

# COMMUNICATION PATTERNS IN FAMILIES WITH ACTING-OUT, DEPRESSED AND NORMAL

ADOLESCENT DAUGHTERS:

A PILOT STUDY

Ву

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#### **ABSTRACT**

## COMMUNICATION PATTERNS IN FAMILIES WITH ACTING-OUT, DEPRESSED AND NORMAL ADOLESCENT DAUGHTERS: A PILOT STUDY

by

#### Michael Roger Hollander

Within the last twenty-five years the focus of research in psychology shifted from an intrapsychic perspective to an interpersonal point of view. With this shift the family as a distinct and unique unit of study gained in importance. Researchers began to look with increasing interest at communicational styles in families and at the ways in which specific styles of communication correlated with a particular family member's psychopathology. The investigation evolved from an interest in understanding the relationship between familial communicational style and an individual family member's psychopathology.

An attempt to examine the differences in communicational styles in families with acting-out, depressed and normal adolescent girls was the focus of the study. The research was <u>not</u> an attempt to demonstrate causality between a communicational style and a particular symptom picture but only to demonstrate a <u>relationship</u> between the two.

Twenty-two family triads were selected from volunteers drawn from various schools and community mental health clinics in the greater Lansing area. Nomination for inclusion in the study was a two step process. First mental health and school personnel used a behavioral check list (see Figure 4.1) to nominate adolescent girls (thirteen to sixteen years of age) from intact families into the study. Second, each nominated adolescent girl was administered the Minnesota Multiphasic Personality Inventory (MMPI). MMPI profiles were used to sort the adolescent into one of the three research groups: normal, depressed, and acting out.

Each adolescent girl and her parents were invited to the Family Life Clinic for a thirty minute video-taped structured interview. The interview consisted of five questions which the families were asked to discuss for approximately six minutes per question.

The video-tapes were reviewed by three raters along ten communicational categories which served as the dependent variables for the study. The categories included: split double binds, defensive communication, supportive communication, the expression of indifference, hostility themes, parental communication of negative attitudes toward their children, the expression of self-denigration, denial of hostility, the overt expression of affection and destructive sanctioning. An index of concordance served as a control for rater reliability. The index of concordance was computed by dividing the number of concordant responses in a communicational category by the total number of responses in that particular

category. Index of concordance measures were computed on the sixth, the twelfth and the eighteenth videotapes. The index of agreement ranged from 33 1/3 percent to 100 percent concurrence.

An analysis of variance with planned comparisons was used to test differences among the three treatment groups among the ten independent variables. Planned comparisons were made where the analysis of variance indicated a significant main effect at the .05 level of significance.

#### Conclusions

The purpose of the study was to determine differences among ten communicational variables in families with acting-out, depressed and normal teenage daughters.

A significant main effect was determined at the .05 level of significance for the independent variable of hostility themes. Planned comparisons indicated that families with depressed adolescent girls expressed significantly less hostility themes than did families with acting-out teenage daughters.

The analysis of variance did not result in significant main effects for any of the other communicational variables. Therefore, in accordance with the conditions of the design separate planned comparisons were not made for variables which indicated no significant differences in the main effects.

To Barbara:

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#### TABLE OF CONTENTS

																		Page
LIST	OF	TABLES	•	•	•	•	•	•	•	•		•	•	•	•		•	v
LIST	OF	FIGURES		•	•	•	•	•		•	•	•	•	•	•	•	•	vi
LIST	OF	APPENDIC	ES	•	•	•	•	•	•	•	•	•	•	•	•	•	•	vii
Chapt	ter	•																
I.	•	INTRODUCT	TION		•	•	•	•	•	•	•	•	•	•	•	•	•	1
		Overview Need . Purpose Research	Нур	oth	esi	s	•	•	•	•	•	•	•	•	•	•	•	2 2 2 3
II.	•	REVIEW OF	TH:	E L	ITE	RAT	URE	•	•	•	•	•	•	•	•	•	•	4
III.		RESEARCH HYPOTHESE		ION.	ALE •	, T	HEO •	RET	ICA •	L C	ONS •	TRU	CTS	AN •	D •	•	•	16
		Research Review of					Co	nst	ruc	ts	Sal	ien	t t	o t	he	•	•	16
		Present Hypothese	: Re				•		•	•	•	•	•	•	•	•	•	17 18
IV.	•	METHODOLO	GY .	AND	DE	SIG	N O	F S	TUD	Y	•	. •	•	•	•	•		24
		Sampling Treatment Procedure		oup	s	•	•		•	•	•	•	•	•	•	•	•	24 25 29
٧.	1	RESULTS	•	•	•	•	•	•	•		•	•	•	•	•	•	•	37
VI.		SUMMARY A	ND (	CON	CLU	SIO	NS		•	•	•	•	•	•	•	•	•	43
		Summary Conclusic Discussic Implicati	n a						ear	ch	•	•	•	•	•	•	•	43 45 46 49
BIBLI Appen		RAPHY .	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	51 55

#### LIST OF TABLES

Table		Р	age
4.1	Index of Concordance: Percent of Concordance Among the Three Raters Along the Ten Dependent Variables	•	34
5.1	Analysis of Variance Summaries: Data Reported Among the Ten Dependent Variables, p < .05	•	38

#### LIST OF FIGURES

Figure											Page		
3.1	Research Hypotheses .	•	•	•	•	•	•	•	•	•		21	
4.1	Behavioral Checklist											26	

#### LIST OF APPENDICES

Appendix		Page
Α.	Scoring Manual	56
В.	Minnesota Multiphasic Personality Profiles	76
	B-1. Normal Group	77
	B-2. Acting-Out Group	85
	B-3. Depressed Group	93
C.	Raters' Scoring Sheet	102

#### CHAPTER I

#### INTRODUCTION

Within the last twenty-five years psychology has shifted its focus from an individual perspective to an interpersonal viewpoint. Within this shift the family, as a unit of study, has gained in importance. Of critical concern in the study of families has been an analysis of the communication processes within a family. In recent years attempts have been made to differentiate the communications processes in families with a symptomatic member. The present study is a further attempt to differentiate communicational styles in family units.

The purpose of the present study is to determine if families with a psychologically symptomatic adolescent daughter communicate in different ways from one another. Specifically, do families with acting-out, depressed, or normal teenage daughters have subtle, but detectable differences in their communication processes? This investigation will not attempt to understand in a causal way the differences in verbal and nonverbal interaction, but only to begin cataloguing these differences. As such, the study is only a small piece of the larger issue concerned with disturbed communication as a manifestation of psychological dysfunctions.

#### Overview

The dissertation is divided into six chapters. In Chapter I the need, purpose and research hypotheses are stated. Chapter II contains a review of the relevant research completed to date. The focus of the review is on direct observational studies of families with an adolescent member designated as the subject of the research. In Chapter III the research rationale is elucidated and the problematic aspects of the research to date are explored. The theoretical constructs salient to the present study are outlined and the specific hypotheses are stated. The methodology and design of the study are presented in Chapter IV. Attention to the issues of sampling, instrumentation, treatment groups, treatment procedures, and research design are outlined in Chapter IV. Chapter V contains the results of the study. Chapter VI contains a discussion of the results and the limitations for the generalizability of the study's findings.

#### Need

Currently there exists a need to understand the correspondence between styles and patterns of communication in a family and the psychopathology of one of its members.

#### Purpose

The purpose of the present research is to elucidate the correspondence between psychopathology in adolescent females and the communicational patterns of the families in which they live.

#### Research Hypothesis

Families with acting-out, normal and depressed adolescent daughters will demonstrate significant differences in their styles of communication. Specifically, families with acting-out female adolescents will demonstrate the highest frequency of system disintegrating transactions (defensive communications) and the lowest frequency of system integrating transactions (supportive communication and the overt expression of affection). Families with normal teenage daughters will demonstrate the lowest frequency of system disintegrating transactions and the highest frequency of system integrating communications. Families with a depressed daughter will fall into the mid-range between the two above mentioned groups. However, families with a depressed daughter will more frequently deny the experience of angry feelings and exhibit more self denegrations than families with acting-out daughters. Families with normal teenage girls will fall into the mid-range on the variables of denial of hostility and self denegrations.

#### CHAPTER II

#### REVIEW OF THE LITERATURE

In the review of the literature the primary focus is on direct observational studies of families with an adolescent member designated as the subject of the research. The task in the review is to formalize the empirical and clinical foundations for the research hypotheses.

Since the mid-fifties the notion that different types of family interactions and processes give rise to or correlate with different types of maladaptive behavior in an individual has been prominent. The literature, however, before 1965 did not provide substantial empirical evidence for this notion. Frank (1965), in a review article reported

. . . no factors were found in the parent-child interaction of schizophrenics, neurotics, or those with behavior disorders which could be identified as unique to them or which could distinguish one group from the other, or any of the groups from the families of controls.

Jacob (1974), in his review of the literature, postulated that the reason for the absence of positive results in previous studies was rooted in methodological deficiency.

In particular, survey of family studies prior to the late 1950's indicates that almost all of the relevant data were based on survey questionnaires, case history analyses, psychological testing and individual psychiatric interviews--procedures that have been characterized as

methodologically weak or inadequate and as vulnerable to major interpretive difficulties (p. 34).

In the last fifteen years empirical work in the area of family interaction has shifted to direct-observational techniques.

In part this shift reflected the inadequacies pointed to by Jacobs (1974). It is no coincidence, however, that direct-observational studies increased with the availability of video-recording equipment.

Early direct-observational studies focused, for the most part, on the patterns of interaction in families with a schizophrenic member. A large portion of this research emanated from the NIMH in the middle sixties. It whould be noted that the shift to directobservational studies was gradual and incorporated the methodologies of the earlier research era. For example, the work of Margret Singer and Lyman Wynne (1963) relied extensively on the use of projective data in addition to direct-observational techniques. Using the expertise developed through the use of projective techniques they developed a method for studying interpersonal patterns of relating in families. Specifically, Wynne and Singer (1968) used the Consensus Rorschach and related procedures to study by direct observation the interpersonal processes in families with a schizophrenic member. Their work emphasized the communications processes in families as an index of pathology. They de-emphasized the role of content and investigated the process of communication. In this way their work departed from earlier studies which emphasized content or themes (Mendell and Fisher, 1953; Fisher and Mendell, 1956; and Fisher, Boyd, Walker and Sheer, 1958). Wynne

and Singer contended that studying the more stylistic and formal aspects of communication was of greater importance than the content of an interaction.

We are more interested in studying  $\underline{how}$  parents communicate and relate than in studying the sheer content of their transactions. What they communicate about appears less important than  $\underline{how}$  they transact with each other and with their offspring (Wynne and Singer, 1963, p. 25).

Another group at NIMH, Stabenau et al (1965), examined the kinds of family interaction patterns associated with families having a schizophrenic member, a delinquent member and a normal member. Like Wynne and Singer, Stabenau relied in part on the use of projective test data--the TAT, and direct-observation to study family interaction. His work, however, added a new dimension to the investigation of family interactions. Stabenau used the Revealed Difference Test to study the communication process in his research families. Previous work using the Revealed Differences Test had been done with families to elucidate key communication variables (Strodtbeck, 1958) and to predict therapeutic themes (Titchener and Golden, 1961). Stabenau used the test as a stimulus to observe family interaction in order to differentiate the communication process between diagnostically different family groups. His research focused on the stable, more formal differences in communication patterns rather than on a particular family's idiosyncratic style. As his area of investigation is similar to that of the present study some of his results will be reviewed below.

Of particular importance for the present work was the qualitative and quantitative differences Stabenau et al. found between

families of delinquents and normals. The major differentiating features were in the areas of ". . . family roles, in the expression of affect, in family interaction and in communication patterns" (p. 50).

In families with a delinquent member roles were either competed for or abdicated which made role differentiation unstable and/or diffuse. By contrast roles in normal families were clearly defined but flexible. The expression of affect in delinquent families was found to be ". . . uncontrolled, sharply intense and at times counterfeit and artificial" (p. 50). While affect in the normal group tended to be ". . . appropriate, modulated, positive, and warm" (p. 50). Interaction and communication patterns differed between the groups of families. In normal families interaction was characterized by an autonomy fostering quality with the goal of mutual understanding and satisfaction. On the other hand, the delinquent families communication style seemed to be aimed at manipulation and control rather than at understanding. Stabenau and his workers were able to make clear some differentiating communicational variables between families with delinquent and normal adolescents.

Several other workers have examined family interactional variables with delinquent adolescents. Hetherington et al. (1971) studied family interaction patterns in families with non-delinquent adolescent and delinquent adolescents. Her group sub-divided the delinquent teen-agers into three categories: (1) socialized-psychopathic (PD), (2) neurotic-disturbed (ND), and (3) socialized

subcultural (SD). Two of her groups, socialized-psychopathic and neurotic-disturbed are most like the adolescents in the acting-out group in the present investigation. The results for these two groups and the normal group of female adolescents will be reviewed below, but first a word of caution about the generalizability between Hetherington's study and the present one. Hetherington's sample was an institutionalized group of adolescents. They most likely differed markedly in chronicity and/or severity of acting-out behavior from the group of teen-agers in the present study. Her work does, however, lend a sense of direction to the present investigation's hypotheses.

The families of neurotic delinquent girls tended to be ruled by a dominant mother and a particularly passive father. The neurotic-delinquent daughter was characterized as being unusually passive in response to her mother's dominance. The socialized-psychopathic delinquent mother was found to be the least powerful mother in her transactions with her husband and her daughter. This was in distinct contrast to the socialized-psychopathic father who was described as having the final word in family interactions in spite of his daughter's high rate of interruption and disagreement.

A finding of particular relevance for the present study was that the parents of normal daughters expressed significantly less negative expectations about their daughters' behavior than did the delinquent groups. The normal parents demonstrated a high degree of trust that their daughters would be able to control their sexual impulses and would ". . . show appropriate guilt and anxiety about transgressions" (p. 173). The expression of negative expectations

about their children's ability to control themselves in the child's presence might send a subtle but powerful message from parent to child. It could provide the child with an alternative parental expectation—a kind of negative self-fulfilling prophecy.

Parents of normal daughters were less rejecting of their children than were parents of delinquent daughters. The parents of delinquent daughters demonstrated great difficulty in limit setting behaviors in contrast to the <u>relative</u> ease with which normal parents met this task. Furthermore, parents of delinquent daughters had low expectations about their daughters' ability to inhibit antisocial or sexual behaviors. (One has to wonder if the inverse holds in relation to the expectations of parents of delinquent girls, i.e., they have high expectations that their children will act-out in antisocial or sexual ways.)

The low expectations of Hetherington's delinquent parents appears strikingly similar to the clinical examples Adeline Johnson cites in her analytic studies of mother-delinquent dyads (Johnson, 1949; Johnson and Szurek, 1952). Her clinical insights indicate that the parents 'low expectations about their children's ability that the parents'low expectations about their children's ability to control themselves were specific to a psychologically significant gap in the superego of parent and child. Through this gap "... the parents may find vicarious gratification of their own poorly integrated forbidden impulses in the acting out of the child, through their unconscious permissiveness or inconsistency toward the children in these spheres of behavior" (1952, p. 324). Johnson

refers to this psychological phenomenon as a "superego lacunae."

