55)	Chaotic (n=53)	
Adult's perspective	7.30	8.63	8.36	9.86	1.63
Consequence-focus discipline	-2.03	-3.03	-2.26	-1.79	.85
Recognition child input	2.90	3.47	3.29	3.35	.27
Ordering, Directing	5.27	5.21	4.85	4.92	.44

Table 6

Means and F Scores on the
Four Scales for the Cohesion Groups

Composite Scale	Cohesion Group				F(3,152)
	Disengaged (n=39)	Separated (n=45)	Connected (n=44)	Enmeshed (n=26)	
Adult's perspective	8.41	8.31	9.05	9.98	.49
Consequence-focus discipline	-2.01	-2.21	-2.60	-1.98	.13
Recognition child input	3.13	3.60	2.97	3.65	1.10
Ordering, Directing	4.99	4.91	5.27	4.62	.91

Table 7

Means and F Scores on the
Four Scales for the Family Types

Composite Scale	Family System Type				F(4,151)
	Structured Separate (n=18)	Structured Connected (n=8)	Flexible Separate (n=38)	Flexible Connected (n=38)	
Adult's perspective	7.78	9.69	8.88	9.91	8.23 1.04
Consequence-focus discipline	-2.33	-3.56	-1.41	-2.01	-2.76 1.07
Recognition of child input	2.94	3.31	3.45	3.32	3.33 .20
Ordering, Directing	5.00	4.88	4.99	4.80	5.13 .20

Gender Differences

In addition to those gender differences already described, males and females differed significantly in the mean usage of several of the STC scoring categories. Because, as noted above, females had significantly more codable responses than did males, gender comparisons regarding mean usage of coding categories needed to be comparisons of the frequency of category use relative to subjects' total number of codable responses. As can be seen in Table 8, females showed significantly more "advising, recommending" ($p < .05$), "persuade with logic" ($p < .05$), "excusing, sympathizing" ($p < .01$), "statement of adult feelings" ($p < .001$), "child offered compromise" ($p < .05$), and "non-verbal positive response to child" ($p < .01$). Males, on the other hand, displayed more "ordering, directing" ($p < .001$), "ridicule, name-calling" ($p < .05$), "physical punishment" ($p < .05$) and "withdrawing, avoiding" ($p < .01$).

In addition to those individual categories for which gender differences were found, three of the four composite scales also differed according to gender (see Table 9). Specifically, females had higher composite scores, accounting for total number of codable responses, on "Emphasis on adult's perspective" ($p < .01$) and on "Recognition of child input" ($p < .01$). As noted above, males used "Ordering, directing" significantly more often than did females ($p < .05$).

Table 8

Gender Differences in Usage of Categories of Caregiving
Relative to Total Number of Codable Responses

Categories	Males	Females
Ordering, directing .....	.197	.158 ***
Warning, threatening .....	.040	.034
Moralizing, exhorting, preaching .....	.067	.068
Advising, recommending .....	.033	.040 *
Persuade with logic, lecturing .....	.113	.132 *
Ridicule, name-calling, shaming .....	.075	.058 *
Excusing, sympathizing .....	.025	.035 **
Probing, cross-examining .....	.097	.103
Withdrawing, avoiding .....	.055	.035 **
Restriction of priveledges .....	.051	.050
Physical punishment .....	.009	.003 *
Statement of adult's feelings .....	.035	.056 ***
Relates child feelings to adult feelings .....	.0002	.0002
Relates child behavior to adult behaviors .....	.002	.004
Attempt to obtain information about child's behavior .....	.030	.035
Child offered compromise .....	.032	.042 *
Non-verbal positive response given to child .....	.027	.044 **
Non-specific expression of adult's feelings .....	.057	.050
Child given specific directions regarding future behavior .....	.056	.053

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

Table 9

Gender Differences in Modes of Caregiving Responding

Factor	Males (n=78)	Females (n=76)	p
Emphasis on adult's perspective	.270	.328	.01
Consequence-focused discipline	-.081	-.078	n.s.
Recognition of child input	.100	.129	.01
Ordering, directing	.197	.158	.001

Summary

Using measures of global family health and global sensitivity in caregiving, the hypothesis that undergraduates from balanced families would display more sensitivity in caregiving was not substantiated. In fact, the opposite was found to be true for male subjects. This unpredicted finding can be understood, at least in part, by the fact that males from balanced families gave more codable responses (both sensitive and insensitive) than did males from less balanced families. While the number of codable responses may reflect subjects' response style (e.g., length of response), an alternative hypothesis is that males from balanced families have a greater repertoire of caregiving responses. This interpretation of the data would corroborate the hypothesis of some family system researchers that healthy family systems are those which are capable of using different communication networks for various problems and situations (Galvin and Brommel, 1986; Fitzpatrick, 1977). Thus, while a direct relationship between global family health and individual caregiving attitudes was not found in these subjects and with the methods used, it may be that males who perceive their families as more balanced have more varied modes of communication in caregiving.

