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EMOTIONAL HEALTH AND COUPLE ADJUSTMENT
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**THE RELATIONSHIP BETWEEN FAMILY OF ORIGIN EMOTIONAL HEALTH
AND
COUPLE ADJUSTMENT**

By

Rodney Corwin Shoemaker

A DISSERTATION

**Submitted to
Michigan State University
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ABSTRACT

THE RELATIONSHIP BETWEEN FAMILY OF ORIGIN EMOTIONAL HEALTH AND COUPLE ADJUSTMENT

By

Rodney Corwin Shoemaker

Limited research has been done on emotional health in the family of origin and its relationship to couple adjustment. This investigation examined this association using the Family of Origin Scale (Hovestadt et al., 1987) and the Dyadic Adjustment Scale (Spanier, 1967), respectively. A number of selected demographic variables were examined in relation to family of origin emotional health and couple adjustment as well. The sample was composed of twenty couples who presented themselves for relationship therapy.

Several important findings emerged. (1) Family of origin emotional health was moderately, but not significantly, associated with subsequent couple adjustment. Among the sample couples, those who grew up in families higher in degree of emotional health reported higher degrees of subsequent couple adjustment. (2) Family of origin emotional health was significantly and moderately associated with couple adjustment for males. Males who grew up in families higher in degree of emotional health reported higher degrees of subsequent couple adjustment. (3) Family

of origin emotional health was significantly and moderately associated with similar perceptions regarding couple adjustment. Couples who grew up in families higher in degree of emotional health reported similar perceptions regarding their degree of subsequent couple adjustment.

The association between family of origin emotional health and similar perceptions regarding couple adjustment may be the result of couple interaction and consensus-building processes. Since couples reach agreement through these interactional and consensus-building processes, they may reach agreement (ie., similar perceptions) regarding their couple adjustment through these same processes. Similar perceptions regarding couple adjustment may represent an important intervening variable between family of origin emotional health and couple adjustment.

In this investigation, the Family of Origin Scale demonstrated moderate, but not statistically significant, predictive ability for the sample. However, the FOS did demonstrate significant predictive validity for the following: (1) the association between family of origin emotional health and subsequent couple adjustment for males, and (2) the association between family of origin emotional health and similar perceptions regarding couple adjustment.

To Nevene Kain and Doris Kain Christensen who, through many years of friendship, gave me guidance, affirmation and compassion. Their dedication to the pursuit of excellence endowed me with some of life's most precious gifts by teaching me the value of hard work, the uniqueness of all human beings, and the graciousness of achieving one's fullest potential as a person.

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My parents, who quite unknowingly planted the first seeds of interest and concern about the field of intergenerational family relationships.

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CHAPTER I

INTRODUCTION

All happy families are alike; every unhappy family is unhappy in its own way. -TOLSTOY

All happy families are more or less dissimilar; all unhappy ones are more or less alike. -NABOKOV

Statement of the Problem

Intergenerational family theorists have offered numerous theoretical assumptions regarding the nature of intergenerational relationships and the intergenerational transmission of attitudes, values and patterns of behavior. These hypotheses have provided an important component of family systems theory as a whole, as well as an important component of the emerging family therapy field, but they lack empirical corroboration. In particular, intergenerational family theory has hypothesized numerous assumptions about the association between emotional health in the family of origin and subsequent couple adjustment, but these assumptions have been based primarily upon clinical experiences and observation.

Limited research has been done on the family of origin and its emotional environment - especially perceptions of emotional health in the family environment - and their influence upon subsequent couple adjustment. Generally, while considerable research has been conducted on couple adjustment, and research has been and continues to be conducted on emotional health within the family system, there has been a lack of empirical data which focuses on the association between emotional health in the family of origin and subsequent couple adjustment.

In light of this deficit in an important area of both family theory and therapy, continuing research was needed on the specific association between family of origin emotional health and subsequent couple adjustment.

This study has explored this hypothesized association, providing information which will help bridge the gap between what is known and what is not known. In addition, this investigation has contributed additional empirical information regarding intergenerational family theory, family of origin theory and theory regarding couple adjustment.

Unfortunately, knowledge and understanding of these processes are among the more undeveloped areas of family research, despite increasing numbers of empirical studies. Research on these processes is noticeably lacking in the

published literature. This has been due to a variety of conceptual and assessment problems.

Research approaches are generally stereotyped and narrow; few look beyond social expectations and surface behavior to more complex variables. In an area most needy of creative design and measurement - that of long-standing affective bonds between clinically normal people - little application of clinical expertise or theory has been evident. Where clinical approaches have been used, they have too often followed a dogmatic rather than an empirical perspective...

(Bengston & Troll, 1986: 149-150).

As an exploratory investigation, the overall aim of this investigation was to conceptualize factors associated with family of origin emotional health and to further hypothesize how these factors might influence couple adjustment. Emotional health in the family of origin is a complex variable composed of many factors which could influence couple adjustment. This study attempted to create a more comprehensive model for understanding the salient factors included in the independent variable, emotional health in the family of origin, which are associated with couple adjustment.

Purpose of the Study

The purpose of this exploratory study was to investigate the association between perceived degree of emotional health, autonomy and intimacy in the families of origin of the couple dyad and perceived degree of couple adjustment. This study stemmed from the existing theory and limited research literature on intergenerational family relationships. A primary component of this theory and corresponding research literature suggests that family of origin experiences influence the subsequent couple relationship, and compose a salient factor related to couple adjustment.

This study was significant for two reasons. First, investigations of family of origin relationships and their impact upon couple adjustment have been few in number. Existing studies have focused on the family of origin in terms of social support or stress in relation to couple adjustment. Second, there has been a lack of reliable and valid measures of family of origin processes (Cromwell et al., 1976), which has been a major obstacle to the application of family of origin theory in both research and clinical settings. Measures of the emotional health of family of origin relationships as associated with the subsequent couple

relationship have been noticeably lacking. In addition, few research instruments have been developed which operationalize the conceptual components of family of origin systems theory and the conceptual components of family of origin emotional processes (Bowen, 1978; Boszormengi-Nagy & Ulrich, 1981; Williamson, 1981, 1982; Williamson and Bray, 1987).

Scope of the Problem

Research in this area of the intergenerational family remains primitive at best, in that the conceptualization and operationalization of intergenerational family constructs involves the complex task of translating the components of intergenerational and family of origin process into conceptually valid and measureable variables. Progress in this area of family research remains both slow and simplistic, although significant inroads have been made into this area of intergenerational family research (Hovestadt, 1987).

Accurate conceptualization and assessment of emotional health within the family of origin remains in the early stages of development. The intergenerational transmission of emotional health to the subsequent generation remains a focal point of empirical investigation. The process of relational interaction and influence which occurs from one generation to the next, and the ways in which emotional and interactional patterns are transmitted across generational boundaries, requires continuing development of creative research designs and valid assessment instruments.

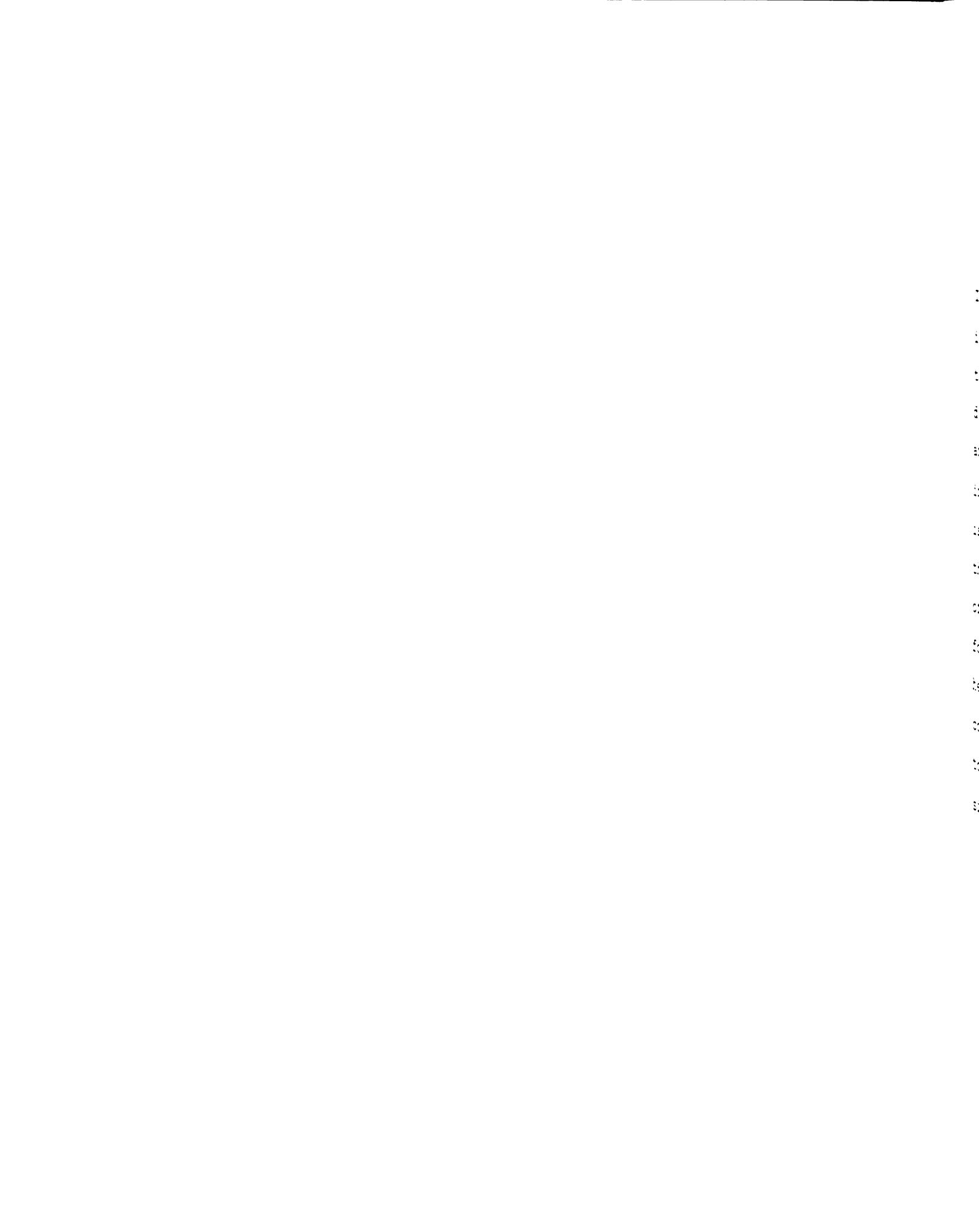
The data from the following investigation adds to the limited body of family of origin research which relates to couple adjustment, and further identifies specific components of the family of origin emotional experience which are associated with couple adjustment. Furthermore, this investigation contributes to our understanding of the extended intergenerational family system by exploring this important area of intergenerational family system processes.

Many studies are currently underway using the Family of Origin Scale (Hovestadt, Anderson, Piercy & Smith, 1985) as a measurement instrument for assessing family of origin emotional environments and their impact on subsequent adult functioning. Couple adjustment is an important indicator of adult functioning.

This study is different from an earlier study by Hovestadt and Wilcoxson (1983) in several significant ways. The investigation by Hovestadt and Wilcoxson, using the Family of Origin Scale (Hovestadt et al., 1985), explored the relationship between emotional health in the family of origin and couple adjustment for black and white married couples. While similar in some ways to this study, their work focused on a sample composed entirely of black and white married couples. This study focused on a sample composed of both married and unmarried white couples with other diverse characteristics.

In addition, the study by Hovestadt and Wilcoxson focused on the individual partners of the marital dyad as the unit of analysis, while this study focused primarily on the couple dyad as the unit of analysis. Hovestadt and Wilcoxson's study measured the association between individual perceptions of family of origin emotional health and individual perceptions of marital adjustment, while this study measured the association between averaged and discrepant perceptions of family of origin emotional health and averaged and discrepant perceptions of couple adjustment.

This investigation used the Family of Origin Scale (FOS) as an assessment instrument (ie., as a correlational instrument) for measuring emotional health in the family of origin, in the tradition of Hovestadt and Wilcoxson (1983). As a result, this study has contributed further knowledge regarding the clinical and research utility of this instrument, as well as its predictive ability.



CHAPTER II

REVIEW OF LITERATURE

Introduction

In an overview of the literature on intergenerational relationships and couple adjustment, it is possible to classify the general investigative trends into a number of relatively distinct areas. Intergenerational perception is one area, and is a fundamental component of most research on the intergenerational family. A second area of investigation is that of intergenerational relationships, specifically those between the family of origin and their adult offspring. A third area of investigation in the literature focuses on the dimensions of family of origin emotional health. Lastly, the literature on couple adjustment completes this review of the empirical studies related to the intergenerational family, intergenerational transmission, the family of origin, and couple adjustment.

Intergenerational Perception

Several factors may affect how persons perceive their family of origin experiences. Stage in the family life cycle is a factor determining the nature of perceptions held by the adult children of the family of origin. The tasks at every stage in the family life cycle are clearly different (Carter & McGoldrick, 1980). For example, adult children may be more critical of their parents' parenting abilities prior to having their own children. Perceptions may be strongly influenced by current life experiences (Spence, 1982). The early working experiences and child-rearing experiences of young couples may serve to improve their perceptions of their own parents' early family struggles and difficulties. Bengston and Cutler (1976) have suggested that sociological disparities and biopsychological factors can affect intergenerational perceptions. Lower standards of living for adult offspring may radically change their perceptions of the socioeconomic status they experienced in the family of origin. The presence of physical, psychological or cognitive impairments may affect perceptions held by both parents and adult children.

Bengston and Black (1973) have aptly pointed out that in any intergenerational relationship the persons in each generation are dynamically pursuing their own developmental

agenda. The differences between perceptions of the young and the old may represent differences in maturational level. These perceptual differences may well be temporary phenomena rooted in the developmental process. Bengston and Kuypers (1971) have suggested the term "generational stake" to describe the differences in perception on the part of the younger and older generations of the extended family. Bengston and Black (1973b) found a developmental trend in perception of family solidarity among four age groups. This finding was replicated by Angres (1975).

Bowen (1978) has theorized that perceptions adult offspring have about their family of origin may determine the nature of future relationships adult offspring may experience. Perceptions of similarity of family of origin experiences have been shown to be related to higher levels of couple adjustment (Hovestadt & Wilcoxson, 1983). Perceptions of couple adjustment have also been found to be predictive of positive or negative perceptions of intergenerational relations (Garber, 1986).

A number of studies have been conducted examining the nature of intergenerational perception from the viewpoint of offspring upon the parent generation. Holter (1982) examined perceived emotional health in the family of origin utilizing the Family of Origin Scale for twenty-five male members of alcohol distressed marriages and twenty-five male members

of non-alcohol distressed marriages. A significant difference in perceived emotional health of the family of origin was revealed between men in non-alcohol distressed marriages and men in alcohol distressed marriages. Fine (1982) administered the Family of Origin Scale, the Rational Behavior Inventory (Shorkey & Whiteman, 1977), and a semantic differential perception of marriage scale to 184 single university freshman and sophomores. His data suggested that individuals who perceive their family of origin as being higher in emotional health had a more positive perception of marriage than did those who perceived their family of origin as being lower in emotional health. The Family of Origin Scale, the Healthy Family Functioning Scale (Sennott, 1981), and the Personal Information Form were administered by Canfield (1983) to 171 subjects who were currently married and residing in a household with their spouse and at least one child under age 18. Results of this study indicated a significant correlation between Family of Origin Scale measures of levels of perceived emotional health in the family of origin and Healthy Family Functioning Scale measures of levels of perceived emotional health in the subjects' current family.

Intergenerational Relationships

With few exceptions, systematic empirical research on intergenerational family relationships has not been reported in the marriage and family literature. Bray, Williamson and Malone (1987) were among the first to report any empirical evidence for specific intergenerational theory. Williamson's (1981) work on personal authority in the family represents one contribution to empirical research on intergenerational family relationships.

Much of the research on intergenerational relationships has been concerned with the transmission of attitudes, values and behaviors from the family of origin to the adult children (Thompson, Clark & Gun, 1985). The available research indicates the transmission of a variety of specific attitudes, orientations and behaviors: marital instability (Mott & Moore, 1979; Pope & Mueller, 1976), loneliness (Lobdell & Perlman, 1986), interpersonal competence (Filsinger & Lambke, 1983), irrationality (Lidz, Cornelison, Terry & Fleck, 1958), marital aggression (Kalmuss, 1984; Straus, Gelles & Steinmetz, 1980), political affiliation (Troll & Bengston, 1979) and religious affiliation (Hill, Fote, Aldous, Carlson & MacDonald, 1970).

Lobdell and Perlman (1986) examined the intergenerational transmission of loneliness among 130 parent-daughter triads. Results of this study indicated that mother-daughter loneliness scores were significantly correlated. More specifically, students' perceptions of familial characteristics were more strongly correlated with their loneliness than were parent-based characteristics. Daughter's perceptions of their parents' degree of marital satisfaction were more significantly correlated with the daughter's sense of loneliness than they were with the parents' own reports of their marital satisfaction. This study found that personality and social relationship characteristics were similar between mothers and daughters in measures of their loneliness. Regression results of this study indicated that familial variables were a strong predictor of loneliness.

Wambolt and Reiss (1989) examined the family of origin experiences and couple consensus-building processes among sixteen premarital couples. They found significant correlations between dimensions of the family of origin environment and the reported degree of satisfaction within the couples' current relationship. These researchers hypothesized that the couples' ability to reach consensus appeared to be an important mediator between family of origin experiences and their current relational satisfaction. They found that important gender differences

confirmed prior findings that women function as "relationship specialists" within their marriages.

The study by Wambolt and Reiss (1989) highlighted the importance of examining family of origin characteristics and the consensus-building process as critical determinants of couple satisfaction. They found that greater expressiveness in both partners' family of origin predicted greater relationship satisfaction for women, while greater conflict, especially in the women's family of origin, predicted poorer relationship satisfaction for males. Second, they found that greater agreement concerning the males' family of origin predicted lesser relationship satisfaction in the couple relationship. Third, the correlates of relationship satisfaction appeared to shift over time so that females' family of origin assumed greater predictive power.

While not statistically significant, the general pattern of the correlations from Wambolt and Reiss provides evidence, although weak, that the female's families have significant impact upon couple adjustment. In particular, the more expressive the female's family of origin, the greater the consensus achieved by the couple concerning their relationship. Females who reported greater conflict in their family of origin indicated less agreement with their partners about the interpersonal characteristics

of the couple relationship. Higher degrees of consensus regarding the male's family were associated with less expressiveness and greater control in the male's reports of his family.

These intercorrelations suggest that family of origin experience may impact couple relational satisfaction because prior family experience influences the consensus-building processes in the new relationship. This study supports the hypothesis that family of origin experiences impact current relationship satisfaction through the mediation effect of the interactional processes occurring within the new marital relationship.

In addition, Wambolt and Reiss (1989) proposed a developmental model of early marriage depicting the couple as facing two central tasks: defining a family heritage and defining a new relationship identity apart from family of origin characteristics. The authors suggested that future research regarding the family of origin experience should focus on ways in which those experiences influence the interactional processes within the couple relationship and thereby contribute to either couple adjustment or maladjustment.

An early exploratory study by Napier (1971) focused on the couple relationship as the marriage of two families

reflecting cross-generational complementarity. The author studied two young couples and the family of origin of each partner. The basic hypothesis of this essentially qualitative study was that, in choosing a marital partner, couples are strongly influenced by trends in the two families of origin. The marital choice represents the searching and finding of a partner whose family complements their own, especially in areas where they were unhappy with their own family.

The evidence from Napier's study suggested the following hypotheses: (a) in deciding to marry, individuals are influenced by the prospective partner's family style because it offers a welcome complement to aspects of their own family pattern that they found unpleasant; (b) an individual who has experienced significant distress as the result of a complementary pattern in his parents' marriage may marry someone whose parents' marriage evidences a similar complementarity, but with sex-role position reversed. The individuals may hope that this mixed model will lead to a reduction of complementarity in the emergent marriage, on the assumption that differences between the parents were the source of their difficulties; and (c) the new mate represents a fulfillment of, rebellion against, and a repetition of the opposite-sex parent. He or she also represents other members of the individual's family of

origin and is part of a very complex interaction of the two families.

Napier (1971) further noted that his subjective impression of the two couples in the study, and of most married couples, was that they were carefully matched in such basic areas as: degree of emotional maturity, degree of self-esteem, degree of general tension, tolerance for affective expression, role position in the family of origin, and plans for family patterns to be evolved in the new marriage.

Napier comments (1971:392-393): "It may be then that one of the basic elements in determining marital choice is a profound identification with the other. 'You are me.' But the presence of complementary patterning necessitates a qualification: 'You are like me, you remind me of myself, but you are also strange and different; really, you bring out into the open parts of myself that I scarcely know, or am afraid of.' Thus the partner offers the other the possibility of 'uncovering' elements of the self that have been conflictual or covert." Napier suggests that a similar process may be found among the interaction patterns in the family of origin.

Pope and Mueller (1976) examined the intergenerational transmission of marital instability using data from five

surveys. Except for black respondents, they found a greater transmission effect among respondents from childhood homes disrupted by divorce or separation. The evidence from their study strongly supported the hypothesis that for whites of both sexes and for black females the transmission effect was larger for adults who came from voluntarily disrupted (separated or divorced) homes. They concluded from their study that a real, although small, amount of intergenerational transmission of marital instability does occur. They suggested that intergenerational transmission of marital instability is composed of an intervening variable between parental family disruption and second generation marital dissolution. These authors predicted that further research would show two important findings. First, no direct causal effect exists between parental disruption and marital instability. Rather, the effect is mediated or transmitted through a number of intervening factors. Secondly, no single intervening factor would be found to be the transmitter variable. Instead, several factors with varying impact among blacks and whites, males and females, would contribute to the transmission effect.

A study by Hovestadt and Wilcoxson (1983) on perceived degree of emotional health in the family of origin and perceived degree of adjustment for married couples found that spouses with higher degrees of emotional health in their family of origin experienced greater marital

satisfaction than spouses not having been exposed to such experiences. Using the Family of Origin Scale, these investigators found that perceived degree of emotional health in the family of origin of husbands and wives, as measured on individual Family of Origin Scale (FOS) scores, was not significantly related to individual perceptions of degree of couple adjustment. However, discrepancy scores, the difference between the individual FOS scores of the husband and wife, were found to be significantly and inversely related to perceived degree of couple adjustment of both husbands and wives. In addition, the results of this study support hypotheses regarding family of origin experiences and their impact on second generation functioning, particularly in relation to adult development and couple adjustment.

Paul (1981) has outlined hypotheses regarding the role of loss and mourning across the intergenerational family. He suggests that one generation may experience a significant loss which it does not mourn. Through the multigenerational transmission process the unexpressed grief may be passed to subsequent generations. This may well result in individual and relational dysfunction in the next generation. Medical illnesses or tragedies in earlier generations may be illustrative of this process. Such significant events have potential effects on both couple adjustment and family functioning (Paul and Paul, 1975).

Paul (1980) hypothesized that loss, grief and death are the dominant psychological issues in life for all individuals and families. He suggested that a major reason parent and child generations resist termination of the hierarchical boundary between them (Williamson, 1981) is that such a termination functions as a reminder of the role and relational death for both the parent and the adult child.

Family of Origin Emotional Health

There have been few attempts to develop qualitative and quantitative methods for measuring emotional health within the family system. The area of diagnostic typology has been explored by the work of Reiss (1971) and Olson, Sprenkle and Russell (1979) in terms of rating degree of emotional health in the family system on a continuum ranging from poorly functioning to well functioning.

Although a large number of measurement techniques have been applied to family life (Cromwell, Olson & Fournier, 1976; Strauss, 1969), these techniques usually do not measure family functioning from a holistic and multidimensional perspective. Some relevant instruments (Behrens, Meyers, Goldfarb & Fieldsteel, 1969; Epstein, Baldwin & Bishop, 1983) have been developed which are value-based and multidimensional, but these have not included global assessment of degree of emotional health in the family system.

The operationalization of key concepts related to intergenerational family theory and emotional health in the intergenerational family would have major implications for increasing the body of knowledge regarding family process and typology. A promising effort in this direction has

been made by Olson and his co-workers (Olson, Russell, & Sprenkle, 1979) in terms of relating similar concepts from different schools of family theory. In the Circumplex Model (Olson et al., 1979) three dimensions emerged from the conceptual clustering of concepts from six social science fields, including family therapy. The three dimensions were: cohesion, adaptability, and communication. Cohesion was defined as the emotional bonding which may occur between family members. Adaptability was defined as the ability of a family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress. Placing the two dimensions of cohesion and adaptability at right angles, Olson et al. (1979) proposed sixteen family types.

The need for cohesion in the family system has also been explored by Carl Whitaker (1975a, 1975b, 1977; Napier and Whitaker, 1978). Whitaker's understanding of emotional health in family functioning has as its central hypothesis the need for balanced cohesion in family functioning. Whitaker emphasizes the importance of role flexibility, the positive value of shifting alliances and the need for the family to provide its members with stability.

Family communication has been stressed by most family theorists from Nathan Ackerman to the present. It has been especially emphasized by those associated with the

"Palo Alto" communications group (Watzlawick et al., 1967, 1974; Satir, 1972). Many theorists have begun to isolate the specific components of effective marital and family communication (Miller et al., 1976,; Guerney, 1977).

Research by Lewis, Beavers, Gossett and Phillips (1976) identified a number of qualities characteristic of emotional health in family interaction. These included the following: a strong parental coalition, an affiliative attitude toward encounters with others, respect for the subjectivity of others, open and direct communication, an understanding of the varied and complex human needs and motivations of family members, high levels of initiative and enjoyment of the unique characteristics of each individual.