Although her description of the phenomenon is in the metapsychological realm of the structural model, it is clear that these corresponding psychic gaps are created and maintained in an interpersonal mode. They are the product of a subtle communicational system between parent and child.

More recently Stierlin and his group at the NIMH have expanded the notion of superego lacunae (Stierline and Ravenscroft, 1972; Stierlin, 1973). Stierlin described the phenomenon in terms of the manner in which the child adapts to the parents conception of reality. According to Stierlin there are three transactional modes which translate the parents' unconscious wishes, fantasies and fears into their offsprings' behavior. He has designated these modes as binding, delegating and expelling. Stierlin's main thesis is that the parents' own particular psychological dysfunctions induce their children to become or behave in ways that are psychologically gratifying for the parent. Furthermore, this induction is transacted in the communications between parent and child. He is clear to point out, however, that ". . . these modes involve a transactional dimension in the sense that there is always a two-way exchange. In this exchange the children seem to mold and influence their parents as much as the latter mold and influence their children" (1972, p. 299).

Stierlin's concept of transactional modes and Johnson's notion of "superego lacunae" are similar to Melanie Klein's concept of projective identification (M. Klein, 1946). What the above

mentioned authors did with this intraindividual concept is to broaden its meaning and usefulness by translating it into an interpersonal realm. As Zinner and Shapiro (1972) point out,

Projective identification is an activity of the ego which, among its effects, modifies perception of the object and, in a reciprocal fashion, alters the image of the self. These conjoined changes in perception influence and may, in fact, govern behavior of the self towards the object. Thus projective identification provides an important conceptual bridge between an individual and interpersonal psychology, since our awareness of the mechanism permits us to understand specific interactions among persons in terms of specific dynamic conflicts occurring within the individual (1972, p. 523).

In light of the above analytic concepts, Hetherington's (1971) findings about the low expectations her delinquent parents had for their daughters' ability to control their own impulses takes on new meaning. One begins to wonder if the parents were deficient in their parenting skills or, were they getting their own psychological needs met through the acting out behavior of their children? One begins to question the psychological intent of the communication of these low expectations from parent to child. Singer, in a clinical study done in 1972, has shed some light on this issue.

Singer (1972) studied the disciplinary configuration in families with acting out adolescents. He divided the mode of discipline in a family into three sequential steps: policy making, policing, and punishing. His clinical findings suggested that the disciplinary configuration in families with acting out adolescents was "... quite different from the usually described patterns of 'permissiveness' and 'inconsistency.'"

"... Instead this study revealed that the disciplinary configuration in these families ... was very restrictive policy making, loose policing and very lenient punishing" (p. 795).

Singer concluded that this disciplinary configuration created

"... a powerful antisocial channel that had to be considered as an additional dynamic in the understanding of delinquent events by these antisocial offspring" (p. 795).

Singer contended that the restrictive policy making in these families created an atmosphere of bitterness and resentment, one in which ". . . the only sufficient relief could be . . . antisocial behavior . . . " (p. 798). The antisocial behavior was reinforced by loose policing and a lenient system of punishment. Moreover, the restrictive policy making, which carefully and explicitly outlined the forbidden acts, had the effect of inducing specific delinquent acts. The impact of the restrictive policy making was to create a kind of self-fulfilling prophecy which was borne out in the adolescent's antisocial behavior. Furthermore, this restrictive policy making was observed within the context of low parental expectations about their children's ability to monitor their own impulses.

Several other authors have analyzed the communication patterns in families with delinquent adolescents and have elucidated several distinguishing interactional variables (Goldstein, et al., 1968; Blood and D'Angelo, 1974; Ferreira, 1960; Beakel and Mehrabian, 1969). Essentially these authors describe a family communication pattern characterized by parental discord, hostility,

lack of affection and a disparity in parental and adolescent values.

Ferreira (1960) posited the notion of the "split-double bind" as a distinguishing characteristic of interpersonal relating in families with acting out adolescents. The split double bind, like the double bind, has three critical features. First, the person binded must be in an intense emotional relationship with the binder. Second, the bindee must receive injunctions of different logical types that are expected to be acted upon concommitently. Third and finally, the bindee cannot communicate about the impossibility of the sender's communication, i.e., metacommunication is disallowed. The major difference between the double bind and the split double bind is that the injunctions come from each parent in the split double bind rather than from one parent in the double bind. Ferreira is careful to explain that the concept of the split-double bind is not to be viewed as a theory of delinquency but as ". . . a somewhat formalized way of visualizing and describing, at the communicational level, a pattern of interactions seemingly characteristic of families where delinquent behavior occurs" (1960, p. 360). He hypothesizes that the split double bind forces the adolescent to leave the relational field of his family and to retaliate in an antisocial manner. The split double bind is theoretically reminiscent of Stierlin's (1973) delegated adolescent who is faced with the dilemma of carrying out conflicting parental missions. Like Ferreira, Stierlin conceptualizes the adolescent retaliating in antisocial ways in response to this familial quagmire.

Beakel and Mehrabian (1969), in a study designed to investigate the effect of incongruity between verbal and non-verbal components of communications between parents of disturbed adolescents "...found that parents of the more disturbed adolescents verbally communicate more negative attitudes toward the adolescents than parents of the less disturbed adolescents" (1969, p. 126). These findings are consistent with the work of Hetherington (1971) and can in part be explained by the analytic concepts proposed by Johnson (1949), Steirlin (1973) and Zinner and Shapiro (1972) which have been reviewed above.

Alexander (1973) analyzed videotaped interactions of families with delinquent adolescents and families with normal teenagers. He focused his investigations along the dimensions of Supportive and Defensive communications. Defensive communication was defined as those interaction processes which consist of ". . . verbal and nonverbal behaviors that are threatening or punishing to others and reciprocally invite and produce defensive behaviors in return" (Alexander, 1973, p. 224). These behaviors can be characterized as manipulative, domineering, evaluative, and indifferent to the needs of others. Supportive communications are characterized by information giving and seeking, problem solving, empathic understanding and conveying a sense of equality between the participant in the interaction. Alexander, following the work of Gibb (1961) hypothesized that supportive or defensive communications will either have a system integrating or disintegrating effect. His work indicated that families with delinquent adolescents were more likely to engage in

defensive communications while families with normal adolescents more often engaged in supportive communications.

The clinical research conducted since the mid-1960's suggests that there are significant differences in the styles of communication between families with different varieties of symptomatic members. To date a preponderance of research has focused on the analysis of communicational styles in families with a schizophrenic member or a delinquent member. Researchers have used combinations of projective techniques (Wynn and Singer, 1968; Fisher and Mendell, 1956), paper and pencil tests (Stabenau, et al., 1965), clinical case studies (Singer, 1972; Sterlin, 1972; Johnson, 1949), and videotaped analysis of behavior (Alexander, 1973) to explore family transactional styles. The research reviewed above is the foundation upon which the present research stands.

#### CHAPTER III

### RESEARCH RATIONALE, THEORETICAL CONSTRUCTS AND HYPOTHESES

In the following chapter the research rationale is elucidated and the problematic aspects of the research to date are explored. Theoretical constructs salient to the present research are outlined and, in the final section of the chapter, the specific hypotheses of the present investigation are stated.

#### Research Rationale

The rationale for the investigation of communication variables in families with acting-out, depressed and normal adolescent daughters is predicated on two problematic aspects of the research to date.

The current research was a potpourri of variables which differentiate families with acting-out adolescents from families with normal teenagers. Each variable proposed was apparently given equal weight as a differentiating factor. Two problems arise from such an attack on the problem:

1. There currently exists an inability to ascertain if there are some <u>critical</u> variables or <u>patterns</u> of variables which differentiate families of actingout teenagers from normal adolescents.

2. Researchers to date have most frequently compared acting-out families with normal families, therefore it is possible that what has in fact been studied is disturbed as compared to normal families.

The assumption underlying this study was that families with a symptomatically different member have communicational styles which are significantly different from each other and from normals.

The group of analytically oriented researchers have developed conceptions which explain the transmission of unconscious forbidden wishes of the parent to the child. They have not, however, adequately analyzed or explained the actual process by which these communications take place in interpersonal interactions. The investigation of communication processes is a first step in understanding the way in which unconscious thoughts and feelings are communicated from parent to child inducing the child to act-out the parents' unconscious forbidden wishes.

### Review of Theoretical Constructs Salient to the Present Research

The empirical research and clinical studies cited in the review of the literature section suggested that families with acting-out adolescents were different from families with a normal adolescent. It appeared that affect in the disturbed families was expressed in a more labile way and was more intensely negative (Stabenau, 1965; Hetherington, 1971) than it was in normal families. Parents of acting-out adolescents reported more negative expectations and attitudes about their children than did parents of normal teenagers. Furthermore, parents of acting-out adolescents appear to

have a hopeless quality about their children's ability to control themselves. These expectations flourish in the interactions between parent and child. Parents of acting-out adolescent daughters are more explicit with their children about forbidden behaviors than are parents of normal teenagers. However, they are less effective at policing and punishing unacceptable behaviors than parents of normal adolescent girls. Singer (1972) has hypothesized that this particular difficulty has less to do with parenting skills and more to do with the specific psychological needs of the parents. His hypothesis is in line with the analytic thinking of Adeline Johnson (1952) and Helm Stierlin (1977). These authors conceptualize the acting-out of adolescent offspring as behavior which gratifies the unconscious needs of the parents.

The dynamic elucidated is as follows:

Forbidden unconscious impulses of the parent are projected onto the adolescent who in turn acts out the parents' projection. The psychological mechanism of projection occurs in the intense emotional interpersonal field between parent and child. As the projections are of a forbidden nature they are reworked into a disguised form. The adolescent is bound to the parent by loyalty ties and dependency needs, creating a strong inducement for the parental projections to take seed. It is thought then that the child acts out the distorted parental representations as a psychological gift which helps maintain the parents' psychic functioning. The gift allows the parent to vicariously experience parts of themselves which are unacceptable and also to allay the unconscious guilt by taking a punitive stance towards the child.

The adolescent is not, however, a helpless victim in the process. On another level, the adolescent can use the acting-out to demonstrate to those around him (e.g., school pesonnel, police, social welfare agencies) that his parents have been failures. It

is beyond the scope of this investigation to assess unconscious functioning in the parents as it is correlated with the kind of communication process and behaviors in their children. It is the purpose of this study to look at the communicational variables in families with acting-out and depressed adolescents as a first step in an exploration of this larger issue.

The last theoretical conceptions to be explored are Ferreira's ideas about the split-double bind and Alexander's formulation of how the variables supportive and defensive communication are manifested in normal and disturbed families. These authors focus on the content of communication rather than on processes or psycho-dynamic formulations of the parent-child dyad.

Ferreira altered the classic double bind situation so that paradoxical injunctions are divided between both parents. He understands the impact of the split double bind as forcing the adolescent into a retaliatory, anti-social stance against the parents. He emphasizes that the split double bind is not intended as a theory of delinquency but as a communication variable associated with delinquency. The split double bind grew out of Ferreira's clinical work with acting-out adolescents. However, it has not been demonstrated whether the split double bind is a distinguishing feature of families with acting-out adolescents or whether it characterizes families with teenagers who express other maladaptive symptom picture as well. A goal of the present investigation is to ascertain the relationship between split double binds and symptom pictures.

Alexander (1973), following Gibb (1961), has employed the concepts of defensive and supportive communications to contrast the interaction in families with acting-out adolescents versus families with normal adolescents. He demonstrates that the system disintegrating defensive communication is more prevalent in acting-out families than in normal families. On the other hand, supportive communication is more characteristic of the normal families than the disturbed group.

What Alexander's research left unclear was whether the construct of defensive communication only differentiates normal families from disturbed families. It appears plausible that the construct may be best viewed along a continuum from low to mid-range to high expressions of defensive communications. Thus the construct could be used to differentiate between families with members who manifest different symptom pictures.

#### <u>Hypotheses</u>

The following research hypotheses grew out of the empirical and clinical studies of the communication process in families with acting-out adolescents. The hypotheses are summarized in Figure 3.1.

The frequency of split double binds is hypothesized to be more abundant in families with acting-out adolescent girls than in families with depressed female teenagers. Families with normal adolescents will demonstrate the least frequent number of split double binds.

Ι.	Frequency of the occurrence of Split-Double Binds	A-0 > D > N
II.	Defensive Communication	
	<ol> <li>Judgmental-dogmatism</li> <li>Control and Strategy</li> <li>Superiority</li> </ol>	A-0 > D > N A-0 > D > N A-0 > D > N
III.	Indifference	D > A-O > N
IV.	Supportive Communication	
	<ol> <li>Genuine Information Seeking/Giving</li> <li>Spontaneous Problem-Solving</li> <li>Empathic Understanding</li> </ol>	N > D > A-O N > D > A-O N > D > A-O
٧.	Hostility Themes	
	<ol> <li>Overt Anger</li> <li>Interrupting to Disagree</li> <li>Put-Downs (indirect expression of anger)</li> <li>Provocative Questions and Statements</li> </ol>	A-0 > N > D A-0 > N > D A-0 > N > D A-0 > N > D A-0 > N > D
VI.	Expression of Negative Attitudes about Adolescence	A-0 > N > D
VII.	Self-Directed Anger, Self-Denegration	D > N > A-O
VIII.	Denial of Hostility	D > N > A-0
IX.	Overt Expression of Love and Affection	N > D > A-0
х.	Destructive Sanctioning	A-0 > D > N
CODE:	A-O = Acting out Group D = Depressive Group N = Normal Group	

Figure 3.1.--Research Hypotheses.

Defensive communication, which includes the parameters judgmental-dogmatism, control and strategy, and superiority will be most frequently observed in families with acting-out adolescents. Defensive communication will be less frequent in families with depressed children and least frequent in families with normal adolescents.

The expression of indifference will be most frequently observed in families with a depressed adolescent girl. It will be observed least frequently in families with a normal adolescent daughter. Families with an acting-out daughter will express indifference at a frequency in the mid-range between the depressive group and the normal group.

Supportive communication which includes the parameters genuine information seeking and giving, spontaneous problem-solving, empathic understanding, and equality will be most frequently observed in normal families. Supportive communication will next most frequently be seen in families with a depressed adolescent and least frequently in families with an acting-out teenager.

Several researchers (Hetherington, 1971; Stabenau, 1965; and Alexander, 1973) have reported more expressed hostility in the interactions between families with acting-out adolescents than in families with normal adolescents. For the purpose of this study it is hypothesized that the interactions of families with acting-out adolescent daughters will contain the most frequent use of overt anger, interruptions to disagree, put-downs, provocative questions and the parental expression of negative attitudes about the

adolescent. Families with a depressed adolescent will present the least frequent use of the above variables and families with normal teenagers will represent a middle range of frequency. The expression of self denegration and the denial of hsotility will be highest in families with a depressed adolescent, next highest in families with a normal teenager and least frequent in the acting-out group.