The second and third hypotheses proposed relationships between family system type (as defined by degree of cohesion and adaptability measured both separately and simultaneously)

and mode of caregiving (as defined by composite scores on the four factors of caregiving responding). These hypotheses received no statistical support.

The fourth hypothesis proposed that females would, in general, display more sensitivity in caregiving than would males. When using the sensitive caregiving responses proposed by Stollak et al. (1977) and the insensitive responses proposed by Gordon (1975), this hypothesis was confirmed. In addition, it was found that females gave more codable responses, perhaps reflecting that women have a greater repertoire of caregiving responses than do men. Finally, gender differences in modes of caregiving responses suggest that women were more likely to respond to the hypothetical situations in ways which were perhaps more person-focused (e.g. emphasizing the adult's perspective and recognizing the child's input) than were men. Males, on the other hand, were more likely than females to either withdraw from the caregiving situation or to respond to the problem itself through directing or punishing the child.

Chapter 6

Discussion

Current psychological literature suggests that positive communication skills (e.g. clarity of communication, reflective listening, etc.) are a) hypothesized to facilitate balanced levels of cohesion and adaptability in family systems and b) characteristic of sensitive child caregiving. Based upon these suggestions, the present study was designed to assess the relationship between perceived degree of cohesion and adaptability in one's family-of-origin and one's child caregiving attitudes and behavior in hypothetical situations. Although family system theorists have begun to attribute and relate individual development to family system characteristics, research had not yet utilized this model to study the development of caregiving attitudes and behaviors. It was hypothesized that individuals from "healthy" family systems learn positive communication skills through their interactions with family members and that they use these skills in sensitive caregiving to children.

There was no consistent evidence to support the overall hypothesis that there would be a relationship between cohesion and adaptability in the family-of-origin and sensitivity in caregiving. Thus, these data suggest either that individuals develop caregiving attitudes independently of degree of cohesion and adaptability in their families-of-

origin or that the communication skills characteristic of healthy family functioning may be different from those communication skills necessary for sensitive child caregiving.

Reliability and validity of the measures

The lack of significant results may also be attributed, in part, to sampling and other problems. More specifically, the use of a well-educated college sample may limit one's findings with regard to both sensitivity in caregiving and responses to the FACES III. With the exception of one student, these subjects have had no first-hand experiences with parenting. Thus, responses to the STC may not reflect one's actual responses to children. Although it is both useful and interesting to study one's perception of how one would respond in a caregiving situation, parenting styles that can be attributed to family-of-origin differences may be more easily and validly seen in actual behaviors.

Other problems with a college sample arise when using the FACES III, primarily because there are few validation studies using this population. In a recent study, Curtis, Phillippe, and Stollak (1988) administered the FACES III to a large number of undergraduate students to assess the measure's construct validity with this population. The results of this study indicated that, while the cohesion factor looked similar to that reported by Olson et al. (1985), the

adaptability factor did not. Instead, Curtis et al. found that, in a college sample, there were two different kinds of adaptability: a) adaptability to rules, roles, and leadership and b) child's contribution to discipline and decision making. Replication of the findings of Curtis et al. has not yet been attempted. However, given these results and given the fact that Olson has not provided norms for use of this measure with a college sample, it is possible that the FACES III was an inappropriate choice for use in this study.

The general lack of non-significant findings must also be explored in light of methodological shortcomings of this study in addition to those related to sampling problems. While the Sensitivity to Children Questionnaire allows for a subjective test of caregiving attitudes, and thus goes beyond a more limited objective test of parenting style, several disadvantages of the questionnaire became apparent during this study.

One disadvantage with the STC questionnaire involves the coding procedures used. Although interrater reliability was achieved for many of the STC scoring categories, approximately one-third of the categories had to be dropped due to poor reliability. Even though many steps were taken to train undergraduate coders and to ensure interrater reliability, it may be necessary with this questionnaire to use a group of coders more extensively trained in making clinical judgments. As evidenced in the unreliability of

several of the scoring categories, many of the decisions needed to differentiate between caregiving responses required clinical judgments not easily made by this group of coders.

