THE DEVELOPMENT OF A SELF-REPORT MEASURE ~~TO OPERATIONALIZE~~ of MINUCHIN'S concepts of ENMESHMENT AND DISENGAGEMENT ~~CONCEPTS~~

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ABSTRACT

A comprehensive review of the literature pertaining to Minuchin's 'enmeshment' and 'disengagement' concepts indicated minimal empirical investigation of those concepts. The present research sought to develop a self - report measure accessing, from designed 'statements', subject attributions in scale ratings of 'degree of involvement' and 'quality' of family dyads judged by experts to indicate enmeshment, disengagement or moderate involvement.

Binomial analysis of ratings of 'statement' dyads by trained British and Canadian family therapists (n = 55) indicated significant ($p < .05$) agreement and confirmed the reliability of the statements as representing the underlying constructs. Instrument face validity was investigated with a representative, fairly homogenous sample (n = 200) drawn from a British industrial city. Binomial analysis showed no statements rated as significantly atypical ($p < .05$), i.e. as characterizing 'very few' or 'no' families.

Reliability analyses of parent data from other (Cardiff: n = 300; Regina: n = 200) samples demonstrated adequate alpha and split-half reliability for both Involvement (Cardiff: alpha = .9063, Spearman-Brown coeff. = .8627; Regina: alpha = .9398, S-B coeff. = .9319) and Quality (Cardiff: alpha = .9098, S-B coeff. = .8566;

Regina: alpha = .9443, S-B coeff. = .9346) scales. Test-retest reliability was indicated in a Regina sample (n = 21) study (Involvement: S-B coeff. = .8836; Quality: S-B coeff. = .9132).

An attempt to validate the instrument using a clinical population was successful. T-Test and ANOVA analyses of parent (n = 60) ratings from two clinic samples of adolescents from 'enmeshed' family relationships and a comparison non-clinic sample (n = 60) indicated a significant group difference ($p < .001$) in the Quality ratings of the Enmeshment indices.

It was concluded that ratings of family dyad 'degree of involvement' and 'quality' accessible from constructed statements pertaining to family interaction, constituted two valid and distinct measures that potentially could distinguish the parents of clinic and non-clinic groups of adolescents. Implications for future research were considered.

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Chapter 1

Introduction

Although the importance of considering the family in the study of individual symptom presentation had been acknowledged by the social work profession in the nineteenth century (as researched by Rich, 1956 and reported by Broderick and Schrader, 1981, p. 6), the "more broadly based" (Broderick and Schrader, 1981, p. 17) family therapy movement has developed a major impetus within the last thirty years (Broderick and Schrader, 1981; Kerr, 1981; Nichols, 1984; Walrond-Skinner, 1976), particularly with the application of general systems theory (Bertalanffy, 1968) to the study of the family as a system (Gurman & Kniskern, 1981; Nichols, 1984; Walrond-Skinner, 1976, 1979; Walsh, 1982). Much of the growing library of studies pertaining to family systems has been developed primarily by mental health clinicians seeking to articulate a model of family function and dysfunction pertinent to symptomatology (Gurman and Kniskern, 1981; Walsh, 1982).

The work of Salvador Minuchin (1972, 1974; also Minuchin, Rosman & Baker, 1978; Minuchin & Fishman, 1981) has been recognized as at the forefront of this development (Guerin, 1976; Gurman and Kniskern, 1981; Hoffman, 1981; Levant, 1984; Nichols, 1984; Umbarger, 1983). Minuchin developed a theory of family structure (Levant, 1984) out of his clinical experience which provided the foundation of structural family therapy (Nichols, 1984; Levant, 1984; Gurman and Kniskern, 1981; Umbarger, 1983) and which "by the late 1970's ...had become

perhaps the most influential and widely practiced of all systems of family therapy" (Gurman and Kniskern, 1981, pp. 470-1).

Minuchin's formulation of the concepts of 'enmeshment' and 'disengagement' (as acknowledged by Walrond-Skinner, 1976; Russell, Olson, Sprenkle & Atilano, 1983) has been recognized to be one of the primary assumptions of family theory (Russell, Olson, Sprenkle & Atilano, 1983, p. 3; those concepts shall be presented fully in Chapter 2 and so are not discussed further at this point). Minuchin himself has been termed "one of the most influential of all family therapists" (Broderick & Schrader, 1981, p. 29) and a "founder" (Ibid, 1981, p. 29) in the field.

The proliferation of theoretical writing in the field of family therapy (Pinsof, 1981; Gurman & Kniskern, 1981) has not been substantiated by pertinent research (Pinsof, 1981; Gurman & Kniskern, 1981), particularly with respect to systems theory research (Bednar, Burlingame and Masters, 1988). Suggestions to remedy this situation have cited the necessity of developing operational definitions of systems theory concepts and of employing sound methodological practices for such research (Pinsof, 1981; Gurman and Kniskern, 1981; Bednar, Burlingame and Master, 1988). The work of this dissertation involves the development of an operationalized measure of Minuchin's concepts of 'enmeshment' and 'disengagement' in the form of a paper-and-pencil instrument, the employment of studies to test the reliability of this instrument across cultures and the validity testing of this instrument in studies utilizing clinical and comparison non-clinical samples of families. Although some developed scales (to be reviewed in Chapter 3) have utilized the descriptors 'enmeshed' and

'disengaged', it shall be argued (in Chapter 3) that those measures questionably reflect the salient aspects of Minuchin's theoretical formulations (as reviewed in Chapter 2), and that Minuchin's theoretical presentation itself contains contradictions that render operationalization potentially fruitless without further preparatory development.

Recognizing the considerable recognition accredited the applied clinical efficacy of Minuchin's formulations (Gurman & Kniskern, 1981; Nichols, 1984; Walrond-Skinner, 1976), this research proposed that identified descriptions of 'enmeshment' and 'disengagement' in Minuchin's (1974; also Minuchin, Rosman, & Baker, 1978; Minuchin & Fishman, 1981) case study presentations might provide a useful basis for the construction of a measure to test those concepts with large samples. Specifically, it was proposed to construct questionnaire items and to utilize those to obtain scale ratings of specified dyadic relationships. It was also proposed to compare expert ratings of 'enmeshment' and 'disengagement' with ratings by lay samples on two scales; one connoting degree of 'involvement', the other evaluating the quality of relationship, for specific dyads on each item. Finally, it was hypothesized that differentiation between a sample of 'enmeshed' families with a clinic-presenting adolescent and a non-clinic comparison sample would be found in the valuative ratings by parents of dyads established by expert ratings as 'enmeshed'. To this writer's knowledge, no such research has been undertaken previously.

Chapter 2 presents a critical review of Minuchin's development of the concepts of 'enmeshment' and 'disengagement'. Chapter 3 involves a review of relevant empirical research. Chapter 4 presents the development of the

instrument designed for the purposes of this research. The reliability testing of this instrument with two samples collected in Wales and in Canada is described in Chapter 5. A study to test the validity of this instrument with clinic and non-clinic comparison samples is described in Chapter 6. Chapter 7 contains the concluding discussion of this research and its implications for further work in the field.

Chapter 2

Minuchin's Conceptualization of 'Enmeshment' and 'Disengagement'

This chapter shall present a critical review of Minuchin's development of the concepts of 'enmeshment' and 'disengagement', from initial conceptualizations to the formulations as contained within his structural model of family functioning.

2.1. Theoretical Assumptions: Minuchin, in his writings (Minuchin, Montalvo, Guerny, Rosman & Schumer, 1967; Minuchin, 1972, 1974; Minuchin, Baker, Rosman & Liebman, 1975; Minuchin, Rosman & Baker, 1978; Minuchin & Fishman, 1979, 1981; Liebman, Minuchin, Baker, & Rosman, 1976; Liebman, Minuchin & Baker, 1974) tended to be quite brief when discussing the theoretical presuppositions brought to bear on his own formulations. He did differentiate between his own conceptual stance and that of "traditional techniques of mental health which grew out of a fascination with individual dynamics" (Minuchin, 1974, p. 2) and saw similarities between his own context-oriented position and that articulated by Gregory Bateson (Minuchin, 1974, p. 5 and see Bateson, 1972). He also identified his stance in the treatment of anorexia nervosa with a systems model (as theorized by Bertalanffy, 1968 and outlined in the context of family analysis by Walrond-Skinner, 1979, and Walsh, 1982) and differentiated this perspective from medical, psychodynamic and behavioral approaches which he saw as reflecting a linear model (Minuchin, Rosman & Baker, 1978, pp. 9-10) but,

for the most part, Minuchin did not cite clinical or other theoretical sources influencing his own formulations.

Others' attempts to categorize Minuchin's theoretical stance have proposed various precedent influences. Nichols (1984) identified him within a group of family therapists with psychoanalytic backgrounds and noted the term 'enmeshed' (defined and discussed fully below, this chapter) as conceptually associated (Nichols, 1984, p. 186) with attachment theory (as proposed by Bowlby, 1969), and with other articulations of object relations theory. Levant (1984, p. 25) identified similarities between Minuchin's articulations of family structure and the sociological precepts of the structure-functional framework. Aponte & VanDeusen (1981) saw Structuralism (as proposed by Lane, 1970) as having exerted considerable influence on Minuchin's thinking.

Many others (Cooklin, 1982; Walrond-Skinner, 1979; Hoffman, 1981; Walsh, 1982; Umbarger, 1983; Gurman & Kniskern, 1981) included Minuchin's model as one espousing general systems theory (Bertalanffy, 1968) of which the impact on clinical formulations of family functioning has been widely acknowledged (towit the discussions of Cooklin, 1982; Walrond-Skinner, 1979; Hoffman, 1981; Walsh, 1982; Umbarger, 1983; Gurman & Kniskern, 1981; Levant, 1984).

It is not the intent of this writing to explore further the debates over the classification of Minuchin's theoretical formulations within the broader context of clinical or sociological theory. Rather, this study, responding to the observation of Pinsof (1981) that while macro-theory flourishes in the field, efficacious operationalizations are almost non-existent, shall focus on a critical examination of Minuchin's model in the search for first-order constructs (see Pinsof, 1981) which might prove useful in the construction of a representative

measure.

2.2. Initial Formulations of 'Enmeshment' and 'Disengagement':

Minuchin first presented his conceptualizations of 'enmeshment' and 'disengagement' as a consolidation of observational material and experimental results based on his work with delinquent and disturbed boys from multi-problem, socially disadvantaged families (Minuchin, Montalvo, Guerny, Rosman & Schumer, 1967). The concepts were to be considerably expanded, and, it might be argued, qualitatively changed in later (1974; Minuchin, Rosman & Baker, 1978; Minuchin & Fishman, 1981) writings.

Initial (Minuchin, Montalvo, Guerny, Rosman & Schumer, 1967) presentations of 'enmeshment' and 'disengagement' comprised descriptions of intrapsychic, behavioral and interactional functioning of parents and children. However, the theoretical formulations deduced from those observations appear to be inconsistent, and with apparently little attention paid to the rigorous delineation of variables. One such inconsistency might be observed in the (Minuchin, Montalvo, Guerny, Rosman & Schumer, 1967) treatment of the variable sex of parent. In the example chosen, Minuchin and colleagues (1967, p. 217) employed a schematic presentation of a cycle of interaction between parent and child and employed the term 'parent', without differentiating whether 'mother' or 'father'. The discussion, however, appeared to implicate very predominantly the mother. In fact, the occurrence of a woman as the sole parent in a family system is itself linked in the discussion with the occurrences of enmeshed or disengaged extremes of family functioning, or dysfunctioning:

> Those families that are thus 'frozen' on either pole of this axis are generally organized around the mother and the children, with the father or other adult members more likely to be absent from the

> family system, though we have occasionally seen 'intact' families with these organizations.
>
> These two groups of families, at either extreme, are characterized by an allocation or distribution of functioning among family members which lacks differentiation. We could say that they are simple, primitive, or poorly developed family systems with few specialized functions."
>
> (Minuchin, Montalvo, Guerny, Rosman & Schumer, 1967, p. 353)

> "In general, we feel that the family has more possibility for change as the complexity of its system increases. When a man participates in the family in the role of an adult male, he adds differentiation and specialization to the family's manner of approaching life - therefore the possibility of mobilizing resources for change within the family increases."
>
> (Ibid, p.359)

Minuchin did not clarify this statement further in this particular writing, so that while one could possibly interpret this statement as intending that a more differentiated or complex system is attained with the presence of two parents, in actuality, it is the man's presence to which is attributed a more complex, differentiated and functional family interaction pattern. Likewise, it is the woman as mother who is implicated in the vast majority of examples which illustrate enmeshed or disengaged parent/child functioning. Furthermore, the examples of parent/child (or mother/child) functioning drawn from clinical samples connoted by the symptom presentation of the children appeared to involve, in the main, boys. Again, however, the writers' generalizations did not explore the implications of the sex of the problem-presenting child.