The expression of affection in families is postulated to be most frequent in families with normal teenage daughters, least frequent in families with acting-out adolescent girls and in the mid-range in families with a depressed adolescent daughter.

The last hypothesis concerns limit-setting behaviors.

Following the notion of super-ego lacunae (Johnson, 1949), it is hypothesized that parents of acting-out adolescents will set limits in such a way as to imply alternative inappropriate behaviors.

This behavior will be least frequent in families with normal teenagers and will be observed in the mid-range of frequency in families with a depressed daughter.

In the above chapter the research rationale of the investigation and the salient theoretical constructs were examined. In the final section of the chapter the specific hypotheses of the research were stated.

#### CHAPTER IV

#### METHODOLOGY AND DESIGN OF STUDY

The methods and procedures used in the research are outlined below. Attention has been paid to issues of sampling, instrumentation, treatment groups, treatment procedures and research design.

#### Sampling

Families consisting of two parents or parent surrogates and an adolescent girl thirteen to seventeen years of age were eligible for inclusion in the study. Other siblings in the family were not included in the study. The families were white and middle class.

The sample pool for families with symptomatic adolescent daughters consisted of volunteers drawn from the various mental health facilities in the greater Lansing community including Equal Ground, the Infant Development Project, Lincoln Center Mason Mental Health, the Family Life Referral Clinic, Catholic Social Services, and the Probate Court. Symptomatic adolescent females and normal girls were also selected from the case lists of guidance counselors at the Williamston High School and the Mason Junior High School.

The sampling process consisted of two steps. First the volunteers were nominated for inclusion in the study by their mental health worker or school counselor. Nomination was predicated on the potential subject exhibiting behaviors found on the behavioral

check list provided to each mental health worker and school counselor. Second, potential subjects were administered the MMPI which was used to sort the volunteer into one of the research groups. Sampling over a nine-month period produced an N of 21, or seven subjects per group.

A behavioral checklist was provided to all mental health and school personnel acting as referral sources for the investigation (see Figure 4.1). The checklist was used as an aid in recruiting volunteers; it was not used as an exhaustive list of salient behaviors, but only as a guidepost for selection.

Final selection of volunteers into one of the three research groups was done on the basis of a profile analysis of the Minnesota Multiphasic Personality Inventory (MMPI). Profiles were sorted into treatment groups based on the adolescent's personality style (Shapiro, 1965; Anastasi, 1971, p. 501).

The principal assumption underlying the construct of personality style is that pathologic behavior is best viewed along a continuum rather than as discrete units which conform to fit neatly into nosological categories. This clinical sorting procedure could be contrasted with an actuarial approach (Marks, Seenam, Haller, 1974), in which profiles would be sorted into groups based on predetermined, absolute values of scaled scores which correspond to rigid diagnostic categories.

# Adolescents Exhibiting the Following Behaviors are Appropriate for Inclusion in the Study:

- 1. High Energy Levels
- 2. Impulsive Behavior
- 3. School Truant/Disciplinary Problem
- 4. A Plurality of Sexual Encounters
- 5. Been Pregnant
- 6. Runaway
- 7. Stealing/Vandalizing
- 8. Street Drugs
- 9. Has "Undesirable" Friends
- 10. Lies/Cheats
- 11. Lethargic
- 12. Afraid to Attend School/ or Go To Far From Home
- 13. Reluctant to Make Age Appropriate Social Contacts
- 14. Few Friends
- 15. Seems to Have Little Fun
- 16. Depressed Affect
- 17. Suicidal Behavior
- 18. Unusually Slow at Eating, Dressing, etc. (appears unusually unkempt)
- 19. Frequently Teary
- 20. Reports Repeated Losses of Significant Others in Her Life

# Figure 4.1.--Behavioral Checklist

(Not to be seen as an exhaustive list of behaviors but one which was used as a guideline by school counselors and mental health clinicians.)

# Treatment Groups

# Introduction

The diagnosis of depression in adolescence is difficult for the clinician to make. The difficulties are rooted in the phenomena of depression in early and middle adolescence itself. Specifically, depressed adolescents between the ages of thirteen and seventeen rarely present the classic signs of depression (Weiner, 1970). Depression in this age group is often masked (Lesse, 1974) or expressed through depressive equivalents. Behaviors such as actingout, boredom and restlessness, fatigue and bodily preoccupation, concentration difficulties, and flight to or from people have been considered the most common depressive equivalents in adolescence (Glaser, 1967; Weiner, 1970). Therefore, depression in early and middle adolescence can appear similar to several diverse symptom pictures, e.g., the psychopathic personality or hysteria (Weiner, 1970). Because there was an overlap in the kind of behaviors exhibited by the girls in the two clinical groups (acting-out and depressed), the MMPI was used to sort girls into the depressive group or the acting-out group. The guidelines for the sorting process are outlined below.

## Acting-Out Group

Acting-out behavior included sexual promiscuity, behavior problems in school, curfew problems, incorrigibility, running away from home, and minor delinquencies.

The adolescent's MMPI profile for inclusion in the acting-out group was a classic high two point code frequency on scales four and nine at clinical significance (scaled scores near or above 60) or a 3-4 code with a relatively low seven scaled score indicating the absence of anxiety.

# Depressive Group

The depressed group included adolescents exhibiting clinical signs of depression and/or depressive equivalents, e.g., low self-esteem, restlessness, fatigue, bodily preoccupation, acting-out behavior, and anxiety.

The MMPI profile for the depressed group assumed several different configurations. These configurations were based on the theoretical constructs which characterize the adolescent's experience of depression (of Treatment groups, Introduction). Adolescents who demonstrated acting-out behavior but with the concommitant experience of anxiety, low self-esteem, bodily preoccupation, and/or depression were considered for inclusion in the depressed group.

For example, adolescents with a high 2-7 profile were considered appropriate for this group because of their depressed mood, anxiety and low self-esteem. Similarly, adolescents with a high 3-4-7 code were included in the depressed group because of bodily concern, acting-out behavior with the concommitant experience of anxiety--behaviors which match clinical formulations of adolescent depression.

## Normal Group

Adolescent girls who had not demonstrated behaviors found on the checklist and who had not had psychological services in the past were included in the normal group.

The MMPI profile for inclusion in this group consisted of all scales (with the exception of scale 5) below clinical significance and without any other indication of psychopathology.

## Procedures

Following approval from the Ingham Community Mental Health Center's Committee on Research, and after receiving permission to do research at various local mental health centers,\* steps were taken to secure the cooperation of the mental health professionals at these agencies.

Each agency was visited and the basic premises and procedures to be followed in the project were explained. The mental health workers were asked to contact clients from their case loads who might be appropriate for the study. The workers were to briefly explain the nature of the study and to ascertain if the family might want to learn more about the proposed project. A behavioral checklist was supplied to each mental health worker as an aid in the selection procedure (see Figure 4.1).

Equal Ground, Catholic Social Services, the Family Life Clinic, the Ingham County Probate Court, Williamston High School and Mason Junior High School.

Several weeks after initial contact with the mental health workers and then on a continual basis, the workers were re-contacted to obtain the names and phone numbers of potential volunteers.

The researcher telephoned the family and introduced himself as a doctoral candidate studying communication patterns in families. He went on to explain that he had received their name as a family who might be interested in participating in the research project. During the phone contact the project was outlined to the family, and an appointment was made.

At the initial appointment the family was offered the chance to pursue any unanswered questions concerning the research. During this meeting consent forms were presented to each participant. Their obligations and rights pursuant to participation in the research were explained. After the consent forms were signed, the adolescent daughter was administered the MMPI.

# Processing the MMPI

Each family triad was given a code number. This code number was used to identify the adolescent's MMPI. The MMPI was hand-scored by the investigator according to the adolescent norms found in <a href="Maintenanger: An MMPI Handbook">An MMPI Handbook</a>, Vol. I (Dahlstrom, Welsch and Dahlstrom, 1972).

# Videotaped Interview

Those family triads which met criteria for inclusion in the study were invited to the Family Life Referral Clinic for a structured interview.

Upon arriving at the Clinic the family triads which met with the principal investigator and the interviewer for a short orientation.

Following the orientation the investigator left the family and the interviewer in the video-recording room. Video recording began at this time.

The interviewer then asked the family to share their views with each other on what they thought made a good parent. After proposing the topic the interviewer left the room. (Pilot studies indicated that this procedure produced a high frequency of relevant interactions between family members.) Discussion was allowed to transpire for approximately five minutes. The interviewer then re-entered the room and processed the family's feelings and reactions to the topic and to the interview situation itself. The interviewer then introduced the second topic for discussion which was, "What makes a good teenage daughter?" The above procedure was followed throughout the interview. The remaining stimulus questions and vignettes included:

- 1. "Is it all right for teenage daughters to have friends of whom their parents don't approve?" (Approximately five to seven minutes.)
- 2. "Your daughter has an 11:00 curfew. She comes home at 2:00 a.m. without having called to say she will be late. How as a family would you deal with this situation?" (Approximately five to seven minutes.)
- 3. "What are the strengths and weaknesses which you see in your family?"

At the end of this time period the family was asked to tell how it was to participate in the project and what, if anything,

they had learned. The family was then invited to view a short segment of the videotape. This final portion of the interview served as a debriefing period for the family.

# Dependent Measures

All behaviors, verbal and non-verbal, were scored according to the manual developed for the present investigation (adapted from Alexander, 1973). Rating was done at 20 second intervals for the approximately 30 minutes of video taped interview. The dependent measures included: (1) Split-double Bind, (2) Defensive Communication, (3) Indifference, (4) Supportive Communication, (5) Hostility Themes, (6) Parental Expression of Negative Attitudes about Children, (7) Self-directed Anger or Self-denegration, (8) Denial of Hostility, (9) Overt Expression of Affection, and (10) Destructive Sanctioning.

The source and object of each communication was scored but not used in the present analysis of the data.

## Raters

Three raters were used in the study. Two raters were advanced graduate students in counseling psychology, and the third was an experienced family therapist and a beginning doctoral candidate in clinical psychology. The raters were trained in the scoring procedure developed for this project—a procedure which was adapted from Alexander (1973). Rater training consisted of approximately four two-hour sessions. The first session was spent in familiarizing the raters with the scoring manual. The last six hours were

devoted to having the raters use the scoring system on videotaped family interviews which were obtained through the courtesy of the Family Life Referral Clinic and on pilot tapes made for the present investigation. All rating was done blindly and independently. When the raters reached an index of concordance of 75 percent across all major scoring categories on the pilot tapes rating of research tapes began.

## Index of Concordance

An Index of Concordance was computed to monitor the reliaability of the raters. Essentially the procedure was adapted from
Jensen (1959) and consisted of determining the percentage of agreement
between the raters across all major scoring categories. The measurement was computed by dividing the total number of responses scored
in a category into the number of concordant responses. The major
drawback of the procedure was the distortedly low percentage of
agreement computed for categories of low frequencies.

Index of Agreement checks were conducted on the sixth, the twelfth and the eighteenth videotape (see Table 4.1). Overall agreement ranged from 33 1/3% to 100% with the lower percentages being predominate in scoring categories with extremely low frequency of response.

# Design

A major drawback of Alexander's work and the work of several other authors who have done comparative studies was the employment of a two-group design (Hetherington, 1971), i.e., acting-out versus

TABLE 4.1.--Index of Concordance: Percent of Concordance Among the Three Raters Along the Ten Dependent Variables.

		1st (	1st Check (6th tape)	6th t	ape)	2nd Ch	2nd Check (12th tape)	2th t	ape)	3rd Ch	3rd Check (18th tape)	18th t	ape)
Commun	Communicational Category	22	Raters		<b>3-6</b>	Rē	Raters		<i>≽</i> €	Rat	Raters		9-6
		_	2	m	Agree	-	2	3	Agree	-	2	3	Agree
÷	Split Double Bind	0	0	0	100%	0	0	0	100%	0	0	0	100%
11.	Defensive Communication	11	21	19	93%	59	38	38	81%	11	32	16	78%
111.	III. Indifference	0	2	_	33%	0	0	_	33%	0	0	0	100%
IV.	Supportive Communication	120	146	145	94%	81	77	96	%06	104	901	137	%06
<b>&gt;</b>	Hostility Themes	2	-	7	40%	10	9	6	84%	Ξ	9	12	79%
VI.	Parents Communicate Negative Attitudes Toward Children	2	-	m	67%	-	0	0	33%	0	2	2	20%
VII.	Self Denegration	0	_	_	20%	-	0	0	33%	2	2	_	80%
VIII.	Denial of Hostility	0	0	0	100%	0	0	0	100%	0	0	0	100%
IX.	Overt Expression of Affection	м	4	9	77%	9	7	9	94%	4	က	ß	83%
×	Destructive Sanctioning	0	0	0	100%	0	0	0	100%	0	0	0	100%
			-										

normal. (Where three groups have been employed, the third group was generally a schizophrenic group.) The major limitation with the two-group design was the impossibility of knowing whether the results were applicable to the particular research group or represented a global aspect of disturbed families. The present investigation was designed to incorporate the major findings of the two-group research and move toward more specificity in their relation to particular symptom pictures. Furthermore, the current status of the research remains a potpourri of communicational variables which all seem equally salient in describing families with acting-out adolescents as compared to families with normal teenagers. In the present investigation an analysis of variance with planned comparisons was performed on the data as a way of moving toard specifying differences between families with teenage daughters presenting three different symptom pictures.

A one-way analysis of variance was performed on the data to determine statistically significant (p < .05) main effects. On those variables in which a significant main effect was found two planned comparisons were run to test the hypothesis. The first contrast tested was between the two groups occupying the extreme positions in the research hypothesis. The second comparison was between the middle group and the group occupying the position in the extreme right of the hypothesis. For example, Hypothesis 1 states that the greatest frequency of split-double binds would be would be expressed in families with acting-out daughters and that the least frequent expression of split-double binds would be in

families with normal daughters. Furthermore, families with depressed adolescent girls would express split-double binds at a frequency in the mid-range between the two other research groups. Symbolically, the hypothesis was stated AO > D > N. The first planned comparison was made between A-O and N, and the second comparison was between D and N.

The methods and procedures used in the research were outlined above. Attention was paid to the issues of sampling, instrumentation, treatment groups, treatment procedures, and research design. Special emphasis was given to the use of the MMPI as a sorting instrument and to the clinical description of depression in adolescence.

## CHAPTER V

#### RESULTS

The results of the study are described in the following chapter. Each hypothesis is presented in research form with its corresponding level of statistical significance.