Low reliability estimates made interpretation of the data difficult in two ways. Firstly, because those categories which did not achieve adequate reliability had to be dropped from analyses, the results of this study cannot be compared to others which have employed the STC. Secondly, low reliability categories were primarily those which were infrequently used. Although the low frequency categories may have accounted for little of the variance, it is possible that differences between family system types would be more readily seen on the more extreme (i.e. less used) categories.

Another disadvantage of the STC questionnaire and coding system involved the inattention to characteristics of the items themselves. For example, of the sixteen items of the STC, only one of the hypothetical situations reflected a clearly positive situation. While this format is useful in its ability to pull for how one responds to difficulties in parenting, it is important to note that more neutral or positive situations may pull for more sensitivity in caregiving. As discussed later, gender differences in caregiving behaviors are often found to be related to the context of parent-child interaction (e.g., play versus child management). Furthermore, it would be possible and useful to design an STC questionnaire which more clearly characterized

items as representative of positive, negative or ambiguous situations between parent and child. It would then be possible, for example, to determine if differences in perceived family system types would be more readily seen in how one responds to ambiguous versus positive versus negative situations.

Item characteristics which might elicit more meaningful results may also include considering the gender of the child. There is evidence to suggest that mothers and fathers respond differently to male and female children (e.g., Huston, 1983). Again, a closer examination of mediating variables implicit in the items themselves might enhance one's understanding of subjects' responses to the caregiving situations.

In addition to problems with reliability and inattention to item characteristics, the Sensitivity to Children Questionnaire may also suffer problems of validity. Although the scale was designed to measure sensitivity in caregiving, "sensitivity" may be, in this case, a misnomer. It could be argued that Gordon's proposed parent communications considered to be "insensitive" are appropriate parenting interventions in situations involving a six-year-old child as indicated on the STC. Because one could not expect internalized rules of behavior in a six-year-old, for example, a parent's job includes teaching and directing. Thus, to define "ordering, directing" as an insensitive response is perhaps questionable.

Additionally, those STC scoring categories described as "sensitive" may be inappropriate for use with the six-year-old child. Harter (1983) has argued that adults must recognize the child's cognitive-developmental level to understand appropriate interaction with the child. Although Harter more specifically addressed cognitive-developmental considerations with regard to play therapy techniques, her discussion is relevant to understanding parent-child interactions as well. More specifically, Harter discusses limitations of the young child's ability to cognitively understand his/her own emotions, the emotions of his/her parents, and the motives and causes of their own behaviors. Thus, while the facilitation of children's expression of their feelings, needs and wishes is an important goal in effective parenting, the expectation that this facilitation is appropriate or even possible with a six-year-old child is perhaps ignoring the child's cognitive-developmental limitations.

Gender Differences

The most salient findings of the present research were those of gender differences in caregiving responding. These results were, for the most part, highly consistent with past research comparing males' and females' responses to children. More specifically, results of this study corroborate past literature suggesting that females are "less directly

attacking" (Teyber et al., 1977, p.1581), whereas males tend to be more punitive (Becker, 1964; Teyber et al., 1977).

The finding that men were more likely than women to respond to hypothetical problem situations by giving orders and/or by directing the child's behavior is consistent with past research utilizing a similar coding scheme (Teyber et al, 1977), but is somewhat inconsistent with some more recent observational studies of parent-child interaction (e.g., Bronstein, 1984; Russell & Russell, 1987). Russell and Russell (1987), for example, reported that mothers were more dominant/assertive than fathers in observed parent-child interaction with six- and seven-year-olds and that mothers were more likely to be directive with their children. The inconsistency of findings in this research and other studies can be understood, at least in part, by differences in the operational definitions of "directiveness." Whereas this study conceptually combined "ordering" and "directing" in a single category of caregiving responding, Russell and Russell defined these responses as unique interactional behaviors. Thus, "directiveness" was used to indicate parental attempts to teach, correct, or provide information to their children. These caregiving responses were, indeed, reported more frequently by the females in the present research, as well (through "advising" and "persuading with logic"). However, Russell and Russell's suggestion that mothers are more likely to give orders or commands is not supported by the findings

of this study.

Finally, the finding of this study that females were more likely than males to verbally recognize their feelings lends support for the traditional view that males are less likely than females to respond to children with either positive (Belsky, Gilstrap, & Rovine, 1984) or negative affect (Clarke-Stewart, 1978). Although some researchers have refuted the notion that fathers display a relative lack of affective involvement with children, it has also been recognized that fathers' interactions with children occur primarily in the context of play and less in the context of caregiving or child management (Lamb, 1981; Russell & Russell, 1987). Because this study explored adult's responses to children in primarily problem-based situations, the present results are consistent with the findings of other research.