Stinnett (1979) studied the relationship patterns of ninety-nine families which had been identified as strong families. His research identified the following characteristics associated with emotional health in family functioning: appreciation for one another, time spent together that is genuinely enjoyed by family members, good communication patterns, commitment to promoting the happiness and welfare of others in the family group, a high degree of religious orientation and the ability to deal with crises in a positive manner.

Barnhill (1979) reviewed and integrated concepts of emotional health within family system from the theoretical

literature on family therapy. He identified eight dimensions of emotional health in the family system from the major writers in the field. These dimensions included the following: individuation versus enmeshment, mutuality versus isolation, flexibility versus rigidity, stability versus disorganization, clear versus unclear perception, clear versus unclear communication, role reciprocity versus unclear roles or role conflict, and clear versus diffuse or breached generational boundaries. He grouped these eight dimensions of emotional health in the family system into four basic family themes: identity processes (individuation versus isolation and mutuality versus isolation), change (flexibility versus rigidity and stability versus disorganization), information processing (clear versus unclear perceptions and clear versus unclear communication), and role structuring (role reciprocity versus unclear roles or role conflict and clear versus diffuse or breached generational boundaries). These dimensions, in actuality, are all interrelated. Such interrelationships, the author hypothesized, can be integrated into an interlocking, mutually causal system. This model would be useful for purposes of assessment, intervention, and prevention.

Research by Fisher, Giblin and Hoopes (1982) asked two hundred eight mothers, fathers and teenagers to respond to a questionnaire ranking thirty-four aspects of emotional health in family functioning. Respondents identified the

following as important aspects of emotional health in family functioning: a sense of belonging to the family, good communication that includes attending to the affect and content of a message, listening attentively, expressing feelings and thoughts openly, enjoyment of one another, feeling good about each other, acceptance of and support for each other's emotional needs, a feeling of security, safety and trust with one another, the ability to depend upon one another to honor agreements and commitments, protection of individual family members against outside threats and doing things together that are rewarding, fun and enjoyable.

The work of Beavers and Voeller (1983) has moved toward a description of families according to two dimensions. One of these, the negentropic dimension, composes a scale of family emotional health with categories of severely disturbed, borderline, midrange, adequate and optimal. Lewis et al. (1979) developed thirteen Family Evaluation Scales. These scales are loosely based upon the clinical theory of Beavers (1976). The Family Evaluation Scales include the concepts of overt power, parental coalition, closeness, congruence with reality, efficiency, communication of self-concept, responsibility, invasiveness, permeability, expressiveness, mood and tone, conflict and empathy.

The Family Environment Scale (Moos, 1976) is composed of ten subscales that measure the social-environmental characteristics of all types of families. The Family Environment Scale measures relationship dimensions, personal growth dimensions and system maintenance dimensions in the family of origin. Among the constructs included in these dimensions are the following: cohesion, expressiveness, conflict, independence, achievement orientation, intellectual-cultural orientation, active-recreational orientation, moral-religious emphasis and organization and control.

The Family Health Scales (Kinston et al., 1987) were developed to provide a measure of family emotional health which could be clinically useful. These scales include as principal constructs the following: affective status, communication, boundaries, alliances, adaptability and stability, and family competence. This instrument has proven valuable for both clinical and research purposes, and provides an assessment framework for family interaction. It is, however, designed for the testing of hypotheses about family dysfunction.

Many studies are currently underway using the Family of Origin Scale (Hovestadt et al., 1985). The Family of Origin Scale (FOS) is designed to measure perceived degree of emotional health in one's family of origin. The FOS operationalizes two major concepts, autonomy and intimacy, which

are widely regarded as conditions that impact family emotional health and adult development within the family.

Wynne and Wynne (1986) have conceptualized a developmental framework for understanding intimacy within relational systems. They define relational intimacy in the following way: "Intimacy is a subjective relational experience in which the core components are trusting self-disclosure to which the response is communicated empathy" (Wynne & Wynne, 1986: 384). These authors propose that four major relational processes unfold in sequence within the family system. These include attachment and caregiving, communication, joint problem-solving and mutuality (Wynne, 1984). Mutuality is a special useage of the term by these authors, and involves both distancing and re-engagement. In mutuality, relational interactions are modified in ways appropriate to the changing life cycle of the family, differences and conflicts in the basic relationship, and growth and aging. An important feature of this model for understanding intimacy within the family system is that, over the life cycle, these relational processes become linked in a circular way. "Out of marital mutuality arises a new cycle of caregiving and attachment in the parent-child triad" (Wynne and Wynne, 1986: 386). This conceptual model supports the hypothesis that intimacy experienced within family of origin relationships may become an important attribute of couple adjustment among the adult children.

Another study by Fine and Hovestadt (1984) sought to investigate the degree to which subjects' rational thinking and perceptions of marriage were associated with perceived degree of emotional health in their family of origin. The results of this study suggested that not only is dysfunction transmitted from the family of origin, but factors relating to emotional health and adult functioning, specifically higher levels of rationality and more positive perceptions of marriage, are also transmitted.

Couple Adjustment

Couple adjustment has been one of the most widely used and researched concepts in family studies. An early study by Hamilton (1929) obtained a satisfaction score from thirteen questions administered by cards and answered orally. Bernard (1933), Burgess and Cottrell (1939), Burgess and Wallin (1953), and Terman (1938) all made important contributions to the study of couple adjustment. Locke and his colleagues (Locke, 1947; Locke & Wallace, 1959; Locke and Williamson, 1958) made important contributions to the study of couple adjustment during the 1950's. Locke utilized techniques for scale building and measurement and was able to advance the ability to measure and predict couple adjustment.

The history of the development of the concepts of marital and couple adjustment indicates that it has been used quite consistently to refer to those processes that are necessary to achieve a harmonious and functional couple relationship (Locke, 1951; Spanier, 1976; Spanier and Cole, 1976). The well-adjusted couple relationship has been conceptualized as one in which the partners interact with one another frequently, disagree seldom on important couple issues, communicate directly with one another, and resolve disagreements in a manner which is mutually satisfying.

This conceptualization of adjustment suggests that the unit of analysis in couple research should be the couple dyad (Thompson and Walker, 1982). In most investigations, the measurement of couple adjustment has focused on an individual's perception of important aspects of the couple relationship, thus providing insight into couple functioning.

More recently, the conceptualization of couple adjustment has become more complex by the addition of relational satisfaction as a component of couple adjustment (Locke and Wallace, 1959; Spanier, 1976; Spanier and Cole, 1976). Relational satisfaction has traditionally referred to a person's attitudes toward the partner and the relationship, and the unit of analysis has been the individual. Viewed in this way, when relational satisfaction is conceptualized as a component of adjustment, then the measure's unit of analysis becomes both the couple dyad and the individual, and the object of analysis becomes both the objective aspects of dyadic interaction and the subjective impressions of the relationship.

During the past decade the concept of marital quality has been increasingly used referring to a hybrid concept which reflects both couple adjustment and relational satisfaction. Thus a high degree of relational quality would be reflected in characteristics such as companionship, good communica-

tion, the absence of conflict (from the tradition of couple adjustment), and the presence of a high degree of satisfaction with the relationship and the spouse. This blends both adjustment and satisfaction into a broader and more inclusive concept.

According to Sabatelli (1988), in the final analysis it appears most of the measures of marital adjustment, satisfaction, and quality fall into two general categories. There are measures of adjustment quality which combine measurement of objective and subjective characteristics of couple relationships, and there are measures of satisfaction quality which assess only subjective evaluations of the couple relationship.

Current literature suggests that the construct of couple adjustment involves a multidimensional conceptualization that has frequently been confused with other relevant concepts (Fincham and Bradbury, 1987). Some researchers, such as Spanier and Cole (1976), have suggested that couple adjustment is a general term, which they define as the functioning and success of the relational partners, and includes such concepts as relational satisfaction and happiness. Others argue that the conceptualization and measurement of couple adjustment should focus on a single, more clearly defined aspect of the general concept of couple adjustment. Most often couple adjustment has been

conceptualized and operationalized using a global self-report measure of degree of marital quality, degree of marital adjustment and degree of marital happiness.

Lewis and Spanier (1979) have provided a comprehensive synthesis of the literature on factors related to quality and stability in couple relationships. They suggest that couple adjustment is a function of three classes of variables: the social and personal resources that the individuals bring to the relationship, their satisfaction with their relational lifestyle, and their rewards from dyadic interaction. The authors theorized there are two classes of external variables which influence the central dyadic relationship: (a) alternative attractions and (b) pressures upon the dyad to remain together. Levinger (1965) has previously elaborated on these external variables, pointing to other sex partners, disjunctive kin affiliations, opposing religious commitments, and a wife's independent income or occupation as primary examples.

Lewis and Spanier (1979) proposed that "the greater the individual's exposure to adequate role models for marital functioning, the higher the marital quality" (1979: 277). They noted that a significant number of studies from the psychiatric and social psychological literature support this hypothesized relationship between parents and adult children. Their review of this literature found that

marital quality in the family of origin is positively associated with marital quality in the family of procreation, although it is likely that there are a number of intervening variables. Similarly, the more positive the individual's relationship with his or her parents and the greater the happiness the person reports in childhood, the higher the subsequent degree of marital quality. These authors conclude that effective parental role models in marriage are transmitted to the offspring and expressed through the marital quality experienced by the offspring.

A review of the literature by Walbolt (1989) on factors associated with couple adjustment identified specific background, personality and interactional characteristics as salient factors related to couple adjustment. Interactional processes were the most significant predictors of couple adjustment. In addition, women who had positive relationships with their mothers did better in their own marriages than those who did not. For men, closeness to their mothers was not related to couple adjustment initially. It was associated with fewer subsequent couple difficulties. For both men and women, closeness to their fathers was significantly related to marital outcome. Couple adjustment was also significantly related to yearly family income. Background factors, although significant, were found to be less important in predicting later couple adjustment in this study.

Probably the most widely used measure of couple adjustment prior to 1980 was the Locke-Wallace Marital Adjustment Scale. Locke and Wallace (1959) developed the 15-item scale based upon previous work, and they found this instrument was able to discriminate between couples known to be well adjusted and those known to be poorly adjusted.

Among the leading measures of couple adjustment are the Marital Adjustment Test (MAT: Locke and Wallace, 1959), the Revised Marital Adjustment Test (RMAT: Kimmel and VanDerVeen, 1974), the Ravich Interpersonal Game-Test (Ravich and Wyden, 1974) and the Dyadic Adjustment Scale (DAS: Spanier, 1976). Among the first measures of couple adjustment was the Marital Adjustment Test. This measure has been used in countless studies and, according to Cohen (1959), has the greatest number of validity and reliability studies of all the self-report measures of dyadic adjustment.

A second measure of couple adjustment is the Revised Marital Adjustment Test. This measure grew out of a revision of *the* work of Locke and Wallace, and utilizes additional *items*, giving it some advantage over the MAT. The Ravich *I*nterpersonal Game Test assesses eight types of marital *i*nteraction patterns.

Strong competition in the literature of couple dyadic adjustment has come from the Dyadic Adjustment Scale. This instrument has been utilized in over 1,000 studies, and Spanier (1976) argues that it is an important improvement over earlier measures of couple adjustment.

CHAPTER III

RESEARCH METHODOLOGY

Theoretical Framework

This investigation explored the association between the family of origin emotional system and the second generation couple relationship system. More specifically, the study explored the association between the degree of emotional health, autonomy and intimacy in the family of origin and the degree of couple adjustment experienced in the couple relationship.

In this exploration, an ecological perspective was maintained. The ecological perspective maintains that the family system, whether it be the family of origin, the family of procreation or the extended family, functions in terms of the actions and interactions of its various component parts. These actions and interactions occur both within and across the system's borders (Kantor and Lehr, 1975). From a dynamic perspective, each family system can be perceived as a set of processes. A chief characteristic of the ecological perspective is that family systems maintain an almost continuous series of interchanges

both within the family system and between family systems. In this exploratory study, emotional health within the family of origin represents a process of interchanges within the family system. The concepts of autonomy and intimacy represent interchanges (intrapersonal and interpersonal processes) within the family system which are considered essential components of individual and family emotional health.

The association between emotional health, autonomy and intimacy within the family of origin system and couple adjustment in the subsequent generation represents an important process of interchanges between two different yet interlocking family systems. In exploring this association, this study focused on interfacing systems across the intergenerational family system.

In keeping with an ecological orientation, this study focused on the intergenerational family emotional system at the interface of three interlocking family emotional systems: the couple emotional system, the male's family of origin emotional system, and the female's family of origin emotional system. The ecological perspective of this study was maintained by viewing the couple emotional system as the interface between the respective family of origin emotional systems.

The general theoretical framework for this study was the intergenerational theory of family system functioning. In contemporary social and family science, intergenerational processes are central to theory regarding individual development and relational development. In this regard, Framo (1981: 133) has commented that "of all the forces that impinge upon people (culture, society, work, neighborhood, friends, etc.), the family by far has the greatest imprinting influence." The emotional atmosphere, interpersonal relationship patterns, role-related behaviors and expectations, and rules of order that characterize relationships within the family in which an individual is reared have been defined as family of origin experiences. Framo (1965) has contended that: (1) these processes are sustained over time by the family emotional system, and (2) aspects of parents' family of origin experiences are the bases for the functional and dysfunctional behaviors of their children - an intergenerational perspective on emotional health and dysfunction in the family.

Several key concepts have been developed by a number of family theorists to describe family relationships, family processes, and the development and transmission of interactional patterns across generations. For the purposes of this study, a major theoretical component was the concept of differentiation of self. Differentiation of self involves both an intrapsychic process and an interpersonal

process. A differentiated person is able to function optimally around important others without feeling responsible for them, controlled by them or impaired by them. The opposite of self-differentiation is emotional fusion, in which the individual experiences a degree of unresolved emotional attachment to the family of origin.

In a well-differentiated family, the emotional health and growth of each family member is promoted in a manner that is consistent with the intrapsychic and relational processes associated with differentiation of self in the individual. Framo (1981: 134) has commented that "the greatest gift that a couple can give to their children is a viable marriage relationship based upon each parent's having a strong sense of self." Framo observed, in keeping with theory regarding differentiation of self, that couples must liberate themselves from emotional bonding with their family of origin in order to attain adult functioning and establish the primacy of the couple relationship. The primacy of the couple relationship is a necessary precursor to an increased degree of couple adjustment.

Emotional health within the family of origin appears to be a process for promoting the well-being of all family members. Central to this process are the previously mentioned concepts of the well-differentiated self and the well-differentiated family. Numerous studies on

emotional health in the family of origin identify factors which describe a family environment which is perceived by family members as emotionally secure, accepting and psychologically comfortable. Within the family emotional system, family members are encouraged to be congruent and spontaneous in expressing their thoughts, feelings, and inner directed behavior without fear of reprimand. Each family member is encouraged to be 'himself or herself', rather than a passive member of the family system assuming a specific role in order to gain approval and avoid censure.

Hovestadt et al. (1985) define emotional health in the family system in terms of its ability to promote the individual growth of each family member while simultaneously cultivating closeness. They theorize that the family characterized by a high degree of emotional health affirms the development of autonomy in its members by encouraging clarity of expression, personal responsibility, respect for other family members, openness to others in the family, and dealing openly with separation and loss. At the same time, this family affirms the development of intimacy by encouraging the expression of a wide range of feelings, promoting sensitivity in family members, and trusting in the goodness of human nature.

A number of theorists have contributed to developmental and family theory regarding this basic dimension of human existence - the need to belong to a larger whole and the

need, simultaneously, for independence. Bowen's concept of fusion versus differentiation (1978), Angyaz' (1973) conceptualization of motivation as composed of two basic drives - self-assertion or autonomy versus affiliation or homonomy, and Bowlby's (1969) conceptualization of attachment versus separation are among the most notable theoretical contributions to date.

Theory regarding the family emotional system and the process through which replications of this system can occur across generations has been most thoroughly developed by Murray Bowen (1978). Bowen observed that self-integration is directly related to emotional autonomy or self-differentiation. The degree of self-differentiation experienced by individuals is the basis for a number of tangential concepts that define Bowen's model of relationships both within and across generations of a family system. Bowen (1978) noted three systemic steps in the process of differentiation of self in the family of origin: (1) the family member moves toward differentiation or autonomy, (2) the family system reacts by trying to pull the family member back into the emotional system, and (3) the family member resists the family's effort to reestablish his or her former way of functioning within the family. Bowen (1978) maintains that the relational adjustment of adults in later life, including relational adjustment with the spouse and children, is a repetition and elaboration

of emotional interactions originally experienced in the family of origin. He indicates that the degree of differentiation experienced in childhood determines the level of differentiation experienced in the couple relationship and, therefore, couple adjustment. "One's own level of differentiation is replicated in marriage following which one's self is emotionally interlocked with parents in the past generation, the spouse in the present generation, and children in the future generation" (Bowen, 1974: 82).

Replications of the family emotional system occur through the multigenerational transmission process. The goal of the individual in relation to his/her family of origin is to break free of the multigenerational influences that inhibit self-differentiation and adult functioning. Elimination of intergenerational hierarchical boundaries and the associated superior-inferior relationships becomes an important component of both adult development and couple adjustment.

The concepts of family emotional health and succeeding generation adult functioning are particularly significant within the framework of the theory of intergenerational family systems. While Bowen and Framo, among others, have described the transmission of dysfunctional characteristics from one generation to the next, it is less clear whether

emotional health in the family of origin follows a similiar transmission process (Fine and Hovestadt, 1984).

With regard to developmental theory, Framo (1976) has observed that there has been little investigation of the stages of adult development, in relationship to both emotional health within the family of origin and to couple adjustment. He suggests that adult relationships with the family of origin tend to fall into four basic categories: (1) the adult may be emotionally overinvolved with his/her family of origin, (2) the adult may maintain superficial and nonpersonal contact with the family of origin (contact with the family of origin is accomplished dutifully on a regular basis for special occasions), (3) the adult may cut himself/herself off completely from any kind of emotional contact with the family of origin, and (4) the adult may maintain an adult-to-adult emotional relationship with his/her family of origin, reflecting an established differentiation of self which encompasses a balance between the basic needs for autonomy and intimacy (Framo, 1982).

Another important theoretical component of this study was conceptualized by Ivan Boszormenyi-Nagy and his associates (1973). They theorized that the exchange of emotional investments in early life often serves as the basis for later life behaviors and expectations, particularly in

couple relationships. Boszormenyi-Nagy and Spark (1973: 217) observed that "the struggle for all adults is to balance the old relationships with the new: to continually integrate the relationship with early important persons with the involvement and committedness with current relationships, namely one's mate and children." Boszormenyi-Nagy noted an important aspect of family relationships: family members seem to quantify the emotional investments exchanged. He theorized that family members expect the instances of ascribed inferiority to balance the instances of ascribed superiority within the family, and thus demand loyalty from other family members until such a balance is achieved. This search for balance of emotional exchange and investment in family relationships is often continued across intergenerational boundaries. The process of balancing the family ledger (Boszormenyi-Nagy and Spark, 1973) is transmitted and reenacted in the succeeding generation couple relationship.

Williamson (1981) has articulated theory regarding the emotional tasks associated with the formation of a new stage in the family life cycle, as well as important emotional tasks leading to adult functioning. His theoretical contribution includes the concepts of intimidation, power and hierarchy within the family system. Elaborating upon this new stage of both the individual and the family life cycle, Williamson notes: "It is the

occasion for review of the sources and uses of relational power and sanction between the generations, and redistribution of that power in the direction of egalitarianism" (Williamson, 1981: 442).

This theory suggests the adult is now free from a subservient role to the older parent generation. The adult is able to engage in relational intimacy with the parent generation motivated by freedom of choice rather than intrinsic necessity or obligation. The power structures in the relationship between the two generations are restructured, resulting in a redistribution of power. This results in a state of equality between the generations and the establishment of a peer relationship between the parent and adult child.

This rebalancing of intergenerational dynamics is the sine qua non of psychological adulthood and is the source of personal authority in living... If the adult is adult, then there is no other person in life, whatever their status, wisdom or success - or even historical connectedness - who in terms of basic humanness is anything other than a peer. 'Relational trustworthiness' and 'relational integrity' (Boszormenyi-Nagy and Ulrich, 1981) are realized as the second generation establishes psychological equality with the first. Consequently, and only consequently, do intransigent transgenerational loyalty commitments lose their compelling and crushing power" (Williamson, 1981: 442-443).

Personal authority in living becomes the theoretical hallmark of emotional health in adult living and this implies, according to Williamson, that one has "former parents" (Williamson, 1971). Among the social-psychological implications of Williamson's theory is a new relational reality with the parent generation in which the adult has given up the need to be parented and can no longer, in an emotional sense, continue to have parents.

Conclusion

The theoretical framework for this investigation of the association between family of origin emotional health and second generation couple adjustment was composed of the following conceptual components: family of origin emotional health, differentiation of self, autonomy and intimacy, developmental antecedents of adult functioning, the multigenerational transmission process, the balancing of family emotional investments, the role of intimidation, power and hierarchy within the family system, and second generation couple adjustment. The convergence of these theoretical components provided the theoretical framework for this exploratory study of intergenerational family relationships.

Theoretical Model

In order to conceptualize the major variables in this study, the following figure was developed. Figure 1 illustrates the relationships between the variables for which the hypotheses were developed.

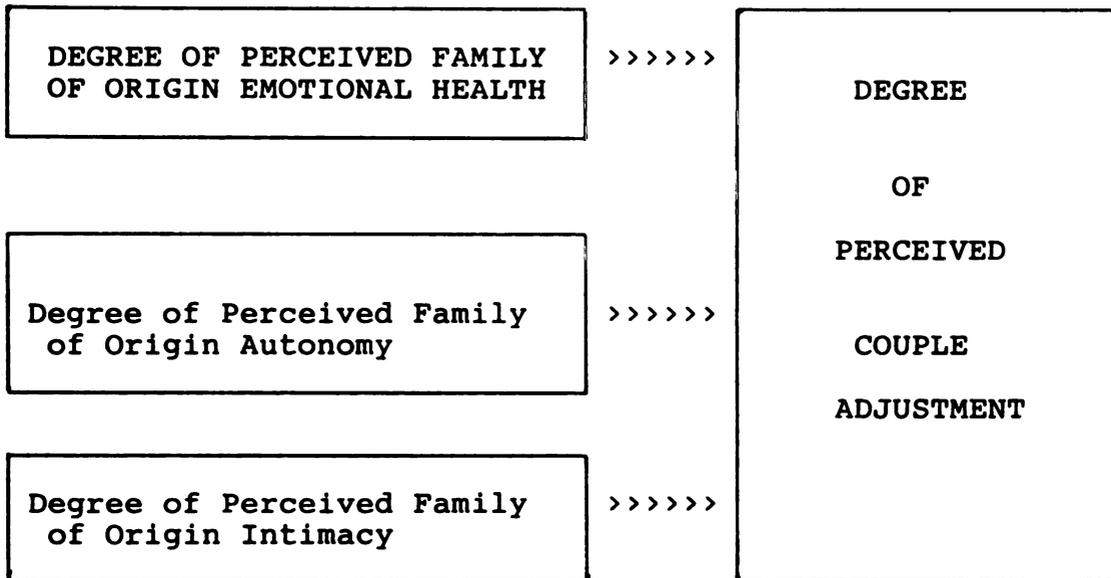


Figure 1

Theoretical Model Of The Association Between
Degree of Perceived Family of Origin Emotional Health,
Autonomy And Intimacy And Degree of Perceived
Couple Adjustment

Selected Demographic Control Variables

In this study, the following selected demographic variables were treated as control variables: gender, age of female, age of male, educational level of the female, educational level of the male, occupational status of the couple, religious affiliation of the female, religious affiliation of the male, geographical proximity to the family of origin of the female, geographical proximity to the family of origin of the male, marital status and couple living arrangements, number of sexual affairs, stage in the family life cycle, marital status and presence of children, and length of the couple relationship.

Conceptual and Operational DefinitionsThe Dependent Variable: Couple Adjustment

The conceptual definition of the dependent variable, perceived degree of couple adjustment, is defined in the Dyadic Adjustment Scale (DAS: Spanier, 1976) in terms of four sub-variables: dyadic satisfaction - the degree to which the couple is satisfied with the present state of the relationship and is committed to its continuance; dyadic cohesion - the degree to which the couple engages in activities together; dyadic consensus - the degree to which the couple agrees on matters of importance to the relationship; and affectional expression - the degree to which the couple is satisfied with the expression of affection and sex in the relationship. The conceptual definition of perceived degree of couple adjustment and the four sub-variables are further defined in Appendix C (Instrumentation) of this dissertation. The DAS and the DAS Scoring Sheet may be found in Appendix A.

The operational definition of perceived degree of couple adjustment is also defined in the Dyadic Adjustment Scale (DAS: Spanier, 1976). The following questionnaire represents the Dyadic Adjustment Scale utilized in this study. The individual questions composing the four subscales of dyadic

satisfaction, dyadic cohesion, dyadic consensus and affectional expression are grouped together here for ease of understanding. Individual male and female DAS scores were obtained, as well as averaged and discrepant DAS scores for the couple. The operationalization of perceived degree of couple adjustment resulted in obtaining a dyadic score, which is in keeping with the methodological approach of this study. This methodology is further explained in the Data Analysis section of this dissertation. The operational definition of perceived degree of couple adjustment is further defined in Appendix C (Instrumentation) of this dissertation. The Dyadic Adjustment Scale and the DAS Scoring Sheet may be found in Appendix A.