The predicted differences in communicational styles among families with acting-out, depressed, and normal teenage daughters are generally unsupported. The one statistically significant result is that hostility themes are expressed to a significantly greater degree in families with acting-out daughters as compared to families with depressed daughters. The data is summarized in Table 5.1.

The following research hypotheses were tested:

 There are no differences in the frequency of the expression of split-double binds in families with acting-out (A-O), depressed (D) and normal (N) teenage girls.

$$H_0$$
: A-0 = D = N p < .05  
 $H_1$ : A-0 > D > N

Based on the analysis of variance a non-significant main effect was determined (significance = .119), therefore, the null hypothesis was not rejected and planned comparisons were not performed.

TABLE 5.1.--Analysis of Variance Summaries: Data Reported Among the Ten Dependent Variables, p < .05.

Communicational Category	SS	df	Ms	F
Split Double Bind				
Between Groups Within Groups	.3810 1.4286	2 18	.1905 .0794	2.40
Defensive Communication				
Between Groups Within Groups	800.667 10499.1429	2 18	<b>4</b> 00. <b>3</b> 3 <b>583</b> . <b>2</b> 857	. 3863
Indifference				
Between Groups Within Groups	593.4286 1928.5714	2 18	<b>296.714</b> 3 107.1429	2.7693
Supportive Communication				
Between Groups Within Groups	3784.667 13040.5714	2 18	1892.3333 724.4762	2.6120
Hostility Themes				
Between Groups Within Groups	2440.6661 5860.0000	2 18	1220.3333 325.5556	3. <b>74</b> 85*
Parents Communicate Negative Attitudes About Children				
Between Groups Within Groups	38.3810 232.5714	2 18	19.1905 12.9206	1.4853
Self Denegration				
Between Groups Within Groups	8.6667 47.1429	2 18	4.333 2.6190	1.6545
Denial of Hostility				
Between Groups Within Groups	2.0000 11.1429	2 18	1.000 .6190	1.6154
Overt Expression of Affection				
Between Groups Within Groups	14.9524 81.7143	2 18	7.4762 4.5397	1.6469
Destructive Sanctioning				
Between Groups Within Groups	2.0000 168.5714	2 18	1.0000 9.3651	.1068

<sup>\*</sup>p < .05

2. There are no differences in the frequency of defensive communications in families with acting-out (A-O), depressed (D), and normal (N) teenage daughters. The variable defensive communications includes the parameters of judgmentsl-dogmatic transactions, control and strategy, and superiority.

$$H_0$$
: A-0 = D = N p < .05  
 $H_2$ : A-0 > D > N

A non-significant main effect (significance = .516) was the result of the one-way analysis of variance. The null hypothesis could not be rejected, therefore planned comparisons were not performed.

3. It is hypothesized that there are no differences in the expression of indifference in families with depressed (D), acting-out (A-O), or normal (N) teenage daughters.

$$H_0$$
: D = A-O = N p < .05  
 $H_3$ : D > A-O > N

Based on the analysis of variance a non-significant main effect was determined (significance = .089), therefore the null hypothesis was not rejected and no planned comparisons were performed.

4. The frequency of the expression of supportive communications would not be different in families with acting-out, depressed, and normal teenage girls.

$$H_0$$
: A-0 = D = N p < .05  
 $H_\Delta$ : N > D > A-0

A non-significant main effect (significance = .100) was determined by the one-way analysis of variance. The null hypothesis of no

differences between groups could not be rejected. Therefore, planned comparisons were not performed on the data.

5. There are no differences in the frequency of the expression of hostility themes in families with acting-out (A-O), depressed (D), and normal (N) adolescent daughters. The variable hostility themes includes the parameters of the expression of overt anger, interruptions to disagree, and the expression of put-downs and provocative statements or questions.

$$H_0$$
: A-0 = D = N p < .05  
 $H_5$ : A-0 > N > D

The analysis of variance resulted in significant main effect (significance = .043). Therefore, the null hypothesis was rejected and planned comparisons were performed on the data.

The planned comparison between the normal group and the acting-out group yielded a non-significant T value (significance = .054). However, the contrast between the depressive group and the acting-out group resulted in a significant T value at the probability level of .027. Therefore, the depressive (D) group expressed significantly fewer hostility themes than the acting-out (A-O) group. This finding was supportive of hypothesis number five.

6. There are no differences in the frequency of negative attitudes and expectations expressed by parents of normal (N), acting-out (A-O), and depressed (D) adolescent girls.

$$H_0$$
: A-0 = D = N p < .05  
 $H_6$ : A-0 > N > D

The analysis of variance resulted in a non-significant test of main effects (significance = .252). Therefore, the null hypothesis was not rejected and planned comparisons on the alternative hypothesis were not performed.

7. It is hypothesized that there are no differences in the frequency in which self-directed anger or self-denegrations are expressed in families with acting-out (A-O), depressed (D), and normal (N) teenage daughters.

$$H_0$$
: A-0 = D = N p < .05  
 $H_7$ : D > N > A-0

The results of the analysis of variance indicated a non-significant main effect (significance = .219). Consequently, the null hypothesis could not be rejected and planned comparisons were not performed on the data.

8. The frequency with which hostility themes are denied will not be different among families having an acting-out (A-O), depressed (D), or normal (N) adolescent girl.

$$H_0$$
: A-0 = D = N p < .05  
 $H_8$ : D > N > A-0

A non-significant main effect (significance = .226) was the result of the one-way analysis of variance. The null hypothesis could not be rejected. Therefore, the alternate hypothesis was not tested by planned contrasts.

9. There are no differences in the frequency that overt love and affection are expressed in famlies with acting-out (A-O), depressed (D), or normal (N) adolescent daughters.

$$H_0$$
: A-0 = D - N p < .05  
 $H_q$ : N > D > A-0

The one-way analysis of variance resulted in a non-significant main effect (significance = .220). Consequently, there was a failure to reject the null hypothesis and to test the alternative hypothesis by planned contrasts.

10. There are no differences in the frequency parents resort to the use of destructive sanctioning in families with acting-out (A-O), depressed (D), or normal (N) teenage daughters.

$$H_0$$
: A-0 = D = N p < .05  
 $H_{10}$ : A-0 > D > N

The results of the one-way analysis of variance indicated a non-significant main effect (significance = .899). Therefore, the null hypothesis was not rejected and tests on the alternative hypotheses were not performed.

Generally, the results did not support the major premise of the research project. Families with symptomatically different adolescent daughters did not appear to have differences in their communicational styles as measured by the ten categories used in the project. The one statistically significant finding was that families with acting-out daughters expressed more hostility themes than families with a depressed daughter.

#### CHAPTER VI

#### SUMMARY AND CONCLUSIONS

In the final chapter the research is summarized and the conclusions are presented. Problematic aspects of sampling and inadequacies of specific theoretical constructs are discussed. In the final section of the chapter implications for future research are suggested.

## Summary

Within the last twenty-five years the focus of research in psychology shifted from an intrapsychic perspective to an interpersonal point of view. With this shift the family as a distinct and unique unit of study gained in importance. Researchers began to look with increasing interest at communicational styles in families and at the ways in which specific styles of communication correlated with a particular family member's psychopathology. The investigation evolved from an interest in understanding the relationship between familial communicational style and an individual family member's psychopathology.

An attempt to examine the differences in communicational styles in families with acting-out, depressed and normal adolescent girls was the focus of the study. The research was not an attempt

to demonstrate causality between a communicational style and a particular symptom picture but only to demonstrate a <u>relationship</u> between the two.

Twenty-one family triads were selected from volunteers drawn from various schools and community mental health clinics in the greater Lansing area. Nomination for inclusion in the study was a two step process. First mental health and school personnel used a behavioral check list (see Figure 4.1) to nominate adolescent girls (thirteen to sixteen years of age) from intact families into the study. Second, each nominated adolescent girl was administered the Minnesota Multiphasic Personality Inventory (MMPI). MMPI profiles were used to sort the adolescent into one of the three research groups: normal, depressed, and acting-out.

Each adolescent girl and her parents were invited to the Family Life Clinic for a thirty minute video-taped structured interview. The interview consisted of five questions which the families were asked to discuss for approximately six minutes per question.

The video-tapes were reviewed by three raters along ten communicational categories which served as the dependent variables for the study. The categories included: split double binds, defensive communication, supportive communication, the expression of indifference, hostility themes, parental communication of negative attitudes toward their children, the expression of self-denigration, denial of hostility, the overt expression of affection and destructive sanctioning. An index of concordance served

as a control for rater reliability. The index of concordance was computed by dividing the number of concordant responses in a communicational category by the total number of responses in that particular category. Index of concordance measures were computed on the sixth, the twelfth and the eighteenth videotapes. The index of agreement ranged from 33 1/3 percent to 100 percent concurrence.

An analysis of variance with planned comparisons was used to test differences among the three treatment groups among the ten independent variables. Planned comparisons were made where the analysis of variance indicated a significant main effect at the .05 level of significance.

# Conclusions

The purpose of the study was to determine differences among ten communicational variables in families with acting-out, depressed and normal teenage daughters.

A significant main effect was determined at the .05 level of significance for the independent variable of hostility themes. Planned comparisons indicated that families with depressed adolescent girls expressed significantly less hostility themes than did families with acting-out teenage daughters.

The analysis of variance did not result in significant main effects for any of the other communicational variables.

Therefore, in accordance with the conditions of the design separate planned comparisons were not made for variables which indicated no significant differences in the main effects.

# Discussion and Limitations

As predicted, families with depressed adolescent girls expressed significantly fewer hostility themes than families with acting-out adolescent daughters. The result appears to be in accordance with the theory of depression as a manifestation of anger turned against the self. It may be that the interpersonal climate in families with depressed adolescent girls prohibits the expression of hostility. Consequently, the repressive climate may force the adolescent to turn to herself as a viable outlet for the expression of her hostility.

Unlike the family of the depressed adolescent girl, the family of the acting-out teenage daughter is rife with the expression of hostility themes. Although anger is expressed overtly in these families, it is not used to clarify a family member's position or towards problem solving. Anger appears to be used to generate a response of a similar kind. It seems that hostility themes are a major communicational currency in families with acting-out teenage daughters. In an interpersonal atmosphere charged with this kind of destructive anger it appears plausible that the adolescent is primed to express her anger in a dramatic fashion in the environment.

No other significant differences were found among the three research groups among the ten communicational variables. At least two sampling limitations inherent in the study may have contributed to the findings of non-significance:

- 1. The most severe limitation plaguing the study was the small sample size. The small number of subjects necessitated extremely large differences between the three research groups in order to attain statistically significant results. It is possible that in reality differences in communicational styles among the three research groups do exist. However, the small sample size decreases the power of the statistic and may have increased in probability of a type two error.
- 2. Problems in sampling become apparent at the onset of the study. Although mental health agencies and schools expressed an interest in research, it was often difficult to translate the expressed interest into action. (It should be stressed that several counselors and therapists were extremely cooperative in the endeavor). Therapists appeared extremely reluctant to refer their own clients to the project. They seemed to feel that the request for referrals was an intrusive act that would violate the therapeutic relationship. Oftentimes therapists would assure the investigator that their clients would not want to participate in research--an assurance which appeared to have the flavor of the therapist's concern rather than the client's. The major problem with gathering the sample was gaining the cooperation of mental health professionals. Generally the perspective subjects were enthused and intrigued by the possibility of participating in a research project.

Beyond problems with sampling, two theoretical constructs which served as foundations for the study need to be reevaluated in light of the results.

1. Familial communicational style was measured by the frequency with which ten communicational variables were expressed in a thirty minute family interview. An attempt was made to relate a family's communicational style to a particular symptom picture in the female adolescent offspring. The results raise some question about the viability of using frequency of expression as a measure of communicational style. It may be more pertinent to analyze communicational style from the perspective of which family member says what to whom on a given issue. Specifically, the direction of a communication may be more important than the frequency of expression.

2. It seems plausible that the general communicational style of a family may be less important in understanding the relationship between style and symptom picture than the idea of what gets said to a girl at critical times in her life. Critical times could be defined as moments in life when a child is particularly vulnerable to having her self-representations modified through parental intervention. These critical times could be crises concomitant with developmental changes or times of high affective stress in the life of a child. At these moments the potential for positive interventions would be as equally possible as the potential for destructive interventions. The theory of critical times obviates the more gross measure of frequency of expression.

The last important limitation pertains to the diagnosis of depression in adolescence. In the present investigation, the diagnosis of depression was predicated on the existance of depressive mood and/or on the appearance of depressive equivalents as measured by the MMPI.

Although it is widely held clinically that depressive equivalents are indicative of an adolescent depression, equivalents are vague concepts when used to sort subjects into clinical groups for research on the basis of a test like the MMPI. The researcher cannot be sure that a particular subject is expressing a depressive equivalent or presenting a symptom unrelated to depression. For example, excessive bodily preoccupation is often cited as a depressive equivalent in adolescence. It is extremely difficult to assess on the basis of an MMPI profile whether the subject is depressed or presenting a hysterical symptom picture unrelated to a depression.

Consequently, the group diagnosed as depressed in the present research may not have been an accurate representation of depressed adolescents. In reality, the depressed group may have been a mixed neurotic group. Such a condition could only confound the results of the study.

A final word is in order about the motivation behind a family's willingness to participate, without tangible inducements, in volunteer research. Although there were several exceptions, most families appeared motivated to participate because of a relevant interest in the topic. They appeared eager to see how they would do in the interview situation and were curious about the expected results. The families who participated in the research for other then the above stated reason appeared to use the task in one of the following ways. First a small member of families appeared to participate in order to have a sanctioned chance to verbally abuse one another. Second, one family in particular, used the research as an avenue for a referral to counseling.

# Implications for Future Research

The fact that the present investigation resulted in only one significant finding does not obviate the theoretical premises upon which the research stands. Further research using more precise diagnostic tools and somewhat more pertinent measures of communicational style may produce more fruitful results.

Testing the ideas presented in the discussion section of the present chapter may add the needed precision to elucidate the

relationship between familial communicational style and psychopathology in adolescent offspring. The first suggestion pertaining
to directionality, i.e., who says what to whom, could easily be
tested in a research design similar to the present. The second
suggestion concerning specific communications at critical times in
a child's life would be harder to elucidate and might have to be
approached descriptively and retrospectively.

Furthermore, the area of assessing depression in adolescence is in need of more research. Although it is true that depressive equivalents are useful clinically they are too imprecise to be used productively as research constructs. Research aimed at elucidating the phenomenon of adolescent depression appears warranted.

Examining the relationship between psychopathology and communicational styles in families has just begun. The present research and the ideas generated from the study will hopefully contribute to a clearer understanding of the subtle relationship between communicational style and an individual family member's psychopathology.