On the basis of his clinical observations, Minuchin and colleagues differentiated 'disengaged' and 'enmeshed', from non-clinical, parent/child functioning qualitatively and quantitatively. Enmeshed relationships were seen to be characterized by: i) a lack of differentiation at the intrapsychic and

communicational levels ii) an increased reactivity iii) interaction themes of power and control, and iv) deep resistance to change. Disengaged systems were differentiated from normal relations, at the other extreme, by a lack of reactivity among participants. A description of these characteristics follows.

Lack of differentiation in enmeshed relationships was described as a function of the mother's perception of her mothering role and her anxiety in the areas of power and control (Minuchin, Montalvo, Guerny, Rosman & Schumer, 1967). Mothers who were seen to be enmeshed with their children validated themselves almost exclusively in their mothering role, of which a central belief entailed the necessity of being available to the children. In this capacity, mothers were observed to feel absolute responsibility for their children's behavior. This belief was seen to activate the intense monitoring and control aspects of increased maternal reactions. The result of these combining factors, Minuchin believed, was "a system in which the responsibility for one's actions became the responsibility of the other member of the system, limiting the development of autonomy within the family world...(and the child's) .. mastery of problems" (Ibid, 1967, p. 213). This situation was further compounded by the nature of the mother's verbal interventions in her attempts to control and limit her child's behavior, which, while condemning the latter, made no clear attempts to delineate the undesirable aspects and offered no suggestions for more acceptable alternatives. A child thus deprived of clear directives for monitoring behavior did not develop internalized controls and hence both agitated for, and required, constant interpersonal monitoring from adults (Ibid, 1967, p. 211). Such lack of clarity and differentiation in communications was also fed by the rapidity of the exchanges, with rapid shifts both in focus and affect. Minuchin attributed the

latter to the fact that "multiproblem families tend to resolve tensions by action" (Ibid, 1967, p.215). The intrapsychic motivation for the mothers' controlling behaviors was seen to be the anxiety generated by helplessness (Ibid, 1967, p. 359). This was seen to result in relationships having "virtually no possibility of developing any language of affection and concern. Almost all interchanges, whether positive or not, are simply variations of power manoeuvres" (Ibid, 1967, p.358).

In contrast to the undifferentiation and quick reactivity of the enmeshed system, the disengaged system was characterized primarily by the lack of reactivity between members. The interactions of such a system were perceived to comprise incidences of parallel activity between mother and child, and to be characterized often by apathetic affect and long response intervals. Control was perceived to be a primary issue in the mother-child interactions of the disengaged system, too, but in this instance the maternal anxiety was seen to be aroused by an association of control with meanness, with a resulting avoidance of control exertion. Consequently, the mother in a disengaged system "feels overwhelmed, has a derogatory self-image, experiences herself as exploited, and almost invariably presents psychosomatic complaints and depressive features along with her slow pace of response" (Minuchin, Montalvo, Guerny, Rosman & Schumer, 1967, p.353). Her "marked inability...to establish control and guidance over the children..(results in)..the attempted assumption of executive functions on the part of the parental child or children" (Ibid, 1967, p.355).

This work differentiated enmeshed and disengaged styles not only in internal family functioning, but in the stance taken by each in relation to external social systems. In the disengaged system, the mother was seen to be

"isolated..unable to contact the external world and draw on extrafamilial sources of support" (Ibid, 1967, p. 355), and to lack "anchorage points such as stable work patterns and stable relationships to a male, friends or other social groups...(her) relationship to many social agencies is one of extreme passivity and dependency" (Ibid, 1967, p.355). By contrast, the enmeshed family was thought to differentiate between its contacts with external nurturing or authoritative systems, perceiving nurturing systems to be "depriving suckers"; "resources that can be exploited and manipulated". and authoritarian systems as "tough antagonists" (Ibid, 1967, p. 359).

While Minuchin and colleagues differentiated the intrapsychic issues characterizing mothers in enmeshed and disengaged parenting relationships, the (1967) formulation of 'enmeshment' and 'disengagement' also appeared to hypothesize both as positions in a cyclical interactional pattern:

> "Since the basis for cognitive and interpersonal relationships develops around intense contacts in the areas of nurturance and aggression, when the mother (or child) behaves outside the modality of "engagement", she experiences complete lack of connection and functions at the disengaged pole of the axis.
>
> (Minuchin, Montalvo, Guerny, Rosman & Schumer, 1967,p. 214)

> "The same mothers who are constantly engaged in interaction with their children may suddenly declare themselves fully disengaged from any responsibility for, say, their children's breaking windows simply because <u>they were not there</u>. The 'being there' becomes essential for the reality of the event..they seem to have lost sight of the child as a learner and doer apart from and outside of their physical presence".
>
> (Ibid, 1967, p. 214)

> "These processes fall on the enmeshment pole and have usually occurred before the family reaches the attention of the social work agencies and other mental health facilities - the visible part of the 'iceberg' with the relinquishment of parental authority, is seen in the ...disengagement pole"
>
> (Ibid, 1967, p. 215)

While the work (Minuchin, Montalvo, Guerny, Rosman & Schumer, 1967) cited above discusses family "interaction" (Ibid, 1967, p. 214), the examples appear to focus almost exclusively on the mother's intrapsychic functioning and its influence on her parenting. Given that is so, it is difficult to conclude that any new theoretical formulation at this stage is being formulated in that the topic of maternal relations had already been widely investigated (see, for example, Winnicott, 1949, 1958; Bowlby, 1969).

As inconclusive as early presentations of 'enmeshment' and 'disengagement' appeared, the formulated connection between 'enmeshment' and 'disengagement' and the occurrence of family dysfunction appeared unequivocal. Problem-presenting families reflected extremes of enmeshed and disengaged interaction. Non-clinical families opted for moderation:

> "The experimental mothers cluster significantly at the extremes - that is, some spend a good deal of their time controlling the behavior of their children, while the others hardly do so at all. The control mothers, form a more homogeneous group in the 'moderate' use of this response. The situation seems to reflect our clinical impressions of the mothers previously described as caught up on the enmeshment-disengagement dimension".
>
> (Minuchin, Montalvo, Guerny, Rosman & Schumer, 1967, p. 310-11)

> "This seems to support our clinical view of these mothers as attempting to cope with their family groups by falling back on either engagement (enmeshment) or disengagement".
>
> (Ibid, 1967, p. 306)

> "These findings were interpreted as reflecting the engagement-disengagement dimension described clinically for the experimental group. Whereas experimental children were extremely over- or under- disruptive, experimental mothers were less disruptive than the control mothers".
>
> (Ibid, 1967, p. 321)

A final point about this early conceptualization of 'enmeshment' and

'disengagement' concerns the consistency in adhering to one theoretical framework in this early family analysis. It appears to be the intention to employ a systems analysis (based on the work of Bertalanffy, 1968, and adapted by family clinicians as outlined by Walsh, 1982):

> "One further word: 'disengagement' is not equivalent to passivity, and 'enmeshment' is not necessarily equivalent to activity or acting out. Both profiles essentially describe the characteristic channels and ways of establishing contact among family members rather than the ways of behaving of the individual family members".
>
> (Minuchin, Montalvo, Guerny, Rosman & Schumer, 1967, p. 353)

However, this early (Ibid, 1967) exposition of 'enmeshment' and 'disengagement' appears to reflect a psychodynamic orientation as might be seen in the analyses of the causative relation between the intrapsychic functioning of the mothers and their consequent relationships with their children, their husbands and external agencies. Also, as noted above, the theory at this stage appears to be underdeveloped with respect to variable delineation, such as of the sex of parent or child, or of dyadic or triadic configuration of interactions, for example.

Finally, the issue of the distinctiveness of 'enmeshment' and 'disengagement' as interactional styles (as discussed above, this section) appeared unresolved.

2.3. Structural Model Formulations: Minuchin's later (1974; Minuchin, Rosman & Baker, 1978; Minuchin & Fishman, 1981) works were to present a significant shift from what might be termed an individual-focused style of analysis to one seen by Minuchin to be more congruent with an "ecological" (Minuchin, 1974, p. 11) approach, said to be compatible with the "cibernetic language..(of)..Gregory Bateson" (Minuchin, 1974, p. 5 and see discussion, 2.1). In this (Minuchin, 1974)

work, Minuchin articulated a position summarized by points consistent with a systems orientation (see discussion, Walrond-Skinner, 1979 and Walsh, 1982) and including the perspective (as discussed in Walsh, 1982, p. 11) that a full understanding and resolution of individual symptom - formation was to be found in the analysis not entirely of intrapsychic conflict but of the person in the context of his family relations (Minuchin, 1974, p. 9).

Minuchin described his perception of the differences between the two positions as follows:

> "Some family therapists remain in the theoretical framework of individual dynamic psychiatry. Family therapy is used as a technique, but change is conceptualized as occurring primarily in the intrapsychic spheres of the individual family members. Individual intra-change is the goal of the manipulation of the family system. Other clinicians see the family as the significant unit, the individual being conceptualized as a member of the system. The polarization is not between individual or family techniques, but between two theoretical points of view".
>
> (Minuchin, 1974, p. 181).

Minuchin further espoused a position that theory or belief also is a function of the social context in which it originates:

> "The theory of human development and change which is emerging from the context of the family interview technique might be called an ecological theory. It is based on the truism that no man stands alone. Each human being is interdependent with the human beings who interact with him. Furthermore, the quality which makes man uniquely human - his communicating in symbolic formulation - depends upon his interaction with other humans".
>
> (Minuchin, 1974, p. 181).

Within the context of this espoused systems 'paradigm' (see Kuhn, 1972 and Walrond-Skinner, 1979), Minuchin's clinical descriptions espouse a focus on family interactional, rather than individual, functioning, as the focus of clinical intervention. His assumptions about the nature of 'healthy' interactional requisites, which are outlined in his (1974) publication and illustrated in his later

(Minuchin & Fishman, 1981) published case studies, will be elaborated here briefly. It should be noted that Minuchin's writing might be seen to employ a strong polemical style and he employs little, if any, documentation. As well, his theoretical formulations are often couched in therapeutic directives which can span many aspects of family function, dysfunction and therapy, and as such require some extrapolation.

The following sections shall review the key points of Minuchin's structural formulations of the family and his elaboration of the concepts of 'enmeshment' and 'disengagement' within this framework.

2.3.1. Family Function: Minuchin (1974) presented the family as a social unit having two functional goals: 1) the provision to society of socialized members to fulfill the various necessary functions of their society, and 2) the protection and nurturance of these members (Minuchin, 1974, p.46). To this end, the ability to change and adapt in accordance with societal and with individual needs is a primary requisite of any family organization. The adherence of an organization to "outmoded models" (Minuchin, 1974, p. 47) of functioning in the face of individual, or of societal, changes leads to the "labelling of many situations that are clearly transitional as pathological and pathogenic" (Minuchin, 1974, p.47). Demands for change are often accompanied by perceived and/or observed stress which is, in itself, a natural and not a dysfunctional occurrence. Difficulties may arise in a family, however, if the organization is not able to change in response to such a signalled need.