DYADIC ADJUSTMENT SCALE

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list. (Place a checkmark to indicate your answer.)

Dyadic Consensus

These questions require responses ranging from "always agree", "almost always agree", "occasionally disagree", "frequently disagree", "almost always disagree" and "always disagree".

1. Handling family finances
2. Matters of recreation
3. Religious matters
5. Friends
7. Conventionality (correct or proper behavior)
8. Philosophy of life
9. Ways of dealing with parents or in-law
10. Aims, goals and things believed important
11. Amount of time spent together
12. Making major decisions
13. Household tasks
14. Leisure time interests and activities
15. Career decisions

Affectional Expression

These questions require responses ranging from "always agree", "almost always agree", "occasionally disagree", "frequently disagree" and "always disagree".

4. Demonstrations of affection
6. Sex relations

These questions require a "yes" or "no" response.

29. Being too tired for sex
30. Not showing love

Dyadic Cohesion

This question requires a response ranging from "every day", "almost every day", "occasionally", "rarely", and "never".

32. Which of the following statements best describes how you feel about the future of your relationship? (Check one)

-I want desperately for my relationship to succeed, and would go to almost any length to see that it does.

-I want very much for my relationship to succeed, and will do all I can to see that it does.

-I want very much for my relationship to succeed, and will do my fair share to see that it does.

-It would be nice if my relationship succeeded, but I can't do much more than I am doing now to keep the relationship going.

-It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.

-My relationship can never succeed, and there is no more that I can do to keep the relationship going.

The Independent Variable-Family of Origin Emotional Health

The conceptual definition of the independent variable, perceived degree of emotional health in the family of origin, is defined in the Family of Origin Scale (FOS: Hovestadt et al., 1985). This scale resulted in three scores: a total FOS score for perceived degree of emotional health and two FOS subscale scores for perceived degree of autonomy and perceived degree of intimacy. These three scores were used in this study. Perceived degree of autonomy is defined as clarity of expression, responsibility within the family, respect among family members, openness to others, and acceptance of separation and loss. Perceived degree of intimacy is defined as range of feelings among family members, mood and tone among family members, conflict resolution among family members without undue stress, empathy among family members and trust among family members. The conceptual definition of perceived degree of emotional health in the family of origin and the two sub-variables composing this conceptual definition are further defined in Appendix C (Instrumentation) of this dissertation. The Family of Origin Scale, the FOS Scoring Sheet and other information relevant to the FOS may be found in Appendix B.

The operational definition of perceived degree of emotional health in the family of origin is defined in the Family of Origin Scale (Hovestadt et al., 1985). The forty questions on this scale are measured using a likert scale with responses ranging from strongly agree to strongly disagree. The following questionnaire represents the Family of Origin Scale utilized in this study. The twenty questions composing the autonomy subscale and the twenty questions composing the intimacy subscale are grouped together here for ease of understanding. A total FOS score, an FOS autonomy score and an FOS intimacy score were obtained for each male and female. A total FOS score, FOS autonomy score and FOS intimacy score were obtained for the couple by averaging the individual scores. In addition, a total FOS discrepancy score, FOS autonomy discrepancy score and FOS intimacy discrepancy score was obtained for each couple by computing the difference between the individual scores. The operational definition of perceived degree of emotional health, autonomy and intimacy in the family of origin is further defined in Appendix C (Instrumentation) of this dissertation. The Family of Origin Scale, the FOS Scoring Sheet, the FOS Couple Profile and the FOS Discussion Sheet may be found in Appendix B.

FAMILY OF ORIGIN SCALE

Directions: The family of origin is the family with which you spent most or all of your childhood years. This scale is designed to help you recall how your family of origin functioned.

Each family is unique and has its own way of doing things. Thus, there are no right or wrong choices in this scale. What is important is that you respond as honestly as you can.

In reading the following statements, apply them to your family of origin, as you remember it. Using the following scale, circle the appropriate number. Please respond to each statement.

The questions in the FOS require responses according to the following key:

- 5(SA) = Strongly agree that it describes my family of origin
- 4(A) = Agree that it describes my family of origin
- 3(N) = Neutral
- 2(D) = Disagree that it describes my family of origin
- 1(SD) = Strongly disagree that it describes my family of origin

Autonomy Subscale

A. Clarity of expression

- 9. I found it difficult to understand what other family members said and how they felt.
- 16. I often had to guess at what other family members said and how they felt.
- 24. I found it easy to understand what other family members said and how they felt.
- 34. I found it easy in my family to express what I thought and how I felt.

B. Responsibility

- 5. People in my family often made excuses for their mistakes.
- 11. My parents openly admitted it when

they were wrong.

- 18. My family members rarely expressed responsibility for their actions.
- 38. In my family, people took responsibility for what they did.

C. Respect for others

- 4. Differences of opinion in my family were discouraged.
- 15. My parents encouraged me to express my views openly.
- 19. In my family, I felt free to express my own opinions.
- 28. I found it difficult to express my own opinions in my family.

D. Openness to others

- 6. My parents encouraged family members to listen to one another.
- 14. My family was receptive to the different ways various family members viewed life.
- 23. The members of my family were not very receptive to one another's views.
- 37. My parents discouraged us from expressing views different from theirs.

E. Acceptance of separation and loss

- 10. We talked about sadness when a relative or family friend died.
- 20. We never talked about our grief when a relative or family friend died.
- 25. If a family friend moved away, we never discussed our feelings of sadness.
- 36. When someone important to us moved away, our family discussed our feelings of loss.

Intimacy Subscale

A. Range of feelings

- 1. In my family, it was normal to show both positive and negative feelings.
- 12. In my family, I expressed just about any feeling I had.
- 32. In my family, certain feelings were not allowed to be expressed.
- 39. My family had an unwritten rule: Don't express your feelings.

B. Mood and tone

- 29. Mealtimes in my home usually were friendly and pleasant.
- 40. I remember my family as being warm and supportive.
- 2. The atmosphere in my family was usually unpleasant.
- 22. The atmosphere in my family was cold and negative.

C. Conflict resolution

- 27. In my family, I felt that I could talk things out and settle conflicts.
- 31. We usually were able to work out conflicts in my family.
- 7. Conflicts in my family never got resolved.
- 13. Resolving conflicts in my family was a very stressful experience.

D. Empathy

- 21. Sometimes in my family, I did not have to say anything, but I felt understood.
- 35. My family members usually were sensitive to one another's feelings.
- 17. My attitudes and my feelings frequently were ignored or criticized in my family.
- 30. In my family, no one cared about the feelings of other family members.

E. Trust

- 3. In my family, we encouraged one another to develop new friendships.
 - 8. My family taught me that people were basically good.
 - 26. In my family, I learned to be suspicious of others.
 - 33. My family believed that people usually took advantage of you.
-

Selected Demographic Variables

The selected demographic variables for this investigation have been identified in the theoretical model for this study found on p. 50 and are operationalized here.

The operational definitions for age of female and age of male were defined in terms of years since birth. Educational level of the female and educational level of the male were defined operationally in terms of the following categories: (1) less than high school education, (2) high school education completed, (3) attended college or technical school, (4) completed college or technical school, and (5) attended graduate school. The scores for these definitions are for individual members of the couple dyad.

Couple occupational status was defined operationally in terms of the following categories: (1) neither partner working, (2) male only working, (3) female only working, and (4) both female and male working. The scores for this definition are for the couple dyad.

Religious affiliation of the female and the male were defined operationally in terms of the following categories:

(1) religiously affiliated and (2) not religiously affiliated. The scores for these definitions are for individual members of the couple dyad.

Geographical proximity to the family of origin of the female and geographical proximity to the family of origin of the male were defined operationally in terms of the following categories: (1) living with the family of origin, (2) living within 25 miles of the family of origin, (3) living at least 100 miles from the family of origin, (4) living at least 500 miles from the family of origin and (5) no contact with the family of origin. The scores for these definitions are for individual members of the couple dyad.

Couple marital status and living arrangements was defined operationally in terms of the following categories: (1) married and living together, (2) married but not living together, (3) unmarried and living together, (4) unmarried and not living together and (5) unmarried and little or no contact. The scores for this definition are for the couple dyad.

Presence of sexual affairs was defined operationally in terms of the following categories: (1) neither partner ever had an affair during the current relationship, (2)

the male partner had at least one affair during the current relationship, (3) the female partner had at least one affair during the current relationship, (4) both partners had at least one affair during the current relationship and (5) both partners had more than one affair during the current relationship. The scores for this definition are for the couple dyad.

Stage in the family life cycle was defined operationally in terms of the following categories: (1) unmarried young adult couple, (2) married young adult couple, (3) married couple with young children, (4) married couple with adolescent children and (5) married couple with launched children. The scores for this definition are for the couple dyad.

Marital status and presence of children was defined operationally in terms of the following categories: (1) unmarried with no natural child or children, (2) unmarried with natural child or children, (3) married with no natural child or children, (4) married with natural child or children, (5) unmarried with stepchild or stepchildren and (6) married with stepchild or stepchildren. The scores for this definition are for the couple dyad.

Length of the couple relationship was defined in terms of the following categories: (1) a committed relationship less than 6 months, (2) a committed relationship between 6 and 12 months, (3) a committed relationship between 13 and 24 months, (4) a committed relationship between 25 and 36 months, (5) a committed relationship over 3 years. The scores for this definition are for the couple dyad.

Further information on the operationalization of these selected demographic variables may be found in Appendix D.

Research Objective

The primary research objective of this study was to explore the association between perceived degree of emotional health, autonomy and intimacy in the families of origin and perceived degree of couple adjustment. In addition, the effect of several selected demographic variables on this relationship was also explored. Additional correlational analyses were also performed, utilizing female and male responses on the DAS, the FOS and the selected demographic variables.

Research Design

In order to implement this research objective, this exploratory study was cross-sectional and non-experimental in nature, and involved analyses of an existing data collection. A semi-secondary analysis of the data collected was undertaken.

A secondary analysis of the data would have involved "...the extraction of knowledge on topics other than those which were the focus of the original surveys" (Hyman: 36). As a corollary to this, a semi-secondary analysis of the data was performed. This semi-secondary analysis involved the reanalysis of data collected earlier by the researcher

for different purposes other than the purposes of this research. Specifically, this analysis involved using questions originally employed for one purpose for a different purpose. Data originally gathered for clinical assessment purposes were used in this investigation for research purposes. A semi-secondary analysis of this data was appropriate because the data were collected at an earlier point in time by this researcher for purposes of clinical assessment, clinical progress, and clinical supervision. The researcher was the therapist.

Most importantly, it is critical in secondary and semi-secondary analyses that the original questions, ie., variable indicators in the primary study, remain valid indicators of the variables identified in the secondary studies. Since standardized assessment instruments - the Dyadic Adjustment Scale (Spanier, 1976) and the Family of Origin Scale (Hovestadt et al., 1985) - were used in both the primary and semi-secondary analysis, this validity was reasonably assured.

This data collection was obtained in a church setting from twenty couples who presented themselves for relationship therapy. The data were originally obtained for clinical and supervision purposes by the researcher, and the

standardized instruments involved in the data collection, the Dyadic Adjustment Scale and the Family of Origin Scale, were used for assessment of the couple relationship and emotional health in the family of origin, respectively. The unit of analysis for this study was the couple dyad. The setting for this study was partially controlled. Some data were gathered in clinical sessions in the form of therapy progress notes. Other data were gathered from self-report instruments - the Dyadic Adjustment Scale and the Family of Origin Scale - which were self-administered by the clients at home. The location for this study was a rural county in mid-Michigan.

Research Hypotheses

The following research hypotheses were developed in order to implement the research objective of this study.

- H₀₁ There is a no relationship between the perceived degree of emotional health in the families of origin and perceived degree of couple adjustment.
- H₁₁ There is a direct relationship between the perceived degree of emotional health in the families of origin and perceived degree of couple adjustment.
- H₀₂ There is no relationship between the perceived degree of autonomy in the families of origin and perceived degree of couple adjustment .
- H₁₂ There is a direct relationship between the perceived degree of autonomy in the families of origin and perceived degree of couple adjustment.
- H₀₃ There is no relationship between the perceived degree of intimacy in the families of origin and perceived degree of couple adjustment.
- H₁₃ There is a direct relationship between the perceived degree of intimacy in the families of origin and perceived degree of couple adjustment.

A $p < .05$ level of confidence with a two-tailed test was required to reject the null hypotheses and accept the working hypotheses.

Sampling Procedures

The non-probability sample for this study was composed of twenty couples from a rural county in mid-Michigan who came to a religious institution for counseling. These couples were either self-referred, referred by another clergy person in the community or referred by a medical doctor in the community. One group of couples were members of the religious institution where counseling was sought; another group of couples were members of different religious institutions. And a third group of couples had no religious affiliation. These couples sought relationship counseling for problematic and non-problematic reasons.

Techniques of Data Collection

The data for this study were collected using a semi-secondary analysis of the clinical case records of twenty couples. The clinician routinely administered both the Dyadic Adjustment Scale and the Family of Origin Scale to all couples who requested therapy. This was done for purposes of diagnostic assessment, evaluating therapeutic progress and establishing therapeutic goals. In this way, the clinician accumulated a data collection on these couples which was composed of responses to the DAS, the FOS and clinical progress records.

The clinical case records used for this study were collected between 1985 and 1989. At the beginning of therapy, written permission was given by each couple for their clinical records to be used for supervision and research purposes (Appendix F). A research instrument (Appendix D) was developed to organize additional data gathered from the clinical progress records of these couples. The therapist for each of the twenty couples was the researcher for this study (Limitations section).

Analysis of the Data

In order to test the proposed hypotheses of this study, several appropriate statistical analyses were used. The first stage of the data analysis included appropriate univariate statistics which (1) described aggregated individual and couple data from responses to the standardized instruments - the DAS and the FOS and (2) described the characteristics of the selected demographic variables in the data collection. The second stage involved the use of Pearson's product moment correlation coefficient (Pearson coefficient) to analyze individual and couple data. Analyses of individual and couple data were performed using the Pearson coefficient to reflect the magnitude and direction of the linear relationships between the dependent, independent and selected demographic variables.

Variance in the sample can be a major influence upon the Pearson coefficient; "the greater the variability among the observations, the greater the value of r "(Glass & Hopkins, 1984: 92). The Pearson coefficient was used to test the hypotheses of this study by assessing the magnitude and direction of the association between:

- degree of perceived emotional health in the two families of origin and degree of perceived couple adjustment

- degree of perceived autonomy in the two families of origin and degree of perceived couple adjustment-degree of perceived intimacy in the two families of origin and degree of perceived couple adjustment

The third stage of the data analysis of this investigation involved correlational analyses of female and male responses on the DAS, the FOS and the selected demographic variables. The fourth stage of the data analysis consisted of partial correlation analyses, focusing on the association between perceived degree of family of origin emotional health and perceived degree of couple adjustment in relation to the selected demographic variables of the study.

Data gathered from individuals regarding the couple relationship can be added, averaged or a discrepancy score obtained. These different types of scores provide a more statistically descriptive understanding of the couple relationship and the perceptions couple members have regarding their relationship.

Current methodology suggests that in order for a study to be true dyadic research, it must provide an assessment of the individual characteristics of both partners or an assessment of the properties of the relationship. One or both members can provide this information (Thompson and Walker, 1982). Researchers have progressed in the representation of some dyadic properties by clarifying the conceptualization of couple relationship properties, as opposed to individual attributes, and in so doing have made the data consistent with theoretical conceptualizations. Successful examples include the study of reciprocity (Gottman et al., 1976; Klein et al., 1978; Wills et al., 1974), agreement on attitudes and values between partners and the inference of interpersonal influence or transmission (Acock and Bengston, 1980; Kandel, 1978), and the assessment of norms and role expectations (Jackson, 1966; MacKinnon, 1974). Dyadic research focuses on understanding the relationship between two people (and two families) from a variety of perspectives. Much confusion has resulted from inconsistency regarding the relationship focus throughout the research process (Thompson & Walker, 1982). Relationship properties, rather than individual characteristics, were the primary focus of this investigation. Dyadic research, with the couple as the unit of analysis, must provide an assessment of the couple relationship.

Fine and Hovestadt (1984) suggested that couple scores could be derived by (1) adding individual scores, (2) computing a discrepancy score, or (3) averaging scores for the male and female partners. Any of these methods may be a suitable practice in doing research on couple dyads. With regard to both the DAS scores and the FOS scores, two of these methods - computing discrepancy scores and averaging scores - were used in the data analyses. Using this methodology for obtaining couple data, averaged scores and discrepancy scores were obtained for each variable and sub-variable. This researcher chose to use both averaged scores and discrepancy scores to represent both degree of couple adjustment and degree of family-of-origin emotional health in order to analyze possible differences in the correlations obtained (Bianchi, 1991). Averaged scores were utilized to measure the variables themselves. Discrepancy scores were used to measure similarities in perception regarding these variables. In addition, individual scores for females and males on the DAS and the FOS were correlated to assess the impact of gender on the several variables of this study.

First order data from responses to the FOS and DAS were transformed into second order data by the use of averaged scores and discrepancy scores. The inferences which can be made from the use of second order data have been the

subject of much controversy. The use of averaged scores and discrepancy scores in this investigation was based upon the assumption that second order data represented a valid assessment of dyadic properties. It was assumed that combined and discrepant perceptions of the relationship represented a valid assessment of relational life.

For the hypotheses testing of this investigation, with individuals reporting perceptions of the couple relationship and emotional health in the family of origin, only second order data appeared appropriate (Thompson & Walker, 1982). The researcher inferred relationship properties from individual perceptions. Individual scores were averaged to infer relationship properties. The difference between individual scores was calculated to produce a discrepancy score. Averaged scores and discrepancy scores were the most useful methods for achieving representative second order data.

In keeping with this methodology on data analysis, the following correlations were obtained:

- (1) total FOS mean scores and DAS mean scores
- (2) total FOS discrepancy scores and DAS discrepancy scores
- (3) total FOS discrepancy scores and DAS mean scores
- (4) total FOS mean scores and DAS discrepancy scores

- (5) total FOS mean scores and DAS mean scores for males
- (6) FOS autonomy mean scores and DAS mean scores for males
- (7) FOS intimacy mean scores and DAS mean scores for males
- (8) total FOS mean scores and DAS mean scores for females
- (9) FOS autonomy mean scores and DAS mean scores for females
- (10) FOS intimacy mean scores and DAS mean scores for females

The correlational analyses were repeated, controlling for each of the selected demographic variables identified on page 50. A $p < .05$ two-tailed test was required to reject the null hypotheses and accept the working hypotheses.

The dependent variable in this study was measured at the ordinal level, but for the purposes of this study it was treated as interval-ratio level data. Treating ordinal data measured on a likert scale as interval data, and the use of Pearson's product moment correlational coefficient, represent a measurement issue. It is common practice in the field of data analysis to consider ordinal data measured on a likert scale with at least five points as if it were data measured at the interval level of measurement.

In keeping with this practice, the more robust Pearson's product moment statistic is commonly used as a correlation

coefficient whenever ordinal data have been measured on a five point or more likert scale (Edwards, 1957: 149-171). Pearson's product moment statistic has been found to be particularly robust in use with data measured at the ordinal level, as well as with data measured at the interval and ratio levels (Edwards, 1957). It is believed that the robust nature of Pearson's product moment statistic compensates for the violation of the assumption that it should be used only with interval and ratio data.

Purposes of Analysis.	Conceptual Approach Used to Determine Family and Couple Characteristics	Data Used in Analysis	Statistical Approach
Test of Hypotheses	Averaged Score Model	Data on the two families of origin and the couple dyad	Families of origin mean score and couple mean score
H ₁₁ , H ₁₂ and H ₁₃	Discrepancy Score Model	Data on the two families of origin and the couple dyad	Families of origin mean score and couple mean score

Figure 2

Summary of Statistical Procedures

Limitations and Assumptions

There were several limitations involved in the design and methodology of this investigation. The problem of the researcher and the clinician being the same person posed the possibility that certain clinical biases might be reflected in the data collection, the variables chosen for study, the research design and the dissemination of results. This problem was minimized in this study by using objective test data which were collected at the beginning of therapy, and additional demographic information provided by each couple. The time span between the collection of the data and the data analyses was such that much of the subjectivity which is inherent in clinical practice was eliminated.

A second problem posed the possibility of the clinician being perceived by couples in the study as a religious authority figure. The impact of this perception could be represented in the ways in which couples responded to the self-report measures. The possibility of response bias was present. This was minimized by the clinician informing the clients during the initial interview that he was a marriage and family therapist in-training. Therefore, his approach would be from a family of origin therapeutic perspective rather than from a religious-moral

point of view. Differences between the two perspectives were explained to each of the couples.

A third problem related to the research design. This research design, as with many research designs used in the field of family theory and therapy, departed from the scientific empirical approach and methodology. Examples of this departure included the use of a non-probability sample, the absence of a control group, the non-experimental nature of the study, and the church setting of the data collection. These departures from traditional scientific methodology did not necessarily detract from the integrity of the study, but rather represented necessary accommodations to the realities of intergenerational family systems research. Family systems research can never be genuinely wholistic. Researchers are simply not able to juggle and track all the variables which affect, even potentially, a given phenomenon. "We are imperfect beings, and our sciences are, likewise imperfect and imprecise. That we are not capable of seeing the wholes, does not mean that we should stop looking at the parts" (Gurman, 1983: 232). While it is true that much of the reductionism inherent in family theory and therapy research has often led to trivialization, it is important to recall that both reductionism and wholism are complementary forms of research and description (Keeney, 1983).

A fourth problem related to performing a semi-secondary analysis on the data collection. It was important the variables analyzed in this investigation were present in the data collected for another reason at an earlier point in time. This problem is often referred to as slippage of the data. In this investigation this problem was negligible because the data for the variables studied were obtained originally through the use of valid standardized instruments.

A fifth problem was the self-administration of the research instruments (DAS and FOS) by the clients at home. The impact of this practice was that it could allow for response bias resulting from collaboration by the couple. This problem was minimized by the clinician requesting the clients to self-administer the two instruments without conversation about the instruments and in separate places. The clients were asked to discuss the questionnaires, if they chose, only after they had been completed and mailed back to the clinician. All of the sample couples in this study agreed to do this. The responses to the instruments were inspected for evidence of collaboration. Data from several couples were not used in the study due to evidence of collaboration. The data from the twenty couples included in the study showed no evidence of collaboration.

A sixth problem was that of generalization of results. Since the sample was not a random sample and was small in size and local in nature, the results of the study have to be interpreted cautiously. The results of this investigation also contributed to the ongoing development of knowledge about family of origin emotional health and couple adjustment by forming a basis upon which to build more creative and conceptually specific research designs in the future. In addition, the results of this study contributed more information on the predictive validity of the Family of Origin Scale.

CHAPTER IV

DISSEMINATION OF RESULTS

Introduction

This chapter presents a discussion of the descriptive and quantitative statistical findings of the study and specific study conclusions. The chapter is divided into the following parts: a description of the sample, univariate analyses, couple data analyses, couple discrepancy scores, correlation analyses, hypotheses testing, additional findings and partial correlation analyses.

Description of the Sample

The first segment of the univariate analyses of the data included descriptive statistics on the sample and aggregate responses to the two standardized instruments used in this study, the DAS and the FOS. The sample was composed of twenty couples who presented themselves for relationship counseling. The second segment of the univariate analysis of the data included descriptive statistics on gender,

couple occupational status, educational level of the female, educational level of the male, religious affiliation of the female, religious affiliation of the male, marital status/couple living arrangements, number of sexual affairs, geographical proximity to the family of origin of the female, geographical proximity to the family of origin of the male, stage in the family life cycle, marital status/presence of children, and length of the couple relationship. As indicated in Table 1, the following descriptive statistics were obtained on each of the selected demographic variables in the data collection.

Table 1

Frequency Distribution of Selected Demographic Variables

<u>Variable</u>	<u>Respondents</u>	
	No.	(%)
Gender		
Female	20	50
Male	20	50
Age of Females		
Under age 20	0	0
20-30	16	80
31-40	2	10
41-50	1	5
51-60	1	5
Age of Males		
Under age 20	0	0
20-30	14	70
31-40	3	15
41-50	2	10
51-60	1	5
Couple Occupational Status		
Neither partner working	0	0
Male only working	2	10
Female only working	2	10
Both female and male working	16	80
Educational level of the female		
Less than high school education	1	5
Graduated high school	7	35
Attended college or technical school	6	30
Graduated college or technical school	5	25
Attended graduate school or other	1	5

Table 1, Continued
 Frequency Distribution of Selected Demographic Variables

Variable	Respondents	
	No.	(%)
Educational level of the male		
Less than high school	2	10
Graduated high school	7	35
Attended college or technical school	5	25
Graduated college or technical school	4	20
Attended graduate school or other	2	10
Religious affiliation of the female		
Religiously affiliated	12	60
Not religiously affiliated	8	40
Religious affiliation of the male		
Religiously affiliated	8	40
Not religiously affiliated	12	60
Marital status/couple living arrangements		
Married and living together	3	15
Married but not living together	1	5
Unmarried and living together	12	60
Unmarried and not living together	4	20
Unmarried and little or no contact	0	0
Presence of sexual affairs		
Neither partner had an affair	15	75
Male had at least one affair	2	10
Female had at least one affair	2	10
Both partners had at least one affair	1	5
Geographical proximity to female's family of origin		
Living with the family of origin	1	5
Living within 25 miles of the family of origin	15	75
Living at least 100 miles from the family of origin	3	15
Living at least 500 miles from the family of origin	1	5

Table 1, Continued
 Frequency Distribution of Selected Demographic Variables

Variable	Respondents	
	No.	(%)
Geographical proximity male's family of origin		
Living with the family of origin	0	0
Living within 25 miles of the family of origin	15	75
Living at least 100 miles from the family of origin	3	15
Living at least 500 miles from the family of origin	2	10
Stage in the family life cycle		
Unmarried young adult couple	15	75
Married young adult couple	0	0
Married couple with young children	2	10
Married couple with adolescent children	2	10
Married couple with launched children	1	5
Marital status and presence of children		
Unmarried with no natural child/children	11	55
Unmarried with natural child/children	1	5
Married with no natural child/children	0	0
Married with natural child/children	4	20
Unmarried with stepchild/stepchildren	3	15
Married with stepchild/stepchildren	1	5
Length of the couple relationship		
Less than 6 months	0	0
6 - 12 months	2	10
13 - 24 months	8	40
25 - 36 months	3	15
Over 3 years	7	35

The largest group of females in the sample were in the young adult stage of development. The largest group of males in the sample were also in the young adult stage of development, but with more range in age than the largest group of females. The twenty females in the sample ranged in age from 20 years to 49 years. Sixty-five percent of the females were ages 20 through 25. The mean age for females was 26 and the median age was 24. The twenty percent of the males in the sample ranged in age from 20 years to 54 years. Sixty percent of the males ranged in age from 20 years through 26 years. The mean age for males was 29 and the median age was 25 (Table 1).