Directions for Future Research

The shortcomings of the present study have clear and direct implications for improvements in the methods used to test the relationship between characteristics of the family-of-origin and caregiving attitudes and behavior. These suggestions for future research include changes in both the sample and methods used.

As noted above, differences in caregiving styles that may be attributed to characteristics of the family-of-origin

may be more accurately measured by actual behaviors of parents rather than by responses to hypothetical situations given by persons who have not had any parenting experiences. It is therefore suggested that future studies include either mothers' and fathers' reports of actual responses to children or direct observation of their interactions with their sons and daughters.

If the perception of how one believes he/she will parent remains the focus of future research, the shortcomings of this study would suggest changes in how the Sensitivity to Children questionnaire is coded and/or interpreted. Firstly, the issue of sensitivity versus insensitivity should be either omitted or redefined to more appropriately address what "sensitivity" means in different situations and with children of various ages. Secondly, modes of caregiving responding should be studied with reference to the characteristics of the situations themselves (for example, by predetermining whether the caregiving situations involve child- or adult-owned problems). Thirdly, it would be useful to revise both the directions given to subjects and the coding system used to address more behavioral aspects of parent-child interactions. Finally, as suggested earlier, coding of the STC questionnaire should be completed by persons better equipped to make fine distinctions between scoring categories.

In addition, characteristics of family-of-origin

structure may be better measured and/or better understood by using a measure other than the FACES III. If cohesion and adaptability remain the desired focus of how one defines the family-of-origin system, it would be beneficial to obtain FACES III responses from all family members. One would then be able to determine if the perception of one's family-of-origin might be a less valid predictor of modes of caregiving than a more "accurate" description provided by all family members.

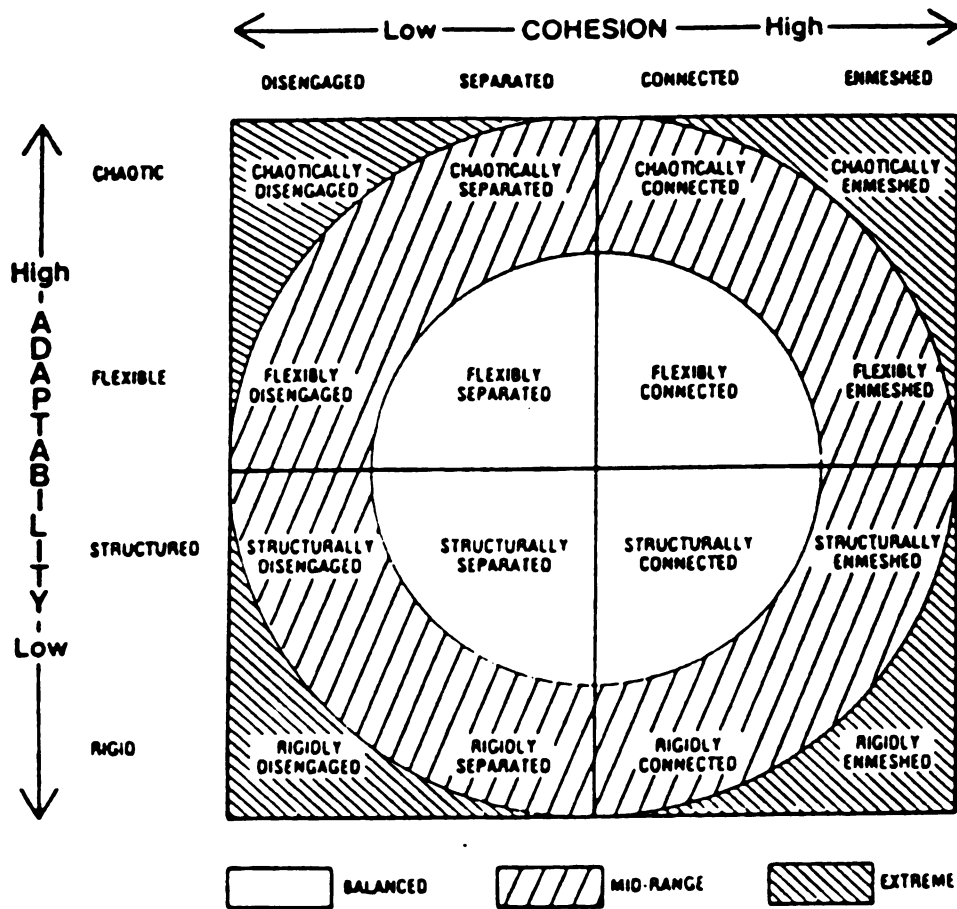
Perhaps the most salient shortcoming of the present study, and thus the most important implication for future research, involves the oversimplification of the proposed relationship between family system and caregiving attitudes. Whereas this study only allowed interpretation of a direct relationship between FACES III scores and modes of caregiving scores, a more accurate and holistic model should account for a more complicated process. This research proposed that the development of caregiving attitudes results not so much from a direct "passing down" of parenting style, but rather that characteristics of the family system influence caregiving attitudes. It should be understood that the degree of cohesion and adaptability are manifestations of how family members relate to, and communicate with, one another. It should be further recognized that these family system characteristics may impact individual characteristics, such as modes of caregiving, via their influence on other aspects