The functional demands on a family are made, within its own organization, by the developmental needs of its members, which can be identified as occurring within the context of one of two tendencies: the need to belong, and the need to

separate, or individuate. The process of mediating these two opposing needs follows both individual maturational and social dictates. The infant, of physiological necessity, demands a very close relationship with a caring adult, but begins to resist such closeness as his psycho-physiological capacities develop. At this point, the parent(s) must be willing to accommodate this developing capacity for independence, or the child's autonomous skill mastery will be impeded.

Social demands for further separation of functioning between parent(s) and child are illustrated in such events as compulsory school attendance and military service. Puberty constitutes a process of change during which both psychophysiological functioning and social expectations can exert considerable stress on the family system. Finally, the extent to which the young adult can effect a permanent separation in his dependent stance with his family of origin and form new relationships will be a function of the relative autonomy and skill development achieved during the preceding developmental process.

2.3.1.1. Executive Function: Throughout, Minuchin (1974; Minuchin, Rosman & Baker, 1978; Minuchin & Fishman, 1981) emphasized the importance of an active executive function in family systems. Description, and illustrations of this factor appear to be consistent throughout all clinical and theoretical presentations, although its stated association with enmeshment may vary. Nowhere in his writing does Minuchin advocate, or illustrate, an exception to the paramount importance of an executive function within a family, exercised by the next older generation upon the younger. The lack of an effective executive function is seen to pertain to both enmeshed and disengaged parent-child relations (as illustrated in case examples through Minuchin's 1974; Minuchin & Fishman, 1981 publications), albeit with different interactional manifestations.

2.3.1.2. Dyadic Function: Minuchin does not address the definitive parameters of a dyad. Instead, again, these are demonstrated in therapy transcripts. Dyadic endorsement involves blocking others from contributing to a transaction between two people. Participants in an enmeshed transaction appear to be unable to do this because one person has "encroached into ..(another person's) ..self-definition" (Minuchin & Fishman, 1981, p. 127). In therapy with disengagement presentations, disengaged spouses, for example, may be supported to endorse dyadic communication with each other by blocking the intrusions of a child (Minuchin & Fishman, 1981, p.70). In enmeshed systems, such intrusion may occur "on each other's thoughts, feelings and communications" (Minuchin, 1974, p. 242). Examples abound in the clinical transcripts of Minuchin's interpretations of such intrusion: verbal and non-verbal interruptions of a dyadic sequence (Minuchin & Fishman, 1981, p. 157); lack of differentiation of physical space by the use of doors, separate beds, (Minuchin, 1974, p. 145; Minuchin, Rosman & Baker, 1978, p. 62,); lack of acknowledgment of the right of individuated functioning (Minuchin & Fishman, 1981, p. 198).

Lack of dyadic function is not applied universally as an index of enmeshment. While Minuchin does acknowledge entire families as enmeshed (Minuchin & Fishman, 1981, p. 198), he also presents clinical examples of families with enmeshed dyads that operate to exclude either a third, disengaged, family member (Minuchin & Fishman, 1981, p. 160) or, if the dyad is the family, to limit severely a member's communication outside of this dyad (Minuchin & Fishman, 1981, p. 123). Hence, the hypothesized pathology appears to be the rigidity of the communication parameters, and not the structural component per se.

2.3.2. Family Structure: According to Minuchin, family structure is established

by the repeated functions between or among members, underscored by transactional rules governed by two constraints:

> "The first is generic, involving the universal rules governing family organization. For example, there must be a power hierarchy, in which parents and children have different levels of authority. There must also be a complementarity of functions, with the husband and wife accepting interdependency and operating as a team.
>
> The second system of constraint is idiosyncratic, involving the mutual expectations of particular family members. The origin of these expectations is buried in years of explicit and implicit negotiations among family members, often round small daily events. Frequently the nature of the original contracts has been forgotten, they may never have even been explicit. But the patterns remain - on automatic pilot, as it were - as a matter of mutual accommodation and functional effectiveness".
>
> (Minuchin, 1974, p. 52)

These two constraints are stated by Minuchin without the referencing of any corroborating sources concerning the nature or context of their occurrence.

According to Minuchin, the family differentiates its functions through the generation of subsystems, which also are formed by the sets of transactions that are established among different family members, according to "generation, sex, interest, or function" (Minuchin, 1974, p.52). Subsystems can comprise individuals, dyads, triads or larger groups. An individual functions as a member of different subsystems, with different functional expectations and power attributes. This process of differentiation is implicated in the development of individual identity and skill competence discussed above.

2.3.3. Boundaries: Minuchin conceptualizes the family system and the subsystems comprising it as each delimited and protected by boundaries: rules defining participation and its circumstances:

> "The function of boundaries is to protect the differentiation of the system. Every family subsystem has specific functions and makes specific demands on its members - and the development of interpersonal skills achieved in these subsystems is predicated on the subsystem's freedom from interference by other subsystems. For example, the capacity for

> complementary accommodation between spouses requires freedom from interference by in-laws and children, and sometimes by the extrafamilial. The development of skills for negotiating with peers, learned among siblings, requires noninterference from parents".
>
> (Minuchin, 1974, p.53-4)

The negotiation of system and subsystem boundaries, of which the individual constitutes a form of the latter, and the regulation of interpersonal distance between persons is a task which Minuchin perceives as ongoing in normal development throughout a person's lifetime in the membership of groups.

Minuchin asserts that the achievement of healthy family functioning, in the provision of both belonging and autonomy for its members, necessitates boundaries protecting an executive function (Minuchin, 1974, pp. 52, 145), generational and individual differentiation (Ibid, 1974, p. 144) and, where applicable, spousal (Ibid, 1974, pp. 56-7, 146) and sibling subsystem functioning (Ibid, 1974, pp. 59-60). He further maintains that the composition of subsystems is secondary in importance to the clarity of the subsystem boundaries protecting a particular function (Ibid, 1974, p. 54).

Inherent in the process of forming boundary clarity is the role of conflict:

> "Parents cannot protect and guide without at the same time controlling and restricting. Children cannot grow and become individuated without rejecting and attacking. The process of socialization is inherently conflictual ...Effective functioning requires that parents and children accept the fact that the differentiated use of authority is a necessary ingredient for the parental subsystem. This becomes a social training lab for the children, who need to know how to negotiate in situations of unequal power".
>
> (Minuchin, 1974, p. 58)

Once autonomy has been achieved, however, other skills involving the practice of mutual accommodation are seen to be necessary in forming new relationships:

> "That is, the couple must develop patterns in which each spouse supports the other's functioning in many areas. They must develop patterns of complementarity that allow each spouse to 'give in' without feeling that he has 'given up'. Both husband and wife must yield part of their separateness to gain in belonging. The acceptance of mutual interdependence in a symmetrical relationship may be handicapped by the spouses' insistence on their independent rights".
>
> (Minuchin, 1974, p. 56)

2.3.3.1. Generational Boundaries: These are presented as rules delineating communication and function not only by parent and child role, but ages differences between sibs or older and younger actors within the system and extended system. Case examples of the inverse of expected lines of responsibility and experience, such as might be involved in the 'parenting' of a parent by the child (as illustrated in Minuchin & Fishman, 1981, p. 63) or the more prominent position of a younger over an older child (Ibid, 1981, pp. 68-9) are presented as perceived dysfunctions. The absence of generational boundaries is illustrated, too, as a lack of differentiation among sibs (Minuchin, 1974, pp. 144-6).

2.3.4. Family Dysfunction: Within Minuchin's structural model of family functioning, symptoms of dysfunction are seen to occur when the organization does not permit the supported differentiation of its members in accordance with socialization precepts held in that society of which the family is a unit:

> "...when a family labels one of its members 'the patient', the identified patient's symptoms can be assumed to be a system-maintaining or a system-maintained device. The symptom may be an expression of a family dysfunction. Or it may have arisen in the individual family member because of his particular life circumstances and then been supported by the family system....a dysfunctional family is a system that has responded to these internal or external demands for change by stereotyping its functioning. Demands for change have been countered by a reification of the family structure. The accustomed transactional patterns have been preserved to the point of rigidity, which blocks any possibility of alternatives. Selecting one person to be the problem is a simple method of maintaining a rigid, inadequate family structure".
>
> (Minuchin, 1974, p.110).

Both the system and its presenting symptom manifest both an active and a passive component in relation to each other; that is, the family can actively select the symptom as a focus of concern, and the system can be maintained by the active 'help' of the symptom-bearer. Thus, the symptom, while contributing to the maintenance of a dysfunctional system, is posited as a solution to problems inherent within the system's functioning. The identified patient, with this 'helpfulness' in mind, thus both acts and reacts in supporting a symptom which alleviates the system from actual or perceived potential stress:

> "The symptom may be the patient's attempted solution to the family dysfunction,...Or it may have arisen in the individual family member because of his particular life circumstances and then been utilized and supported by the family system as a system-maintaining mechanism...The concept of the identified patient changes when the individual is seen as an acting and reacting member of a social system regulated by an implicit structure".
>
> (Minuchin, 1974, p.241)

The various interaction styles of a family system reflect the relative rigidity or diffusion of the subsystem boundaries and their consequent adaptation capacities. A subsystem, or system, characterized by diffused boundaries manifests increased communication and concern among its members, but lacks differentiation, and as a result is liable to become overloaded under stressful circumstances. Families with rigid boundaries may foster independence in their members but manifest communication difficulties as well as a relative lack of protective concern. Lack of boundary clarity between the spousal and other subsystems is seen to contribute to family dysfunction (Minuchin, 1974, pp. 145-6).

2.3.4.1. Lack of Conflict Resolution: Conflict resolution, in Minuchin's presentation, is a central issue in families where enmeshment or disengagement is an interactional characteristic. His stance is that conflict is a necessary aspect

of any differentiation process, and that the motivation to avoid, and the inability to resolve, conflict are basic to the formation of the two interactional patterns (Minuchin, 1974, p.186-9). Hence, while conflict might be present in a dysfunctional interaction, it is not in and of itself, the index of dysfunction. The dysfunction appears in repeated patterns that prevent or diffuse the conflict and block resolution (Minuchin, 1974, p.179). Presenting psychosomatic dysfunction in a child may be a particular function of the child's rigid membership in a triad with her/his parents as a conflict blocking manoeuver (Minuchin, 1974, p. 156).

2.3.5. Family Perceptions: Minuchin's acknowledgment of the influence of individual perceptions on family interaction seems apparent, but somewhat underdeveloped. Certainly his espoused theoretical orientation (discussed in 2.1.) emphasizes circular causality, within a systems framework. It is in Minuchin's presentation of strategies for therapy with families that the possibilities for influencing individual perceptions seem most clearly outlined. These are presented as challenges to the family members' experiences of reality in therapeutic techniques (Minuchin, 1974, p. 119). While one might expect from Minuchin's presentation of his 'ecological' (Minuchin, 1974, p. 5) framework that the emphasized therapeutic experience would involve changes in the interactional properties, Minuchin does not deny the importance of perceptions as a primary function of change:

> The therapist asks the parents to help their daughter survive by making her eat. The daughter refuses to eat and responds to her parents with a broad range of surprisingly sophisticated insults. The therapist focuses on these insults, pointing out that the daughter is strong enough to defeat both parents. His intervention produces a reframing. The parents, who are overinvolved with the daughter and accustomed to triangulating her in their unresolved conflicts, close ranks. Feeling attacked and defeated, they simultaneously increase their distance from the daughter, removing their overprotection and overcontrol. The parents and therapist together demand that the daughter, who is suddenly

> perceived as strong, competent, and stubborn, monitor her own body. This type of reconstruction can elicit a startled new look at reality, in which the potential for change is suddenly perceived."
>
> (Minuchin & Fishman, 1981, p.71-2)

Minuchin thus attaches considerable importance to the power of perception, whether individually held or shared, in fostering, maintaining, or changing the characteristics of interactional patterns within family systems:

> "Patients move for three reasons. First, they are challenged in their perception of their reality. Second, they are given alternative possibilities that make sense to them. And third, once they have tried out the alternative transactional patterns, new relationships appear that are self-reinforcing."
>
> (Minuchin, 1974, p. 119)

Individual perceptions, then, within the context of family structure and function, appear to be integral to the process of change, although Minuchin does not elaborate in detail on the relative importance of perception to change.