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**APPENDICES** 

APPENDIX A

SCORING MANUAL

## APPENDIX A

## SCORING MANUAL

(Adapted and Expanded from Alexander 1973)

Your goal, as you look at the videoptape of a family interaction is to be able to discriminate the following variables:

## I. SPLIT DOUBLE BINDS

Like the classical double bind, the split double bind has three key elements. First that the interactors be in an intense and vital emotional relationship. In the present study the assumption is that intense emotional involvement characterizes family relationships. Second, that one party is subjected to parodoxical injunctions. In the classical double bind situation the injunctions come from one parent, in the split double bind however, each parent communicates <u>one</u> injunction. The final criteria for double binding is the inability for the receiver to metacommunicate; i.e., move out of the double bind field by pointing to the illogical aspects of the communication.

The following examples demonstrate what is meant by a split double bind (adapted from Ferreira).

1. "You shall not drive the car," father loudly affirmed to his son.

"Of course there will be exceptions and special occasions," mother demured softly.

2. "You will stay home tonight and do your duties," dictated father to son.

"Go out to the store and buy me some magazines," mother said.

In each of the examples cited above, the key issue is the paradoxical predicament in which the son finds himself. He cannot satisfy one parent without disobeying an explicit injunction from the other. Hence, the son is double bound.

## II. DEFENSIVE COMMUNICATION

The rating of the family group is related to defensive communications. According to GIBB (1961):

One way to understand communication is to view it as a people process rather than as a language process. If one is to make fundamental improvement in communication, he must make changes in interpersonal relationships. One possible type of alternation . . . is that of reducing the degree of defensiveness.

Defensive behavior is defined as that behavior which occurs when an individual perceives threat or anticipated threat in the group. The person who behaves defensively, even though he also gives some attention to the common task, devotes an appreciable portion of his energy to defending himself. Besides talking about the topic, he thinks about how he appears to others, how he may be seen more favorably, how he may win, dominate, impress, or escape punishment, and/or how he may avoid or mitigate a perceived or an anticipated attack.

Such inner feelings and outward acts tend to create similarly defensive postures in others; and, if unchecked, the ensuing circular response becomes increasingly destructive. Defensive behavior, in short, engenders defensive listening, and this in turn produces postural, facial, and verbal cues which raise the defense level of the original communicator.

Defensive arousal prevents the listener from concentrating upon the message. Not only do defensive communicators send off multiple value, motive, and affect cues, but also defensive recipients distort what they receive. As a person becomes more and more defensive, he becomes less and less able to perceive accurately the motives, the values, and emotions of the sender . . . .

The converse, moreover, is also true. The more "supportive" or defense reductive the climate, the less the receiver reads into the communication distorted loadings which arises from projections of his own anxieties, motives, and concerns. As defenses are reduced, the receiver becomes better able to concentrate upon the structure, the content, and the cognitive meanings of the message.

Communication represents more than verbal messages. A person can communicate very clear messages to another person by nonverbal behavior. Hand, facial, and body movements may have very definite meaning and must be considered. Also, such additional important means or cues of communicating a message such as tone of voice, pervasive or subtle messages, double meanings, overtones and other means of delivery must be considered.

The categories of defensive and supportive behavior to be rated are:

#### Defensive

# Supportive

- 1. Judgement-dogmatism 1. Genuine Information Seeking/Giving
- 2. Control and Strategy
- 2. Spontaneous Problem Solving
- 3. Indifference
- 3. Empathic Understanding
- 4. Superiority
- 4. Equality

Before rating these categories, it should be noted that there is an interaction and interrelationship among each concept. In other words, the categories are not mutually exclusive and it is possible for a person to behave in more than one way at a time. Fore example, a person may be judgmental and dogmatic while also acting very superior. A person could use indifference as a way to control. On the other hand, a person can genuinely seek information from another on the basis of equality. A person could state verbally that he is empathic and understanding, but through nonverbal codes, it could become obvious he was indifferent or playing a "phoney" role.

## 1. JUDGMENTAL-DOGMATISM

a. Speech which is evaluative in nature and passes judgment on another's character, activities, thoughts, motives, works, or ambitions tends to arouse defensiveness in the listening audience. Speech may fall into such categories as placing blame, classifying things as good or bad, accusing, complaining, and negative criticisms. Characteristic of such speech are unqualified statements with "I" as the authority, or with others as the authority and "I" agree with them, and you better also agree because "I" know it to be best. This kind of speech may be direct, indirect, implicit, or explicit and affect the person spoken to.

Examples (verbal, direct, and explicit):

1. "Absolutely no;" "That's nonesense;" "You're
 wrong;" "Baloney;" "I know I'm right;" "There's
 only one way;" "B.S.;" "You're square;" "That's
 a laugh;" "Ha."

(Indirect and implicit):

2. "Anybody knows that;" "Just how do you propose to do that;" "What is that supposed to mean;" "You're so smart;" "How do you ever expect . . . ;" "You know-it-all."

(Rater's note): Be alert for the use of absolute, that is, such words as "never," "always," "you never," "everybody but you," "nobody but you," or "you don't," "you won't," "you can't."

b. When a person takes a position against another person, an idea, or object, and is unmoved to change, alter, or at least accept another's position at face value, he is also being evaluative, judgmental, and dogmatic. Also, the person who must vehemently drive home his point with the implication that his listener should change his behavior is expressing some implied judgement and evaluation of the listener.

Examples (nonverbal):

Clenching fists; pounding the table or one's leg,
 or pounding a fist into a hand or on the arm of a

chair; shaking a finger at another; leaning toward the other person; stiffening of the body, or facial expressions such a frowning, sternness, or disgust. (Other cues):

2. Raising the voice above normal conversational level; sharply cutting words short or emphasizing words in statements, or sarcasm. When a person is supposed to be listening, they may shake their head no or fold their arms and deliberately look up or away or roll their eyes.

#### 2. GENUINE INFORMATION SEEKING/GIVING

- a. In contrast to speech that is judgmental and dogmatic, speech that is a genuine request for information or giving of information tends to arouse minimal defensiveness in individuals. Such speech would be characterized by presentations of feelings, descriptions of events or objects, perceptions, or processes which may be qualified or do not directly, indirectly, explicitly request a change of behavior from the listener.
- b. When a person presents information about his feelings or the feelings of others, it must be noted whether such a presentation is calculated or genuine. For example, a mother may state how badly her child's behavior makes her feel (perhaps with some dramatics for emphasis) in such a manner as to be guilt inducing, thus

requiring a change of behavior in the listener. On the other hand, a child could also attempt such a strategy on either parent. When information giving of personal feelings is genuine, it must be within the context of spontaneous problem solving. In other words, in an honest exchange of viewpoints and feelings a person who is conscious of inducing guilt or attempts to genuinely present feelings is likely to ask permission or add qualifications.

Examples (presentation of feelings):

(Information giving):

- 1. "Would it help if you knew how I feel?" "Can I explain how I feel when you \_\_\_?" "Maybe you haven't realized that when you do that it \_\_\_."
  (Information seeking):
- 2. "I wonder why \_\_\_?" "I understand that, but
  how \_\_\_?" "I'm not sure what you mean;" "I'm
  confused on that point, could you \_\_\_?"

  (Rater's note): Careful attention must be paid to overtone, facial expression, gestures, and tone of voice
  when questions are asked such as who, what, why, where,
  when, and how, to determine if the question is genuine
  and not meant as a judgement or accusation.
- 3. "Have you thought about this way of  $\_$ ?" "I think it could be done this way, let me explain what I

mean;" "Do you think this might be possible?"
"It looks to me like it's possible to ...;"
"I don't know all the facts; but do you know?"
"I have an idea ."

c. Nonverbal and other cues indicating genuine information seeking/giving would be the absence of those cues indicated in judgement-dogmatism.

Example (nonverbal and other cues):

1. The voice should remain at a conversational level, facial expressions will be less intense, hand gestures and body movements will be more relaxed and less precise. The listener will also appear more relaxed, but eye contact and general attention should increase if defensiveness has not been aroused.

## 3. CONTROL AND STRATEGY

a. When a person either controls or attempts to control, he is also likely to evoke defensive behavior in the listener. In most social interaction someone is usually trying to accomplish something, i.e., to change or influence someone or something. The degree to which a person tries to gain control determines the degree of defensiveness in other individuals.

Speech characteristic of such attempts to control carries implied and subtle information to the listener that they are inadequate and are secretly viewed as ignorant, uninformed, immature, or dumb. There are several ways in which control and strategy are employed against the listener, thus arousing defensiveness.

Examples (insistence on detail):

 "Explain exactly how you ;" "Tell me again ;" "Don't leave out anything;" "I want to know everything."

(Imposing controls or restriction):

- 2. "I have a right to know;" "The law says you willwon't;" "Children are to be seen and not heard;" "As long as you live here, you will-won't;" "If you expect \_\_\_, you will-won't;" "You'll do it our way or not at all;" "Children should respect \_\_\_\_."
- 3. Attempts to control are not necessarily direct. overt manifestations as described above. The sender of messages designed to control may take the form of role playing strategy; however, such attempts are frequently easy to see through, and such "phoneyness' is likely to arouse defensive behavior on the part of the listener who recieves and perceives the attempt to control through guile.

Speech characteristic of such behavior may be seen when a person takes the role of something other than what appears valid for the time and setting. For example, "turned on emotion," the overly concerned mother, father, or overly repentent child. Examples (role playing):

1. "I'm your father/mother and all we ever wanted
 is \_\_\_." "I do my best for you;" "You know
 you can tell me everything;" "Did I ever do
 anything to you?" "What would \_\_\_ think if he
 knew?" "I know you better than you think;"
 "We're your parents and we love you;" "We know
 more than you think."

# (Nonverbal and other cues):

2. Placing one's hands to one's head or heart. Holding one's hand(s) out to the person spoken to. A shift of the voice downward or using a softer tone. The use of pet names not previously used or a sudden change of attitude to one of compassion.

## 4. SPONTANEIOUS PROBLEM SOLVING

a. In contrast to behavior that's controlling, or a deceitful attempt to role play, spontaneous problem solving is supportive rather than defense arousing. Characteristic of spontaneous problem solving is the attempt to confine communication to solving issues and refraining from attacks on personalities. It allows persons to stick to the point and express ideas, offer solutions, set goals, and solve problems. The person behaves naturally and simply, and questions and answers

have no double meanings nor do they display hidden motives.

## Examples:

- 1. "What do you think?" "What's your opinion?"
   "How could we \_\_\_?" "I'll tell you what I think
   and we'll see where we differ;" "Could we try \_\_\_?"
   "Let's comprimise;" "I'll go along with that;"
   "You have a good point;" "I don't really know;"
   "I'm open to suggestions."
- b. Other characteristics to look for to determine if spontaneous problem solving or control and strategy is occuring may be the use of persuasion (even friendly) or encouragement. Encouragement is allowing a person to express ideas or solution to problems, and at the same time communicating to that person he will receive your support in what he decides or suggests. Persuasion is urging or pressuring a person to change behavior or accept a point of view he is reluctant to accept. In

other words, persuasion is talking a person into something.

# Examples (encouragement):

# Persuasion):

2. "Can't you see it our way this time?" "C'mon,
 just this once;" "Please try to see it my way;"
 "If you'll give in, I will too."

#### III. INDIFFERENCE

 Indifference in behavior or speech indicates a disregard for a person's welfare or value as a human being; and may arouse defensiveness. Nobody cares to be regarded as an object or person of no particular worth.

Characteristic of such speech or behavior are attitudes and words with low affect or that communicate rejection or disinterest. Tone of voice is an important indicator when indifference is expressed.

#### Examples:

"So?" "So what?" "Who cares?" "I couldn't care less;"

"It makes no difference;" "Uh-huh;" "Hmmm;" "I don't

know;" "Yeh;" "Yup;" "Sure, sure;" "What do I care?"

"It's alright;" "I guess."

2. Other important indicators of indifference can be seen in nonverbal cues such as expressions of boredom, looking around the room or at the floor, rather than the speaker, rustling papers, drumming one's fingers, or playing with clothing or other objects.

Indifference may also be noted in one's attitude of impatience to skip quickly over the problem, put it off, or be done with it. Indifference may be indicated by lack of attention on the part of a listener by having the speaker repeat messages that should have been heard and understood It is also not unusual for a person to express very directly they are no longer interested or just don't want to be bothered with the problem any further and to forget the whole thing.

## IV. EMPATHIC UNDERSTANDING

 Communication that carries empathy, respect, and worth for the feelings of the listener is particularly supportive and defense reductive.

Characteristic of such speech would be words or reassurance that one identifies with onther's problems, shares his feelings, and accepts this person at face value. By accepting a person at face value one indicates no preevaluations or judgements of that person. Here is another human being who has value and worth, and you will hear him out

without the implication that you might like him less because he did something wrong. Be alert for negative efforts on the part of the speaker that deny a person's emotions or feelings even if it appears sincere, such as: you don't need to worry, or your don't need to feel rejected--you'll get over it. It must be remembered that people do worry, they do feel rejected even though outward appearence may indicate differently, and the person probably already knows he will get over it, but that is very little consolation for the here and now of a problem. The important aspect is conveying understanding without an accompanying effort to change him. This is supportive.

# Example (verbal):

"I didn't realize you really felt that way;" "Now I see what you mean;" "I'm really sorry, I didn't know I made you feel that way;" "I know how you must feel;" "Had I known, I'd never have done it;" "I understand how it must hurt/feel;" "It's hard to be in your position."

2. Expression of sympathy and affection also conveys empathic understanding, but only if they are more than mere expressions of social amenities by saying what is appropriate, required, and proper without any deep-felt meaning. Spontaneous facial and bodily evidence of concern are interpreted as especially valid evidence of deep-level acceptance.

## Examples (nonverbal and others):

Both speaker and listener may use more direct eye contact and lean lightly more toward each other. Words will have a softer and quieter tone quality. Facial expressions may become serious, but pleasant. Hand gestures may become slight, but expressive to indicate deep personal feelings. Nodding of the head in an affirmative manner may be noticed. If feelings are deep, tears or watery eyes can result. Other gestures may include a touch, pat, or caress.

### V. SUPERIORITY

Superiority is communicated to another when a person's speech or behavior conveys a position or power, wealth, intellectual ability, physical proweress, higher status, thus arousing defensiveness. Anything conveyed to make a person feel inferior, inadequate, or jealous is an act of superiority.

The person perceived as feeling superior communicates he does not want or need help, nor is he willing to enter into a problem solving relationship and wants no feedback. Look for "I" as becoming the important subject and "you" becoming quite valueless.

## Examples (verbal):

1. "I've had more experience in these matters than you;" "I'm older and wiser;" "You're not very bright;" "I know more

got a brain in your head;" "I don't need your help;" "I can solve my own problems;" "You can't help;" "You don't know anything about it;" "You're too young (old) to understand."

## 2. (Nonverbal and others):

Hand gestures become more pronounced in pointing to one's self or waving one off, indicating a "put down." There may be a puffing of the chest and raising the head. Eye movement may be down on the listener, a sarcastic demeaning tone in the voice may become evident.