of the family relationships. It would be useful, then, to direct future research toward the development of a more comprehensive model addressing moderating variables (e.g. degree of parental conflict, marital intimacy, parental alliance, etc.) in the relationship between family system characteristics and child caregiving attitudes and behavior.

APPENDICES

Appendix A:

Circumplex Model: Sixteen types of Marital and Family Systems



APPENDIX B:

Factor Loadings for Sensitivity to Children Questionnaire Scoring Categories Comprising Six Factors

(From Teyber, Messe, and Stollak, 1977)

Categories	Factor Loading
Factor I. Lecturing-Directing	
Advising, providing solutions.....	.67
Lecturing, arguing.....	.72
Attempt to gain more information regarding child behavior.....	-.35
Factor II. Power-assertion control	
Ordering, directing, commanding.....	.39
Warning, admonishing, threatening.....	.63
Exhorting, moralizing, preaching.....	.43
Interpreting, diagnosing, analyzing.....	.37
Withdrawing, distracting, avoiding.....	.60
Factor III. Adult's expression of child's influence on him/her	
Statement of adult's feelings.....	.35
Relating child feelings to adult feelings.....	.56
Relating child behavior to adult feelings.....	.56
Factor IV. Empathy	
Statement of child feelings.....	.67
Relates child feelings to adult behavior.....	.53
Child given directions regarding the expression of feelings.....	.45
Child offered compromise or alternative.....	.39
Factor V. Ridicule-interrogation	
Name-calling, ridiculing, shaming.....	.60
Cross-examining, interrogating.....	.70
Factor VI. Instrumental control	
Relating child behavior to adult behavior.....	.60
Attempt to obtain more information regarding child feelings.....	-.33
Adult control exerted through bribe or contingent demand.....	.74

APPENDIX C:

DEMOGRAPHICS QUESTIONNAIRE

The following are questions concerning the background of yourself and your family. For each question, please fill in, with the letter on the scoring sheet, the answer that is most accurate regarding yourself and/or your family.

1. Sex?:
 - A. Male
 - B. Female
2. Your current relationship status?:
 - A. Single
 - B. Dating several different people
 - C. Dating the same person for the last year
 - D. Engaged
 - E. Married
3. Parental marital status?:
 - A. Married (first marriage for both parents)
 - B. Married (either parent has been married before)
 - C. Separated
 - D. Divorced in the last year (and still single)
 - E. Divorced over a year ago (and still single)
4. Do you live?:
 - A. In parents' home
 - B. In your own apartment or house
 - C. In a dorm
 - D. With relatives (other than parents)
5. Estimate of family income?:
 - A. 15,000 - 30,000
 - B. 30,000 - 45,000
 - C. 45,000 - 60,000
 - D. 60,000 - 75,000
 - E. Above 75,000

6. Father's occupation?:

- A. Corporate managers and executives, highly skill technical jobs, government officials, college professors
- B. Middle managers, other professional/technical workers, independent business people
- C. Public school and junior college teachers, skilled labor and trades, real estate sales, homemakers
- D. Unskilled labor, factory workers, general sales, general service workers, office workers

7. Mother's occupation?:

- A. Corporate managers and executives, highly skill technical jobs, government officials, college professors
- B. Middle managers, other professional/technical workers, independent business people
- C. Public school and junior college teachers, skilled labor and trades, real estate sales, homemakers
- D. Unskilled labor, factory workers, general sales, general service workers, office workers

8. Father's education?:

- A. Some high school
- B. High school graduate
- C. Some college or technical school
- D. College or technical school graduate
- E. Professional/graduate degree