2.3.6. Later Formulation of 'Enmeshment' and 'Disengagement': The formulations of 'enmeshment' and 'disengagement' as dysfunctional polarities in a hypothesized interaction cycle (as discussed in 2.2.) and as interactional styles determined by maternal psychology (as also discussed in 2.2.) appear to have been somewhat altered in later (Minuchin, 1974; Minuchin, Rosman & Baker, 1978; Minuchin & Fishman, 1981) publications. This section reviews these changes.

Minuchin's (1974) account of 'enmeshment' and 'disengagement' presents those as descriptive properties of the relative permeability of boundaries (Minuchin, 1974, p. 54; and see 2.3.2. and 2.3.3., 2.3.4.), as descriptors of family "resonance" (Minuchin, 1974, p. 130), and as transactional styles (Minuchin, 1974,

p. 55). In citing the latter, he appears not to have moved completely from his initial (Minuchin, 1967) formulation (as discussed in 2.2).

Several conceptual points in Minuchin's (1974) presentation appear to be somewhat less than clearly delineated. An example of this may be found in his three, apparently separate formulations of 'enmeshment' and disengagement', with respect to structural boundary permeability (as discussed in 2.3.2, 2.3.3 and 2.3.4.), family resonance, or "sensitivity to individual members' actions" (Minuchin, 1974, p. 130), and family transactional styles (Minuchin, 1974, p. 55). Such a position appears to lead to some confusion when the adjective 'rigid' is used to describe both boundaries and transactional style. Minuchin uses 'rigid boundaries' simultaneously as a description of disengagement in families (Minuchin, 1974, p. 54) and as a family pathology indicator:

> The label of pathology would be reserved for families who in the face of stress increase the rigidity of their transactional patterns and boundaries and avoid or resist any exploration of alternatives.
>
> (Minuchin, 1974, p. 60)

However, both extreme disengagement (rigid boundaries) and enmeshment (diffuse boundaries) are described by Minuchin in the same work (Minuchin, 1974, p. 55) as indicating "areas of possible pathology" (Ibid, 1974, p. 55), a claim which appears to confuse the descriptors and to illustrate the necessity of further defining boundary and transactional pattern characteristics.

A second inconsistency appears in Minuchin's presentation of pathology indicators, when, after having identified 'enmeshed' and 'disengaged' styles as indicating possible pathology, he follows with the suggestion that the dysfunctional aspect would be not the occurrence of the extreme boundary characteristic itself but the fixation of those extremes as characteristic of family

system or subsystem boundaries over time and in a manner which would inhibit appropriate adaptation (Minuchin, 1974, p. 55).

A third area of contradiction appears to be contained in Minuchin's (1974 and Minuchin, Rosman & Baker, 1978) writings. When describing characteristics of families presenting with psychosomatic illness in a member, Minuchin (1974, p. 242) delineates enmeshment, overprotectiveness, rigidity, lack of conflict resolution and involvement of the child in parental conflict. This differentiation is maintained in a later (Minuchin, Rosman & Baker, 1978, p. 30) work. Given that conflict is seen to be a necessary function in differentiation, i.e. boundary formation process (Minuchin, 1974, p. 58), it is difficult to rationalize the distinction here, and Minuchin does not do for any of the terms cited. He also does not elaborate on the differentiation of 'child involvement in parental conflict' from 'enmeshment' when, earlier in the same work, he had described this phenomenon as a particular example of "boundary problems...(in which)...the boundary between the parental subsystem and the child becomes diffuse" (Minuchin, 1974, pp. 101-2), and had also equated diffuse boundaries with 'enmeshment' (Ibid, 1974, p. 54).

Finally, there appears little more attention to the exposition of 'resonance' than in the citation mentioned above, this section, in which Minuchin depicts 'enmeshment' and 'disengagement' as describing 'resonance', a "major area" separate from both structure and transactional style (Minuchin, 1974, p. 130).

2.4. Discussion: This review of Minuchin's theoretical development of his concepts of 'enmeshment' and 'disengagement' found several inconsistencies in his presentation. Those inconsistencies appeared to be highlighted in the depiction of 'enmeshment' and 'disengagement' as descriptors of family

transactional styles, of system and subsystem boundaries and of family resonance. The review findings suggested also that the distinction made by Minuchin between 'enmeshment' and 'disengagement', on the one hand, and other family descriptors such as lack of conflict resolution and child involvement in the spousal subsystem, on the other, did not appear to follow logically from his description of rigid and diffuse boundary manifestations.

Nowhere in Minuchin's publications are the differential influences of sex, subsystem membership or generation on the characteristics of an enmeshed subsystem or system specified, with the exception of descriptions in his earlier writings equating women, as single parents with enmeshment presentations, and men as contributing to differentiation (as discussed in 2.2). Later writings (Minuchin & Fishman, 1981) give examples of both mothers (Minuchin & Fishman, 1981; p. 127),and fathers (Minuchin & Fishman, 1981; p. 139) in enmeshed relationships with their children.

In summarizing Minuchin's theoretical presentation of his structural theory, one is left with less than a firm grasp of the central tenets and this is particularly so of his conceptualizations of enmeshment and disengagement. His presentations have been seen to contain inconsistencies in successive definitive statements, and between these statements and their clinical illustrations, as has been shown to exist in the conceptual formulation of enmeshment, and in the presentation of stated components, such as impaired dyadic function, for instance.

Of particular concern from a research viewpoint is the fact that apparent variables such as sex, social class, and subsystem membership, and questions of differentiations in function by context have been ignored as interaction considerations.

In view of the fact that the apparent inconsistencies as discussed in the review findings could confound the task of operationalizing Minuchin's concepts of 'enmeshment' and 'disengagement' (as presented in Minuchin, Montalvo, Guerny, Rosman & Schumer, 1967; Minuchin, 1974; Minuchin, Rosman & Baker, 1978; Minuchin & Fishman, 1981), it was seen as necessary to attempt further clarification in the proposed operationalization of those concepts in this study. It was also deemed important, in operationalizing 'enmeshment' and 'disengagement', to provide for the investigation of variables such as subsystem composition.

Notwithstanding the findings of this review, Minuchin's writings have received considerable attention by others in the field (as documented in Chapter 1, above). It was decided, therefore, to proceed with a review of pertinent empirical research (in Chapter 3) before attending further to operationalization concerns (in Chapter 4) with respect to this proposed research .

Chapter 3

Review of the Literature

3.1. Introduction: Although the family unit has been the focus of ongoing investigation over several decades, reviews of research pertaining to family functioning and family interaction (Miller, Rollins & Thomas, 1982; Doane, 1978a; Jacob, 1975; Haley, 1972; Riskin & Faunce, 1972; Waxler, 1972) have found that family functioning variables delineating symptom-presenting and control groups have not been conclusively identified, the debate between Doane (1978b) and Jacob & Grounds (1978) notwithstanding. Weaknesses in methodology have been noted (Markham & Notarius, 1987; Cromwell, Olson and Fournier, 1976; Jacob, 1975) as an impediment to the interpretation of research results in this field.

Concerns about the underdevelopment of the field have been expressed as well in research reviews pertaining to family therapy, specifically, with regard to process (Pinsof, 1981) and outcome (Bednar, Burlingame, and Masters, 1988; Gurman and Kniskern, 1981; DeWitt, 1978; Gale, 1979; Wells and Dezen, 1978; Wells, Dilkes, and Trivelli, 1972). The need for reliable and valid assessment tools and techniques has been noted (Cromwell, Olson & Fournier, 1976) as central to the progression of family research.

In view of the above limitations seen as ongoing in the fields of family

interaction and therapy, this review did not attempt to re-examine the methodology of the research previously reviewed, as noted in this section, above. Rather, in keeping with the observation by Gurman and Kniskern (1981) of the isolation of the several fields of family study, the first part of this review involved an investigation of the fields of family and parent-child interaction to identify the salience of factors seen in this review of Minuchin's work (in Chapter 2) to be implicated in his descriptions of 'enmeshment' and 'disengagement', namely, 'control', 'intrusion', 'interpersonal boundaries' and 'conflict', in research pertaining to family or parent-child interaction. As well, the review was interested in any theoretical or research positions identifying independent demographic or cultural variables expected to impact on family interaction measures.

A second focus of this review, in keeping with the intent of this research to develop a pencil and paper, self-report measure of 'enmeshment' and 'disengagement', was an exploration of the extent to which those two concepts were reflected in existing self-report measures of family interaction.

3.2. Family Interaction Research: The limitations of self-report methods in assessing reliable information about family interaction (as discussed by Jacob, 1975; Haley, 1972; Riskin and Faunce, 1972) as well as the inconsistencies noted between self-report and observational methods (as discussed by Olson, 1985; Sigafoos, Reiss, Rich & Douglas, 1985; Oliveri & Reiss, 1984; Hannum & Mayer, 1984), have contributed to the difficulties in establishing conclusive evidence about family interaction constructs. However, a review of the literature does indicate a focus on particular variables. In studies pertaining to observations of family interaction, Jacob (1975) identified such variables as the age, sex and birth

order of children, and, in particular, the child as identified patient (Ferreira and Winter, 1968; Jacob, 1974; Hetherington, Stouwie and Ridberg, 1971; Hess, 1970) social class (Jacob, 1974), religion and ethnicity (Sanua, 1963) and parents' ages (Fontana, 1966) as worthy of consideration in sample composition. Jacob (1975) also, in his review, identified four major "content domains ..(of family interaction studies:) conflict, dominance, affect, and communication clarity" (Jacob, 1975, p. 43). His exhaustive review of those studies, however, concluded that the usefulness of those concepts in delineating clinic-presenting and non-clinic families had not be established on the basis of empirical results thus far.

Doane's (1978a) review of family interaction and family communication research which followed, further identified, in the studies of family dominance and control, observations of variables such as 'interruptions'(in studies such as Riskin and Faunce, 1970; Leighton, Stollak and Ferguson, 1971). Studies of family structure were seen to focus on issues such as parent-child coalitions (Mishler and Waxler, 1975; Schuham, 1970), parental conflict (Murrell and Stachiowak, 1967; Solvberg and Blakar, 1975) and flexibility in decision-making (Ferreira and Winter, 1968; Herman and Jones, 1976).

Later works (Leff and Vaughn, 1980; Leff & Vaughn, 1981; Doane, Goldstein and Rodnick, 1983; Leff, Kuipers, Berkowitz, Eberlein-Vries and Sturgeon, 1982) have been recognized (Rutter and Garmezy, 1983) as establishing the impact of certain family interaction patterns on the course of specific psychopathology. In particular, the work in identifying the components of 'expressed emotion' in family communication (Szmukler, Berkowitz, Eisler, Leff, & Dare, 1987; Leff & Vaughn, 1981; Vaughn & Leff, 1976) established the importance of the interactional characteristic of 'critical overinvolvement' with

respect to parent-child interaction.

Rutter & Garmezy (1983) have noted as well an increased recognition of the importance of exploring interactions other than the mother-child relationship in ascertaining ecological influences (Ibid, p. 867) on child development and child psychopathology. Maccoby & Martin (1983) make this observation also, noting studies (towit, Belsky, 1979; Clarke-Stewart, 1978; Lamb, 1976; Parke & O'Leary, 1976; Pedersen, Anderson, & Cain, 1980) that have found differing effects between dyadic interactions and dyadic interactions in the presence of other family members.