### VI. EQUALITY

Defense is reduced when one perceives himself as on equal ground with another and makes no attempt to assume superiority. Characteristic of equality are indicators of mutual trust and respect. Differences in ability, worth, status, and power show little evidence of being important in solving a problem. Overt demeaning of one's self is not necessary and may only indicate a strategy to gain control. Efforts to be equal will be unobvious and spontaneous.

# Examples (verbal):

1. "I'm snowed, too;" "I certainly don't have all the answers;"
 "I don't know as much as you about it;" "Perhaps I haven't
 been too smart;" "Will you show me how?" "I've got a lot to
 learn;" "If you can tell me how, I will;" "I respect your
 opinions."

(Nonverbal and others):

2. Nonverbal cues depicting equality may be more noticeable by the lack of those cues indicating superiority rather than any particular overt behavior; however, smiling or laughing and spontaneity may be an important indicator of acceptance of equality (Alexander, 1973).

#### VII. HOSTILITY THEMES

Scoring for hostility themes is a way to measure the "amount" of anger expressed in a family and to assess the modes used by a family to communicated anger. The expression of anger can be direct and overt as in the statement, "You make me angry when you don't listen to me." Or anger can be communicated in a more indirect and covert fashion as in a subtle put-down or a "back-handed" comment. For example, "I don't know why she has to stay out late with those friends of hers."

When trying to assess indirect expressions of anger it will be important to pay close attention to the toanl quality of a statement. Obviously the most benign statement can be said in a very angry way.

For the present investigation angry communications will also be analyzed as to origin and receiver. Therefore when rating it will be necessary to determine from whom and to whom anger is being directed. It is possible that the origin and receiver of anger can be one and the same person. For example, "I get so angry with myself when I let people walk all over me." (This category should not be confused with qualities of spontaneous problem solving or genuine information seeking/giving. Raters need to judge genuineness of communication.)

Anger can also be assessed by analysis of the processes aspects of a families communicational style. For example, interrupting to disagree with someone of just to add more information to another's statement can have an anger inducing effect. Provocative questioning or statements can be a families mode of expressing anger. As in the more overt demonstrations of anger, raters should be alert to the originator and receiver of the communication.

The last category which needs to be made explicit has to do with the description of one family member by another in a negative way. For example, "Susan is just no good, she is an irresponsible, disobedient teenager."

### VIII. AFFECTION

This category is responsive to aspects of communication which convey positive regards for others. Loving, caring, and valuing another person, qualities of that person or oneself are the key elements in this category. Raters should be alert to sarcasm or non-genuine affection which may be indicative of hostility\*

<sup>\*</sup>Conversely, raters need to watch for communication which has an angry content but is delivered in a real affectionate manner.

themes. Therefore, raters need to be carefully attuned to the communications nonverbal responses, facial expression, tone quality inflection, etc.

#### IX. LIMIT SETTING BEHAVIOR

Limit setting behavior is defined as any communication which one person imposes on another to effect constraint on that person's behavior. The key transaction in limit setting behaving is the use of "destructive sanctiming." Specifically does not limit setting communication imply other unacceptable behaviors. For example, "I don't want you to steal money in my top drawer while I'm out tonight and spend it on your friends."

In the example above, the limit setter makes explicit the unacceptable behavior in a very detailed fashion. Contrast the above statement with the following one:

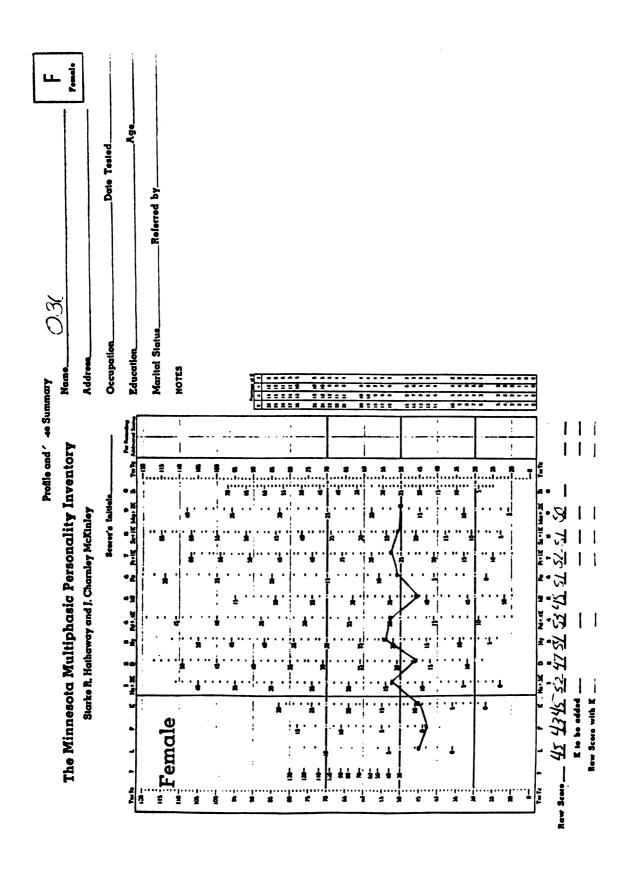
"I want you to stay out of my bureau." In this second example, the focus is on the unacceptable behavior and does not list the unacceptable behaviors that might follow the act of stealing. Destructive sanctioning probably will be exhibited from parent to child.