9. Mother's education?:

- A. Some high school
- B. High school graduate
- C. Some college or technical school
- D. College or technical school graduate
- E. Professional/graduate degree

10. Your birth order?:

- A. Oldest child
- B. Middle child or about middle
- C. Youngest child
- D. Only child

11. Your family's religion?:

- A. Catholic
- B. Jewish
- C. Protestant (Baptist, Lutheran, Methodist, etc.)
- D. Fundamentalist Christian
- E. Other

12. Do you share your family's religion?:

- A. yes
- B. no

13. Ethnicity?:

- A. Anglo/white
- B. Black
- C. Hispanic: Mexican American/Latin American
- D. Oriental
- E. Other

14. Number of years at MSU?:

- A. 1
- B. 2
- C. 3
- D. 4
- E. 5 or more

15. How is your schooling being paid for?:

- A. I pay for my schooling
- B. I am on full scholarship
- C. I am on partial scholarship
- D. My parents and I share the costs
- E. My parents pay for the majority of my schooling

16. How many children do you have?

- A. None
- B. 1
- C. 2
- D. 3
- E. 4 or more

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APPENDIX D:
SENSITIVITY TO CHILDREN QUESITONNARIE

Name: _____

Date: _____

Instructions:

A series of situations will be found on the following pages. You are to pretend and imagine that you are the parent of the child described. All of the children in the following situations are to be considered six years old.

Your 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 words and/or actions, but please do not explain why you said and/or did what you describe. Again, write down you exact words and/or actions as if you were writing a script for a play or movie. For example, do not write, "I would reassure and comfort him." You might instead write, I would smile at him, hug him close, and in a quiet voice say, 'Don't worry Billy, I love you'."

1. Your six year old son, Nick, admired a minature car at the store. He did not have the money to buy it nor did he ask you to buy it. After returning home, you see him take it out of his coat pocket and begin playing with it.

2. After hearing some screaming in the family room, you go there and find your six year old daughter, Peggy, hitting her two year old sister, Alison.

3. It is 8:00 p.m., and that is the time you and your six year old daughter, Sarah, have previously agreed is her bedtime for that evening. But she wants to stay up and play.

4. When emptying the garbage can, you find at its bottom the broken remains of a toy you had given your six year old son, Matthew, two weeks ago. It is clear that he didn't want you to find out about its being broken.

5. Your six year old son, Chris, and his friend 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 asked the children to leave, you hear a crash and find the children on the floor looking surprised at the knock over lamp near them.

6. You have completed shopping for the food for dinner that evening, and as you are checking out, your six year old daughter, Linda, says she wants a candy bar. it is close to dinner time, so you say "No" to her request. She says, "Please, I'm hungry."

7. Before going to bed at 10:00 p.m., you go into your six year old son Roger's bedroom to see if he has the blanket over him and to tuck him in, if necessary. You find him masturbating. He sees you looking at him. He stops masturbating and pulls the blanket up to his chin.

8. Your six year old daughter, Carol, was playing with her toys and has things scattered about the room and on the dinner table. you told her to be sure to pick up before dinner. A friend of Carol came over and both children went outside to play. You had to pick up the toys and things yourself. Carol walks in, just in time for dinner.

9. Your six year old son, Gary, comes running in the house, yelling, "I won, I won!!" He bumps right into you and knocks over a glass of water you had in your hand. The glass falls to the floor and the water spills over your clothes as well as onto the floor.

10. Your six year old daughter, Mary, as wearing a new outfit to school for the first time. You asked her to try to keep it clean so it can be worn when your family goes out to dinner tonight. When Mary comes home, the jacket of the outfit is covered with dirt. She says, "My friend was cold so I let her wear it and she got dirt on it."

11. Your six year old daughter, Carla, kicks her blocks on the floor saying, "I hate these blocks. They don't stack right."

12. You are trying to rest. Your six year old son, Derek, is banging on a drum in the next room.

13. Your six year old son, Gene, comes to the table with dirty hands, for what seems to be the 10th time over the past several months, even though he has been reminded to wash his hands before dinner.

14. You see your six year old daughter, Ginny, hit her friend Deborah. Ginny says, "I didn't want to hit her but she kept taking my truck away."

15. Your six year old son, Lyle, is drinking coffee from your cup. You do not want him to drink coffee.

16. Your six year old daughter, Elaine, comes home from school, beaming. She holds up a spelling paper which has "100%" written on it.

APPENDIX E:

Scoring Guide to the Sensitivity to Children Questionnaire

- (1) **Ordering, directing, or commanding a specific task at a specific time.**

Telling a child to do something, giving him/her an order or a command. This may also include strong implications of an order, but does not include telling him "you may do ..." or giving him alternatives.