The several reviews by Rutter and colleagues (Rutter, 1985a; Rutter, 1985b; Rutter and Quinton, 1984; Rutter and Garmezy, 1983) have underscored the complexities of ongoing family interactional influences on children's behavioral, social and cognitive development, noting control and communication factors (Rutter, 1985a), parental attitudes and self-concepts (Rutter, 1985b) and family discord and hostility (Rutter & Quinton, 1984) as important variables.

Other studies of parent-child interactional influences on children's socialization have noted the development of theoretical attempts to formulate matrix models of parenting styles using the dimensions of 'warmth' and 'control' (see Maccoby & Martin, 1983 for a full discussion). Maccoby & Martin (1983) also note the emergence of a focus on "degree of parental involvement.....high amounts of either positive or negative interaction versus 'diminished', inactive or indifferent parenting" (Maccoby & Martin, 1983, p. 39).

3.3. Family Intervention Research In spite of the prevalence of family-focused interventions (Glick, Clarkin, Spencer, Haas, Lewis, Peyser, Demane, Good-Ellis, Harris and Lestelle, 1985) in addressing psychiatric disorders, the efficacy of such

treatment still remains in debate (Gurman and Kniskern, 1981; Glick, Clarkin, Spencer, Haas, Lewis, Peyser, Demane, Good-Ellis, Harris and Lestelle, 1985; Kaul and Bednar, 1986; Bednar, Burlingame and Masters, 1988). A main obstacle to the investigation of family-focused treatment efficacy appears to centre on the lack of operational definitions or measures distinguishing it from other, especially more specifically defined therapies (Bednar, Burlingame and Masters, 1988, Gurman and Kniskern, 1981).

It appears, however, that investigative efforts less oriented to articulating conceptual positions related to a family systems (see Bednar, Burlingame & Masters, 1988 for a discussion of this differentiation) are achieving some success in establishing the effectiveness of family interaction-focused therapies in the treatment of individual dysfunction. Studies with the families of schizophrenic patients (Strachan, Leff, Goldstein, Doane and Burtt, 1986; Falloon, Boyd, McGill, Williamson, Razani, Moss, Gilderman, and Simpson, 1985; Doane, Goldstein, Miklowitz and Falloon, 1986; Leff and Vaughn, 1981) have been able to emphasize, over several investigations, the role of treatment of family affective expression in the management of schizophrenic relapse.

As stated above, the efficacy of the various family - oriented therapies, including structural family therapy (Minuchin, 1974) has been deemed difficult to assess because of theoretical confusions and methodological weaknesses (Bednar, Burlingame & Masters, 1988; Gurman & Kniskern, 1981). Within the framework of those general concerns, however, behavior-oriented family therapies (see Bodnar, Burlingame & Masters, 1988) have been seen to be more successful in outcome (Bodnar, Burlingame & Masters, 1988; Gurman & Kniskern, 1981). The precepts of structural family therapy (see Chapter 2) have been recognized

as useful to the behavioral-family oriented therapies (Stanton & Todd, 1980, Alexander & Barton, 1976a, 1976b).

A particular specified concern (Bednar, Burlingame & Masters, 1988) with respect to evaluation efforts has been the lack of normed instruments based on the constructs seen as integral to treatment formulations. This review continues with an examination of self-report measures of family interaction to determine whether a normed measure of 'enmeshment' and/or 'disengagement' or a related concept has been developed.

3.4. Self-Report Measures: In keeping with the goal of this current research which was the operationalization of the concepts of 'enmeshment' and 'disengagement' in a self-report attitude, paper-and-pencil measure that would permit large sample investigation of those concepts, this section of this review focused extensively on a review of extant self-report measures of family functioning. This review noted the position (taken by Olson, Russell & Sprenkle, 1983) that Minuchin's terms 'enmeshment' and 'disengagement' could be seen to address a family characteristic, 'cohesion'. Measures of family 'cohesion' were therefore included.

As has been previously noted (by Cromwell, Olson and Fournier, 1976), family assessment has included the use of such self-report measures as projective and non-projective personality tests, with their emphasis being a measure of personality (the reader is referred to references cited in Cromwell, Olson and Fournier, 1976, for examples of such tests). While it is not the intention of this writer to argue against the relevance of personality measures to interpersonal research, it is the intention of this research to focus on interpersonal, rather than intrapersonal characteristics. Hence measures seen to be self-report measures of

personality shall not be included in this review.

It is also the intention of this review to focus only on objective interpersonal measures, or measures utilizing standardized data collection and interpretation methods.

This review utilized computer searches of material related to 'enmeshment' and 'disengagement' (for the years 1974 - 1985) and published reviews (for example, Cromwell, Olson and Fournier, 1976; Fisher, 1976; Forman & Hagen, 1983; Jacob, 1987; Skinner, 1987) to identify pertinent self-report measures.

It was found that the terms 'enmeshment' and 'disengagement' have been utilized in one self-report measure of family functioning, although arguably as articulated by Minuchin. Some other self-report measures of family functioning have utilized arguably similar concepts of family interpersonal relations. The development of those measures, and the evidence for their reliability and validity, shall be reviewed, below. Two theoretical models and their derived measures were reviewed extensively (in 3.4.1., and 3.4.2.), because of their predominance in the literature and the number of publications by the authors attesting to the reliability and validity of the instruments. Other measures were reviewed in less detail.

3.4.1. The Circumplex Model and The Family Adaptation and Cohesion Evaluation Scales: The one measure which identified 'enmeshment' and 'disengagement' concepts in its construction, although arguably as formulated by Minuchin, The Family Adaptation and Cohesion Evaluation Scales (FACES), was designed to operationalize the theoretical constructs of the Circumplex Model of Family Functioning (Olson, Sprenkle & Russell, 1979; Olson, Russell & Sprenkle, 1983; Olson, 1986). A review of both the model and the related measure follows.

3.4.1.1. The Circumplex Model: The Circumplex Model of family functioning (Olson, Sprenkle & Russell, 1979; Olson, Russell & Sprenkle, 1983; Olson, 1986) which has evolved over several publications, has included a formulation of family cohesion, seen (by Olson, Sprenkle and Russell, 1979, p. 7) to be conceptually related to Minuchin's (1974, as cited) presentation of enmeshment and disengagement. Central to this review shall be an examination of the validity of that (Olson, Sprenkle and Russell, 1979, p. 7) view.

The (Olson, Sprenkle and Russell, 1979) presentation of the Circumplex Model conceptualized two dimensions of family functioning, 'Cohesion' and 'Adaptability', as orthogonal factors around which matrix a typology of family systems (Olson, Sprenkle and Russell, 1979, p. 15) was postulated. This model postulated the moderate types, or those positioned in the centre of the matrix, as representing optimal family functioning, and extreme positioning on either dimension as representative of family dysfunctioning (Olson, 1979, p. 17).

Olson, Sprenkle and Russell (1979) considered the concept of family cohesion to contain "two components; the emotional bonding members have with one another and the degree of individual autonomy a person experiences in the family system" (Olson, Sprenkle and Russell, 1979, p. 5). The extremes of the Cohesion dimension were denoted as 'enmeshment': "overidentification with the family" (Olson, Sprenkle and Russell, 1979, p. 5), and 'disengagement': "low bonding and high autonomy from the family" (Olson, Sprenkle and Russell, 1979, p. 5-6). They proposed that 'cohesion' could be assessed by considering "how the members handle the nine basic issues of emotional bonding, independence, boundaries, coalitions, time, space, friends, decision-making and interests & recreation" (Olson, Sprenkle and Russell, 1979, p. 6).

Russell's (1979) elaboration of the Circumplex Model further hypothesized two variables: support and creativity, seen as "necessary but not sufficient conditions for the appearance of ...moderation in families" (Russell, 1979, p. 31). Those variables were not incorporated in the graphic Circumplex model.

Russell's (1979, 1980) operationalizations of Cohesion included both laboratory and self-report measures. This review of that laboratory study raised several questions about methodological procedure. The rationale for the sampling bias in Russell's (1979) laboratory study (respondents were all members of a suburban Catholic church with a daughter between the ages of 14 and 18) was not explained, nor was the decision to proceed with the study with a reported response rate of 33% (Ibid, 1979, p. 32). Also, while Russell (1979) considered all sample families to be in the "normal range" (Ibid, 1979, p. 32), she nevertheless subdivided her sample into a "high...(and)..low functioning group" (Ibid, 1979, p. 32). Russell (1979) did not elaborate on her definition of "normal" with respect to her sample of families, leaving unclear the model's differentiating potential with respect to family functioning/dysfunctioning.

Russell's (1979) rationale for her choice of instruments to test criterion validity also was not explained. Data on which to base estimates of family cohesion were collected from observing family interaction using the Simulated Family Activity Measurement (SIMFAM), a technique developed to facilitate structured observations of problem-solving (Straus & Tallman, 1971). A review of the description of SIMFAM development (as presented in Straus & Tallman, 1971) indicated no integration of Minuchin's enmeshment and disengagement or of related clinical conceptualization. Russell (1979) makes no claim that her operationalized definition of cohesion, using the SIMFAM technique, reflects or

is associated with Minuchin's concepts. In fact, her operationalized definition of family cohesion (Russell, 1979, p. 34) could be interpreted as contradicting one aspect of Minuchin's conceptual presentation. Russell's (1979) laboratory study design measured optimal family cohesion as a function of the willingness of the parents to follow the daughter's lead in instigating a novel behavior to a 'crisis' (Ibid, 1979, p. 34), when such behavior, from the perspective of Minuchin's formulation of weak parent-child system boundaries (as discussed throughout Minuchin, 1974) might be interpreted as indicating potential dysfunction.

In addition to the SIMFAM technique, Russell (1979) reported the use of two other self-report measures of family cohesion. One, referred to as a one-item scale (Russell, 1979, p. 36), consisted of having the adolescent females in the sample rate the degree to which they had considered running away from home. No argument is presented for the consideration of this factor as a measure of cohesion. The second measure of family cohesion was reported to be a self-report scale "similar to Bowerman and Bahr's (1973) identification scale" (Russell, 1979, p. 36; this current review of the Bowerman and Bahr (1973) instrument found it to access a measure of perception of conjugal power and influence in families. Little, if any, rationale for the use of this scale as a concurrent validity test of cohesion was provided) which also contained social desirability items taken from other measures (Russell, 1979, p. 36). Further elaboration of scale construction was not provided.

A update of the Circumplex Model (Olson, Russell & Sprenkle, 1983) appeared to contain theoretical inconsistencies. The Model retained the two orthogonal dimensions of cohesion and adaptability but only one "facilitating dimension" (Olson, Russell and Sprenkle, 1983, p. 71), named family

communication. The curvilinearity hypothesized with respect to family function, that is, that effective family functioning would be represented by moderate ratings on both dimensions, and dysfunction by extreme ratings on both dimensions, was also retained (Ibid, 1983, pp. 72-3). However, a second new feature in the form of a theoretical hypothesis was also generated, namely:

> "If the normative expectations of a couple or family support behaviors extreme on one or both of the Circumplex dimensions, they will function as long as all family members accept these expectations."
>
> (Ibid, 1983, p. 73).

This apparent contradiction to the Model's central curvilinear hypothesis of functional moderation was reportedly in response to the authors' perception that norms for family cohesion might differ by culture and within a culture over time (Olson, Russell and Sprenkle, 1983, p. 73).

Olson, Russell and Sprenkle (1983) sought to measure this hypothesis by accessing self-report valuations of 'Family Satisfaction' as the differentiation between two administrations of the Family Adaptation and Cohesion Evaluation Scales (Olson, Russell and Sprenkle, 1983, p. 74): one accessing actual (perceived), the other, ideal family functioning (Olson, Russell and Sprenkle, 1983, p. 73-4). The construction of this scale and its reliability and validity properties will be reviewed, below.