Couple occupational status (n = 20) reflected a current socioeconomic trend among many American couples. Eighty percent of the couples reported both partners were working. In addition, among 10% of the couples only the female partner was working, and among 10% of the couples only the male partner was working.

(Table 1)

Educational levels of the female and male reflected a variety of educational experiences among the sample participants. The average female in the study attended college or technical school without graduating. Five percent of the females had less than a high school

education, thirty-five percent had completed high school, thirty percent had attended college or technical school, twenty-five percent had graduated from either college or technical school and five percent had attended graduate school. The average male in the study also attended college or technical school without graduating. Ten percent of the males had less than a high school education, thirty-five percent had completed high school, twenty-five percent had attended college or technical school, twenty percent had graduated from college or technical school and ten percent had attended graduate school (Table 1).

Religious affiliation of the females and males reflected to some degree their willingness to seek relationship therapy in a religious setting. Sixty percent of the females reported religious affiliation and forty percent reported no religious affiliation. In a reversal, forty percent of the males reported religious affiliation and sixty percent reported no religious affiliation. This reversal was probably due to the small size of the sample (Table 1).

Marital status and couple living arrangements, as a combined variable, represented both the relational status of the couple and their current living arrangements. Sixty percent of the couples were unmarried and living together. Twenty

percent were unmarried and not living together, fifteen percent were married and living together and five percent were married but not living together (Table 1).

Presence of sexual affairs was a variable for which the probability of withholding information was quite high. However, based upon reported information, seventy-five percent of the couples reported that neither partner had ever had an affair outside the current relationship. Five percent of the couples reported that both partners had had at least one affair outside the relationship. Ten percent of the males reported having had at least one affair outside the current relationship and ten percent of the females reported having had at least one affair outside the current relationship (Table 1).

Geographical proximity to the family of origin of the females and males was a variable which attempted to measure emotional intimacy with the family of origin by assessing physical proximity to the family of origin. Seventy-five percent of the females were living within 25 miles of the family of origin. In addition, fifteen percent of the females were living at least 100 miles from the family of origin and five percent were living at least 500 miles from the family of origin. Five percent of the females were living with the family of origin. Seventy-five percent

of the males were living within 25 miles of the family of origin. In addition, fifteen percent were living at least 100 miles from the family of origin and ten percent were living at least 500 miles from the family of origin. None of the males were living with the family of origin (Table 1).

Stage in the family life cycle was heavily concentrated in one stage for this particular sample. Seventy-five percent of the couples were in the "unmarried young adult couple" stage of the family life cycle. In addition, ten percent of the couples were in the "married couple with young children" stage, ten percent of the couples were in the "married couple with adolescent children" stage and five percent were in the "married couple with launched children" stage. None of the couples were in the "married young adult couple" stage of the family life cycle (Table 1).

Marital status and presence of children, another combination variable for couples, was represented in the sample in a variety of forms. Fifty-five percent were unmarried with no natural child or children, five percent of the couples were unmarried with a natural child or children and fifteen percent of the couples were unmarried with a stepchild or stepchildren. In addition, twenty percent

of the couples were married with a natural child or children, five percent of the couples were married with a stepchild or stepchildren, and none of the couples in the sample were in the "married with no natural child or children" stage of the family life cycle. The absence of couples in this stage of the family life cycle was extremely atypical, and was probably due to both the small size of the sample and the fact that the majority of couples in the sample (60%) were unmarried and living together. This may well represent a variation of the "married with no natural child or children" stage of the family life cycle, since 65% of the females were between ages 20 - 25 and 60% of the males in the sample were between ages 20 - 26 (Table 1).

Length of the couple relationship may have also been associated with predominance of young, unmarried and co-habiting couples. Forty percent of the couples had been in the relationship between 13 and 24 months. In addition, thirty-five percent of the couples had been in the relationship over 3 years, fifteen percent of the couples had been in the relationship between 25 and 36 months and ten percent of the couples had been in the relationship between 6 and 12 months. None of the couples had been in the relationship less than 6 months (Table 1).

Individual Scores On The DAS And The FOS

Individual scores are first order data from individual responses of males and females on the DAS and the FOS. The mean score on the DAS for both males and females, as reported by Spanier (1976) in his normative study, was 114.8, with a standard deviation of 17.8. The scores in this investigation revealed a mean score for females of 119.45, with a standard deviation of 20.32, and a mean score for males of 114.6, with a standard deviation of 14.6. It is very interesting that these scores are so close to the normative scores provided by Spanier, in that the sample was composed of only forty persons (Table 2).

The normative mean score on the total FOS, as reported by Hovestadt et al. (1985), was 144.1 for couples (white). This present investigation revealed slightly higher total FOS mean scores for females (147.6), slightly lower total FOS mean scores for males (131.55), and a total FOS mean score of 139.57 for couples. These slight differences from the normative sample of the FOS are negligible. Despite the small size of the sample, it is remarkable that such a small data collection (for individual responses, $n = 40$) should reveal total FOS mean scores very similar to the normative scores provided by the developers of the FOS. Measures of central tendency for individual scores

on the DAS, the FOS, the FOS autonomy subscale and the FOS intimacy subscale are found in Table 2.

Table 2

Individual Scores On The DAS And The FOS

	N	Mean	Std.Dev.	Median	Range
DAS Female	20	119.45	20.32	96.5	49 - 144
DAS Mal	20	114.6	15.46	101.5	70 - 133
Total FOS Female	20	147.60	23.60	149.5	108 - 191
Total FOS Male	20	131.55	33.40	119.5	61 - 177
FOS Autonomy	20	70.95	12.30	72.0	49 - 95
Female					
FOS Autonomy	20	63.65	16.70	60.5	31 - 90
Male					
FOS Intimacy	20	76.65	12.17	79.0	58 - 100
Female					
FOS Intimacy	20	67.90	18.20	59.5	30 - 89
Male					

Measures Of Central Tendency For Couple Data

Couple mean scores represent second-order data derived from averaging individual scores on the DAS and the FOS. Because there were several couples with extremely high scores and several couples with extremely low scores, the standard deviations for the mean scores were quite large (ranging from 9.89 - 22.05). Thus, the median was also provided (ranging from 60.5 - 125.0). The range of scores also reflected this characteristic of a large range for the couple data (ranging from 67-133 for the DAS mean, 88-162 for the total FOS mean, 42-79 for the FOS autonomy mean, and 46-85 for the FOS intimacy mean). Measures of central tendency for couple data on the DAS, the total FOS, the FOS autonomy subscale and the FOS intimacy subscale are provided in Table 3.

Table 3

Couple Mean Scores On The DAS And The FOS

	N	Mean	Std. Dev.	Median	Range
DAS Mean	20	117.20	16.44	100.0	67 - 133
Total FOS Mean	20	139.80	22.05	125.0	88 - 162
FOS Autonomy Mean	20	67.45	9.89	60.5	42 - 79
FOS Intimacy Mean	20	72.55	12.59	65.5	46 - 85

Couple Discrepancy Scores on the DAS and FOS

Couple discrepancy scores represent second-order data derived from the difference between individual scores for males and females on the DAS and the FOS. For the purposes of this particular body of research, it is important to remember that discrepancy scores measure the degree of similarity between the individuals of the couple dyad on the total FOS, the FOS subscales and the DAS. Because of couples with extremely high scores and extremely low scores, the standard deviations for the mean discrepancy scores were quite large. It is remarkable that perceptual differences as measured by FOS discrepancy scores, FOS autonomy discrepancy scores and FOS intimacy discrepancy scores were so large that the standard deviations of each are almost as large as the mean scores. In addition, the ranges for these discrepancy scores were extremely large in all categories. For these reasons the median is also provided. Measures of central tendency for couple discrepancy scores on the DAS, the total FOS, the FOS autonomy subscale and the FOS intimacy subscale are found in Table 4.

Table 4
Couple Discrepancy Scores On The DAS And The FOS

	N	Mean	Std.Dev.	Median	Range
DAS Discrepancy	20	11.40	9.61	17.5	0 - 35
Total FOS Discrepancy	20	30.55	27.85	44.5	1 - 90
FOS Autonomy Discrepancy	20	14.90	14.90	23.5	0 - 47
FOS Intimacy Discrepancy	20	15.15	12.43	21.0	1 - 43

Correlation Analyses

Discussion of the correlation analyses related to the hypotheses of this investigation was organized according to the following scoring methods: (1) mean score couple data on the total FOS, the FOS autonomy subscale, and the FOS intimacy subscale were correlated with DAS mean score; (2) discrepancy scores for couple data on the total FOS, the FOS autonomy subscale and the FOS intimacy subscale were correlated with the DAS discrepancy score; (3) discrepancy scores for couple data on the total FOS, the FOS autonomy subscale and the FOS intimacy subscale were correlated with the couple DAS mean score; (4) couple mean scores on the total FOS, FOS autonomy subscale and FOS intimacy subscale were correlated with the couple's DAS discrepancy score. In this way, significant and

non-significant relationships between variables are reported in light of the relevant hypotheses of this investigation (Figure 1). Figure 3 depicts the model of scoring methods utilized in this investigation.

The use of discrepancy scores in this and other investigations has been the subject of much debate. It is the perspective of this researcher that discrepancy scores represent the degree of similarity between a couple regarding a particular variable, but discrepancy scores do not actually measure the variable itself.

The use of discrepancy scores on both the DAS and the FOS resulted in measures which reflected the degree of similarity regarding the couple's perceptions of their degree of couple adjustment and the couple's perceptions of the degree of emotional health in their respective families of origin. While these discrepancy scores did yield fruitful information regarding the association between the two variables central to this investigation, they did not provide accurate measures of these variables which could be used in the hypotheses testing.

<u>Method</u>	<u>Independent Variable</u>	<u>Correlated With</u>	<u>Dependent Variable</u>
Method #1	Total FOS Mean S FOS Autonomy Mean Score FOS Intimacy Mean Score		DAS Mean Score
Method #2	Total FOS Discrepancy Score FOS Autonomy Discrepancy Score FOS Intimacy Discrepancy Score		DAS Discrepancy Score
Method #3	Total FOS Discrepancy Score FOS Autonomy Discrepancy Score FOS Intimacy Discrepancy Score		DAS Mean Score
Method #4	Total FOS Mean Score FOS Autonomy Mean Score FOS Intimacy Mean Score		DAS Discrepancy Score

Figure 3

Model of Scoring Methods
Correlating FOS Scores and DAS Scores

Scoring Method #1

The couple data on the total FOS, the FOS autonomy subscale and the FOS intimacy subscale were correlated with couple data on the DAS using mean scores. All of these correlations were moderate (.34, .31, and .35, respectively), and none of them reached statistical significance. Thus, when correlating mean scores on the FOS with mean scores on the DAS, higher degrees of family of origin emotional health (ie., high FOS mean scores) were associated with higher degrees of couple adjustment (ie., high DAS mean scores). Lower degrees of family of origin emotional health (ie., low FOS mean scores) were associated with lower degrees of couple adjustment (ie., low DAS mean scores). These results must be cautiously interpreted due to the small size of the sample (Table 5).

TABLE 5

Correlation Between Couple FOS Mean Scores
And Couple DAS Mean Score (N=20)

	DAS Mean Score
Total FOS Mean Score	.34
FOS Autonomy Mean Score	.31
FOS Intimacy Mean Score	.35

Scoring Method #2

The couple data on the total FOS, FOS autonomy subscale and the FOS intimacy subscale were also correlated with couple data on the DAS using discrepancy scores. All of the correlations were low (.24, .20, and .26, respectively), and none of them reached statistical significance. Thus, when correlating discrepancy scores on the FOS with the discrepancy score on the DAS, similarity in perceptions regarding family of origin emotional health (ie., low FOS discrepancy scores) was associated with similarity in perceptions regarding couple adjustment (ie., low DAS discrepancy scores). Less similarity in perceptions regarding family of origin emotional health (ie., high FOS discrepancy scores) was associated with less similarity

in perceptions regarding couple adjustment (ie., high DAS discrepancy scores). These results must be cautiously interpreted due to the small size of the sample (Table 6).

Table 6
Correlation Between FOS Couple Discrepancy Scores
And DAS Couple Discrepancy Scores (N=20)

	DAS Discrepancy Score
Total FOS Discrepancy Score	.24
FOS Autonomy Discrepancy Score	.20
FOS Intimacy Discrepancy Score	.26

Scoring Method #3

The couple data on the total FOS discrepancy scores, FOS autonomy discrepancy scores, and FOS intimacy discrepancy scores were correlated with the DAS mean score for couples. All of the correlations were negative and low (-.26, -.26, and -.23, respectively), and none of them reached statistical significance. Thus, when correlating discrepancy scores on the FOS with mean scores on the DAS, similarity of perceptions regarding family of origin

emotional health (ie., low FOS discrepancy scores) were found to be negatively related to the perceived degree of couple adjustment (ie., high DAS mean scores). Less similar perceptions of family of origin emotional health (ie., high FOS discrepancy scores) were associated with lower degrees of couple adjustment (ie., low DAS mean scores). The more discrepant the FOS measured backgrounds of the couple were, the lower the couple perceived their level of couple adjustment. These results must be cautiously interpreted due to the small size of the sample (Table 7).

TABLE 7

Correlation Between Couple FOS Discrepancy Scores
And Couple DAS Mean Scores (N=20)

	DAS Mean Score
Total FOS Discrepancy Score	-.26
FOS Autonomy Discrepancy Score	-.26
FOS Intimacy Discrepancy Score	-.23

Scoring Method #4

The couple data on the total FOS mean scores, FOS autonomy mean scores and FOS intimacy mean scores were correlated with the DAS discrepancy score for couples. All of the correlations were negative and moderate ($-.50^*$, $-.51^*$, and $-.47^*$, respectively), and each of them reached statistical significance at the $p < .05$ level. The higher the perceived degree of family of origin emotional health of the couple (ie., high FOS mean scores), the more similarity they reported on their perceived degree of couple adjustment (ie., low DAS discrepancy scores), whether the degree of couple adjustment was high or low. The lower the perceived degree of family of origin emotional health of the couple (ie., low FOS mean scores), the less similarity they reported on their perceived degree of couple adjustment (ie., high DAS discrepancy scores), whether the degree of couple adjustment was high or low. These results must be interpreted cautiously due to the small size of the sample (Table 8).

Thus, when correlating mean scores on the FOS with discrepancy scores on the DAS, perceived degree of family of origin emotional health was found to be significantly associated with perceived degree of similarity regarding degree of couple adjustment. The couple perceiving more similarity in the degree of adjustment they were experiencing in their relationship tended to come from families of origin with higher degrees of emotional health. The couple perceiving less similarity in the degree of adjustment they were experiencing in their relationship tended to come from families of origin with lower degrees of emotional health.

TABLE 8

Correlation Between Couple FOS Mean Scores
And Couple DAS Discrepancy Scores

	DAS Discrepancy Score
Total FOS Mean Score	-.50*
FOS Autonomy Mean Score	-.51*
FOS Intimacy Mean Score	-.47*

Hypotheses Testing

The working hypotheses of this exploratory investigation were each rejected in favor of the null hypotheses. These working hypotheses were stated in the following manner:

- H₁₁ There is a direct relationship between the perceived degree of emotional health in the two families of origin and perceived degree of couple adjustment.
- H₁₂ There is a direct relationship between the perceived degree of autonomy in the two families of origin and perceived degree of couple adjustment.
- H₁₃ There is a direct relationship between the perceived degree of intimacy in the two families of origin and perceived degree of couple adjustment.

The null hypotheses which were accepted in this investigation were stated in the following manner:

- H₀₁ There is no relationship between the perceived degree of emotional health in the two families of origin and perceived degree of couple adjustment.

- H₀₂ There is no relationship between the perceived degree of autonomy in the two families of origin and perceived degree of couple adjustment.
- H₀₃ There is no relationship between the perceived degree of intimacy in the two families of origin and perceived degree of couple adjustment.

The working hypotheses of this investigation were rejected, and the null hypotheses were accepted, based upon a two-tailed test at the $p < .05$ level of confidence. Since only mean scores on the FOS and mean scores on the DAS would provide an accurate measure of the variables being correlated, scoring method #1 was the only valid scoring methodology for determining support or lack of support for the working hypotheses of this investigation. The correlations for H₁₁, H₁₂, and H₁₃ were .34, .31 and .35, respectively. None of these correlations reached statistical significance at the $p < .05$ level of confidence and cannot be generalized beyond this sample. Hence the working hypotheses were rejected and the null hypotheses accepted. The correlations obtained, however, did indicate direction and moderate strength for the relationships described in the three working hypotheses for this sample. These results must be cautiously interpreted due to the small size of the sample (Table 5).

DAS And FOS Mean Scores
Correlated With Selected Demographic Variables
By Gender

The researcher was interested in whether the degree of couple adjustment, as measured on the DAS, and the degree of emotional health in family of origin, as measured on the FOS and FOS subscales, were associated with the demographic characteristics of the sample couples. Individual responses for males and females on the DAS were correlated with individual responses for females and males on each of the selected demographic variables. For females the following moderate correlations were obtained: religious affiliation (-.42), couple living arrangements (.34), presence of sexual affairs (-.61*) and relationship length (-.42). For males the following moderate correlations were obtained: geographical proximity to the family of origin (.31) and presence of sexual affairs (-.55*). For both males and females the correlation between the presence of sexual affairs and couple adjustment was statistically significant at the $p < .05$ level. These results must be cautiously interpreted due to the small size of the sample (Table 9).

In general for this sample, higher couple adjustment scores for females were associated with less religious affiliation, closer living arrangements, lower occurrence of sexual affairs and shorter relationships. Higher couple adjustment

scores for males were associated with living closer to the family of origin of the male and lower occurrence of sexual affairs.

Table 9
Correlation Between DAS Mean Scores
And Selected Demographic Variables By Gender

Variable	Males DAS Mean	Females DAS Mean
<u>Individual^a</u>		
Age of Person	.17	-.12
Educational Level	.11	.23
Religious Affiliation	-.08	-.42
Geographical Proximity to Family of Origin	.31	-.11
<u>Couple^b</u>		
Occupational Status	-.28	-.16
Living Arrangements	.28	.34
Sexual Affairs	-.55*	-.61*
Stage in Life Cycle	-.06	-.29
Presence of Children	-.06	-.24
Relationship Length	-.22	-.42

^a $p < .05$ level

^a Biserial Correlation

^b Pearson's Correlation

Individual responses for males and females on the total FOS, the FOS autonomy subscale and FOS intimacy subscale were correlated with individual responses for females and males on each of the selected demographic variables. For females no moderate correlations were obtained. For males

the following moderate correlations were obtained: total FOS mean scores and religious affiliation (-.46*), FOS autonomy mean scores and religious affiliation (-.48*), FOS intimacy mean scores and religious affiliation (.38), total FOS mean scores and presence of sexual affairs (-.38) and FOS autonomy mean scores and presence of sexual affairs (-.31). For males two of these correlations were statistically significant at the $p < .05$ level: total FOS mean scores and religious affiliation (-.46*) and FOS autonomy mean scores and religious affiliation (-.48*). These results must be cautiously interpreted due to the small size of the sample (Table 10).

Thus, in general for this sample, higher family of origin emotional health and autonomy for males were moderately and significantly associated with less religious affiliation. For males higher family of origin emotional health and autonomy were also moderately associated with a lower occurrence of sexual affairs for the sample. Higher family of origin emotional health for females was not moderately associated with any of the selected demographic variables.

Table 10

Correlation Between FOS Mean Scores

And Selected Demographic Variables By Gender

Variable	Males		Females		Total FOS Mean
	Autonomy	Intimacy	Autonomy	Intimacy	
<u>Individual^a</u>					
Age of Person	.07	.08	.28	.22	.26
Educational Level	.12	.20	-.20	-.21	-.21
Religious Affiliation	-.46*	.38	.20	.09	.15
Geographical Proximity to Family of Origin	.24	.19	-.08	-.12	-.11
<u>Couple^b</u>					
Occupational Status	-.26	-.27	-.002	-.21	-.11
Living Arrangements	.19	.19	-.05	.09	.02
Sexual Affairs	-.38	-.23	-.08	-.18	-.13
Stage in Life Cycle	.07	.06	.18	.08	.14
Presence of Children	-.29	-.17	.29	.23	.27
Relationship Length	-.008	-.02	-.17	-.30	-.24

p < .05 level

^a Biserial Correlation

^b Pearson's Correlation

FOS Mean Scores Correlated With DAS Mean Scores
By Gender

Correlational analyses for the DAS and FOS were further analyzed for gender differences. Individual responses for females and males on the total FOS, the FOS autonomy subscale and the FOS intimacy subscale were correlated with individual responses for females and males on the DAS. All of the correlations for females were low, ranging from .04 to .20. None of these reached statistical significance. The correlations for males were moderate, ranging from .36 to .45*. The correlation between male total FOS mean scores and male DAS mean scores (.45*) reached statistical significance at the $p < .05$ level. The correlation between the FOS autonomy and intimacy mean scores and DAS mean scores (.36 and .36, respectively) did not reach statistical significance. These results must be cautiously interpreted due to the small size of the sample (Table 11).

These results indicate that men growing up in homes where they perceived the degree of emotional health as being high tended to perceive their degree of couple adjustment as high also. Likewise, men growing up in homes where they perceived the degree of emotional health as being low tended to perceive their degree of couple adjustment

as low. The perceived degree of family of origin emotional health for females was less important in predicting their perceived degree of couple adjustment.

TABLE 11
Correlation Between FOS Mean Scores
and Female and Male DAS Mean Scores (N=20)

	Female DAS Scores	Male DAS Scores
Total FOS Scores	.13	.45*
Autonomy Subscale Scores	.04	.36
Intimacy Subscale Scores	.20	.36

Other Statistically Significant Correlations

A number of other statistically significant correlations were found in this investigation (Appendix E). These statistically significant correlations are generalizable beyond this sample and are summarized in this section. However, they must be cautiously interpreted due to the small size of the sample. They provide valuable information which would be useful in further studies.

The correlation between male total FOS mean scores and educational level of the female was .46* at the $p < .05$ level. This correlation suggested that the degree of perceived emotional health in the family of origin of the male was associated with the educational level of the female. Males who developed in family systems which they perceived as being higher in degree of emotional health (ie., high total FOS mean scores) were more likely to

develop relationships with more highly educated females. Males who developed in family systems which they perceived as being lower in degree of emotional health (ie., low total FOS mean scores) were less likely to develop relationships with more highly educated females (Appendix E).

The correlation between male FOS autonomy mean scores and educational level of the female was .47* at the $p < .05$ level. This correlation also suggested the degree of perceived autonomy in the family of origin of the male was associated with the educational level of the female. Males who developed in family systems which they perceived as being higher in degree of autonomy (ie., high FOS autonomy mean scores) were more likely to develop relationships with more highly educated females. Males who developed in family systems which they perceived as being lower in degree of autonomy (ie., low FOS autonomy mean scores) were less likely to develop relationships with more highly educated females (Appendix E).

Summary

The hypotheses testing of this investigation was done using Scoring method #1 (correlating total FOS, FOS autonomy and FOS intimacy mean scores with DAS mean scores), and none of the correlations were found to be statistically significant (.34, .31, and .35 respectively). The null hypotheses were accepted and the working hypotheses were rejected. However, these correlations did provide direction and strength for the association between family of origin emotional health, autonomy and intimacy and couple adjustment for this sample.

Among the four scoring methodologies used for the correlational analyses of this investigation, Scoring method #4 revealed a negative moderate association (statistically significant at $p < .05$ level) between family of origin emotional health, autonomy and intimacy and similar perceptions regarding couple adjustment (-.50*, -.51* and -.47*, respectively). Total FOS, FOS autonomy and FOS intimacy mean scores were negatively and moderately associated with DAS discrepancy mean scores. High total FOS, FOS autonomy and FOS intimacy mean scores were associated with low DAS discrepancy scores. Low total

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FOS, FOS autonomy and FOS intimacy mean scores were associated high DAS discrepancy scores.

Interpreting these scores, it appeared that couples growing up in family environments characterized by higher degrees of emotional health, autonomy and intimacy had similar perceptions regarding their couple adjustment. Couples growing up in family environments characterized by lower degrees of emotional health, autonomy and intimacy appeared to have less similar perceptions regarding their couple adjustment.