Example phrases: "You must .." "You will .." "Let's .."

Examples: "Don't talk to your mother like that."
"Now you go apologize."
"Stop complaining."

- (2) **Warning, admonishing, threatening**

Unambiguously informing the child that specified or unspecified consequences will occur if he does or does not do something either now or in the future. This includes "scare tactics."

Example phrases: "You had better .. , or else .."

Examples: "If you do that, you'll be sorry."
"One more statement like that and you'll leave the room."

- (3) **Exhorting, moralizing, or preaching -- using abstract demands**

Telling the child what he should or ought to do.

Example phrases: "You should .." "You ought .."

Examples: "You shouldn't act like that."
"You have to learn to share."
"You ought to say you're sorry."
"That's not a nice way to talk."

- (4) **Advising, recommending, providing answers or solutions**

Telling the child how to solve a problem; giving advice or suggestions; providing answers or solutions for him/her without referral to the feelings/needs/wishes of the child. Typically, this is seen in specific statements, not vague suggestions.

Example phrases: "Why don't you .." "I would .. "

Examples: "I suggest you talk to your teacher about it."
"Can't you put each thing away after you use it?"

(5) Persuading with logic, instructing, lecturing -- without moralizing

Trying to influence the child with facts, counter-arguments, logic, information, or your own opinions. This is often seen as preaching PLUS giving an explanation.

Example phrases: "Yes, but .." "Do you realize .."

Examples: "College can be the most wonderful experience you'll ever have."
"Look at it this way, your mother needs help around the house."

(6) Evaluating/judging negatively, disapproving, blaming, criticizing

Making a negative judgment or evaluation of the child as a person with no referral to child's actions.

Examples: "You are bad."
"You're lazy."

(7) Praising, judging/evaluating positively, approving, agreeing

Offering a positive evaluation or judgment without referral to the child's actions. The respondent is making a global evaluation of the child.

Examples: "You are a good boy."
"I think you're smart."

(8) Name-calling, ridiculing, shaming, using sarcasm, making light of

Making the child feel foolish, putting the child into a category, shaming him, putting the child down.

Examples: "You're a spoiled brat."
"Look here, Mr. Smarty."

- (9) Diagnosing, psycho-analyzing, interpreting, reading-in, offering insights

Telling the child what his motives are or analyzing why he is doing or saying something; communicating that you have him figured out or diagnosed.

Example phrases: "Your problem is .." "What you need is.."

Examples: "You're just jealous."
 "You don't believe that at all."
 "You feel that way because you're not doing well in school."

- (10) Excusing, sympathizing, consoling, reassuring

Trying to make the child feel better, talking him out of his feelings, trying to make his feelings go away, denying the strength of his feelings.

Examples: "That's not so bad."
 "Don't worry."
 "All kids go through that."

- (11) Probing, questioning, cross-examining, prying, interrogating

Trying to find reasons, motives, causes

Examples: "Why do you hate school so much?"
 "Do the other kids tell you they don't want to play with you?"
 "What will you do if you don't go to college?"

- (12) Withdrawing, distracting, avoiding, ignoring, bypassing

Trying to get the child away from the problem; withdrawing from the problem yourself; distracting the child or pushing the problem aside. "Giving in" to the child. This includes cases where the parent does not respond at all, or says something irrelevant to the issue.

Examples: "Let's not talk about it now."
 "Just forget it."
 "We can discuss it later."

(13) Restriction of privileges -- grounding

Grounding or restriction of privileges as the method of discipline to resolve the issue. Includes such restrictions as sending the child to his room and includes instances where respondent indicates that the child would be punished but specifically omits physical punishment.

Examples: "You can't play outside for three days."
"No T.V. for a week."

(14) Physical punishment

A statement that indicates caretaker would use some form of physical punishment to solve the issue.

Examples: "I would spank him."
"Then I would probably hit him."

(15) Yelling or shouting

Inclusion of the manner in which the caretaker would respond by yelling, shouting, or scolding.

Examples: "I would shout or yell ..."
"I would yell at him or scold him."

(16) There is a clear and unambiguous statement of the child's feelings/needs/wishes.

Examples: "You look happy."
"You seem sad."

(17) There is a clear and unambiguous statement of the adult's feelings/needs/wishes.

Examples: "I feel sad."
"I am tired now."

(18) There is a clear and unambiguous relating of child feelings to adult feelings.

Examples: "When you look upset, I become sad."