3.4.1.2. Family Adaptation and Cohesion Evaluation Scales (FACES): The original version of FACES, constructed in dissertation work (as reported in Olson, Bell and Portner, 1983), was later presented as a 30-item scale, FACES II

(Olson, Bell and Portner, 1983), seen by the authors to access individual perceptions of their real or ideal family functioning. This instrument contained a 16-item family 'cohesion' sub-scale based on the definition of 'cohesion' as: "the emotional bonding that family members have toward one another" (Olson, Bell and Portner, 1983, pages unnumbered). Two items of the 'cohesion' subscale were seen (by Olson, Bell & Portner, 1983) to represent each of the eight components seen to measure 'cohesion'(as presented in Olson, Sprenkle and Russell, 1979, and discussed above, in 3.4.1.1.). The authors reported demonstrations of adequate alpha reliability for this subscale (a = .87, based on a national survey of n = 2,412 responses) and test-retest reliability over a 5 week interval (Pearson correlation of .83, based on sample responses of 124 adolescent students asked to rate their family of origin).

Evidence for the construct validity of the 'cohesion' subscale is questionable. The work of Olson, Bell and Portner (1983) contained no report of hypothesis testing related to Circumplex Model (see 3.4.1.1.) formulations and minimal statistical treatment of data to establish quadrant differences for the orthogonal model (also see 3.4.1.1.).

The authors' (Olson, Bell and Portner, 1983) rationale for the use of the 'Family Satisfaction scale' ,namely, the need to accommodate to cultural differences (Olson, Russell & Sprenkle, 1983, p. 73), appears to be touching on another question of the need to consider separately the connotative rating of 'degree of cohesion' and the evaluative rating of 'goodness' of such a state. Olson, Bell & Portner (1983) merge those measures in self-report valuations of 'Family Satisfaction' calculated on the basis of two administrations of FACES; once to establish ratings of perceptions of actual family functioning, and again to establish

ratings of perceptions of ideal family functioning. Norms for the second rating were seen by the authors to be unnecessary, "since the individual's ideal description serves as their own norm base" (Olson, Bell & Portner, 1983; Olson, 1986, p. 341). Such a perception on the part of the authors, however, appears to leave several questions unanswered, such as whether respondents might be feeling differently about the same perceived condition or feeling differently about perceived different conditions.

In summary, this review raised several questions about the suitability of FACES for use as a measure of 'enmeshment' and 'disengagement'. Those included questions of the assumption that the authors' operationalization of cohesion reflected Minuchin's formulations of 'enmeshment' and 'disengagement', as well as questions about the theoretical consistency of the model on which FACES was based.

3.4.2. The McMaster Model of Family Functioning and the Family Assessment Device: The McMaster Family Assessment Device (FAD) (Epstein, Baldwin & Bishop, 1983; Miller, Bishop, Epstein & Keitner, 1985) was developed as a self-report screening instrument (Epstein, Baldwin & Bishop, 1983) said to be based on the McMaster Model of Family Functioning (MMFF) (Ibid, p. 172), which itself had evolved from previous work with families (Westley & Epstein, 1969; as stated in Epstein, Baldwin & Bishop, 1983, p. 172).

Although the authors do not identify their work with that of Minuchin, they do cite their approach as incorporating a systems orientation to family function studies (Epstein, Bishop & Baldwin, 1982; Epstein & Baldwin & Bishop, 1983), and have recognized the MMFF dimension of Affective Involvement, as operationalized by the FAD (reviewed below: 3.2.) to be somewhat similar to the

FACES II (Olson, Sprenkle & Russell, 1979) Cohesion dimension, likened (Olson, Russell & Sprenkle, 1983) to Minuchin's conceptualization of 'enmeshment' and 'disengagement' (presented in Chapter 2). The scarcity of measures more closely reflecting Minuchin's concepts determined the relevance of the MMFF and the FAD to this review. The development of both the MMFF and the FAD (Epstein, Bishop & Levin, 1978; Epstein, Bishop & Baldwin, 1982; Epstein, Bishop & Baldwin, 1981; Epstein, Baldwin & Bishop, 1983; Miller, Bishop, Epstein & Keitner, 1985) shall be reviewed, below.

3.4.2.1. The McMaster Model of Family Functioning: The study upon which the MMFF was based (Westley & Epstein, 1969, as stated in Epstein, Bishop & Levin, 1978; Epstein, Bishop & Baldwin, 1982; Epstein, Baldwin & Bishop, 1983) hypothesized, on the basis of clinical interview, projective testing and sociological questionnaire data collected from 59 families of a student sample (Westley & Epstein, 1969, pp 1-9) that the essential elements of family organization affecting the emotional well-being of the members (Westley & Epstein, 1969, p. 3) could be "described in terms of five dimensions: power, psychodynamics, roles, status and work" (Ibid, p. 22). Later descriptions of the MMFF (Epstein, Bishop & Levin, 1978; Epstein, Bishop & Baldwin, 1982; Epstein & Bishop, 1981; Epstein, Baldwin & Bishop, 1983) hypothesize six dimensions: Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement and Behavior Control. A seventh scale, the General Functioning scale, presented by the authors as accessing a family's general health/pathology (Epstein, Baldwin & Bishop, 1983), appeared to be a further development of the FAD (Ibid, 1983 and see next subsection) and this scale was, still later (Miller, Bishop, Epstein & Keitner, 1985), presented as a seventh dimension (Ibid, p. 345).

In validation studies of the FAD (see 3.2.), the authors linked the dimension of Affective Involvement (AI) with the Cohesion dimension of FACES II (Miller, Bishop, Epstein & Keitner, 1985, p. 349; and see 3.1.). The AI dimension was seen to measure the amount of interest, and the manner of its demonstration, shown among family members (Epstein, Bishop & Baldwin, 1982, p. 127). Six types of involvement, on a continuum ranging from 'lack of involvement' to 'symbiotic involvement', were postulated. A mid-range type described as 'empathic involvement' was seen as optimal to healthy family function. The reader is referred to the works cited above, this section (including Epstein, Bishop & Baldwin, 1982; Epstein & Bishop, 1981) for descriptions of the remaining dimensions.

The actual determinants of MMFF formulations were somewhat difficult to determine, because of what appeared to be contradictory stances on the part of the authors in their interpretations of the data. In one (Epstein, Bishop & Baldwin, 1982) report, they dismissed the relevance of the data, hypothetical formulations, and conclusions cited in earlier work (presented in Westley & Epstein, 1969) to subsequent formulations:

> "Work, power, status, roles, and psychodynamics were the aspects of families examined in detail in The Silent Majority. We do not have comparable data currently available, but an educated guess would be that the attitudinal and behavioral changes in society since then would significantly change the findings today."
>
> Epstein, Bishop & Baldwin, 1982, p. 130)

However, in spite of this admission and the fact that later formulated dimensions constituting the MMFF (as presented in Epstein, Bishop & Levin, 1978; Epstein, Bishop & Baldwin, 1982) differed both in number and in description from the early formulations (in Westley & Epstein, 1969), the authors continued to cite the (Westley & Epstein, 1969) study in later (Epstein, Baldwin & Bishop, 1983) publications as the, then, most recent reference to substantiate their claim of the MMFF's usefulness in differentiating healthy and unhealthy families:

> "The model has evolved from previous work (Epstein, Sigal & Rakoff, 1962; Westley & Epstein, 1969). It describes structural and organizational properties of the family group and the patterns of transactions among family members which have been found to distinguish between healthy and unhealthy families."
>
> (Epstein, Baldwin & Bishop, 1983, p. 172)

Further, the early work, with admitted outdated interpretations, was used as the basis for "clinical impressions" (Epstein, Bishop & Baldwin, 1982), to guide later hypothetical statements, as, for example:

> First, the organizational, structural, and transactional pattern variables are more powerful than are the intrapsychic variables....Second, the most important finding of the 'Silent Majority' study was that the children's emotional health is closely related to the emotional relationships between their parents.
>
> (Epstein, Bishop & Baldwin, 1982, p. 130 - 1)

In subsequent publications (Epstein, Baldwin & Bishop, 1983; Miller, Bishop, Epstein & Keitner, 1985) the authors were to concentrate more on

investigations of the properties of the Family Assessment Device (FAD; reviewed in 3.4.2.2.), a device designed to operationalize the MMFF formulations (Epstein, Baldwin & Bishop, 1983). Further discussion, therefore, will continue with a review of the Family Assessment Device (FAD) instrument.

3.4.2.2. Family Assessment Device (FAD): Studies of the reliability and validity of the FAD have been reported in later publications (namely: Epstein, Baldwin & Bishop, 1983; Miller, Bishop, Epstein & Keitner, 1985; Byles, Byrne, Boyle & Offord, 1988). These studies shall be reviewed here, in order of their publication.

The FAD in its initial form (see Epstein, Baldwin & Bishop, 1983) comprised 53 items; each representing one of seven scales. Six scales represented "dimensions" (Ibid, 1983, p. 173) of family functioning; the seventh was seen to assess overall family health/pathology (Ibid, 1983, p. 173). Item ratings employed a four-point Likert scale.

Although previous work on the MMFF had hypothesized the influence of parents' marital relationship on the emotional health of their children (see discussion in 3.4.2.1.), this (Epstein, Baldwin & Bishop, 1983) publication of the FAD cited previous work (Westley & Epstein, 1969) as indicating that:

> "..family functioning is much more related to transactional and systemic properties of the family system than to intrapsychic characteristics of individual members".
>
> (Epstein, Baldwin & Bishop, 1983, p. 171; the lack of empirical evidence substantiating the work cited has been discussed in 3.4.2.1.)

Investigation of the reliability and validity of the FAD first involved its administration to a sample of 503 individuals: 294 selected from 4 families with

children in a psychiatric day hospital, 6 with a member in a stroke rehabilitation unit, 9 with a student in advanced psychology course and 93 with a member inpatient in an adult psychiatric hospital; the remaining 209 sample participants comprised students from an introductory psychology class (Epstein, Baldwin & Bishop, 1983, p. 174). The adult inpatients had been variously diagnosed with Affective, Organic, Schizophrenic, Somatoform and Mental Retardation disorders, in accordance with DSM-III classification criteria (Epstein, Baldwin & Bishop, p. 1983, p. 174).

FAD reliability for all scales was reported by the authors on the basis of scale alpha coefficients ranging from .72 to .92 (Epstein, Baldwin & Bishop, 1983, p. 176). Discriminant, concurrent and predictive validity properties were also claimed for this instrument (Epstein, Baldwin & Bishop, 1983, p. 177).

This review found those claims questionable on several accounts. Firstly, the hypothesis for the study was not stated clearly as such. Following from this point, it was found that the authors offered minimal rationale for their clinical/non-clinical sampling methods and did not appear to attempt any variable match between their comparison samples. For example, their population for the clinical sample appeared to be families identified by the fact of having a member in an available hospital. Their clinical sample selection did not control for the variables of age, family role and DSM III category of diagnosis and the report did not clarify the selection procedure for particular family member participants. In particular, it is not known whether the clinical inpatients participated. The selection of introductory psychology students, in the main, for the non-clinical sample, on the other hand, appeared to implicitly control for family role and age. There was no mention of whether the authors controlled for

clinical presentation by other family members in the non-clinical sample. Finally, there appears to have been no attempt to control for individual differences, as one alternative explanation for the results. On the basis of the above-mentioned concerns, one must question the adequacy of the sampling design and, consequently, the results, to address the authors' stated expectation that "the (clinical) set of FADs should reflect less healthy family functioning" (Epstein, Baldwin & Bishop, 1983, p. 177).