When correlating FOS mean scores and DAS mean scores with the selected demographic variables by gender, the results were as follows. Correlating DAS mean scores with the selected demographic variables revealed that: (1) male DAS mean scores were moderately associated with geographical proximity to the male's family of origin (.31) and presence of sexual affairs (-.55*), which was statistically significant at the $p < .05$ level; and (2) female DAS mean scores were negatively and moderately associated with religious affiliation (-.42) and presence of sexual affairs (-.61*), which was statistically significant at the $p < .05$ level, and moderately associated with couple living arrangements (.34) and relationship length (.42).

Interpreting these scores, higher couple adjustment for males appeared to be moderately associated with (1) closeness to the male's family of origin and (2) low occurrence of sexual affairs; higher couple adjustment for females appeared to be moderately associated with (1) less religious affiliation, (2) closer couple living arrangements, (3) lower occurrence of sexual affairs and (4) shorter relationship lengths.

When correlating FOS mean scores with the selected demographic variables, the following associations were found: male total FOS and FOS autonomy mean scores were negatively and moderately associated with religious affiliation ($-.46^*$ and $-.48^*$, respectively), which were statistically significant at the $p < .05$ level, and presence of sexual affairs ($-.38$ and $-.31$, respectively); female total FOS and FOS autonomy and intimacy mean score correlations were not moderately associated with any of the selected demographic variables of the study.

Interpreting these scores, high family of origin emotional health and autonomy for males appeared to be moderately associated with (1) less religious affiliation (statistically significant at $p < .05$ level) and (2) low occurrence of sexual affairs; high family of origin emotional health for females did not appear to be

moderately associated with any of the selected demographic variables of the study.

When correlating FOS mean scores with DAS mean scores by gender, the results indicated the following: (1) male total FOS mean scores were moderately and significantly associated with male DAS mean scores (.45* at the $p < .05$ level), (2) male FOS autonomy mean scores and intimacy mean scores were moderately, but not significantly, associated with male DAS mean scores (.36 and .36, respectively) and (3) all the correlations for females were low and none reached statistical significance.

Interpreting these scores, males growing up in families perceived as high in emotional health tended to perceive their couple adjustment as high. Males growing up in families perceived as low in emotional health tended to perceive their couple adjustment as low. Males growing up in families perceived as high in autonomy and intimacy also tended to perceive their couple adjustment as high. And males growing up in families perceived as low in autonomy and intimacy tended to perceive their couple adjustment as low. Family of origin emotional health, autonomy and intimacy for females appeared to be less important in predicting their perceptions of couple adjustment.

Other statistically significant correlations were obtained in this correlational study at the $p < .05$ level. (1) Family of origin emotional health for males was significantly and moderately associated with the educational level of the female (.46*). Males growing up in emotionally healthy family systems were more likely to develop relationships with more highly educated females. (2) Family of origin autonomy for males was significantly and moderately associated with the educational level of the female (.47*). Males growing up in emotionally healthy family systems where they experienced high degrees of autonomy were more likely to develop relationships with more highly educated females.

Partial Correlation Analyses

In order to obtain partial correlation coefficients, each of the demographic variables was transformed into a dummy variable (Table 12). This resulted in the following variables being used in the partial correlation analyses: (1) gender - male, (2) gender - female, (3) age of female - less than 30 years, (4) age of female - 30 years or older, (5) age of male - less than 30 years, (6) age of male - 30 years or older, (7) couple occupational status - one

partner working, (8) couple occupational status - both partners working, (9) educational level of the female - high school or less, (10) educational level of the female - more than high school, (11) educational level of the male - high school or less, (12) educational level of the male - more than high school, (13) religious affiliation of the female - affiliated, (14) religious affiliation of the female - not affiliated, (15) religious affiliation of the male - affiliated, (16) religious affiliation of the male - not affiliated, (17) couple living arrangements - living together, (18) couple living arrangements - not living together, (19) presence of sexual affairs - no affairs, (20) presence of sexual affairs - one affair or more, (21) distance from the family of origin of the female - less than 25 miles, (22) distance from the family of origin of the female - more than 25 miles, (23) distance from the family of origin of the male - less than 25 miles, (24) distance from the family of origin of the male - more than 25 miles, (25) stage in the family life cycle - unmarried young adult couple, (26) stage in the family life cycle - married with children, (27) marital status/presence of children - natural child or children, (28) marital status/presence of children - stepchild or stepchildren, (29) relationship length - less than 24 months and (30) relationship length - more than 24 months (Table 12).

Partial correlation is the correlation between the independent variable (x) and the dependent variable (y), after the relationship between a third variable (a), the selected demographic variables of this investigation, has been removed. This third variable has a linear relationship with both the independent and dependent variables, a partial correlation coefficient. In this investigation the dependent variable, couple adjustment, was correlated with the independent variable, family of origin emotional health (r_{xy}). In addition, a number of other independent variables - the selected demographic variables - were correlated with the dependent variable, couple adjustment and the independent variable, family of origin emotional health ($r_{xy.a}$). Partial correlation involved parcelling out or controlling for the influence of the third variable - the selected demographic variables of the study. Through the process of partial correlation the relationship between the dependent variable, ie., couple adjustment, and the independent variable, ie., family of origin emotional health, is separated from their relationship with the third demographic variable, ie., the selected demographic variables of the study. In this way the influence of the third selected demographic variable (a) upon the relationship between x and y may be seen more clearly.

When the partial correlation coefficient increases in relation to the original correlation between x and y (.34), it is an indication that the selected demographic variable has been masking the basic correlation between x and y. By holding the selected demographic variable constant, partial correlation reveals the basic correlation between x and y, as well as the relative strength or influence of the selected demographic variable (a) upon the relationship between x and y. When the partial correlation coefficient decreases in relation to the original correlation between x and y (.34), it is an indication that the selected demographic variable (a) has either not been masking the basic correlation between x and y or has had little influence upon that relationship.

Squaring the partial correlation coefficient is a statistical technique which represents the proportion of variation in the dependent variable (ie., couple adjustment) which is left unexplained by the third selected demographic variable ($r_{xy.a}^2$). The difference between the proportion of variation in the dependent variable explained by the independent variable (r_{xy}^2) and the third selected demographic variable ($r_{xy}^2 - r_{xy.a}^2$) represents the influence of the third selected demographic variable upon the relationship between x and y.

The strength of this difference - the amount of variability explained by the third selected demographic variable - indicates the relative influence of the third selected demographic variable upon the relationship between family of origin emotional health (x) and couple adjustment (y). A small difference in the amount of variability indicates that the original relationship between the first two variables is relatively independent of the third variable. When the difference is large, it is an indication that the relationship between the first two variables is actually due to their relationship with the third variable. A large difference in the amount of variability ($r_{\text{difference}}^2$) indicates that the third variable adds unique information about the relationship between x and y.

The original and partial correlations are presented in Table 12. The selected demographic variables are listed from those having the least influence upon the relationship between family of origin emotional health and couple adjustment to those having the greatest influence upon the relationship between family of origin emotional health and couple adjustment based upon the size of $r_{\text{difference}}^2$. In order to interpret Table 12, the following definitions are provided:

r_{xy} = correlation between couple adjustment and family of origin emotional health

- r_{xy}^2 = the amount of variation in the dependent variable, couple adjustment, which is explained by the independent variable, family of origin emotional health
- $r_{xy.a}$ = the basic correlation between couple adjustment and family of origin emotional health, when controlling for a third selected demographic variable
- $r_{xy.a}^2$ = the amount of variation in the dependent variable, couple adjustment, which is left unexplained by the independent variable, family of origin emotional health, after the effect of the third selected demographic variable has been removed
- $r_{\text{difference}}^2$ = the amount of variation in the dependent variable, couple adjustment, which is explained by the third selected demographic variable alone
 $(r_{xy}^2 - r_{xy.a}^2)$

Table 12

Pearson Partial Correlations

Controlling For Dummied Selected Demographic Variables

Couple FOS Mean and DAS Mean ($r_{xy} = .34$)					
Variable	(N)	r_{xy}^2	$r_{xy.a}$	$r_{xy.a}^2$	r_{diff}^2
Couple Not Living Together	(5)	.12	.98	.96	.85
Female Relig. Aff.-Not Aff.	(8)	.12	.91	.83	.71
Male Relig. Aff. - Aff.	(8)	.12	.91	.83	.71
Stage in Life Cycle -					
Married With Children	(5)	.12	.91	.83	.71
Gender - Female	(20)	.12	-.70	.49	.37
Couple Occup. Status -					
One Partner Working	(4)	.12	.58	.34	.22
Male Ed. Level +HS	(11)	.12	.52	.27	.15
Relationship Length +24mo.	(10)	.12	.50	.25	.13
Female Age +30	(4)	.12	.06	.00	.11
Stage in Life Cycle -					
Unmarried Young Adult	(15)	.12	-.11	.01	.10
Female Ed. Level +HS	(12)	.12	.12	.01	.10
Male Age +30	(6)	.12	.46	.21	.10
Male Relig. Aff.-Not Aff.	(12)	.12	.15	.02	.09
Relationship Length -24mo.	(10)	.12	-.15	.02	.09
Male F of O -25mi.	(15)	.12	-.16	.03	.09
Presence of Sexual Affairs-					
None	(15)	.12	-.16	.03	.09
Female Relig. Aff.-Aff.	(12)	.12	-.22	.05	.07
Female F of O +25mi.	(4)	.12	.24	.06	.06
Male Ed. Level -HS	(9)	.12	-.26	.07	.05
Male Age -30	(14)	.12	.27	.07	.04
Male F of O +25mi.	(5)	.12	.27	.07	.04
Couple Living Together	(15)	.12	.28	.08	.04
Presence of Sexual Affairs -					
One or more	(5)	.12	.39	.15	.04
Married, Natural					
Children	(15)	.12	.38	.14	.03
Female Age -30	(16)	.12	.30	.09	.03
Both Partners Working	(16)	.12	.30	.09	.03
Married, Stepchildren	(5)	.12	.31	.10	.02
Female Ed. -HS	(8)	.12	.33	.11	.01
Gender - Male	(20)	.12	.34	.12	.00
Female F of O -25mi.	(16)	.12	.34	.12	.00

Partial Correlations Using DAS Mean Scores
and FOS Mean Scores

The basic correlation between DAS mean scores and total FOS mean scores for couples was .34. This correlation was the basic correlation for the hypotheses testing of this investigation. Partial correlation analyses revealed low partial correlation coefficients for the following demographic variables: age of female - 30 years or older (.06), age of the male - less than 30 years (.27), educational level of the female - more than high school education (.12), educational level of the male - less than high school (.26), religious affiliation of the female - affiliated (-.22), religious affiliation of the male - not affiliated (.15), couple living arrangements - couple living together (.28), presence of sexual affairs - none (-.16), distance from the family of origin of the female - more than 25 miles (.24), distance from the family of origin of the male - less than 25 miles (-.16), distance from the family of origin of the male - more than 25 miles (.27), stage in the family life cycle - unmarried young adult couple (-.11) and relationship length - less than 24 months (-.15) (Table 12).

Moderate partial correlations were found for the following variables: gender - male (.34), age of female - less than 30 years (.30), age of male - 30 years or older (.46), couple occupational status - one partner working (.58), couple occupational status - both partners working (.30), educational level of the female - high school education or less (.33), educational level of the male - more than high school education (.52), presence of sexual affairs - one or more (.39), distance from the family of origin of the female - less than 25 miles (.34), marital status/presence of children - natural child or children present (.38), marital status/presence of children - stepchild or stepchildren present (.31) and relationship length - more than 24 months (.50) (Table 12).

High partial correlations were found for the following variables: females (-.70), religious affiliation of the female - not affiliated (.91), religious affiliation of the male - affiliated (.91), couple living arrangements - not living together (.98), and stage in the family life cycle - married with children (.91). None of the low, moderate or high partial correlations using couple DAS mean scores and couple FOS mean scores were significant at the $p < .05$ level. All partial correlations must be interpreted cautiously due to the small size of the sample (Table 12).

Further partial correlation analyses of the selected demographic variables revealed two distinct groups of variables. One group of variables appeared to strongly influence the basic relationship between family of origin emotional health and couple adjustment ($r_{\text{difference}}^2$ above .7000). The other group of variables appeared to have little influence upon the basic relationship between family of origin emotional health and couple adjustment ($r_{\text{difference}}^2$ below .7000). The selected demographic variables listed in Table 12, from bottom to top, form a continuum representing the increasing influence, and thus masking effect, of the third selected demographic variable upon the basic relationship between family of origin emotional health and couple adjustment. Based upon the strength of the difference ($r_{\text{difference}}^2$ above .7000), the basic relationship between family of origin emotional health and couple adjustment appeared to be masked by the strong influence of the following selected demographic variables for this sample: couple living arrangements - the couple not living together, female religious affiliation - the female not being religiously affiliated, male religious affiliation - the male being religiously affiliated, and stage in the family life cycle - married with children.

The variable, couple living arrangements - not living together, appeared to strongly influence, and thus mask, the basic relationship between family of origin emotional health and couple adjustment. When controlling for this variable, the basic correlation increased from .34 to .99, and the $r_{\text{difference}}^2$ was .8448. Couple living arrangements - not living together appeared to mask the association between family of origin emotional health and couple adjustment (Table 12).

The variable, female religious affiliation - not affiliated, appeared to strongly influence, and thus mask, the basic relationship between family of origin emotional health and couple adjustment. Controlling for this variable, the correlation increased from .34 to .91 and the $r_{\text{difference}}^2$ was .7125. Female religious affiliation - not affiliated appeared to mask the association between family of origin emotional health and couple adjustment (Table 12).

The variable, male religious affiliation - affiliated, appeared to strongly influence, and thus mask, the basic relationship between family of origin emotional health and couple adjustment. Controlling for this variable, the correlation increased from .34 to .91 and the $r_{\text{difference}}^2$ was .7125. Male religious affiliation -

affiliated appeared to mask the association between family of origin emotional health and couple adjustment (Table 12).

The variable, stage in the family life cycle - married with children, appeared to strongly influence, and thus mask, the basic relationship between family of origin emotional health and couple adjustment. Controlling for this variable, the correlation increased from .34 to .91 and the $r_{\text{difference}}^2$ was .7125. Stage in the family life cycle - married with children appeared to mask the association between family of origin emotional health and couple adjustment (Table 12).

CHAPTER V

SUMMARY, DISCUSSION, CONCLUSIONS, IMPLICATIONS FOR THEORY AND RESEARCH, AND IMPLICATIONS FOR FAMILY THERAPY

SUMMARY

Increasing numbers of investigations have been aimed at the identification of factors associated with emotional health in the family of origin and second generation couple adjustment. Family researchers suggest that such an association exists, but this has lacked empirical confirmation. Use of the Family of Origin Scale, among a number of other investigative and measurement techniques, has now been utilized in over 100 of these investigations (Hovestadt, 1987).

In this exploratory investigation, the primary purpose was to investigate the association between emotional health in the families of origin and subsequent couple adjustment among the sample couples. The Family of Origin Scale was used as an instrument for measuring the independent variable, perceived degree of emotional health, autonomy

and intimacy in the family of origin, and the Dyadic Adjustment Scale was used as an instrument for measuring the dependent variable, perceived degree of couple adjustment. Additional correlational analyses were also performed.

Univariate Analyses

The scores in this investigation revealed a DAS mean score for females of 119.45, with a standard deviation of 20.32, and a DAS mean score for males of 114.6, with a standard deviation of 14.6. It is very interesting that these scores are so close to the normative scores provided by Spanier (1976), in that the sample was composed of only forty persons (Appendix A).

The normative mean score on the total FOS, as reported by Hovestadt et al. (1985), was 144.1 for couples. This present investigation revealed slightly higher total FOS mean scores for females (147.6), slightly lower total FOS mean scores for males (131.55), and a total FOS mean score of 139.57 for couples. These slight differences from the normative sample of the total FOS are negligible. Despite the small size of the sample, it is remarkable that such

a small data collection (for individual responses, $n = 40$) should reveal mean scores very similar to the normative scores provided by the developers of the FOS (Table 2) (Appendix A).

Measures of Couple Data

Because there were several couples with extremely high scores and several couples with extremely low scores (averaged scores for the couple) on the total FOS, FOS autonomy subscale, FOS intimacy subscale and the DAS, the standard deviations for these mean scores were quite large (22.05, 9.89, 12.59 and 16.44, respectively). Thus the median was also provided (125.0, 60.5, 65.5 and 100.0, respectively). The range of scores also reflected this characteristic of couples with extremely high scores and couples with extremely low scores (88 - 162, 42 - 79, 46 - 85 and 67 - 133). The normative mean score on the total FOS, as reported by Hovestadt et al. (1985), was 144.1 for couples. This present investigation revealed a total FOS mean score of 139.57 for couples (Table 3) (Appendix B).

Discrepancy Scores on the FOS and DAS

For the purposes of this particular body of research, it is important to remember that discrepancy scores (the difference between individual scores) measured the degree of similarity between the perceptions of the individual members of the couple dyad on the FOS, the FOS subscales and the DAS. Because of couples with extremely high discrepancy scores and extremely low discrepancy scores, the standard deviations for the mean discrepancy scores were quite large (27.85, 14.90, 12.43 and 9.61, respectively). It is remarkable that perceptual differences as measured by FOS discrepancy scores, FOS autonomy discrepancy scores and FOS intimacy discrepancy scores were so large that the standard deviations of each were almost as large as the mean scores. In addition, the ranges for these discrepancy scores reflected the characteristic of couples with extremely high scores and couples with extremely low scores (1 - 90, 0 - 47, 1 - 43 and 0 - 35, respectively). For these reasons the median was also provided (44.5, 23.5, 21.0 and 17.5, respectively (Table 4)).

Correlation Analyses

Responses from twenty couples on the FOS and DAS provided the data collection for correlating the association between family of origin emotional health and couple adjustment. The correlational data between total FOS scores, FOS autonomy scores, FOS intimacy scores and DAS scores was analyzed according to four scoring methodologies. Scoring method #1 correlated couple mean scores on the total FOS, FOS autonomy and FOS intimacy subscales with couple mean scores on the DAS. Scoring method #2 correlated couple discrepancy scores on the total FOS, FOS autonomy subscale and FOS intimacy subscale with couple discrepancy scores on the DAS. Scoring method #3 correlated couple discrepancy scores on the total FOS, FOS autonomy subscale and FOS intimacy subscale with couple mean scores on the DAS. Scoring method #4 correlated couple mean scores on the total FOS, the FOS autonomy subscale and the FOS intimacy subscale with couple discrepancy scores on the DAS.

Scoring Method #1

The data from this study revealed that families of origin emotional health, as measured by mean scores on the total FOS, was moderately associated with couple adjustment, as measured by mean scores on the DAS (.34). In addition, families of origin autonomy and intimacy, as measured by mean scores on the FOS autonomy and FOS intimacy subscales, was moderately associated with couple adjustment, as measured by couple mean scores on the DAS (.31 and .35, respectively). None of these correlations were statistically significant at the $p < .05$ level.

For the sample couples, higher degrees of family of origin emotional health, autonomy and intimacy (ie., high total FOS, FOS autonomy subscale and FOS intimacy subscale mean scores) were moderately associated with higher degrees of couple adjustment (ie., high DAS mean scores). Lower degrees of family of origin emotional health, autonomy and intimacy (ie., low total FOS, FOS autonomy subscale and FOS intimacy subscale mean scores) were moderately associated with lower degrees of couple adjustment (ie., low DAS mean scores).

Couples who grew up in families higher in emotional health, autonomy, and intimacy appeared to experience better adjustment as a couple. Couples who grew up in families lower in emotional health, autonomy and intimacy appeared to experience poorer adjustment as a couple (Table 5).

Scoring Method #2

Similarity in perceptions regarding families of origin emotional health, as measured by discrepancy scores on the total FOS, revealed a low association with couple adjustment, as measured by mean scores on the DAS (.24). In addition, similar perceptions regarding families of origin autonomy and intimacy, as measured by discrepancy scores on the FOS autonomy subscale and FOS intimacy subscale, revealed a low association with couple adjustment, as measured by mean scores on the DAS (.20 and .26, respectively). None of these correlations were statistically significant at the $p < .05$ level.

For the sample couples, more similarity in perceptions regarding family of origin emotional health, autonomy and intimacy (ie., low total FOS, FOS autonomy subscale and FOS intimacy subscale discrepancy scores) appeared to be

associated with more similarity in perceptions regarding couple adjustment (ie., low DAS discrepancy scores). Less similarity in perceptions regarding family of origin emotional health, autonomy and intimacy (ie., high total FOS, FOS autonomy subscale and FOS intimacy subscale discrepancy scores) appeared to be associated with less similarity in perceptions regarding couple adjustment (ie., high DAS discrepancy scores).

Couples who had similar perceptions of their family of origin emotional health, autonomy and intimacy appeared to have similar perceptions of their adjustment as a couple. Couples who had less similar perceptions of their family of origin emotional health, autonomy and intimacy appeared to have less similar perceptions of their adjustment as a couple (Table 6).

Scoring Method #3

Similar perceptions regarding families of origin emotional health, as measured by discrepancy scores on the total FOS, demonstrated a low, negative association with couple adjustment, as measured by mean scores on the DAS (-.26). In addition, similar perceptions regarding families of

origin autonomy and intimacy, as measured by discrepancy scores on the FOS autonomy subscale and the FOS intimacy subscale, demonstrated a low, negative association with couple adjustment, as measured by mean scores on the DAS (-.26 and -.23, respectively). None of these correlations were statistically significant at the $p < .05$ level.

For the sample couples, more similar perceptions regarding family of origin emotional health, autonomy and intimacy (ie., low total FOS, FOS autonomy subscale and FOS intimacy subscale discrepancy scores) appeared to be associated with higher degrees of couple adjustment (ie., high DAS mean scores). Less similar perceptions of family of origin emotional health, autonomy and intimacy (ie., high total FOS, FOS autonomy subscale and FOS intimacy subscale discrepancy scores) appeared to be associated with lower degrees of couple adjustment (ie., low DAS mean scores).

Couples who had similar perceptions of their family of origin emotional health, autonomy and intimacy appeared to experience better adjustment as a couple. Couples who had less similar perceptions of their family of origin emotional health, autonomy and intimacy appeared to experience poorer adjustment as a couple (Table 7).

Scoring Method #4

The data from this study revealed three moderate and statistically significant associations between family of origin emotional health, autonomy and intimacy and similar perceptions regarding couple adjustment. These associations were statistically significant at the $p < .05$ level:

- (1) perceived degree of families of origin emotional health, as measured by total FOS mean scores, was moderately and negatively associated with similar perceptions regarding couple adjustment, as measured by DAS couple discrepancy scores ($-.50^*$);
- (2) perceived degree of families of origin autonomy, as measured by FOS autonomy mean scores, was moderately and negatively associated with similar perceptions regarding couple adjustment, as measured by DAS couple discrepancy scores ($-.51^*$);
- (3) perceived degree of families of origin intimacy, as measured by FOS intimacy mean scores, was moderately and negatively

associated with similar perceptions regarding couple adjustment, as measured by DAS couple discrepancy scores (-.47*).

Families of origin emotional health, as measured by mean scores on the total FOS, appeared to be moderately and negatively associated with similar perceptions regarding couple adjustment, as measured by discrepancy scores on the DAS. In addition, families of origin autonomy and intimacy, as measured by FOS autonomy subscale and the FOS intimacy subscale mean scores, were moderately and negatively associated with similar perceptions regarding couple adjustment, as measured by discrepancy scores on the DAS.

Among the sample couples, higher degrees of families of origin emotional health, autonomy and intimacy (ie., high total FOS, FOS autonomy subscale and FOS intimacy subscale mean scores) appeared to be moderately associated with more similar perceptions regarding their degree of couple adjustment (ie., low DAS discrepancy scores). Lower degrees of families of origin emotional health (ie., low total FOS, FOS autonomy subscale and FOS intimacy subscale mean scores) appeared to be moderately associated with less

similar perceptions regarding their degree of couple adjustment (ie., high DAS discrepancy scores).

Couples who grew up in families where they experienced more emotional health appeared to have similar perceptions regarding their adjustment as a couple. Couples who grew up in families where they experienced less emotional health appeared to have less similar perceptions regarding their adjustment as a couple (Table 8).

Hypotheses Testing

The working hypotheses of this investigation were rejected in favor of the null hypotheses at the $p < .05$ level of confidence. The null hypotheses of this exploratory investigation were stated as follows:

H₀₁ There is no relationship between the perceived degree of emotional health in the two families of origin and perceived degree of couple adjustment.

H₀₂ There is no relationship between the perceived degree of autonomy in the two families of origin and perceived degree of couple adjustment.

- H₀₃ There is no relationship between the perceived degree of intimacy in the two families of origin and perceived degree of couple adjustment

The working hypotheses of this investigation were stated as follows:

- H₁₁ There is a direct relationship between the perceived degree of emotional health in the two families of origin and perceived degree of couple adjustment.
- H₁₂ There is a direct relationship between the perceived degree of autonomy in the two families of origin and perceived degree of couple adjustment.
- H₁₃ There is a direct relationship between the perceived degree of intimacy in the two families of origin and perceived degree of couple adjustment.

The above working hypotheses were tested with a two-tailed test at the $p < .05$ level of confidence. Correlating the total FOS mean scores, the FOS autonomy mean scores and the FOS intimacy mean scores with the DAS mean scores (Scoring method #1) yielded correlations of .34, .31, and .35, respectively. None of these correlations were found to be statistically significant and the working hypotheses were rejected. It is important to note that, although these correlations were not found to be statistically significant, they did provide direction and strength for the working hypotheses based upon this sample alone (Table 5).