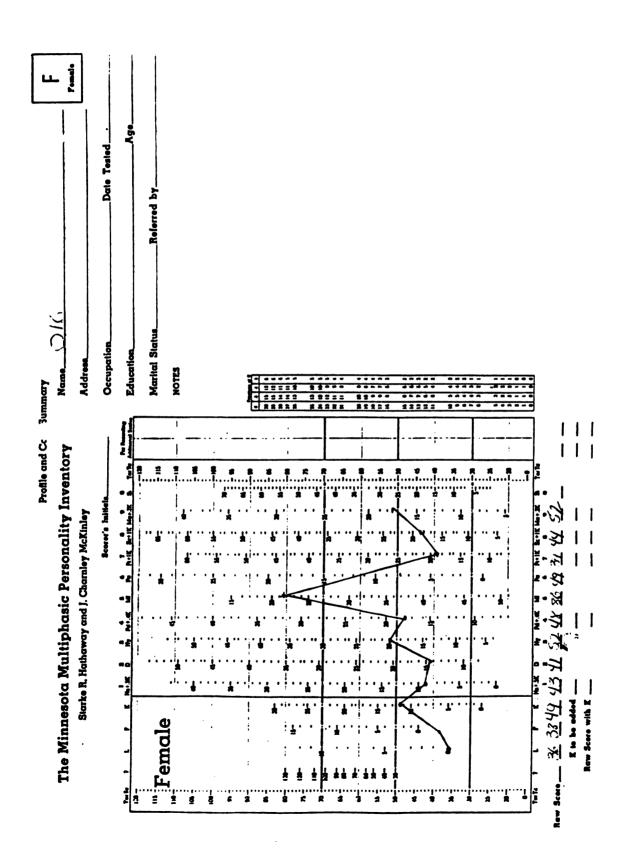
# APPENDIX B

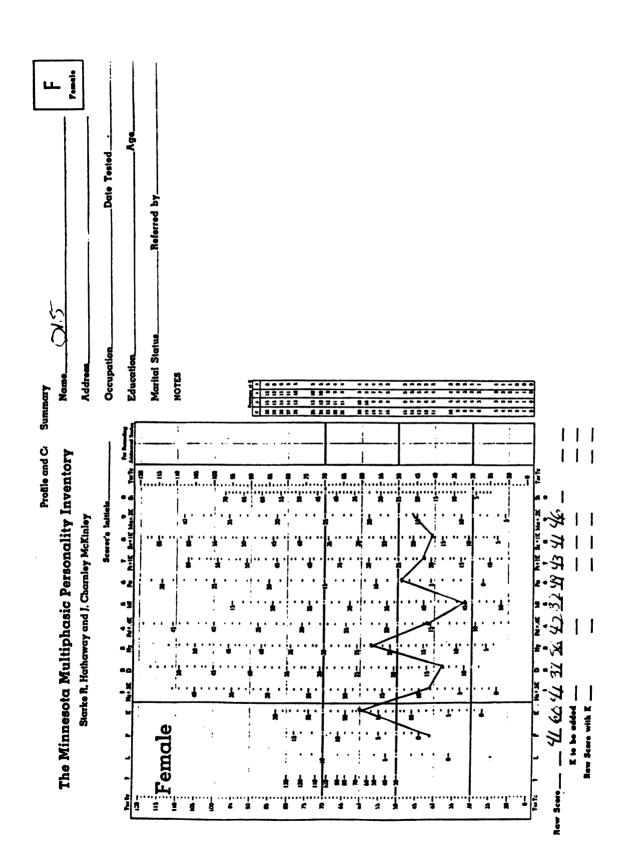
MINNESOTA MULTIPHASIC PERSONALITY PROFILES

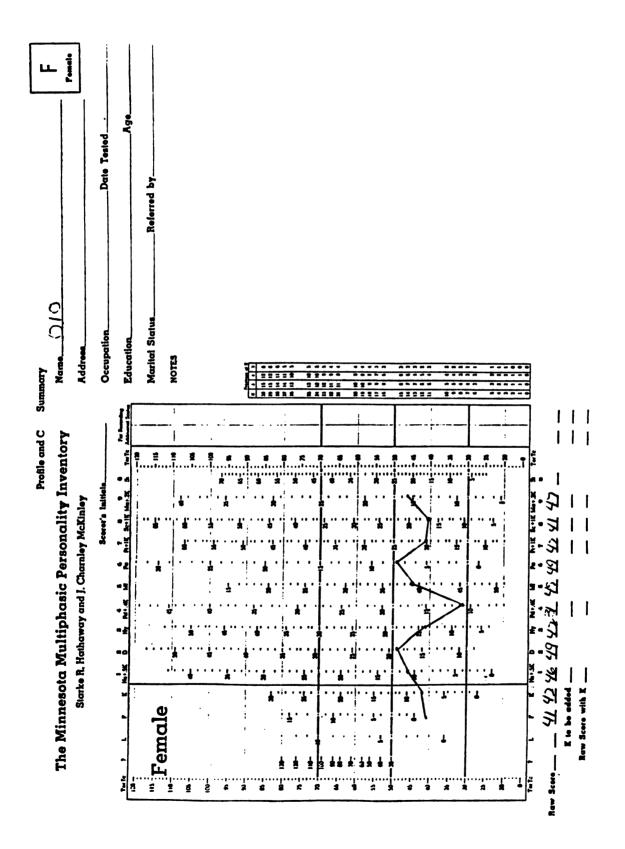
# APPENDIX B-1

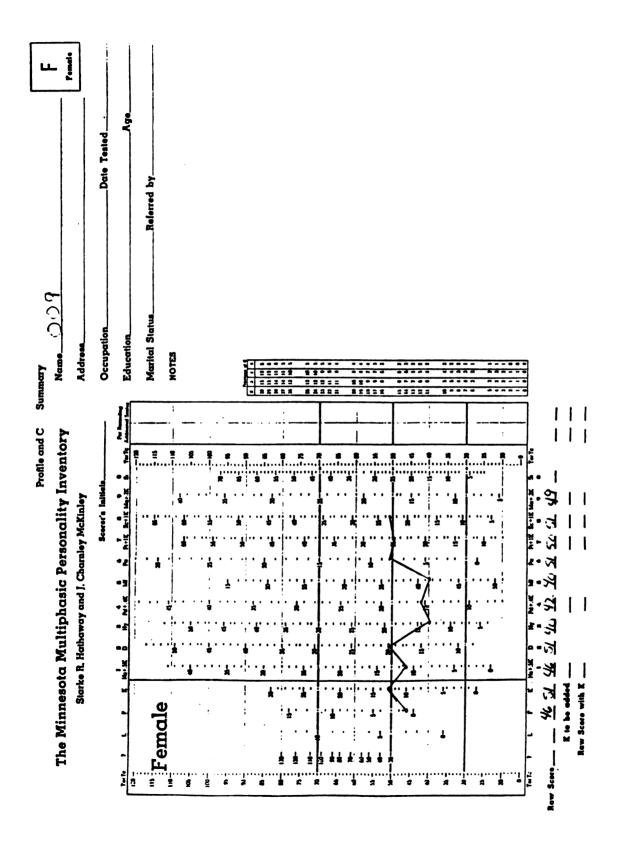
# MINNESOTA MULTIPHASIC PERSONALITY PROFILES NORMAL GROUP

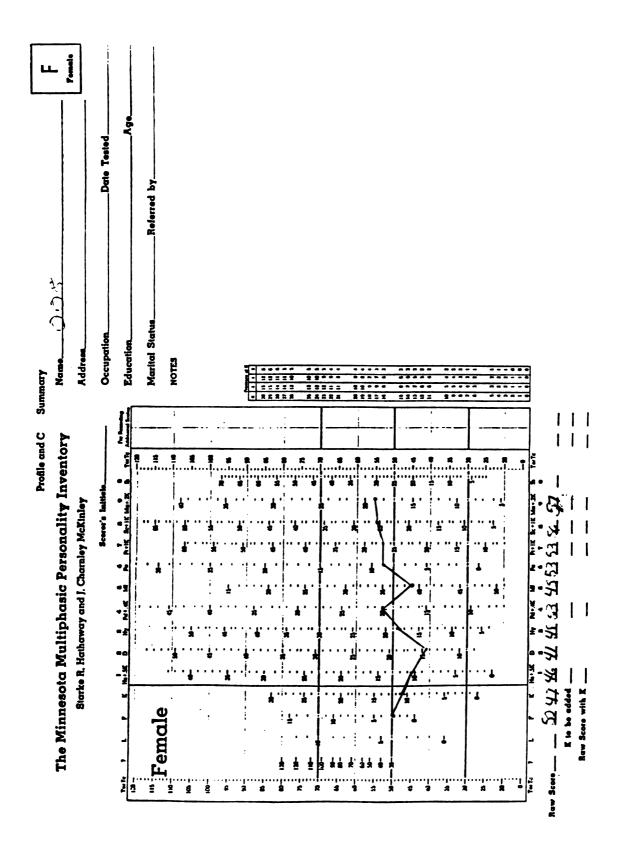


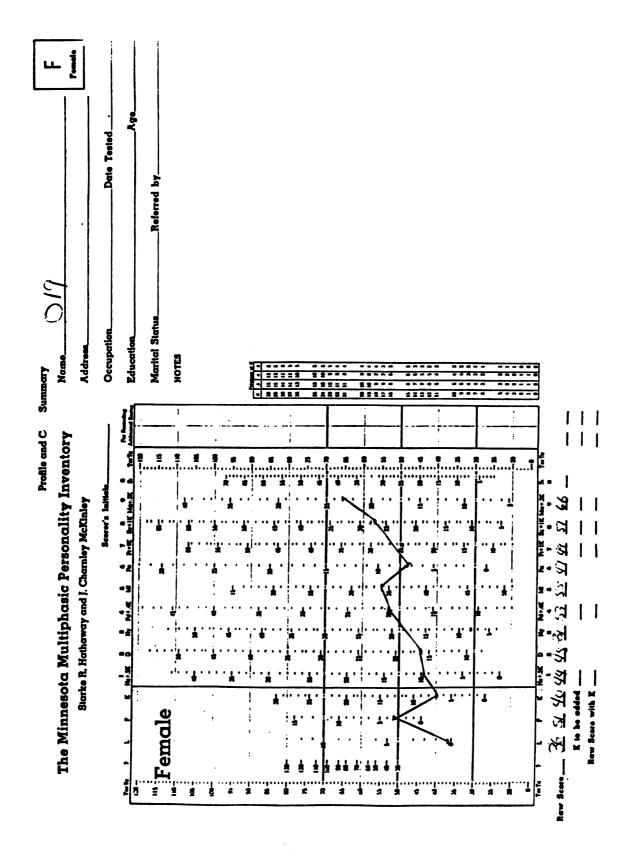






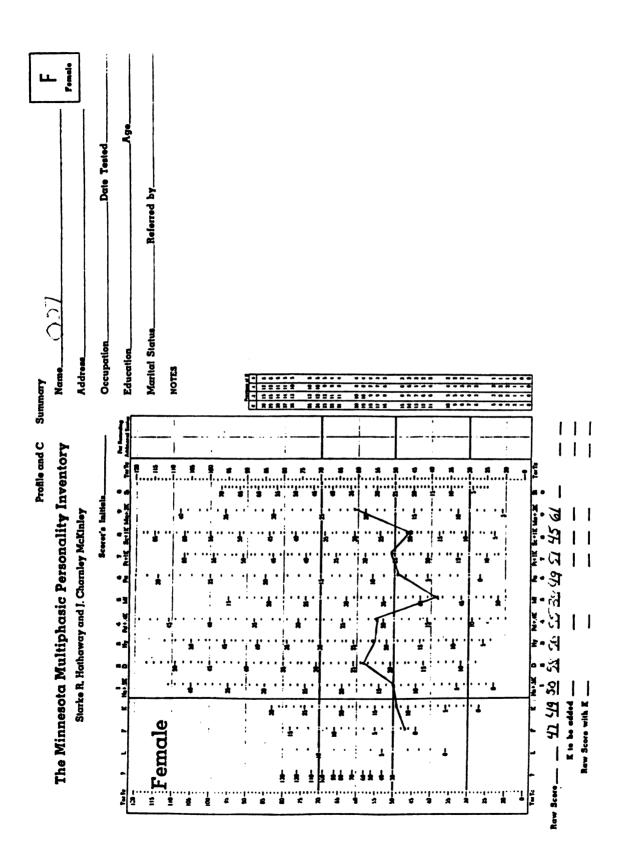


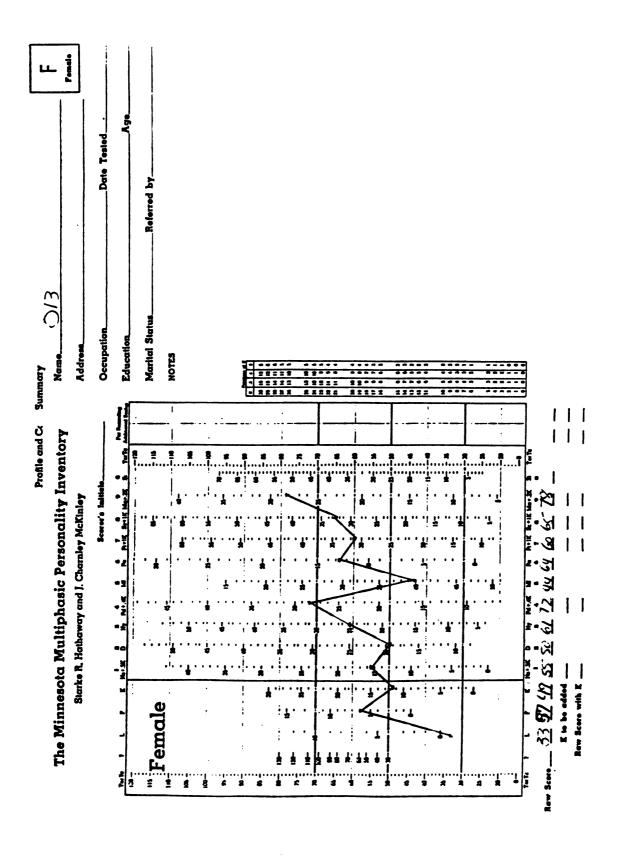


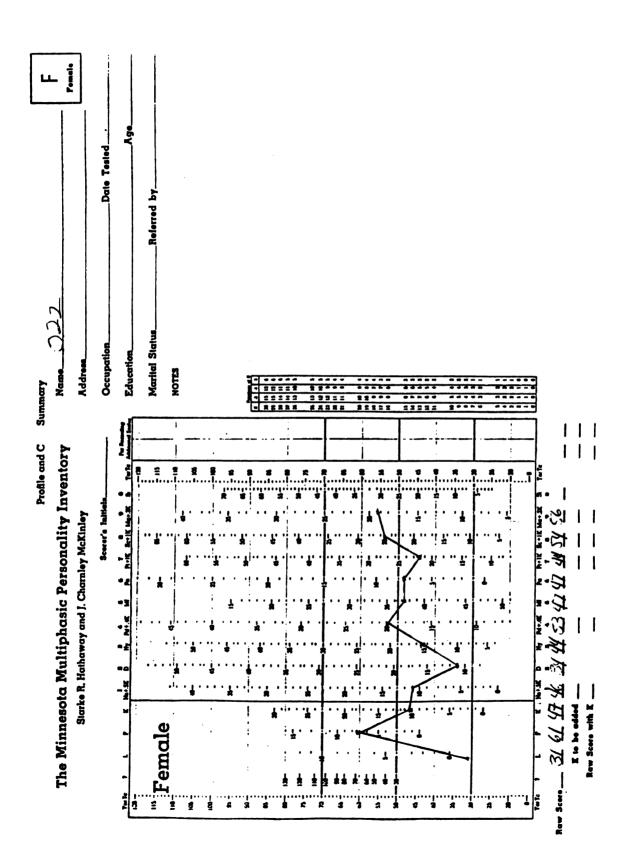


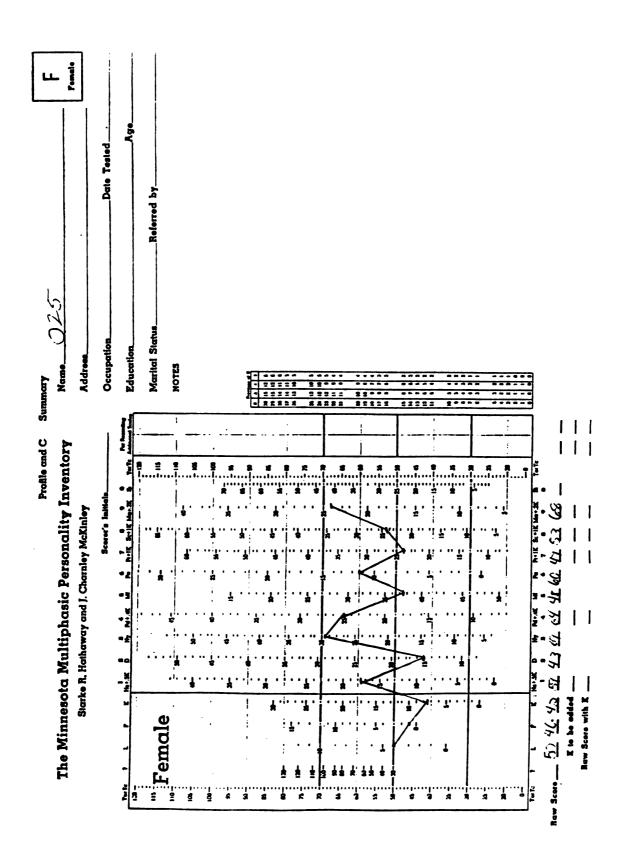
# APPENDIX B-2

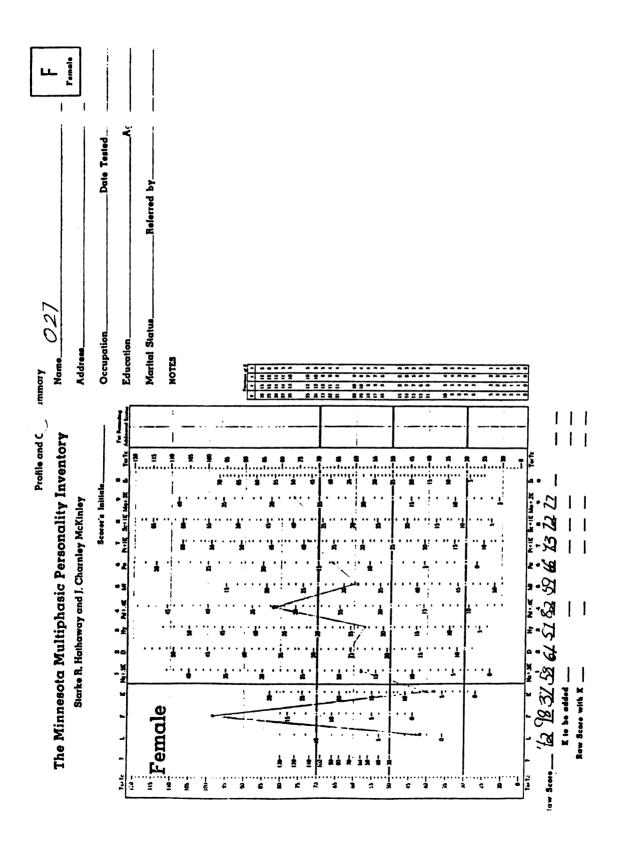
# MINNESOTA MULTIPHASIC PERSONALITY PROFILES ACTING-OUT GROUP

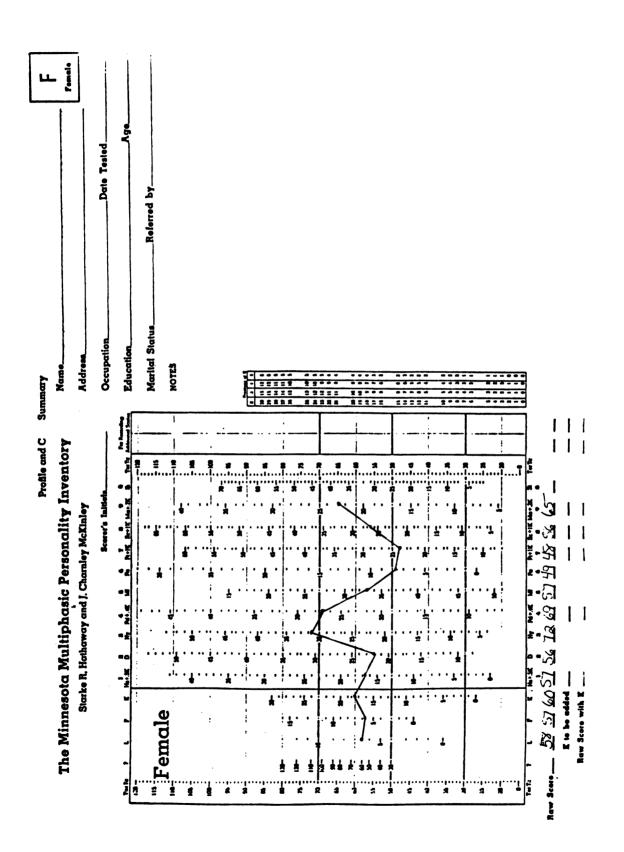


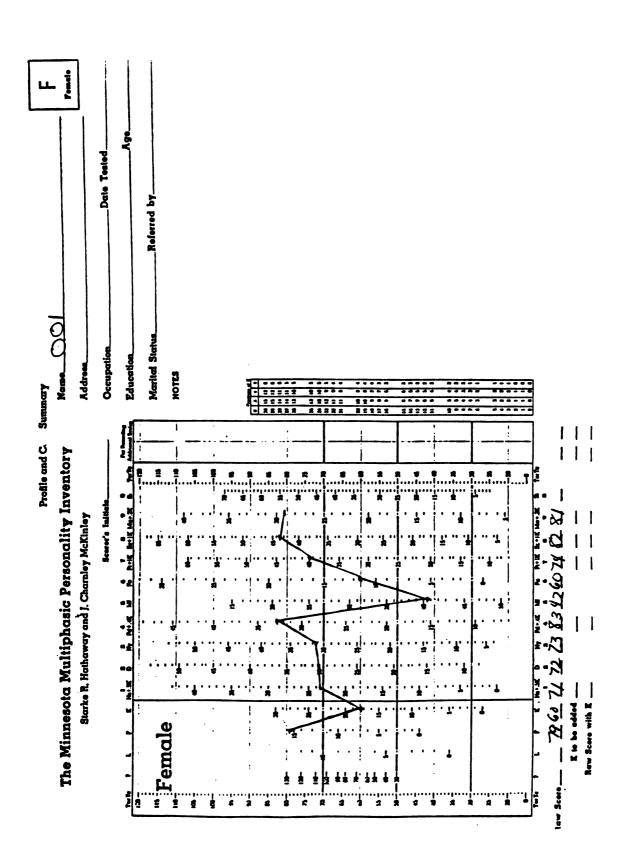






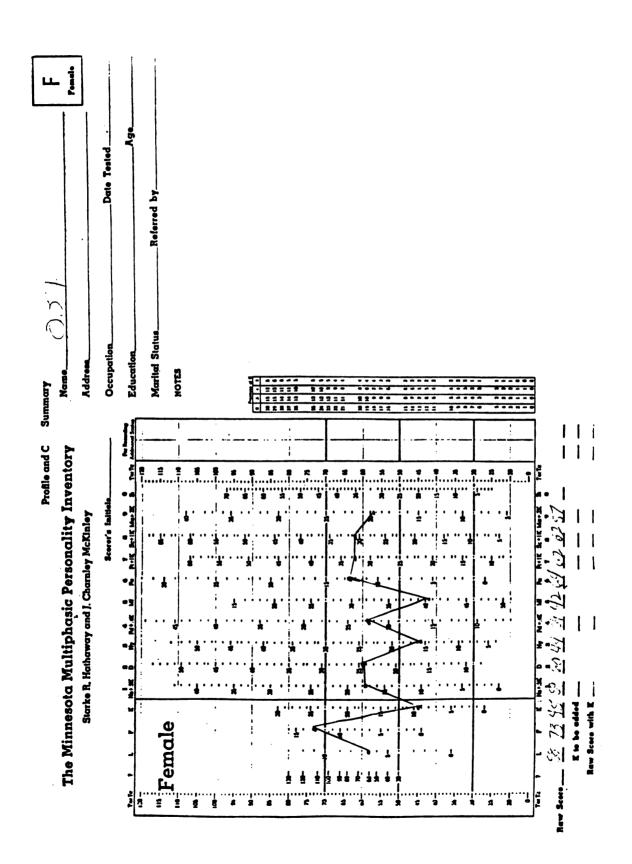


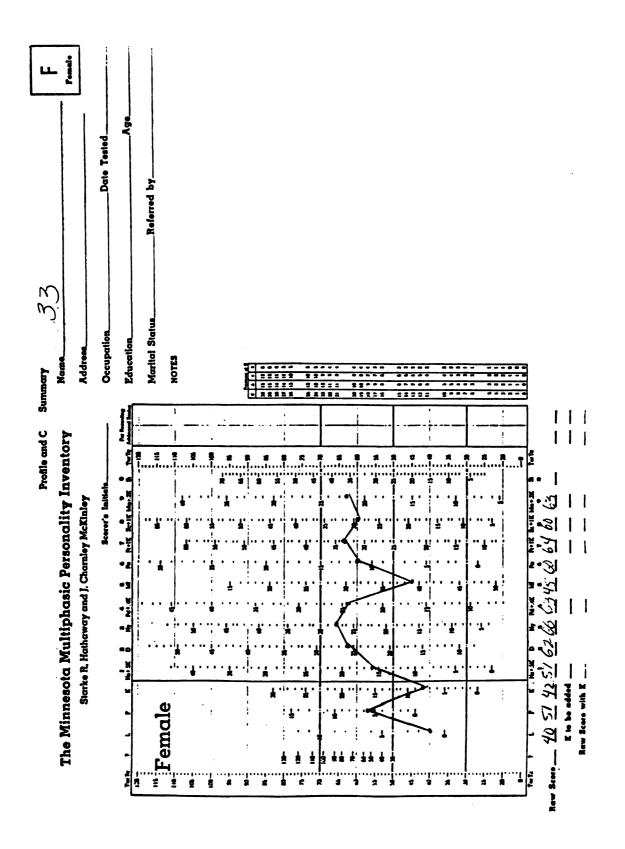


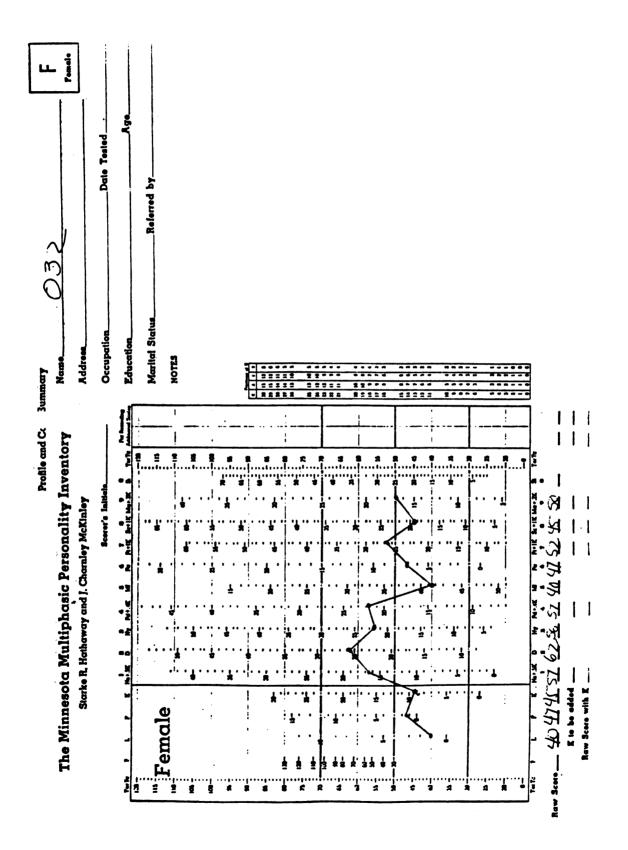


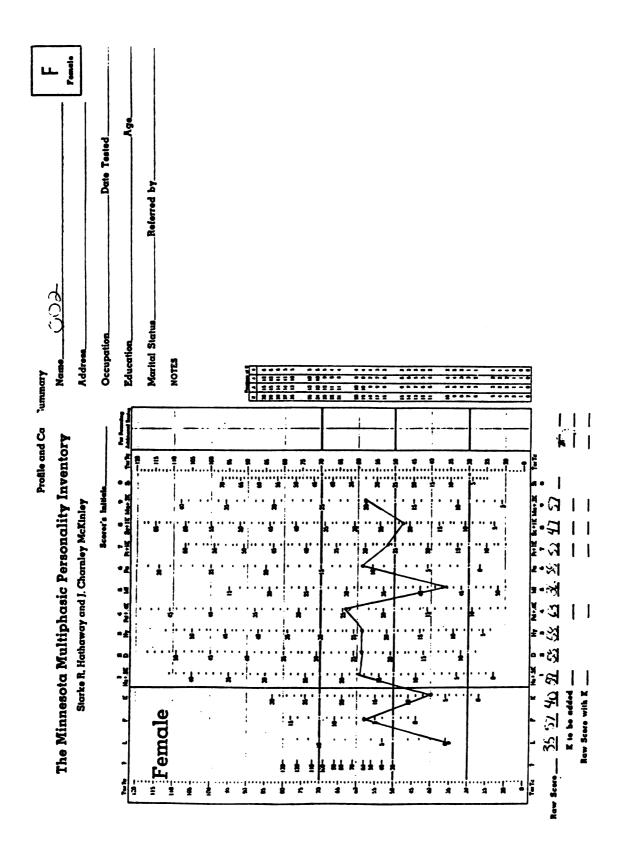
# APPENDIX B-3

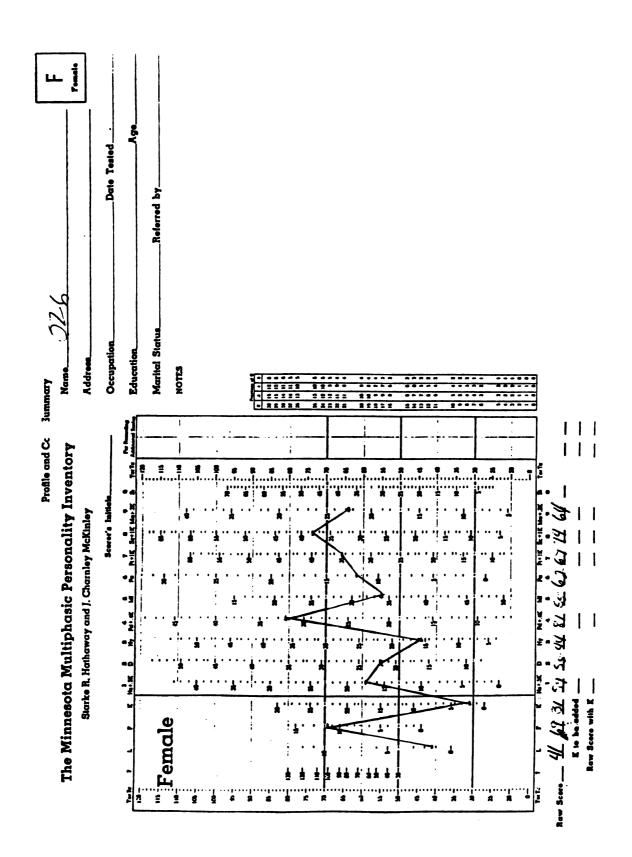
# MINNESOTA MULTIPHASIC PERSONALITY PROFILES DEPRESSED GROUP

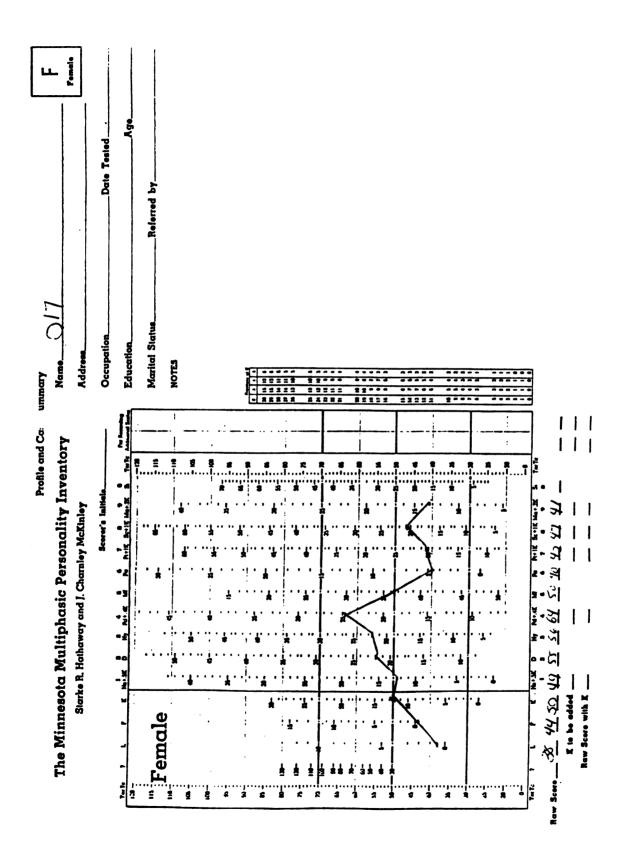


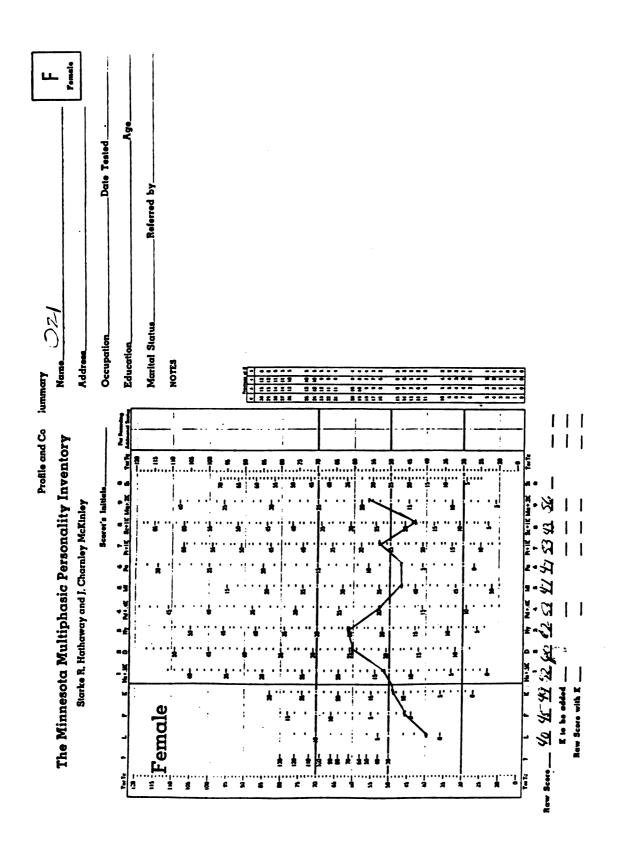


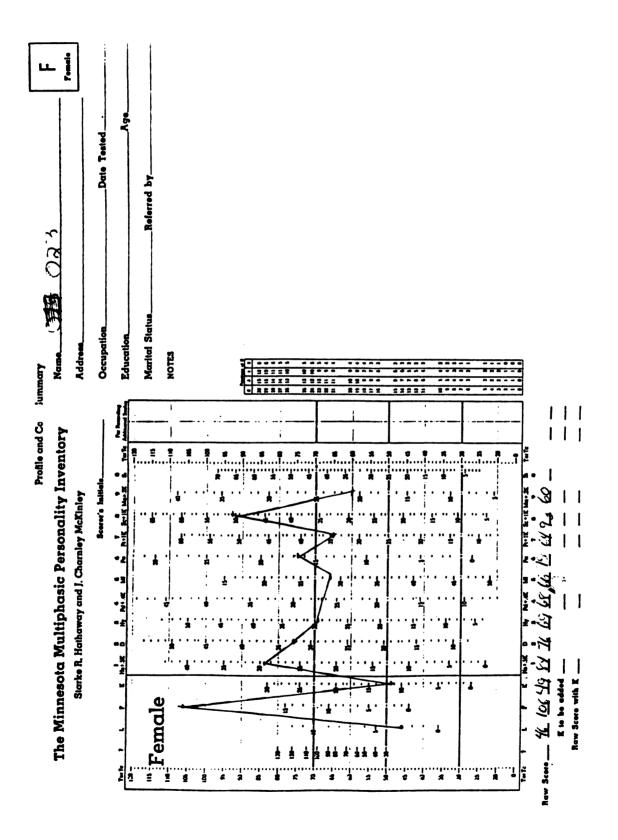






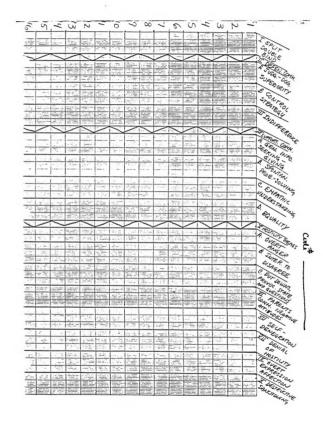






APPENDIX C

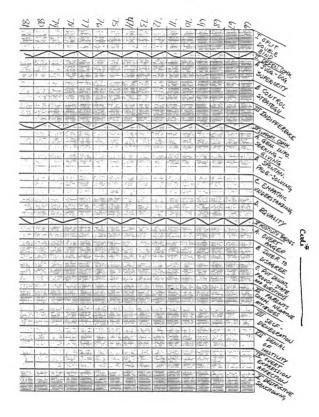
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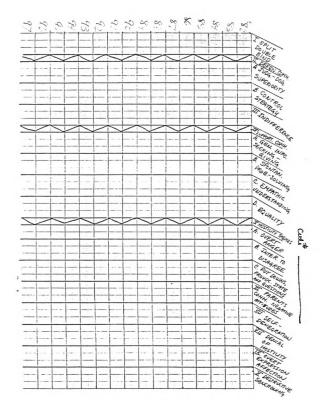


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## APPENDIX D

RESEARCH CONSENT FORM

## RESEARCH CONSENT FORM

I understand that the study being conducted by Michael Hollander under the supervision of Dr. William Farquhar is for the purpose of examining communications in families with adolescent daughters. I understand that participating in this study will not result in any direct benefits to me. I understand that I may withdraw from participation in the study at any time without penalty. I also understand that the information I provide by filling out the research forms and information given in videotaped interviews will be kept confidential. I understand that the videotaped interview is a way to gain further understanding about communication patterns in families. Furthermore, I understand that the videotapes will be kept confidential and will be erased at the end of the research project. In addition I understand that only the researcher will have access to the forms and the videotapes.

General results of the study will be reported, but none of these reports will indentify individual subjects. I know that I can, upon request, receive a report of the study's general results, within the restrictions of confidentiality as outlined above.

The procedures for this research have been explained to me and my questions concerning the project and my participation in it are clear to me.

 Mother	 date
	 date
Father	
 	date
Daughter	