The (Epstein, Baldwin & Bishop, 1983) publication included also a study seen by the authors to attest to the FAD's concurrent and predictive validity properties. This study involved the administrations of the FAD, the Locke Wallace Marital Satisfaction Scale (Locke & Wallace, 1959 as cited in Epstein, Baldwin & Bishop, 1983, p. 177), and the Philadelphia Geriatric Morale Scale (Lawton, 1972; Lawton, 1975, as cited in Epstein, Baldwin & Bishop, 1983, p. 177) to a sample of elderly married couples. Using regression analysis, the authors found evidence of the "concurrent validity" (Epstein, Baldwin & Bishop, 1983, p. 177) of the FAD in that it "predicted 28% (R = .53) of the variance on the Locke Wallace for both husbands and wives analyzed separately" (Ibid, 1983, p. 177). "Predictive validity" (Ibid, 1983, p. 177) was reported on the basis of a comparison of the scores of this same sample of elderly couples on both the FAD and Locke Wallace Marital Satisfaction Scale with their scores on the Philadelphia Geriatric Morale Scale. The FAD was found to predict "22% (R = .47) of the variance in the morale score for husbands and 17% (R = .41) of the variance for wives...(while the)... Locke Wallace predicted only 11% (R = .34) of the variance for husbands and 13% (R = .36) for wives" (Epstein, Baldwin & Bishop, 1983, p. 177).

Notwithstanding the fact that the terms predictive and concurrent validity for the studies described above are interchangeable (Cronbach, 1970, p. 122) and the results not suggestive of strong correlation (see discussion: Cronbach, 1970, pp. 122-48), the authors have not addressed the central question of concurrent validation (see discussion: Cronbach, 1970, pp. 121-2), that is, the extent to which the comparison tests and the FAD were seen to measure similar constructs. Nor did they address the question of why, having presented the Locke Wallace Scale as a validation criterion for their test, they followed with a procedure demonstrating a functional distinction between the two tests that was interpreted apparently as demonstrating the FAD's superiority, when, in standard concurrent validation procedures : "the existing procedure is accepted as giving the information desired" (Cronbach, 1970, p. 122).

Three later investigations of the FAD's reliability and validity (Miller, Bishop, Epstein and Keitner, 1985) involved a study to determine social desirability influence, a test-retest study and a study of concurrent validity using two other self-report family functioning measures . To investigate social desirability factors, the authors administered the FAD and the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1964 as cited in Miller, Bishop, Epstein and Keitner, 1985) to a random sample of 164 individuals from 72 families in a university community. Correlations between the Marlowe-Crowne Scale and all FAD scales were reported to range from -.06 to -.19 (Ibid, 1985, p. 346). Test-retest reliability was ascertained by administering the FAD to a sample of 45 nonprofessional hospital employees with no psychiatric or serious medical history living with other family members. The sample was reported to contain an equal number of people in father, mother or child roles (Miller,

Bishop, Epstein & Keitner, 1985, p. 347), although with respect to the child roles, it should be noted here that the respondents were all adults in the workforce. The authors did not discuss their selection of a one-week test-retest interval or its relevance to the measure of family function being developed. The reporting of results, also, as "test-retest estimates" (Miller, Bishop, Epstein & Keitner, 1985, p. 347), with no mention of the statistic employed, renders their interpretation difficult.

In another investigation of concurrent validity, the FAD was administered, along with FACES II (reviewed in 3.4.1.) and the Family Unit Inventory (FUI; Van der Veen & Olson, 1981; Van der Veen, Howard & Austria, 1970 as cited in Miller, Bishop, Epstein & Keitner, 1985), "to 45 non-clinical individuals" (Miller, Bishop, Epstein & Keitner, 1985, p. 347). The methodology involved a correlational analysis of various test scales on the basis of predicted relationships ($r > .50$; Ibid, 1985, p. 348) but again did not specify the statistic used.

The authors do not develop the rationale for the selection of those tests as concurrent measures. This review of FACES II (see 3.4.1.) raises questions as to its readiness to serve as an established criterion measure but, here too, the authors' interpretation of results from their own study is surprising in that having selected FACES II as a criterion measure, they chose to question the function of FACES II, rather than that of the FAD when correlation results were not favourable (again, see Cronbach, 1970, pp. 122-48 for a description of concurrent validation procedures).

The choice of the Family Unit Inventory (Van der Veen & Olson, 1981; Van der Veen, Howard & Austria, 1970, as cited in Miller, Bishop, Epstein & Keitner, 1985) as a validational criterion measure for the FAD also appears

premature in that its own development appeared not to have been finalized in publications to the time of the cited study, and, by the authors' own admission , the FAD and the Family Unit Inventory were seen to assess "different theories and constructs" (Miller, Bishop, Epstein & Keitner, 1985, p. 348).

The "discriminative validity" (Ibid, 1985, p. 350) of the FAD was also tested "by comparing the FAD scores of a family with an experienced family therapist's clinical ratings of the same family" (Ibid, 1985, p. 350). Subjects were described as 36 psychiatric inpatients and their families and 6 patients with Systemic Lupus Erythematosus and their families (Ibid, 1985, p. 351). One of four family therapists conducted an interview with each family and rated family functioning as healthy/unhealthy on each dimension of the FAD. The authors reported "the percentage of families rated by the clinician as unhealthy ranging from 51-73% depending on the specific dimension assessed" (Ibid, 1985, p. 352). All family members completed the FAD and a "family mean FAD score" was obtained (Ibid, 1985, p.352, p. 356). T-Tests were then conducted to ascertain the differences between the mean FAD scores of the "healthy" and the "unhealthy" families for each FAD dimension. Results were seen by the authors to establish the FAD as significantly differentiating healthy and unhealthy families on all scales except Behavior Control (General Functioning: $p < .05$; Problem Solving, Affective Responsiveness, Affective Involvement: $p < .01$; Communication, Roles: $p < .001$) (Ibid, 1985, p. 352).

Again, this review noted concerns about the methodology employed. The authors did not discuss the relevance of their sample selection to the experimental hypothesis. While they claimed therapist rater reliability (Ibid, 1985, p. 356), the procedural evidence was not cited. No attempt to ensure blind

rating was reported although the authors' bias is overtly expressed in the text of their report: "As would be expected given the sample characteristics, the percentage of unhealthy ratings was relatively high.."(Ibid, 1985, p. 352). Above all, the authors had not established random or non-clinical norms with which to compare therapist-assigned group mean results. Their claim that the FAD "distinguishes between psychiatric families" (Ibid, 1985, p. 354) appeared to be based on their exercise of using cut-off scores chosen from observations of the mean FAD ratings of therapist-rated healthy and unhealthy groups to divide a non-clinical sample of individuals on the basis of their FAD scores. No other criterion of healthy/unhealthy was used for the non-clinical sample, and no statistical treatment was used other than a calculation of the percentage of samples arbitrarily falling into the healthy/unhealthy dichotomy.

One further published study (Byles, Byrne, Boyle & Offord, 1988) investigated the reliability and validity of the FAD's General Functioning (GF) Scale. This scale, comprising 12 items representing the six other subscales, had been constructed from a cluster of items found to have a positive influence on the intercorrelation of the other FAD subscales. Those items influencing the highest intercorrelations were selected to form the GF scale (Epstein, Bishop & Baldwin, 1983, p. 1983).

The (Byles, Byrne, Boyle & Offord, 1988) study to investigate the properties of the GF scale involved its administration to a large random sample (n = 1869 families) participating in the Ontario Child Health Study (as reported in Byles, Byrne, Boyle & Offord, 1988). The authors of this study, also citing the MMFF as forming the conceptual basis of the FAD (Ibid, 1988, p. 98), repeated the claim of the MMFF's authors that the "subscales of the FAD have been

found to discriminate between nonclinical and psychiatric families" (Byles, Byrne, Boyle & Offord, 1988, p. 99), although no reference for such a claim is cited. The authors' statement, in discussion of this claim, that: "families rated by clinicians as unhealthy had significantly higher FAD scores ($p < .01$) than did families rated as healthy" (Ibid, 1988, p. 99), apparently refers to the study, reviewed above, this section, which compared the FAD means of therapist-rated families (Miller, Bishop, Epstein & Keitner, 1985; It is noted that the review now being written found that the authors' methodological treatment had not linked definitions of healthy/unhealthy family functioning with non-clinical and psychiatric presentations).

Although the purpose of this survey was to estimate "the prevalence and distribution of emotional/behavioral disorders among children (Byles, Byrne, Boyle & Offord, 1988, p. 99-100), the data collection pertaining to the FAD involved one parent per family, "usually the mother" (Ibid, 1988, p. 100). The study's design was to investigate the relationship between GF scale scores and selected demographic variables: parent(s) charged with offence (other than minor traffic violation), alcohol abuse, emotional disorder of parent, marital disharmony, parental separation, spouse abuse, general mental health of parents, socioeconomic status, family structure, geographic location, family size and health status of parent (Ibid, 1988, p. 100).

Although the authors claim significant differences in the mean response scores for the GF scale between groups answering positively or negatively to questions accessing the demographic variables, it appears that they do not address any consideration of whether differences in demographic variable responses are reflective of the healthy/unhealthy dichotomy established for the

GF scale. For example, while the "cutting point for categorical analyses (that is, healthy versus pathological families)" (Ibid, 1988, p. 101) is given as 2.17 (Ibid, 1988, p. 101), only one group mean, of those reported for groups answering 'yes' or 'no' to each of eight variables (16 group means reported), was higher than the categorical cutoff established by the authors themselves). In short, 15 of the 16 group means fell within the 'healthy' category of the GF scale.

Given the ambiguity both of the GF's hypothetical premise, arising from the manner of its construction, discussed above, this section, and of the reported results of the validational study (also discussed, this subsection) it is difficult to accept the authors' conclusion that "the GF scale can be used in survey research with confidence in its reliability and validity" (Ibid, 1988, p. 103).

In summary, this review found attempts to operationalize the McMaster Model of Family Functioning by means of the Family Assessment Device to have progressed little past the construction phase in that the theoretical presuppositions of the FAD were found to be unclear, the reliability of any other than the GF subscale not to have been adequately tested and attempts to ascertain the validity of either the FAD or its GF subscale to have been fraught with methodological flaws. It was considered, therefore, meaningless to consider the FAD's usefulness as a measure, let alone as one possibly accessing enmeshment or disengagement properties, at this stage in its construction.

3.4.3. Beavers-Timberlawn Model of Family Competence (B-T Model) and the Centripetal/Centrifugal Subscales

3.4.3.1. The Beavers-Timberlawn Model of Family Competence: This model (Lewis, Beavers, Gossett and Phillips, 1976; Kelsey- Smith and Beavers, 1981; Beavers, 1982; Beavers and Voeller, 1983; Beavers, Hampson and Hulgus, 1985)

hypothesized a linear spectrum of family functioning ranging from healthy through mid-range to severely dysfunctional, and, at the dysfunctional end, extremes in variation of interactional 'style'. This model was seen to incorporate a "systems orientation" (Beavers, 1982, p. 47) and conceptualizations of clear family and intra-family boundaries, an effective parental executive function, appropriate use of control and affiliative coercion, and the experience for all family members of intimacy and autonomy (Beavers, 1982, pp. 45-51).

The continuum of family interactional style conceptualized, at its extremes, 'centrifugal' and 'centripetal' families, the former stated as similar to Minuchin's conceptualization of disengagement, the latter to that of 'enmeshment' (Kelsey-Smith and Beavers, 1981, p. 10), as well as to Olson's conceptualization of 'cohesion' (Kelsey-Smith and Beavers, 1981, p. 10).

3.4.3.2. The Centripetal/Centrifugal Subscales: The therapist rating "Scales for Centripetal/Centrifugal Family Style" (given in Appendix A, Kelsey-Smith and Beavers, 1981), intended to apply to entire family units, included judgments of family member scapegoating, parental conflict and parental control in soliciting or inhibiting both dependency behavior and aggressive behavior, all of which appear similar to Minuchin's description of factors relating to 'enmeshment' (see Chapter 2). Other factors implicated by Minuchin in his considerations of family characteristics related to 'boundaries', however, are evaluated by Beavers and colleagues on their scales rating 'Family Competence', the Beavers-Timberlawn Family Evaluation Scales (outlined in Beavers, 1982). Those include Overt Power, Parental Coalitions, Closeness, Autonomy, Invasiveness and Permeability (see review of Minuchin's works, Chapter 2).