FOS Mean Scores And DAS Mean Scores
Correlated With Selected Demographic Variables
By Gender

Correlational analyses for DAS mean scores and FOS mean scores were further correlated with the selected demographic variables of the study by gender. When correlating the DAS mean scores for males with the selected demographic variables, higher couple adjustment appeared to be moderately associated with living closer to the male's family of origin (.31) and a low occurrence of sexual affairs (-.55*). Higher couple adjustment for males was significantly, moderately and negatively associated with the presence of sexual affairs (-.55*) at the $p < .05$ level.

When correlating the DAS mean scores for females with the selected demographic variables of the study, higher couple adjustment appeared to be moderately associated with less religious affiliation (-.42), closer couple living arrangements (.34), low occurrence of sexual affairs (-.61*) and shorter relationship lengths (-.42). Higher couple adjustment for females was significantly, moderately and negatively associated with the presence of sexual affairs (-.61*) (Table 9).

When correlating the total FOS, FOS autonomy and FOS intimacy mean scores for males with the selected demographic variables of the study, higher emotional health and autonomy appeared to be moderately associated with less religious affiliation ($-.46^*$ and $-.48^*$, respectively) and lower occurrence of sexual affairs ($-.38$ and $-.31$, respectively). Higher emotional health was significantly, moderately and negatively associated with religious affiliation ($-.46^*$) and higher autonomy was significantly, moderately and negatively associated with religious affiliation ($-.48^*$) at the $p < .05$ level.

When correlating the total FOS, FOS autonomy and FOS intimacy mean scores for females with the selected demographic variables of the study, higher emotional health in the family of origin appeared not to be moderately associated with any of the selected demographic variables. All of the correlations for females were low and none of them reached statistical significance (Table 10).

FOS Mean Scores Correlated
With DAS Mean Scores By Gender

The correlations between FOS mean scores and DAS mean scores for males were moderate, with the correlation between male total FOS mean scores and male DAS mean scores (.45*) reaching statistical significance at the $p < .05$ level.

Men growing up in homes higher in emotional health appeared to experience better adjustment in the couple relationship. Likewise, men growing up in homes lower in emotional health appeared to experience poorer adjustment in the couple relationship.

In future investigations, this finding should receive further attention. Hypotheses regarding factors related to this statistically significant association for males should be further investigated. Family of origin emotional health for females appeared to be less important in predicting their adjustment in the couple relationship. At this time gender differences on the FOS have not been reported in the research literature (Table 11).

Other Statistically Significant Correlations

A number of other statistically significant correlations at the $p < .05$ level were found in this investigation. The degree of perceived emotional health in the family of origin of the male was moderately associated with the educational level of the female (.46*). Males who developed in families which they perceived as being higher in their degree of emotional health were more likely to develop relationships with females who had achieved higher levels of education. Males who developed in families which they perceived as being lower in their degree of emotional health were less likely to develop relationships with females who had achieved higher levels of education (Appendix E).

The degree of perceived autonomy in the family of origin of the male was moderately associated with the educational level of the female (.47*). Males who developed in families which they perceived as being higher in their degree of autonomy were more likely to develop relationships with females who had achieved higher levels of education. Males who developed in families which they perceived as being lower in their degree of autonomy were less likely to develop relationships with females who had achieved higher levels of education (Appendix E).

Partial Correlation Analyses

In this investigation a number of selected demographic variables appeared to strongly influence the basic relationship between family of origin emotional health and couple adjustment. Through the process of partial correlation analysis, a group of selected demographic variables revealed high partial correlations. None of these partial correlations were statistically significant, however, nor are they generalizable beyond this sample.

Partial correlation analyses of the selected demographic variables revealed two distinct groups of variables. One group of selected demographic variables appeared to have a strong influence, and thus mask, the basic relationship between family of origin emotional health and couple adjustment. The other group of selected demographic variables appeared to have little influence upon the relationship between family of origin emotional health and couple adjustment.

Based upon the strength of the difference between the variance of the basic relationship between family of origin emotional health and couple adjustment (r_{xy}^2) and the partial correlation variance ($r_{xy.a}^2$), the following

selected demographic variables appeared to strongly influence this basic relationship: (1) couple living arrangements - the couple not living together, (2) religious affiliation of the female - the female partner of the couple dyad not being religiously affiliated, (3) religious affiliation of the male - the male partner of the couple dyad being religiously affiliated and (4) stage in the family life cycle - married with children (Table 12).

The variable, couple living arrangements - not living together, appeared to strongly influence, and thus mask, the basic relationship between family of origin emotional health and couple adjustment. When controlling for this variable, the basic correlation increased from .34 to .99, and the $r_{\text{difference}}^2$ was .8448. Couple living arrangements - not living together appeared to mask the association between family of origin emotional health and couple adjustment (Table 12).

The selected demographic variable, religious affiliation, appeared to have an interesting influence upon the basic relationship between family of origin emotional health and couple adjustment for the sample couples. Religious affiliation appeared influence the relationship between family of origin emotional health and couple adjustment in different ways for the sample couples based upon gender.

The variable, female religious affiliation - not affiliated, appeared to strongly influence, and thus mask, the basic relationship between family of origin emotional health and couple adjustment. Controlling for this variable, the correlation increased from .34 to .91 and the $r_{\text{difference}}^2$ was .7125. Female religious affiliation - not affiliated appeared to mask the association between family of origin emotional health and couple adjustment (Table 12).

The variable, male religious affiliation - affiliated, appeared to strongly influence, and thus mask, the basic relationship between family of origin emotional health and couple adjustment. Controlling for this variable, the correlation increased from .34 to .91 and the $r_{\text{difference}}^2$ was .7125. Male religious affiliation - affiliated appeared to mask the association between family of origin emotional health and couple adjustment (Table 12).

The variable, stage in the family life cycle - married with children, appeared to strongly influence, and thus mask, the basic relationship between family of origin emotional health and couple adjustment. Controlling for this variable, the correlation increased from .34 to .91 and the $r_{\text{difference}}^2$ was .7125. Stage in the family life

cycle - married with children appeared to mask the association between family of origin emotional health and couple adjustment (Table 12).

For this sample these partial correlations suggest a variety of selected demographic variables which appear to influence the relationship between family of origin emotional health and couple adjustment. These partial correlations may add much to our knowledge of what is known about the constellation of variables which may influence that relationship and even mask that relationship.

From an ecological perspective, these partial correlations and the selected demographic variables which they represent, appear to present a complex portrait of the factors which influence the relationship between family of origin emotional health and couple adjustment. These factors focus on both (1) the family of origin and its ecosystem and (2) the subsequent couple relationship and its ecosystem. It appears that the emotional, relational and demographic ecosystems of the couple, as interfacing systemic influences, should be taken into account in considering the variety of variables which impact both family of origin emotional health and subsequent couple adjustment, as well as the relationship between the two variables.

DISCUSSIONHypotheses Testing

Overall, the research hypotheses regarding a direct association between family of origin emotional health, autonomy and intimacy and couple adjustment were not supported in this investigation (Scoring method #1). Hence the null hypotheses were accepted, leading to the conclusion that there is no direct relationship between family of origin emotional health, autonomy and intimacy and couple adjustment.

Despite the fact that the results of this study did not support the research hypotheses, they did indicate a moderate association between family of origin emotional health, autonomy and intimacy and couple adjustment. Given the moderate non-significant correlations of .31 to .35 obtained, emotional health, autonomy and intimacy in the family of origin of the couple appears to represent a moderate, non-significant influence upon couple adjustment for this sample, although it cannot be generalized beyond these couples. Failure to find statistically significant support for this association may have been due to the

extremely high variability in DAS and FOS couple mean scores (Table 3) and couple discrepancy scores (Table 4), as well as the small size of the sample.

The hypotheses regarding a direct relationship between family of origin emotional health, autonomy and intimacy and couple adjustment were probably conceptually inadequate. They failed to take into account the conceptual complexities associated with research on the intergenerational family. In particular, the concept of intergenerational transmission was not incorporated into the hypotheses concerning the relationship between family of origin emotional health, autonomy and intimacy and couple adjustment. Thus the hypotheses might have been written in a manner which reflected a sequential relationship for the association between (1) family of origin emotional health, autonomy and intimacy, (2) intergenerational transmission and (3) couple adjustment.

The theoretical framework for this investigation focused primarily on conceptual components related to the intergenerational family. The theoretical framework of this investigation included among its conceptual components the intergenerational transmission process and the developmental antecedents of adult development, particularly differentiation of self, autonomy and intimacy. What the

theoretical framework for this study lacked was a conceptual framework for integrating possible related constructs. These might include (1) constructs related to intergenerational transmission and (2) constructs related to couple adjustment and the couple's relational, social and economic ecosystem.

There appears to be a functional relationship between family of origin emotional health, autonomy and intimacy and couple adjustment. This has been clearly articulated in the theoretical literature, and it has been supported by some empirical studies (Bowen, 1978; Canfield, 1983; Hovestadt & Wilcoxson, 1983; Wamboldt & Reiss, 1989). However, there appear to be intervening variables, associated with both (1) intergenerational transmission and (2) processes related to couple adjustment, which nullify any direct hypothesized relationship between the independent and dependent variables of this study (Scoring method #4).

In addition, the size of the sample was too small to provide adequate amounts of data for the hypotheses being tested. And the sample was skewed in the sense of being composed of couples who sought relational counseling for both problematic and non-problematic reasons. The results of hypotheses testing based upon data collected from a larger random sample of couples might well have been quite

different. Previous research suggests that hypotheses testing based upon a larger data collection and a more representative sample might provide statistically significant correlations for a direct relationship between family of origin emotional health, autonomy and intimacy and couple adjustment (Hovestadt & Wilcoxson, 1983).

While not statistically significant, the results of this investigation based upon Scoring method #1 (Hypotheses testing: correlating FOS, FOS autonomy and intimacy mean scores with DAS mean scores) were somewhat comparable to the results of a study by Canfield (1983), who found a significant association between Family of Origin Scale measures of perceived emotional health in the family of origin and Healthy Family Functioning Scale measures of perceived couple adjustment. These findings were also analagous to the results of a study by Wambolt and Reiss (1989), who found significant correlations between dimensions of the family of origin emotional environment and perceived degree of couple adjustment among sixteen premarital couples. In addition, Wynne and Wynne (1986) have conceptualized a framework for understanding intimacy within relational systems. Their conceptual model supports the hypothesis that intimacy experienced within family of origin relationships may become an important attribute of couple adjustment among adult children.

Scoring Method #4

This investigation moderately and significantly supported the saliency of family of origin emotional health as a variable which was predictive of similar perceptions regarding couple adjustment. The negative and moderate correlations between mean scores for couples on the total FOS, the FOS autonomy subscale and the FOS intimacy subscale and discrepancy scores for couples on the DAS were statistically significant at the $p < .05$ level ($-.50^*$, $-.51^*$, and $-.47^*$, respectively). These correlations revealed that larger values on couple total FOS mean scores, couple FOS autonomy mean scores and couple FOS intimacy mean scores were moderately and significantly associated with lower DAS discrepancy scores.

Interpreting these scores, higher degrees of emotional health, autonomy and intimacy in the families of origin of the couple appeared to be moderately associated with similar perceptions regarding couple adjustment, whether the couple adjustment was high or low. Lower degrees of emotional health, autonomy and intimacy in the families of origin of the couple appeared to be moderately

correlated with less similar perceptions regarding couple adjustment, whether the degree of couple adjustment was high or low.

These findings suggest that there may be a functional relationship between family of origin emotional health, autonomy and intimacy and another variable. This variable may also be related to couple adjustment. These findings suggest that this variable may be a representation of couple consensus or agreement, since "similar perceptions regarding couple adjustment" may be viewed as an expression of couple agreement. Thus it is a variable which is functionally related to both family of origin emotional health, autonomy and intimacy and couple adjustment. The results obtained through the use of Scoring method #4 demonstrated that this variable may be "similar perceptions regarding couple adjustment".

Hence, these results suggest an intervening or mediator variable between family of origin emotional health, autonomy and intimacy and couple adjustment. In this study that variable appeared to be "similar perceptions regarding couple adjustment", since this variable was found to be significantly related to family of origin emotional health, autonomy and intimacy and may be interpreted as an expression of couple agreement.

Given the theoretical framework for this investigation and the hypotheses being tested in this investigation, this finding was somewhat unexpected. The statistically significant association between family of origin emotional health, autonomy and intimacy and similar perceptions regarding couple adjustment, which may be an intervening or mediator variable, suggests that the theoretical framework and the hypotheses of this investigation were conceptually inadequate and hypothetically incomplete.

The theoretical framework of this study could have included conceptual components which mediate the relationship between the dependent and independent variables of the study. The hypotheses of this study might then have been more specific, less simplistic and more reflective of the possible sequential relationship between family of origin emotional health, autonomy and intimacy, and conceptual components which may mediate the relationship between emotional health, autonomy and intimacy in the family of origin and couple adjustment itself.

There are two models in family theory which suggest how family of origin emotional health may be associated with couple interactional processes, which are in turn associated with couple adjustment. The socialization model (Wamboldt & Reiss, 1989) suggests that couples learn behaviors,

cognitive and emotional patterns and models of interpersonal interaction in the family of origin which structure the interaction that occurs in the couple relationship. This ultimately influences couple adjustment. The socialization of good communication practices is a primary way the family of origin influences couple adjustment according to this model.

The social constructivist model (Wamboldt & Reiss, 1989) focuses on the family of origin emotional background of the couple and what they do with that background. This model acknowledges more possibility for change in the lives of the couple members. Former ways of relating are changed across the generations because two family of origin emotional experiences are combined within the couple relationship. In the context of the couple relationship, two distinct biographies are reconstructed as part of the construction of the couple relationship. The past is reinterpreted and a common past is built which integrates the two individual pasts (Berger & Kellner, 1964). The most important question posed by this model is as follows: how does the family of origin emotional experience of each individual influence the interactional and consensus-building process of the couple, which in turn influence the couple's relational adjustment?

This question assumes that the effect of family of origin emotional health on couple adjustment is mediated by the interactional and consensus-building processes occurring within the couple relationship. Wamboldt and Reiss (1989) hypothesized that a couple's ability to reach consensus appeared to be an important mediator between family of origin experiences and current relational adjustment.

This present investigation highlighted the statistically significant finding that family of origin emotional health was associated with similar perceptions regarding couple adjustment. Similar perceptions regarding couple adjustment may be an important mediator of the association between family of origin emotional health and couple adjustment. It has been hypothesized that the influence of family of origin emotional health on couple adjustment may be mediated by the interactional process occurring with the couple relationship. Similar perceptions regarding couple adjustment may be an important variable developed through the couple interactional process, but as a result of factors associated with family of origin emotional health, autonomy and intimacy which influence couple adjustment. The couple interactional process includes couple consensus-building processes.

The results of an investigation by Wamboldt and Reiss (1989) demonstrated the importance of family of origin characteristics and the consensus-building process as critical determinants of couple adjustment. Consensus-building processes focus mainly on the couple negotiating and reaching agreement on current relational problems. Interpersonal conflict is a prominent relational problem among couples. The ability to handle interpersonal conflict and its accompanying negative affect contributes to higher degrees of couple adjustment (Markman, 1979). Without this ability, conflicts arising in the couple relationship remain unresolved and the level of negative affect rises, leading to a burden which erodes couple adjustment. The consensus-building process also includes the learning of positive communication patterns. Markman (1979) found that positive communication patterns were highly associated with couple adjustment.

These consensus-building processes are the medium through which couples reach agreement. They represent an active effort on the part of the couple to construct common views concerning the couple relationship. They represent the efforts of the couple to construct a shared view regarding the ground rules for their relationship. There exists a large body of research suggesting that couples create shared meaning structures or realities, through their

communication (Wamboldt & Reiss, 1989). These shared structures or views help build a sense of couple identity and organize the couple behavior within the larger social community. This process of reality construction is especially prominent during the earliest years of the couple relationship.

Similar perceptions regarding couple adjustment appears to be an important variable generated through couple interaction and consensus-building processes. Couples reach generalized agreement regarding their relational issues through these interactional and consensus-building processes. It is possible that couples may reach agreement (ie., similar perceptions) regarding their couple adjustment through these same processes. Together they work toward the development of a shared view (ie., similar perceptions) regarding their couple adjustment.

This study found that the development of a shared view (ie., similar perceptions) regarding couple adjustment is related to and predicted by the emotional health of the families of origin of these couples. Couples who grow up in families characterized by high degrees of emotional health have similar views regarding their degree of couple adjustment. Couples who grow up in families characterized by low degrees of emotional health have less similar views

regarding their degree of couple adjustment. A possible explanation for these associations may lie in the characteristics of families of origin which are high in emotional health.

Families which are high in emotional health tend to exhibit the following characteristics: cohesion, adaptability, role flexibility, open and direct communication, communication that includes attending to the affect and content of messages from other family members, expressing feelings and thoughts openly, clear perception of reality and feelings of security, safety and trust with one another. Couples who grow up in families with these characteristics tend to acquire these characteristics themselves and bring them to the couple relationship.

Lewis, Beavers, Gossett and Phillips (1976) have identified a number of qualities characteristic of emotional health in families. These include the following: a strong parental coalition, an affiliative attitude toward encounters with others, respect for the subjectivity of others, open and direct communication, an understanding of the varied and complex needs and motivations of family members, high levels of initiative and enjoyment of the unique characteristics of each individual.

Stinnett (1979) identified the following characteristics associated with emotional health in family functioning: appreciation for one another, time spent together that is genuinely enjoyed by family members, good communication patterns, commitment to promoting the happiness and welfare of others in the family group, a high degree of religious orientation and the ability to deal with crises in a positive manner.

Barnhill (1979) identified components of emotional health in family systems and grouped them into four basic family themes: identity processes (individuation versus isolation and mutuality versus isolation), change (flexibility versus rigidity and stability versus disorganization), information processing (clear communication versus unclear perceptions and clear versus unclear communication), and role structuring (role reciprocity versus unclear roles or role conflict and clear versus diffuse or breached generational boundaries).

Fisher, Giblin and Hoopes (1982) identified the following as important aspects of emotional health in family functioning: a sense of belonging to the family, good communication, expressing feelings and thoughts openly, enjoyment of one another, feeling good about each other, acceptance of and support for each other's emotional needs,

a feeling of security, safety and trust with one another, the ability to depend upon one another to honor agreements and commitments, protection of individual family members against outside threats and doing things together that are rewarding, fun and enjoyable.

Perhaps growing up in families with these characteristics leads couples to perceive the reality of their relationship more clearly. Couples from families with these characteristics may learn to relate to others in an atmosphere of safety, trust and commitment. These couples may then be able to communicate honestly with each other, as well as hear the affect and content of the messages they communicate to one another. Family communication has been stressed by most family theorists from Nathan Ackerman to the present (Watzlawick et al., 1967, 1974; Satir, 1972).

Having learned to be open and direct in their communication, through listening, hearing and responding openly and in kind, these couples may be able to reach agreement (ie., similar perceptions), through interactional and consensus-building processes, regarding their couple adjustment. They may agree that their degree of couple adjustment is satisfying, not satisfying or lies somewhere in between.

Couples who grow up in families which either lack these characteristics or have lower degrees of them do not experience and learn these resources. These couples are less able to enter into the interactional and consensus-building processes which may lead to agreement regarding couple adjustment (ie., the couple has similar perceptions of their couple adjustment).

The theoretical and research literature on the relationship between family of origin emotional characteristics (and experiences) and second generation couple adjustment is consistent on one point. It strongly suggests families demonstrating healthy emotional characteristics, and thus providing developmental experiences in an environment characterized by the various factors associated with emotional health in families, influence higher degrees of couple adjustment (Bowen, 1978). Bowen suggested that children from emotionally healthy families grow up to be clearly autonomous and differentiated individuals with well-defined ego boundaries. Ideally, this sense of autonomy and differentiation of self from the family of origin enables these people as adults to enter into intimate relationships with other autonomous and differentiated persons. Paul (1981) has suggested that a major reason why differentiation of the self from the family of origin meets with resistance is that it functions as a reminder

of a kind of relational/role death for both the parent and the child. Napier (1971) has subjectively observed that most married couples are carefully matched in such basic areas as emotional maturity, self-esteem, general tension, tolerance for affective expression, role position in the family of origin and plans for family patterns to be evolved in the new marriage. Results of a study by Hovestadt and Wilcoxson (1983) support hypotheses regarding family of origin experiences and their impact on subsequent couple functioning, as well as adult development. The individuals who compose these couples are able to maintain autonomy and individuality, and at the same time enter into intimacy with one another.

The possibility of an association between family of origin emotional health, autonomy and intimacy and couple adjustment, with similar perceptions regarding couple adjustment as an intervening variable, poses an intriguing research question. There may be a sequential relationship among these variables in which family of origin emotional health may influence adult development, which in turn may influence the couple interactional and consensus-building processes, which may influence couple agreement and the development of a shared view regarding factors related to the couple relationship (ie., similar perceptions regarding family of origin emotional health, autonomy and

intimacy), which may ultimately influence couple adjustment. The reasoning here is somewhat circular, perhaps more circular than sequential. But this rationale for understanding the associations between the two variables has been supported by this and previously mentioned investigations. Future investigations will inherit the responsibility for attempting to investigate these associations. These will require rather complex research designs, as well as sophisticated hypotheses regarding the associations between these variables.

It is likely that a number of intervening or mediator variables are related to the association between family of origin emotional health and subsequent couple adjustment. Future investigations will inherit the task of identifying the nature and influence of these additional intervening or mediating variables.

The FOS was designed to measure emotional health, autonomy and intimacy in the family of origin and subsequent adult functioning. In this investigation it appeared to be useful in highlighting factors associated with emotional health in the family of origin. FOS measures of emotional health, autonomy and intimacy, in addition to reflecting processes associated with the family of origin, also provided adequate measures of emotional health in adult functioning. The

ten constructs which are measured by the FOS are associated with both (1) emotional health in the family of origin and (2) emotional health in adult functioning. As a measurement instrument for adult functioning, the FOS provided direct information on the emotional health of individuals who composed the couple dyads of this study and indirect or second-order information on the emotional health of the couple dyad itself.

Partial Correlation Analyses

Partial correlation analyses of the selected demographic variables revealed two distinct groups of variables. One group of selected demographic variables appeared to strongly influence the relationship between family of origin emotional health and couple adjustment. The other group of selected demographic variables appeared to have little influence upon the relationship between family of origin emotional health and couple adjustment. None of these partial correlations were statistically significant at the $p < .05$ level. The following selected demographic variables appeared to strongly influence the relationship between family of origin emotional health and couple adjustment: (1) couple living arrangements - the couple

not living together, (2) religious affiliation of the female - the female partner of the couple not being religiously affiliated, (3) religious affiliation of the male - the male partner of the couple being religiously affiliated and (4) stage in the family life cycle - married with children.

The variable, couple living arrangements - not living together, appeared to strongly influence, and thus mask, the basic relationship between family of origin emotional health and couple adjustment. Controlling for this variable, the original correlation increased from .34 to .99, and the $r_{\text{difference}}^2$ was .8448. Couple living arrangements - not living together appeared to mask the basic relationship between family of origin emotional health and couple adjustment (Table 12).

Religious affiliation appeared to have an important effect upon the relationship between family of origin emotional health and couple adjustment for the sample couples. Religious affiliation was associated with this relationship in different ways for the sample couples based upon gender.

The variable, female religious affiliation - not affiliated, appeared to strongly influence, and thus mask, the basic relationship between family of origin emotional health

and couple adjustment. Controlling for this variable, the correlation increased from .34 to .91 and the $r_{\text{difference}}^2$ was .7125. Female religious affiliation - not affiliated appeared to mask the basic relationship between family of origin emotional health and couple adjustment (Table 12).

The variable, male religious affiliation - affiliated, appeared to strongly influence, and thus mask, the basic relationship between family of origin emotional health and couple adjustment. Controlling for this variable, the correlation increased from .34 to .91 and the $r_{\text{difference}}^2$ was .7125. Male religious affiliation - affiliated appeared to mask the basic relationship between family of origin emotional health and couple adjustment (Table 12).

The variable, stage in the family life cycle - married with children, appeared to strongly influence, and thus mask, the basic relationship between family of origin emotional health and couple adjustment. Controlling for this variable, the correlation increased from .34 to .91 and the $r_{\text{difference}}^2$ was .7125. Stage in the family life cycle - married with children appeared to mask the basic relationship between family of origin emotional health and couple adjustment (Table 12).

These selected demographic variables, exerting a strong masking influence upon the relationship between family of origin emotional health and couple adjustment, may highlight areas of intergenerational family theory and related demographics much in need of additional research. Though these partial correlations were not statistically significant, they do provide additional information on the basic relationship between family of origin emotional health and couple adjustment which ought to be incorporated into intergenerational theory regarding couple adjustment.

Gender Differences

Important gender differences appeared at different points in this investigation. Gender differences were revealed when correlating responses for males and females on the FOS with the selected demographic variables. For males moderate and significant correlations were found between total FOS mean scores and religious affiliation (-.46*) and FOS autonomy mean scores and religious affiliation (-.48*) (Table 10). For males, higher family of origin emotional health and autonomy appeared to be moderately and significantly associated with less religious affiliation.

Gender differences appeared next when correlating FOS mean scores with male and female DAS mean scores (.45*) (Table 11). For males, higher family of origin emotional health appeared to be moderately and significantly associated with couple adjustment.

These results indicate that men growing up in homes where they perceived the emotional health as being high also tended to perceive their couple adjustment as being high. Men who grew up in homes where they perceived the emotional

health as being low also tended to perceive their couple adjustment as low.