- (19) There is a clear and unambiguous relating of child feelings to adult behaviors.

Examples: "When you look upset, I try to cheer you up."

- (20) There is a clear and unambiguous relating of child behavior to adult feelings.

Examples: "When you yell, I get angry."

- (21) There is a clear and unambiguous relating of child behavior to adult behavior.

Examples: "When you yell, I tell you to stop."

- (22) The child is given specific directions for alternative expression of feelings/need/wishes and the way to handle them, either in the present or in the future.

Examples: "If you are angry at your sister, you can tell her now."
"Whenever you get angry at your sister, you must tell her so."

- (22b) The child is given specific directions or alternative ways of handling behavior in the future.

Examples: "Next time, be more careful."

- (23) There is an attempt to obtain more information regarding child's feelings/need/wishes.

Examples: "Can you tell me what you're upset about?"

- (24) There is an attempt to obtain more information regarding child behavior. (The behavior can occur either in the present or in the past.)

This occurs when the problem is child-owned.

Exmaples: "Tell me what happened."

- (25) The child is given an alternative or compromise solution based on mutual respect and cooperation.

This occurs as the result of input from both parent and child and the child's feelings/needs/wishes are given consideration.

Examples: "Next time we can bring some fruit with us that you may eat while we're shopping."
"You may stay up a little later, but you must read quietly in bed."

- (26) There is control over the child which is exerted through a bribe or contingency demand without mutual reciprocity.

Examples: "If you're good, maybe I'll let you go."

- (27) Ordering in uncertain terms.

The child is given an ambiguous order by the parent. The tone of the demand is weak and uncertain.

Examples: "Maybe you should stay home for the next 3 days."
"Be quiet, okay?"

- (28) Indication of positive affect through non-verbal communication.

Examples: "In a caring voice, I would say .."
"I would hug him."
"I would smile and say."

- (29) Expression of parent's feelings without a specific feeling word.

Includes both verbal and nonverbal messages which indicate a certain feeling without placing a label on that feeling.

Examples: "That's great!!!"
"I would just stare straight into his eyes."

APPENDIX F:

FACES III

David H. Olson, Joyce Portner, and Yoav Lavee

1	2	3	4	5
ALMOST NEVER	ONCE IN AWHILE	SOMETIMES	FREQUENTLY	ALMOST ALWAYS

DESCRIBE YOUR FAMILY NOW.

- ___ 1. Family members ask each other for help
- ___ 2. In solving problems, the children's suggestions are followed
- ___ 3. We approve of each other's friends
- ___ 4. Children have a say in their discipline.
- ___ 5. We like to do things with just our immediate family.
- ___ 6. Different persons act as leaders in our family.
- ___ 7. Family members feel closer to other family members than to people outside the family.
- ___ 8. Our family changes its way of handling tasks
- ___ 9. Family members like to spend free time with each other.
- ___ 10. Parent(s) and children discuss punishment together.
- ___ 11. Family members feel very close to each other.
- ___ 12. The children make the decisions in our family.
- ___ 13. When our family gets together for activities, everybody is present.
- ___ 14. Rules change in our family.
- ___ 15. We can easily think of things to do together as a family.
- ___ 16. We shift household responsibilities from person to person.
- ___ 17. Family members consult other family members on their decisions
- ___ 18. It is hard to identify the leader(s) in our family.
- ___ 19. Family togetherness is very important.
- ___ 20. It is hard to tell who does which household chores.



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APPENDIX G:

Sample Distribution in the Sixteen Family Types

	Disengaged	Separate	Connected	Enmeshed
Rigid	8	3	1	3
Structured	7	8	12	4
Flexible	17	20	12	6
Chaotic	7	14	19	13

APPENDIX H:

Family System Types for Analysis of Variance




(Proposed by Olson, 1985)

A. Sixteen Family Types
COHESION

	1	2	3	4
High	5	6	7	8
Medium	9	10	11	12
Low	13	14	15	16

B. Balanced, Mid-Range, & Extreme
COHESION

	1	2	3	4
High	5	6	7	8
Medium	9	10	11	12
Low	13	14	15	16

 Balanced
 Mid-Range
 Extreme

C. Four Quadrants
COHESION

	1	2	3	4
High	5	6	7	8
Medium	9	10	11	12
Low	13	14	15	16

D. Balanced & Quadrants
COHESION

	1	2	3	4
High	5	6	7	8
Medium	9	10	11	12
Low	13	14	15	16

I Flexible-Separated

II Flexible-Connected

III Structured-Separated

IV Structured-Connected

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