Gender differences were also found among the other statistically significant correlations of this investigation (Appendix E). For males there were two statistically significant correlations: total FOS mean scores and educational level of the female (.46*) and FOS autonomy mean scores and educational level of the female (.47*). Males who developed in families high in overall emotional health were more likely to have relationships with highly educated females. Males who developed in families high in autonomy were more likely to have relationships with highly educated females.

These results indicate that higher emotional health in the family of origin appears to influence developmental issues relating to autonomy and intimacy in a positive manner. The adult children of these families, particularly the males, tend to emerge with better emotional resources regarding their adult functioning, as indicated by their ability to function with autonomy and relate to others with intimacy. These emotional resources - autonomy and intimacy - may in some way influence these men to enter into relationships with more highly educated females.

In a similar manner, higher autonomy experienced in the family of origin may lead to the emergence of adult children, particularly the males, whose level of adult functioning is high in terms of their ability to function autonomously. As mentioned previously, this may in some way influence these men to enter into relationships with more highly educated females.

A chief finding across many studies has concerned gender differences in relation to the association between family of origin emotional health and couple adjustment. Women who have positive relationships with their mothers have better marriages. For men who have closeness to their mothers, there appears to be no important impact during the early years of marriage, but it does predict poorer couple adjustment later in the relationship. Both men and women who are closer to their fathers experience better couple adjustment (Kelley & Conley, 1985).

Women, as "relationship specialists", have better communication skills and are more persistent in their efforts to resolve areas of relational conflict. Men, instead, are more likely to withdraw in the face of conflict and emotional intensity.

Social and emotional bonds between women and their family of origin remain stronger than those between men and their family of origin (Sweetser, 1963; Chodorow, 1978). Over time, the female's family of origin becomes a more important predictor of couple adjustment.

Women who come from families of origin which are better at expressing individual feelings and viewpoints may be better able to arrive at a shared set of ground rules with their partners and hence, are better adjusted in their couple relationship. Greater couple adjustment is reported by women whose partners reported greater expressiveness in their family of origin (Chodorow, 1978).

CONCLUSIONS

Hypotheses Testing

The findings from this investigation of the association between family of origin emotional health and couple adjustment must be kept in proper perspective: they are preliminary results from an exploratory analysis based upon self-report data from a small volunteer clinical sample. Measures of family of origin emotional health

and couple adjustment were both based upon self-reports, which are rather primitive indicators of the variables being studied.

The hypotheses regarding a direct, statistically significant relationship between family of origin emotional health, autonomy and intimacy and couple adjustment were not confirmed in this exploratory investigation. The relationship between family of origin emotional health, autonomy and intimacy and couple adjustment received moderate support (.34, .31, and .35, respectively), although it was not statistically significant. This finding was valid for the sample couples only and thus was not generalizable. It did, however, show positive direction and moderate strength for the relationship between the two variables (Table 5).

Correlating Couple FOS Mean Scores
And Couple DAS Discrepancy Scores

Most importantly, in a manner similar to findings in other research on this subject, a statistically significant association was found between emotional health, autonomy and intimacy in the family of origin and similar perceptions

regarding couple adjustment ($-.50^*$, $-.51^*$ and $-.47^*$, respectively). Couples who come from families of origin high in emotional health, autonomy and intimacy have similar views regarding their couple adjustment. Couples who come from families of origin lower in emotional health, autonomy and intimacy have less similar views regarding their couple adjustment.

Similar perceptions regarding couple adjustment appears to be a mediating variable between family of origin emotional health and couple adjustment. There may be a sequential or circular relationship between family of origin emotional health, similar perceptions regarding couple adjustment and couple adjustment itself.

Similar perceptions (agreement) regarding couple adjustment may be the result of couple interactional and consensus-building processes among couples who grew up in families high in emotional health. Agreement (similar perceptions) regarding the degree of adjustment experienced by the couple seems to be related to characteristics associated with emotional health in families. Wamboldt and Reiss (1989) hypothesized that family of origin experiences impact couple relational satisfaction through the mediation effect of the interactional processes occurring within the couple relationship.

These families provide their adult children with a strong sense of differentiated identity, the personal freedom to be autonomous, and the ability to enter into intimate relationships with other people. In addition, these families provide their adult children with communication and reality-orientation skills which enable them to negotiate relationship issues in ways which result in a shared view of the couple relationship.

Pope and Mueller (1976) have predicted that future research would show two important findings. First, no direct causal effect exists between parental disruption and marital instability. Rather, the effect is mediated or transmitted through a number of intervening factors. Secondly, no single intervening factor would be found to be the transmitter variable. Instead, several factors with varying impact would contribute to the intergenerational transmission effect. This investigation has identified one variable which appears to be a component of the intergenerational transmission effect - similar perceptions regarding couple adjustment. Future investigations will provide empirical support for the prediction by Pope and Mueller (1976) that the intergenerational transmission effect is composed of several factors (variables) with varying impact (Table 8).

DAS And FOS Mean Scores Correlated With
Selected Demographic Variables
By Gender

When FOS mean scores and DAS mean scores were correlated with the selected demographic variables of the sample by gender, a number of findings were of interest. Couple adjustment for males and females was negatively and significantly associated with the presence of sexual affairs ($-.55^*$ and $-.61^*$, respectively).

Higher family of origin emotional health and autonomy for males were moderately, negatively, and significantly associated with religious affiliation ($-.46^*$ and $-.48^*$, respectively). Males who grew up in families higher in emotional health and autonomy tended to be less religiously affiliated. For females, higher family of origin emotional health was not moderately nor significantly associated with any of the selected demographic variables (Table 9 and 10).

FOS Mean Scores Correlated With DAS Mean Scores
By Gender

The relationship between family of origin emotional health and couple adjustment for males received moderate and statistically significant support in this investigation (.45*). Males who developed in families high in emotional health tended to perceive their couple adjustment as high. Family of origin emotional health was less important in predicting couple adjustment for females (Table 11).

The research literature indicates that couple adjustment, as a construct, involves a multidimensional conceptualization. Since it appears that a number of factors influence couple adjustment, a model for understanding the various factors which influence couple adjustment would most likely have to be multidimensional in nature.

Other Statistically Significant Correlations

Two additional statistically significant correlations (at the $p < .05$ level of confidence) were found in this investigation. Emotional health in the family of origin of the male was significantly and moderately associated with the educational level of the female (.46*). Males who developed in families high in emotional health were more likely to develop relationships with highly educated females. And autonomy in the family of origin of the male was significantly and moderately associated with the educational level of the female (.47*). Males who developed in families high in autonomy were more likely to develop relationships with highly educated females.

Gender Differences

A number of statistically significant (at the $p < .05$ level) gender differences were revealed in this investigation. The following statistically significant associations revealed what appeared to be important gender differences for males:

- (1) Moderate and significant associations were found between higher family of origin emotional health and autonomy and religious affiliation ($-.46^*$ and $-.47^*$, respectively). For males higher family of origin emotional health and autonomy was moderately and significantly associated with less religious affiliation.
- (2) A moderate and significant association was found between higher family of origin emotional health and couple adjustment ($.45^*$). For males higher family of origin emotional health was moderately and significantly associated with couple adjustment. This result suggests that men growing up in homes where they perceived the emotional health as being high also tended to perceive their couple adjustment as high.
- (3) Moderate and significant associations were found between higher family of origin emotional health and autonomy and educational level of the female ($-.46^*$ and $-.47^*$, respectively). Males who developed in families high in emotional health were likely to have relationships with better educated females. Males who developed in families

high in autonomy were likely to have relationships
with better educated females (.47*).

Implications for Future Theory and Research

Among the important theoretical components in the published family of origin literature are hypotheses regarding the association between family of origin emotional health and second generation couple adjustment. Specifically, these theories suggest there is a direct relationship between family of origin emotional health and couple adjustment. This exploratory study has contributed additional information on these theoretical hypotheses by identifying specific components of the association between emotional health in the families of origin and couple adjustment.

Emotional health in the family of origin appeared to moderately influence couple adjustment for this sample. The FOS, as an assessment instrument for perceived degree of emotional health in the family of origin, served a very useful role in providing additional knowledge regarding family of origin impact upon second generation couple adjustment.

While the working hypotheses of this investigation were rejected, the basic correlations of .34, .31, and .35 between family of origin emotional health, autonomy and intimacy and couple adjustment demonstrated a moderate

association for this sample. Future studies should continue to explore the specifics of this association through replications of this investigation.

Ratings of family of origin emotional environments and degree of couple adjustment were obtained only from members of the couple dyad. Because of this, replication of these findings should occur in studies with methodological refinements. These could include, in addition to self-reports, observational strategies and reports of other family members.

Family of origin emotional health was significantly associated with similar perceptions regarding couple adjustment. Theory regarding the relationship between emotional health in the family of origin and couple adjustment should include similarity of perceptions as an important construct in developing hypotheses about emotional health in the family of origin and its impact upon couple adjustment. Wamboldt and Reiss (1989) have suggested that future research regarding family of origin experience should focus on ways in which those experiences influence the interactional processes within the couple relationship and thereby contribute to either greater or lesser couple adjustment.

Theoretically, similarity of perceptions regarding couple adjustment may actually serve as an intervening variable between emotional health in the family of origin and couple adjustment. Future investigations should develop hypotheses focusing on the possible association between similarity of perceptions regarding couple adjustment and actual degree of couple adjustment. Degree of couple adjustment could be measured using self-reports, observational strategies and reports by other family members.

The role of gender differences in relation to couple adjustment was another variable which received attention in this investigation. It is suggested that gender differences be incorporated into hypotheses regarding the relationship between emotional health in the family of origin and couple adjustment, as well as hypotheses regarding emotional health in the family of origin and similarity of perceptions regarding couple adjustment.

One of the continuing problems with the attempt to measure emotional health in the family of origin is the complexity of the theoretical concept. This theoretical concept encompasses both subjective and objective information, as well as intrapersonal and interpersonal perspectives. It is reasonable to expect the dimensions of autonomy and intimacy, as primary components of emotional health in

the family of origin, to become more clearly articulated in the research literature. It is also important to note that other substantial constructs may exist in the family of origin emotional health dimension. The FOS, therefore, is meant to be neither comprehensive nor exhaustive in determining this dimension. More research is needed to measure variables such as gender, gender role, ethnicity, marital status, physical health and economic status. Valid and reliable measurement instruments are needed to implement this research.

The results of this investigation suggested that the association between family of origin emotional health and second generation couple adjustment is a fruitful area for further research. Efforts in the areas of research and theory construction are needed to increase our understanding of the ways in which family of origin emotional experience is brought into current couple relationships. Future research should examine family of origin emotional health as it appears to influence the interactional process which occurs within the couple relationship and which may ultimately influence couple adjustment. Most importantly, future studies should avoid the simplicity of many of the conceptual components used in previous family of origin research and couple adjustment research, and instead pursue more comprehensive

conceptualizations in investigating this area of intergenerational family research. Multivariate analyses of variables related to couple adjustment would be useful in this regard.

Various research design improvements are necessary before investigations of the association between family of origin emotional health and couple adjustment may be considered methodologically sound. These include specification and control of the variables, inclusion of follow-up investigations to determine change and stability in variables and associations, and the use of different samples of appropriate size. Comparative studies will be important for answering the question of specificity - the question of what associations are significant, for whom, under what conditions, and for what type of clinical and non-clinical populations.

In addition, a commonly accepted scoring methodology should be developed in order that individual scores could be utilized to reflect couple data more accurately. The use of discrepancy scores continues to be problematic in terms of what discrepancy scores actually mean and how they may be appropriately utilized in hypothesis testing and correlational analyses. The transformation of individual data into couple data will require conceptual refinement

as a starting point, followed by more precise operational definitions.

This investigation would have been greatly improved with a larger sample, as well as by comparing a clinical sample with a non-clinical sample. In addition, the FOS and/or DAS could have been used as pretest-posttest measures of therapeutic progress in order to ascertain therapeutic progress from the perspective of family of origin therapy.

Future work with the FOS should seek to identify particular patterns of development within the family of origin which can be assessed using this instrument. "With the FOS, the important research questions may begin to be addressed, such as 'How important are healthy family of origin experiences in facilitating change in family therapy?' or 'What aspects of present adult functioning correlate with health in one's family of origin?'" (Hovestadt et al., 1985: 296). In addition, future work with the FOS should focus on those aspects of family of origin emotional health which are most important in influencing subsequent couple adjustment.

This study has contributed additional valuable information on the utility of the Family of Origin Scale. The FOS appears to be a useful measurement instrument for research

in clinical and non-clinical settings (Gavin & Wamboldt, 1992). This investigation found that the FOS demonstrated predictive ability with regard to the degree of similarity with which the couple views their degree of adjustment. Despite the problems inherent in the use of individual self-report instruments, the FOS appeared to be a valid indicator of family system emotional health.

Implications for Marital and Family Therapy

Emotional health in the family of origin appears to contribute to couple adjustment, higher degrees of which are often among the goals of marital and family therapy. In marital and family therapy, the FOS is a useful measurement instrument for ascertaining emotional health in the family of origin, as well as the level of adult development of the client(s). The FOS measures perceptions of family of origin experience and is based upon the assumption that what is perceived as being real is reality. This philosophical issue has important implications for the field of family therapy. "The FOS was developed to assist persons in becoming more conscious of their own perception of the degree of health of the family in which

they spent most of their childhood" (Hovestadt et al., 1985: 295).

This instrument utilizes two constructs - autonomy and intimacy - to assess emotional health in the family of origin and its influence upon adult development. Autonomy and intimacy are considered important components of adult development. A strongly differentiated person scores high on the total FOS, as well as the autonomy and intimacy subscales. A poorly differentiated person scores low on total FOS, as well as the autonomy and intimacy subscales. Scores on the autonomy and intimacy subscales of the FOS, as well as total FOS scores, signify perceived degree of these characteristics. In marital and family therapy these scores may be used with couples to help them understand differences in the couple relationship which may be affecting couple adjustment.

The FOS autonomy subscale is composed of five constructs relating to family of origin emotional autonomy. These constructs include clarity of expression, responsibility, respect for others, openness to others and separation and loss. Each of these constructs may be used as a goal in marriage and family therapy. The FOS intimacy subscale is composed of five constructs relating to family of origin emotional intimacy. These constructs include range of

feelings, mood and tone, conflict resolution, empathy and trust. Each of these constructs may also be used as a goal in marriage and family therapy.

The scores on these constructs may be used by the therapist to create a profile of the client's perceptions of her/his family of origin emotional characteristics. Discussion and insight centering around this profile may help the client understand his/her emotional functioning in terms of what he/she learned and experienced in the family of origin. Comparison of the profiles of both couple partners may aid the couple in understanding the similarities and differences in their emotional backgrounds, and how these differences may be influencing their current relationship.

When assessing couple adjustment from a family of origin perspective, this investigation highlighted the finding that higher degrees of emotional health, autonomy and intimacy experienced in the family of origin were associated with more similarity in perceptions regarding couple adjustment. Conversely, lower degrees of emotional health, autonomy and intimacy experienced in the family of origin were associated with less similarity in perceptions regarding couple adjustment. While similarity of perceptions regarding couple adjustment cannot be equated with either higher or lower degrees of couple adjustment,

therapeutic examination of differences in perception regarding couple adjustment may be linked to the degree of emotional health, autonomy and intimacy experienced in the family of origin. In this way, examination of family of origin emotional characteristics may lead to a better understanding on the part of the couple of the differences they perceive in the ways they are adjusted as a couple. Examination of these relational and therapeutic issues may lead to higher degrees of couple adjustment in the context of marital and family therapy.

The FOS identifies strengths and weaknesses related to the adult development of the individual members of the couple dyad, as well as identification of family of origin emotional issues which are impediments to the couple relationship. An extremely low score on the FOS might indicate a cut-off of emotional ties with the family of origin, which is an important therapeutic issue.

The goal of family of origin therapy is one of freeing the client from entanglements that may have sources in the past, but are present in both the extended family and the second generation couple relationship. When the therapist is working with a couple, the FOS can be used to help each spouse become aware of childhood influences and the legacy these have in the couple relationship.

In addition, the FOS may be used to identify unresolved issues which may exist between a client and his/her parents, and which are negatively impacting couple adjustment.

The results of this investigation suggest that marriage and family therapy should focus on the couple interactional and consensus-building processes. The ways in which couples reach agreement regarding relational issues may become both an issue and a goal in therapy. Self-expression skills, communication skills and negotiation skills may become important therapeutic goals. Exploring the similarities and differences in the ways couples communicate may be related to differences in emotional health in their families of origin.

Therapy should also focus on the autonomy and intimacy capabilities of couple members. A primary goal of therapy should be increased differentiation of self among each couple member. Impediments to this may be found in the family of origin emotional experience.

Psychoeducational efforts for males in the therapeutic context may be helpful in treating males who are seeking to achieve better couple adjustment. Females acquire many of the skills necessary for higher degrees of couple adjustment through socialization processes inherent in

family life. Males, on the other hand, acquire their skills for couple adjustment mainly through modeling. Psychoeducational skill development for males in therapy, especially self-expression, communication and negotiation skills, may be helpful in order for males to achieve better couple adjustment. While low perceptions of emotional health in the family of origin of the male may not be changed, what is learned in the family of origin can be unlearned and replaced with better learnings. This may result in males acquiring more effective skills, which they may use in the interactional and consensus-building processes which lead to better couple adjustment. This may also result in removing from females the awesome burden of being the "relational specialist" in the couple relationship.

Gender differences have been largely overlooked in family theory and family therapy. The theory and practice of family therapy must integrate the gender-based differences in couple adjustment.

Couple adjustment appeared to be moderately associated with a number of demographic variables for males and females in this investigation. For females these variables were the following: religious affiliation, couple living arrangements, presence of sexual affairs and relationship

length. For males these variables were the following: geographical proximity to the male's family of origin and presence of sexual affairs. In the context of therapy, issues related to couple adjustment must be understood in light of these and other demographic variables. Each of the above demographic variables for females and males may be influencing couple adjustment in both helpful and unhelpful ways. Factoring these variables into the treatment process of therapy will help the client(s) move toward higher degrees of couple adjustment.

In therapy, treatment may focus on improving the adult functioning of males and females who grew up in home environments characterized by lower degrees of emotional health, autonomy and intimacy. Treatment focused on enhancing their ability to function more autonomously, as well as treatment focused on increasing their ability to engage in greater intimacy with their partners, may result in higher degrees of couple adjustment.

Couple adjustment was negatively associated with the presence of sexual affairs for both males and females in this investigation. The effect of a sexual affair by one or both partners of the couple dyad appeared to have a negative effect on both the male and the female in this investigation. Both partner's ability to achieve a higher

degree of couple adjustment in a relationship where a sexual affair has occurred may require therapeutic interventions which focus on the role of the sexual affair in the couple relationship, inadequacies in the couple relationship and changes which will help the couple achieve more satisfaction from their relationship. In addition, the place of forgiveness in the life of the partner who had the affair, as well as in the life of the other partner, may be the goal of a therapeutic intervention.

This investigation demonstrated that the FOS has multiple applications in the therapeutic process. It may be administered when therapy begins or when family of origin issues become the focus of therapy. The FOS serves a double role of providing insight into the current couple relationship and also an intervention technique which helps the couple focus on intergenerational family issues. By comparing the scores of individual members of the couple dyad, the clinician can observe similarities and differences between partners on perceptions regarding their experiences of emotional health, autonomy and intimacy in the family of origin. Sharing with the couple the similarities and differences in their responses on the FOS may help the couple understand the difficulties they are experiencing in the couple relationship, as well as differing perceptions of family of origin relationships.

APPENDICES

APPENDIX A

The Dyadic Adjustment Scale

The Dyadic Adjustment Scale Score Sheet

How often would you say the following events occur between you and your mate?

	Never	Less Than Once or Once a Month	Once or Twice a Month	Once or Twice a Week	Once a Day	More Often
25. Have a stimulating exchange of ideas?	_____	_____	_____	_____	_____	_____
26. Laugh together	_____	_____	_____	_____	_____	_____
27. Calmly discuss something	_____	_____	_____	_____	_____	_____
28. Work together on a project	_____	_____	_____	_____	_____	_____

These are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences of opinion or were problems in your relationship during the past few weeks. (Check yes or no)

- | | Yes | No | |
|-----------|-------|-------|-------------------------|
| 29. _____ | _____ | _____ | Being too tired for sex |
| 30. _____ | _____ | _____ | Not showing love |

31. The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy", represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship.

Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect
.

2. Which of the following statements best describes how you feel about the future of your relationship?

- _____ I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
- _____ I want very much for my relationship to succeed, and will do all I can to see that it does.
- _____ I want very much for my relationship to succeed, and will do my fair share to see that it does.
- _____ It would be nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.
- _____ It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.

Janier, G.B. (1976). Measuring dyadic adjustment: New Scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family*, 38, 15 - 28.

APPENDIX B

The Family of Origin Scale

The Family of Origin Scale Score Sheet

The Family of Origin Scale Profile

The Family of Origin Scale Discussion Sheet

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THE FAMILY-OF-ORIGIN SCALE

Name _____

Date _____

Length of relationship _____

Age _____

Directions: The family of origin is the family with which you spent most or all of your childhood years. This scale is designed to help you recall how your family of origin functioned.

Each family is unique and has its own ways of doing things. Thus, there are no right or wrong choices in this scale. What is important is that you respond as honestly as you can.

In reading the following statements, apply them to your family of origin, as you remember it. Using the following scale, circle the appropriate number. Please respond to each statement.

Key:

- 5(SA) = Strongly agree that it describes my family of origin.
- 4(A) = Agree that it describes my family of origin.
- 3(N) = Neutral.
- 2(D) = Disagree that it describes my family of origin.
- 1(SD) = Strongly disagree that it describes my family of origin.

	SA	A	N	D	SD
1. In my family, it was normal to show positive and negative feelings.	5	4	3	2	1
2. The atmosphere in my family usually was unpleasant.	5	4	3	2	1
3. In my family, we encouraged one another to develop new friendships.	5	4	3	2	1
4. Differences of opinion in my family were discouraged.	5	4	3	2	1
5. People in my family often made excuses for their mistakes.	5	4	3	2	1
6. My parents encouraged family members to listen to one another.	5	4	3	2	1
7. Conflicts in my family never got resolved.	5	4	3	2	1
8. My family taught me that people were basically good.	5	4	3	2	1
9. I found it difficult to understand what other family members said and how they felt.	5	4	3	2	1
10. We talked about our sadness when a relative or family friend died.	5	4	3	2	1
11. My parents openly admitted it when they were wrong.	5	4	3	2	1
12. In my family, I expressed just about any feeling I had.	5	4	3	2	1
13. Resolving conflicts in my family was a very stressful experience.	5	4	3	2	1

14.	My family was receptive to the different ways various family members viewed life.	5	4	3	2	1
15.	My parents encouraged me to express my views openly.	5	4	3	2	1
16.	I often had to guess at what other family members thought or how they felt.	5	4	3	2	1
17.	My attitudes and my feelings frequently were ignored or criticized in my family.	5	4	3	2	1
18.	My family members rarely expressed responsibility for their actions.	5	4	3	2	1
19.	In my family, I felt free to express my own opinions.	5	4	3	2	1
20.	We never talked about our grief when a relative or family friend died.	5	4	3	2	1
21.	Sometimes in my family, I did not have to say anything, but I felt understood.	5	4	3	2	1
22.	The atmosphere in my family was cold and negative.	5	4	3	2	1
23.	The members of my family were not very receptive to one another's views.	5	4	3	2	1
24.	I found it easy to understand what other family members said and how they felt.	5	4	3	2	1
25.	If a family friend moved away, we never discussed our feelings of sadness.	5	4	3	2	1
26.	In my family, I learned to be suspicious of others.	5	4	3	2	1
27.	In my family, I felt that I could talk things out and settle conflicts.	5	4	3	2	1
28.	I found it difficult to express my own opinions in my family.	5	4	3	2	1
29.	Mealtimes in my home usually were friendly and pleasant.	5	4	3	2	1
30.	In my family, no one cared about the feelings of other family members.	5	4	3	2	1
31.	We usually were able to work out conflicts in my family.	5	4	3	2	1
32.	In my family, certain feelings were not allowed to be expressed.	5	4	3	2	1
33.	My family believed that people usually took advantage of you.	5	4	3	2	1
34.	I found it easy in my family to express what I thought and how I felt.	5	4	3	2	1
35.	My family members usually were sensitive to one another's feelings.	5	4	3	2	1

36.	When someone important to us moved away, our family discussed our feelings of loss.	5	4	3	2	1
37.	My parents discouraged us from expressing views different from theirs.	5	4	3	2	1
38.	In my family, people took responsibility for what they did.	5	4	3	2	1
39.	My family had an unwritten rule: Don't express your feelings.	5	4	3	2	1
40.	I remember my family as being warm and supportive.	5	4	3	2	1

(Hovestadt, A.J., Anderson, W.P., Piercy, F.T., Cochran, S.W. & Fine, M. (1985). A family of origin scale. *Journal of Marital and Family Therapy*, 11, 3, 287 - 297)

Name _____

Date _____

FAMILY OF ORIGIN SCALE
SCORE SHEET

Autonomy Subscale

<u>Subscore</u>	<u>Construct</u>	<u>Score</u>
<u>A. Clarity of expression</u>		
___* 9.	I found it difficult to understand what other family members said and how they felt.	_____
___*16.	I often had to guess at what other family members thought or how they felt.	
___ 24.	I found it easy to understand what other family members said and how they felt.	
___ 34.	I found it easy in my family to express what I thought and how I felt.	
<u>B. Responsibility</u>		
___* 5.	People in my family often made excuses for their mistakes.	_____
___ 11.	My parents openly admitted it when they were wrong.	
___*18.	My family members rarely expressed responsibility for their actions.	
___ 38.	In my family, people took responsibility for what they did.	
<u>C. Respect for others</u>		
___* 4.	Differences of opinion in my family were discouraged.	_____
___ 15.	My parents encouraged me to express my views openly.	
___ 19.	In my family, I felt free to express my own opinions.	
___*28.	I found it difficult to express my own opinions in my family.	
<u>D. Openness to others</u>		
___ 6.	My parents encouraged family members to listen to one another.	_____
___ 14.	My family was receptive to the different way various family members viewed life.	
___*23.	The members of my family were not very receptive to one another's view.	
___*37.	My parents discouraged us from expressing views different from theirs.	

E. Acceptance of separation and loss

- ___ 10. We talked about sadness when a relative or family friend died.
- ___ *20. We never talked about our grief when a relative or family friend died.
- ___ *25. If a family friend moved away, we never discussed our feelings of sadness.
- ___ 36. When someone important to us moved away, our family discussed our feelings of loss.

Total Autonomy Score _____

IntimacySubscore ConstructA. Range of feelings

- ___ 1. In my family, it was normal to show both positive and negative feelings.
- ___ 12. In my family, I expressed just about any feeling I had.
- ___ *32. In my family, certain feelings were not allowed to be expressed.
- ___ *39. My family had an unwritten rule: Don't express your feelings.

B. Mood & Tone

- ___ 29. Mealtimes in my home usually were friendly and pleasant.
- ___ 40. I remember my family as being warm and supportive.
- ___ * 2. The atmosphere in my family usually was unpleasant.
- ___ *22. The atmosphere in my family was cold and negative.

C. Conflict Resolution

- ___ 27. In my family, I felt that I could talk things out and settle conflicts.
- ___ 31. We usually were able to work out conflicts in my family.
- ___ * 7. Conflicts in my family never got resolved.
- ___ *13. Resolving conflicts in my family was a very stressful experience.

D. Empathy

- ___ 21. Sometimes in my family, I did not have to say anything but I felt understood.
- ___ 35. My family members usually were sensitive to one another's feelings.
- ___ *17. My attitudes and feelings frequently were ignored or criticized in my family.

___*30. In my family, no one cared about the feelings of others family members.

E. Trust

___ 3. In my family, we encouraged one another to develop new friendships.

___ 8. My family taught me that people were basically good.

___*26. In my family, I learned to be suspicious of others.

___*33. My family believed that people usually took advantage of you.

Total Intimacy Score _____

TOTAL FOS SCORE _____

FOS

204

Client Name _____
Age _____ Sex _____
Highest level of education _____
Occupation _____

FAMILY OF ORIGIN SCALE

FOS PROFILE

Therapists who wish to complete a profile should first record the client's total score for each construct in the row of boxes below. Then place an X on the dot indicating the total score for that construct. A line to connect the X's should then be drawn. Interpretation of perceived health in the family of origin: LOW 4 - 8; AVERAGE/MID-RANGE 9 - 15; HIGH 16 - 20

Total Score	Clarity of Expression	Responsibility	Respect for Others	Openness to Others	Separation and Loss	Range of Feelings	Mood and Tone	Conflict Resolution	Empathy	Trust
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4

(Hovestadt et al. (1985). A family of origin scale. Journal of Marital and Family Therapy, 11, 3, 287 - 297)

THE FAMILY OF ORIGIN SCALE DISCUSSION SHEET

Directions: The family of origin is the family with which you spent most or all of your childhood years. This discussion sheet lists ten constructs (clarity of expression, responsibility, respect for others, openness to others, acceptance of separation and loss, range of feelings, etc.) that are associated with healthy family functioning. After each construct there are several statements. READ each statement and then underscore those statements which are similar to your family-of-origin, as you remember it.

- | | Low | Average | High |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|------|
| 1. CLARITY OF EXPRESSION
Thoughts and feelings were clear in my family of origin; I found it difficult to understand what other family members said and how they felt; I often had to guess at what other family members thought or how they felt; I found it easy in my family to express what I thought and how I felt. | — | — | — |
| 2. RESPONSIBILITY
Family members claimed responsibility for their own actions in my family of origin; People in my family often made excuses for their mistakes; My parents openly admitted it when they were wrong; My family members rarely expressed responsibility for their actions; In my family, people took responsibility for what they did. | — | — | — |
| 3. RESPECT FOR OTHERS
Family members were allowed to speak for themselves in my family of origin; Differences of opinion in my family were discouraged; My parents encouraged me to express my views openly; In my family, I felt free to express my own opinions; I found it difficult to express my own opinions in my family. | — | — | — |
| 4. OPENNESS TO OTHERS
Family members were receptive to others in my family of origin; My parents encouraged family members to listen to one another; My family was receptive to the different ways various family members viewed life; The members of my family were not very receptive to one another's views; My parents discouraged us from expressing views different from theirs. | — | — | — |

5. **ACCEPTANCE OF SEPARATION & LOSS**

In my family of origin separation and loss were dealt with openly; We talked about our sadness when a relative or family friend died; We never talked about our grief when a relative or family friend died; If a family friend moved away, we never discussed our feelings of sadness; When someone important to us moved away, our family discussed our feelings of loss.

6. **RANGE OF FEELINGS**

In my family of origin people expressed a wide range of feelings; In my family, it was normal to show both positive and negative feelings; In my family, I expressed just about any feeling I had; In my family, certain feelings were not allowed to be expressed; My family had an unwritten rule: Don't express your feelings.

7. **MOOD AND TONE**

A warm positive atmosphere existed in my family of origin; The atmosphere in my family usually was unpleasant; The atmosphere in my family was cold and negative; Mealtimes in my home usually were friendly and pleasant; I remember my family as being warm and supportive.

8. **CONFLICT RESOLUTION**

In my family of origin normal conflicts were resolved without undue stress; Conflicts in my family never got resolved; Resolving conflicts in my family was a very stressful experience; In my family, I felt that I could talk things out and settle conflicts; We usually were able to work out conflicts in my family.

9. **EMPATHY**

Family members were sensitive to one another in my family of origin; My attitudes and my feelings frequently were ignored or criticized in my family; Sometimes in my family, I did not have to say anything, but I felt understood; In my family, no one cared about the feelings of other family members; My family members usually were sensitive to one another's feelings.

10. **TRUST**

In my family of origin we saw human nature as basically good; In my family, we encouraged one another to develop new friendships; My family taught me that people were basically good; In my family, I learned to be suspicious of others; My family believed that people usually took advantage of you.

— — —

Hovestadt et al. (1985). A family of origin scale. *Journal of Marital and Family Therapy*, 11, 3, 287 - 297.

APPENDIX C

Instrumentation

This study utilized two standardized instruments to operationalize the dependent variable, degree of couple adjustment, and the independent variable, degree of emotional health in the family of origin.

The instrument used to operationalize the dependent variable, degree of couple adjustment, was the Dyadic Adjustment Scale. The Dyadic Adjustment Scale (DAS) was developed by Graham Spanier in 1967. It was designed as an assessment instrument for measuring the degree of adjustment in marital and couple dyads. It is a 32-item likert scale with four subscales. The four subscales measure dyadic satisfaction, dyadic cohesion, dyadic consensus and affectional expression. The DAS is a paper-and-pencil test, two pages in length, which can be self-administered.

The DAS was initially given to 218 white married people in central Pennsylvania. The sample consisted primarily of middle and working class people who worked for one of four corporate firms which agreed to participate in the study. The questionnaire was also mailed to every person in Centre County, Pennsylvania who had obtained a divorce during the past year. This group was asked to respond in terms of the last month they spent with their former

spouses. Ninety-four usable questionnaires were obtained from the sample of 400 persons. In addition, the questionnaire was also given to a small sample of never married cohabiting couples. No significant differences were found between male and female scores.

A factor analysis of the DAS produced four interrelated dimensions: dyadic consensus (the degree to which the couple agrees on matters of importance to the relationship); dyadic cohesion (the degree to which the couple engages in activities together); dyadic satisfaction (the degree to which the couple is satisfied with the present state of the relationship and is committed to its continuance); and affectional expression (the degree to which the couple is satisfied with the expression of affection and sex in the relationship).

The basic structure of the DAS and its subscales was supported in a subsequent study by Spanier and Thompson (1982). They used a technique called maximum likelihood confirmatory analysis to statistically evaluate whether the original factor study could be replicated in a new data set. Their sample of 205 couples consisted of recently separated or divorced couples from the same geographic region as the original study. The hypothesized structure of the DAS and its subscales was found to fit the data set, providing additional evidence of the existence of

the four basic conceptual dimensions of marital and couple adjustment contained in the DAS.

The potential range of scores for the total DAS is 0-151. The ranges for the subscales are: dyadic consensus, 0-65; dyadic cohesion, 0-24; dyadic satisfaction, 0-50; and affectional expression, 0-12. The total mean scores for the married and divorced samples in the original study were 114.8 and 70.7, respectively.

Psychometric characteristics of the DAS are quite impressive. Reliability for the entire 32 item scale using the coefficient alpha was .96; and for the subscales: dyadic consensus, .90; dyadic satisfaction, .94; dyadic cohesion, .86; and affectional expression, .73.

In terms of validity, items in the scale were evaluated for content validity by three judges according to the following criteria: (1) items in the scale had to be considered pertinent measures of dyadic adjustment for couple relationships during the 1970's, (2) items in the scale had to be consistent with other definitions offered by Spanier and Cole (1974), and (3) items in the scale had to be worded with appropriate response choices (Fredman and Sherman, 1987).

The DAS was correlated with the Locke-Wallace Marital Adjustment Test (Locke and Wallace, 1959) in order to assess its criterion-related validity with other similar scales measuring dyadic adjustment. The correlation between the scales was .86 among married couples and .88 among divorced couples. The DAS was found to have construct validity by conforming to Spanier's theoretical framework (Spanier, 1976; Spanier and Thompson, 1982).

The DAS was chosen for this study because it is a reliable, valid and relevant measure which is useful for clinical and research purposes. In marital and couple therapy, it can be used to measure the degree of adjustment in the relationship and the effectiveness of treatment. In family therapy, it can be used to measure types and degree of adjustment within the marital or couple subsystem. The DAS incorporates the basic principles of all good research instruments - measurability and replicability. It has been used in over 1,000 studies measuring couple relationships and is a classic instrument in the field of measurement of couple relationships.

The instrument used to operationalize the independent variable, degree of emotional health in the family of origin, was the Family of Origin Scale. This scale was developed by Alan J. Hovestadt, William T. Anderson, Fred P. Piercy, Samuel W. Cochran and Marshall Fine in 1983

(Hovestadt and Fine, 1985), and published in 1985. The Family of Origin Scale (FOS) operationalizes the concept of family of origin emotional health in terms of perceived degree of autonomy and perceived degree of intimacy as experienced in the family of origin. It is a 40-item, self-report instrument, devised to measure perception of emotional health in the family of origin. The FOS employs a 5-point likert measurement scale and has a range of score possibilities from 40-200. This self-report, paper-and-pencil questionnaire is easily completed in about ten minutes.

One-half of the FOS measures the subvariable of autonomy and one-half measures the subvariable of intimacy. The subvariable of autonomy is defined in terms of five constructs: clarity of expression (thoughts and feelings are clear in the family), responsibility (family members claim responsibility for their own actions), respect for others (family members are allowed to speak for themselves), openness to others (family members are receptive to one another), and acceptance of separation and loss (separation and loss are dealt with openly). Scores on the autonomy subscale range from 20-100. The subvariable of intimacy is also defined in terms of five constructs: range of feelings (family members express a wide range of feelings), mood and tone (a warm and positive atmosphere among family members), conflict resolution (normal conflicts are resolved

without undue stress), empathy (family members are sensitive to one another), and trust (family members see human nature as basically good). Scores on the intimacy subscale range from 20-100.

The individual's total score and subvariable scores are assigned values on a likert scale. Each statement on the scale has a response choice of five answers, ranked from "strongly agree to strongly disagree", and is given values of 5 to 1, respectively.

For the FOS, the authors have created a profile of degree of family of origin emotional health according to the following total scores:

Low level of emotional health in the family: 40-134

Medium level of emotional health in the family:
135-159

High level of emotional health in the family: 160-200

This scale was tested on 278 undergraduate and graduate students at East Texas University. Further information on this normative study has not yet been made available.

The psychometric properties of this relatively new instrument indicate a reliability of .97 for the total

scale. The autonomy subscale was found to have a median reliability of .77 and the intimacy subscale was found to have a median reliability of .73.

The FOS was correlated with the Healthy Family Functioning Scale (Sennott, 1981), another assessment instrument which measures perceived degree of emotional health in the family, for convergent validity. The results indicated a correlation between the two scales of .48 at $p < .01$ level. The FOS was also correlated with the Rational Behavior Inventory (Shorkey and Whiteman, 1977), which measures perception of marital health, for discriminatory validity. Significantly different perceptions of marital health were found, suggesting that individuals who perceived their family of origin as being higher in degree of emotional health had a more positive perception of marriage than those who perceived their family of origin as being lower in degree of emotional health.

One primary emotional construct seems to underlie the organization of the FOS and has been a dominant factor in all analyses of the FOS. This construct articulates the ability to express one's views, opinions and feelings within the family of origin, although they may be different from those of other family members and parents (Mazer et al., 1990).

The FOS was developed primarily for clinical assessment purposes. However, several recent studies suggest that the instrument may also be utilized for research purposes. Three recent studies have demonstrated the validity of the FOS in applied research. Mangrum (1989) compared the ratings of 158 adult male prison inmates on the FOS with the ratings of a large group (442) of college students. He found significant differences between the two groups on 36 of the 40 test items as well as on the mean ratings for the entire scale. Andrasi (1986) found that 38 adult children of alcoholics were significantly less favorable in their ratings of their family of origin than a comparison group of 94 subjects. Lee, Gordon and O'Dell (1989) reported the scores of 100 psychotherapy patients were significantly different from those of a similar number of nonpatients on all subscales of the FOS. Since the FOS has shown the ability to differentiate among clinical populations such as addicts, children of alcoholics, the mentally ill, and the incarcerated, implications for the use of the FOS in applied research are apparent.

Hovestadt (1987) reports that the FOS was designed primarily as a correlational instrument. As an assessment tool in clinical work, the FOS was never designed to measure pathology or dysfunction. The instrument does have some ability, however, to discriminate between high and low levels of adult functioning. Hovestadt (1987) has

identified the issue of predictive validity as the most important issue regarding the use of the FOS. He has also pointed out that a major weakness of the scale is the primitive idea that the constructs of autonomy and intimacy can be separated operationally (Hovestadt, 1987). His rationale for this view is that family relationships and processes are too complex to reduce to the simple concepts of autonomy and intimacy represented in the scale.

The FOS was utilized in this study because it was easy to administer, score and interpret, and served as an excellent clinical assessment tool for therapy with couples and families. In addition, it focused on perceptions of the family of origin experience, providing a useful tool for the measurement of perception of degree of emotional health in the family of origin. As mentioned previously, the basic principles of the investigative enterprise are measurability and replicability. These principles have been investigated by numerous researchers with regard to the FOS.

APPENDIX D

Selected Demographic Variable Research Instrument

COUPLE # _____

SELECTED DEMOGRAPHIC VARIABLE RESEARCH INSTRUMENT

<u>Variable #</u>	<u>Score</u>
(1) Gender	
1. Male	
2. Female	_____
(2) * Age of female partner	
1. Under age 20	
2. Ages 20 - 30	
3. Ages 31 - 40	
4. Ages 41 - 50	
5. Ages 51 - 60	
9. Missing data	_____
(3) * Age of male partner	
1. Under age 20	
2. Ages 20 - 30	
3. Ages 31 - 40	
4. Ages 41 - 50	
5. Ages 51 - 60	
9. Missing data	_____
(4) **Couple Occupational Status	
1. Neither partner working	
2. Male only working	
3. Female only working	
4. Both male and female working	
9. Missing data	_____
(5) * Educational level of the female partner	
1. Less than high school education	
2. High school education	
3. Attended college or technical school	
4. Graduated college or technical school	
5. Graduate school or other	
9. Missing data	_____
(6) * Educational level of the male partner	
1. Less than high school education	
2. High school education	
3. Attended college or technical school	
4. Graduated college or technical school	
5. Graduate school or other	
9. Missing data	_____

- (7) * Religious affiliation of the female partner
1. Religiously affiliated
2. Not religiously affiliated
9. Missing data _____
- (8) * Religious affiliation of the male partner
1. Religiously affiliated
2. Not religiously affiliated
9. Missing data _____
- (9) **Marital status and couple living arrangements
1. Married and living together
2. Married but not living together
3. Unmarried and living together
4. Unmarried and not living together
5. Unmarried and little or no contact
9. Missing data _____
- (10) * Presence of sexual affairs
1. Neither partner ever had an affair outside the relationship
2. Male had at least one affair outside the relationship
3. Female had at least one affair outside the relationship
4. Both partners had at least one affair outside the relationship
5. Both partners had more than one affair outside the relationship
9. Missing data _____
- (11) * Geographical proximity to the family of origin of female
1. Living with the family of origin
2. Living within 25 miles from the family of origin
3. Living more than 25 miles from family of origin
4. Living more than 100 miles from family of origin
9. Missing data _____
- (12) * Geographical proximity to the family of origin of male
1. Living with the family of origin
2. Living within 25 miles of the family of origin
3. Living at least 100 miles from family of origin
4. Living at least 500 miles from family of origin
9. Missing data _____

- (13) ****Stage in the family life cycle**
1. Unmarried young adult couple
 2. Married young adult couple
 3. Married couple with young children
 4. Married couple with adolescent children
 5. Married couple with launched children
 9. Missing data
-
- (14) ****Marital status and presence of children**
1. Unmarried with no natural child/children
 2. Unmarried with natural child/children
 3. Married with no natural child/children
 4. Married with natural child/children
 5. Unmarried with stepchild/stepchildren
 6. Married with stepchild/stepchildren
 9. Missing data
-
- (15) ****Length of committed couple relationship**
1. Less than 6 months
 2. 6 - 12 months
 3. 13 - 24 months
 4. 25 - 36 months
 5. Over 3 years
 9. Missing data
-

* These are control variables for the female or male partner of the couple dyad.

** These are control variables for the couple dyad

APPENDIX E

**Correlation Matrix of Dependent, Independent
And Selected Demographic Variables**

Key to Pearson Correlation Matrices

- CDASMS** - Couple DAS Mean Score
CDASDMS - Couple DAS Discrepancy Mean Score
- FDASMS** - Female DAS Mean Score
MDASMS - Male DAS Mean Score
- CPOSMS** - Couple Total POS Mean Score
CPOSAMS - Couple POS Autonomy Mean Score
CPOSIMS - Couple POS Intimacy Mean Score
- CPOSIDMS** - Couple Total POS Discrepancy Mean Score
CPOSADMS - Couple POS Autonomy Discrepancy Mean Score
CPOSIDMS - Couple POS Intimacy Discrepancy Mean Score
- FFOSMS** - Female Total POS Mean Score
FFOSAMS - Female POS Autonomy Mean Score
FFOSIMS - Female POS Intimacy Mean Score
- MFOSMS** - Male Total POS Mean Score
MFOSAMS - Male POS Autonomy Mean Score
MFOSIMS - Male POS Intimacy Mean Score
- AGEF** - Age of Female
EDUCF - Educational Level of Female
RELIGF - Religious Status of Female
FOFF - Geographic Proximity to Family of Origin of Female
- AGEM** - Age of Male
EDUCH - Educational Level of Male
RELIGH - Religious Status of Male
FOFM - Geographic Proximity to Family of Origin of Male
- OCCSTAT** - Couple Occupational Status
LIVARR - Marital Status/Couple Living Arrangements
AFFAIRS - Presence of Sexual Affairs
STAGLCY - Stage in the Family Life Cycle
PCHILD - Marital Status/Presence of Children
RELLENG - Length of Couple Relationship

Correlation Matrix of Dependent,
Independent, and Selected Demographic Variables

	AGEF	EDUCF	RELIOF	FOFF	AGEH	EDUCH	RELIOH	FOFH
CDASNS	-.04	.26	-.35	-.02	.02	-.02	.07	.22
CDASDHS	-.15	-.43	.12	-.29	-.26	-.44	.15	-.25
FDASNS	-.12	.23	-.42	-.11	-.10	-.11	.10	.13
FDASDHS	.09	.24	-.20	.10	.17	.11	-.00	.31
CFOSNS	.31	.24	.00	.00	.16	.004	-.29	.10
CFOSANS	.37	.29	.12	.09	.23	.07	-.32	.17
CFOSINS	.25	.19	.05	.05	.09	-.05	-.24	.04
CFOSDHS	-.23	-.20	-.25	-.41	-.21	-.36	.42	-.33
CFOSADHS	-.16	-.05	-.21	-.23	-.23	-.26	.39	-.20
CFOSIDHS	-.10	-.21	-.14	-.40	-.10	-.36	.42	-.39
FFOSNS	.26	-.21	.15	-.11	.19	-.17	.12	-.16
FFOSANS	.20	-.20	.20	-.00	.22	-.00	.16	-.11
FFOSINS	.22	-.21	.09	-.12	.15	-.26	.00	-.20
HFOSNS	.22	.46*	-.001	.17	.07	.12	-.46*	.24
HFOSANS	.25	.47*	.05	.16	.15	.23	-.49*	.20
HFOSINS	.22	.39	.07	.14	.00	.20	-.30	.19

*Significant at $p < .05$
(2-tailed)

Correlation Matrix of Dependent,
Independent, and Selected Demographic Variables
--Continued--

	OCCSTAT	LIVARR	AFFAIRS	STAGLCY	PCHILD	RELENG
CDASHS	-.23	.35	-.64*	-.21	-.10	-.37
CDASDMS	.02	-.22	.39	.05	-.02	.15
FDASHS	-.16	.34	-.61*	-.29	-.24	-.42
FDASDMS	-.20	.20	-.55*	-.06	-.06	-.22
CFOSHS	-.27	.16	-.37	.13	-.09	-.14
CFOSAMS	-.20	.07	-.40	.22	-.07	-.02
CFOSIMS	-.30	.22	-.33	.05	-.10	-.22
CFOSDMS	.05	.05	.23	-.25	.14	-.11
CFOSADM	-.09	-.00	.35	-.23	.17	-.03
CFOSIDMS	.13	.006	.14	-.17	.21	-.07
FFOSHS	-.11	.02	-.13	.14	.27	-.24
FFOSAMS	-.002	-.05	-.00	.10	.29	-.17
FFOSIMS	-.21	.09	-.10	.00	.23	-.30
HFOSHS	-.26	.19	-.30	.07	-.29	-.000
HFOSAMS	-.22	.09	-.31	.14	-.10	.15
HFOSIMS	-.27	.19	-.23	.06	-.17	-.02

*Significant at $p < .05$
(2-tailed)

APPENDIX F

Client Permission Form

FOS Permission Form



United Presbyterian Parish

EMERSON PRESBYTERIAN CHURCH
 Corner of Wisner and Van Buren Roads
 Breckenridge, Michigan 48615

EASTMINSTER PRESBYTERIAN CHURCH
 1945 East Michigan Avenue
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CONSENT FORM FOR USE OF CLINICAL RECORDS FOR SUPERVISION AND RESEARCH

I hereby grant permission for Rod C. Shoemaker to utilize my clinical case records(including audiotaping) for purposes of clinical supervision and research. I understand that only my first name or initials will be used in identifying me as a participant. Further, that all information will remain confidential.

 Name

 Date



Western Michigan University
Kalamazoo, Michigan 49008-3899

Counselor Education and
Counseling Psychology
(616) 383-1975

Dear Rod:

Just a quick note to
let you know I've
received your letter.
Permission is herewith
granted to use FOS
in your doctoral
dissertation research.

I would be glad
to visit with you.
Please schedule an

Appointment by calling
(616) 383-1975.

Best wishes

Alan

APPENDIX G

Human Subjects Approval

MICHIGAN STATE UNIVERSITY

OFFICE OF VICE PRESIDENT FOR RESEARCH
AND DEAN OF THE GRADUATE SCHOOL

EAST LANSING • MICHIGAN • 48824-1046

October 15, 1990

Mr. Rodney C. Shoemaker
323 W. Tyrrell Street
St. Louis, MI 48880

Dear Mr. Shoemaker:

RE: THE RELATIONSHIP BETWEEN FAMILY OF ORIGIN EMOTIONAL HEALTH AND
COUPLE ADJUSTMENT, IRB# 90-294

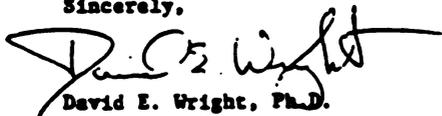
The above project is exempt from full UCRHS review. I have reviewed the proposed research protocol and find that the rights and welfare of human subjects appear to be protected. You have approval to conduct the research.

You are reminded that UCRHS approval is valid for one calendar year. If you plan to continue this project beyond one year, please make provisions for obtaining appropriate UCRHS approval one month prior to October 15, 1991.

Any changes in procedures involving human subjects must be reviewed by the UCRHS prior to initiation of the change. UCRHS must also be notified promptly of any problems (unexpected side effects, complaints, etc.) involving human subjects during the course of the work.

Thank you for bringing this project to our attention. If we can be of any future help, please do not hesitate to let us know.

Sincerely,



David E. Wright, Ph.D.
Chair, UCRHS

DEW/ deo

cc: Dr. Dolores Borland

BIBLIOGRAPHY

BIBLIOGRAPHY

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