Studies to ascertain the inter-rater reliability of these scales appear

limited. One such study, conducted with two raters (Kelsey-Smith and Beavers, 1981) produced very questionable results.

A self-report scale constructed by Green, Kolevzon and Vosler (1985) to test this model incorporated some scales related to the measure of family competence (as described above, this section) but omitted the 'Closeness' scale, related to family "closeness and boundaries" (Green, Kolevzon and Vosler, 1985, p. 390) because the conceptual complexity rendered it too difficult a concept to communicate to families (Ibid, 1985, p. 390). Their reliability sample, furthermore, included 9 families. Finally (and as pointed out by Beaver, Hampson and Hulgus, 1985, p. 399), Green, Kolevzon and Vosler (1985) did not include the Centripetal / Centrifugal Scales in their work.

Another self-report scale developed by Beavers and colleagues, the Self-Report Inventory (SRI) (as reported by Beavers, Hampson and Hulgus, 1985, p. 399), was intended to access family information pertaining both to competence and to style. Data, other than that related to some preliminary factoring, however, has not yet been established (Ibid, p. 399).

An ongoing debate between the Beavers and Olson teams has been addressing the appropriate choice of a linear or a curvilinear model to describe family function on adaptability characteristics (readers are referred to Beavers and Olson, 1983; Green, Kolevzon and Vosler, 1985; Beavers, Hampson and Hulgus, 1985; Lee, 1988 for a fuller exploration of this debate). While this issue is not seen as directly pertinent to this review of the cohesion measures relevant to 'enmeshment' and 'disengagement', the issue is being documented here as a forerunner to consideration of the data of this current research, to be undertaken in Chapter 5.

In summary, this model, although containing components of Minuchin's conceptualizations of 'enmeshment' and 'disengagement' was not seen to have further developed those, and was not seen to follow a direction entirely consistent with Minuchin's articulations. Empirical research to establish operational evidence for the model, furthermore, was found to be in the preparatory stages.

3.4.4. Family Evaluation Scales (FES): The Family Evaluation Scales (FES), (Moos and Moos, 1976) were initially developed to establish a typology, employing cluster analysis (Ibid, 1976, p. 359-61) of the social environment of families. Although the authors of the FES did not acknowledge Minuchin's work (1967, 1974) as influential in their conceptualization of cohesion, the relation between their (Moos and Billings, 1982, p. 36) conceptualization of cohesion and "interpersonal enmeshing" (Ibid, 1982, p. 36) is acknowledged. Thus, and although the FES was not included in a discussion (Olson, Russell & Sprenkle, 1983, p. 6) of the more clinically-derived formulations of cohesion, the scarcity of established measures in this area and the fact that the FES does include a measure of Cohesion claimed to differentiate various family types were seen as reasons to warrant the inclusion of the FES in this review. The development, by the authors, of forms to measure 'ideal' and 'expected' family environments was also of interest to this review.

The FES was constructed with 10 subscales seen to access 3 dimensions of family functioning (Moos and Moos, 1976, p. 360). Of those subscales, 5, accessing all three dimensions in whole or in part, were seen by this writer to be suggestive of some aspects of Minuchin's conceptualization of 'enmeshment' and 'disengagement': the Cohesion and Conflict subscales on the Relationship

dimension, the Independence subscale on the Personal-Growth dimension and the Organization and Control subscales on the System-Maintenance dimensions (readers are referred to Moos and Moos, 1976, p. 360 for full descriptions of the subscales).

The FES has been tested to ascertain its internal consistency and test-retest reliability, both of which have been reported as adequate (in Moos and Billings, 1982, p. 28). The authors also report, however, "low to moderate intercorrelations" (Moos and Billings, 1982, p. 28) between subscales.

The FES is administered as a self-report test of actual family functioning employing a true-false answer format to statements depicting the family; differences in the reports of family members are noted on a "Family Incongruence Score" (Billings and Moos, 1981, p. 28), calculated on the basis of differences in the perceptions of family members about their family social climate. .

An updated manual of the FES (Moos and Moos, 1986) was seen to have incorporated aspects of interpretation utilized also by Olson's FACES (see 3.1.) instrument, that is, the measure of both 'real' and 'ideal' perceptions of family functioning (Moos and Moos, 1986, p. 1). Moos & Moos (1986) further included consideration of family expectations in their scale design (Moos & Moos, 1986, p. 3). Discussion of the applications of those concepts was minimal; knowledge of discrepancies between perceptions of actual and ideal family environments was stated to be useful in moving "families closer to the parents' or the childrens' stated values" (Moos & Moos, 1986, p. 3). Reliability statistics for the 'ideal' and the 'expected' forms were not given.

Reported internal consistency (alpha) coefficients, based on a normative

sample of Normal (N = 1125) and Distressed (N = 500) family members (see Moos and Moos, 1981, pp. 5 - 6) were seen to be moderate (range: .61 - .78); test-retest reliability statistics were quoted but with the statistic unspecified. Further reporting of any statistical investigation of FES characteristics, in this update, was minimal.

In summary, this review found the FES to be of dubious value as a measure of Minuchin's formulations of 'enmeshment' and 'disengagement' in that the authors gave no indication of attempting such an operationalization. This review found, as well, that although the scale contained aspects of Minuchin's conceptualizations, those were formulated on separate dimensions, rendering their association indirect. Statistical investigation of the dimension properties of the FES was found to be minimal

This review noted, also, the interest of the authors of the FES in the possibilities inherent in the comparison of measures of 'ideal' and 'real' family functioning, although their discussion of those concepts was minimal, with regard to this operationalization.

3.5. Discussion: Other reviews of the fields of family interaction and family therapy had found those fields underdeveloped. Difficulties with respect to theoretical formulations, operationalization of constructs and methodological flaws were seen as factors contributing to such underdevelopment. This review, noting those findings, focused primarily on the identification of variables seen as important in the fields of family interaction and family therapy that might assist in the proposed operationalization of Minuchin's formulations of 'enmeshment' and 'disengagement'. In this regard, a survey was conducted, also, of parent-child socialization and interaction research. Finally, this review critically examined

existing self-report measures seen to measure 'enmeshment', 'disengagement' or related theoretical components

This review found that variables seen to be similar to components of Minuchin's formulations of 'enmeshment' and 'disengagement' had been identified, in well-recognized research endeavours in the field of child psychology. Such variables as parental under- or over- involvement, marital discord and conflict, clarity of inter-familial communication, intrusiveness, and dyadic and triadic communication, had all been implicated in other research considerations. Consistent findings had been reported with respect to the negative effects of critical intrusion in family communications with a symptomatic member, and the negative effects of marital discord on children's emotional and social development.

This review of self-report measures of family functioning found none to have operationalized 'enmeshment' and 'disengagement' in a manner reflective of the theoretical formulations of Minuchin, and several to demonstrate weakness in theoretical and methodological considerations.

Finally, it was noted that although two measures recognized a need to ascertain differences in measures of 'real' and 'ideal' family functioning, the conceptualization and development of such measures were in the very rudimentary stages.

Chapter 4

Instrument Construction

4.1. Introduction: The perception, based on the review of Minuchin's writings (in Chapter 2), that the concepts of 'enmeshment' and 'disengagement' would require more development to facilitate their operationalization, and the finding of this literature review (in Chapter 3), that existing self-report measures of family functioning did not provide a reliable and valid measure of those concepts formed the basis of the decision to attempt the development of such a measure in this research. The decision was further made to attempt the development of a paper-and-pencil, self-administered format to address the need for a comparatively inexpensive and convenient, non-laboratory measurement technique (see discussion: Pinsof, 1981, pp. 725-38), which would facilitate reliability testing with large sample sizes.

The development of such a measure entailed, in addition to the several theoretical considerations, two procedural stages. The first involved the establishment, by expert raters, of indices of enmeshment and disengagement. The second involved the incorporation of these indices into an instrument exhibiting characteristics of reliability and clinical validity.

The theoretical and procedural considerations associated with the development of this measure are presented in this and the following chapters. This chapter presents the procedures involved in the formulation of operational indices of enmeshment, disengagement and moderate functioning and the details of the therapist rating study. Chapter 5 discusses the process of incorporating

those indices into a measure amenable to general and clinic sampling as well as the reliability studies conducted with this instrument. Chapter 6 presents the studies conducted with clinic and comparison samples to investigate the clinical validity of the instrument.

4.2. Development of the Instrument: The decision to develop a self-report paper-and-pencil measure of Minuchin's concepts of 'enmeshment' and 'disengagement' necessitated methodological considerations that encompassed both design and procedure. The first formulations considered the nature of the content and the rating to be used in expert ratings of 'enmeshment' and 'disengagement'; later considerations would address the nature of the questionnaire design to be given to lay samples.

The decisions taken with respect to the need to establish indices of 'enmeshment' and 'disengagement' using expert raters involved, firstly, the assumption that therapists routinely made judgments about the enmeshment and disengagement characteristics of relationships based on their exposure to family members' verbal and non-verbal communication in the clinical interview. It was perceived also that family members, without the benefit of any formal clinical training whatsoever, routinely initiated, and were responsive to, statements about their relationships that described degree of involvement, (eg.'My wife gets too involved with the children around their homework'). As well, it was observed in the literature review (presented in Chapter 3) that the concept of interpersonal degree of involvement, particularly with respect to parent-child interaction, had been identified (by Martin, 1981 and others; see discussion, Maccoby and Martin, 1983, pp. 37 - 50) as a dimension worthy of attention. Those considerations by this writer generated the hypothesis that items composed to reflect first-person

statements as heard and judged by therapists in their clinical practice, as well as by family members in ordinary conversation, could form the content of an instrument which might access both expert and lay data to investigate a dimension of interpersonal involvement encompassing articulations of 'enmeshment' and 'disengagement'.

The remaining discussion in this chapter pertains to the development of the items and to the rating scale used by the therapists. Discussion pertaining to the development of the rating scales used with lay samples is contained in Chapter 5.

4.2.1. Item Content: The use of first-person statements in self-report studies has been a popular choice of methodology in family functioning instruments (as reviewed in Chapter 3) and in other attribution research (Furnham, Jaspars & Fincham, 1983). However, the decision to adopt this format for this study necessitated consideration of observed limitations (as reviewed in Furnham, Jaspars & Fincham, 1983). These concerned the adequacy of information contained in the statement or vignette, consideration of subject motivation in the nature of the task presentation, the restrictions inherent in the answering format and the attention to individual differences (Furnham, Jaspars & Fincham, 1983, pp. 324-7). Further concerns involved the applicability of constructs in explaining behavior and the actor/observer distinction in rater stance (as studied by Jones & Nisbett, 1972; Weiner, 1977 and discussed by Furnham, Jaspars & Fincham, 1983). These concerns were noted in decisions of all aspects pertaining to the development of this instrument, and will be further discussed in the relevant sections of this and further chapters.

This review of Minuchin's theoretical formulations of 'enmeshment' and

'disengagement' (in Chapter 2) had noted inconsistencies (see discussion in 2.4.) with respect to such formulations, but further, had noted that identified components of enmeshment as articulated by Minuchin (and as discussed in Chapter 2), namely, parent-child overinvolvement, intrusiveness and lack of conflict resolution had been recognized by others in research investigating components of parent-child interaction and child symptom presentation (as discussed in Chapter 3). Furthermore, the enthusiasm with respect to the clinical applicability of Minuchin's theory (as documented in Chapter 1) was noted. Finally, following on the observation (by Pinsof, 1981) of the need to generate orders of variables, has been discussion (by Cooklin, 1982; Holmes, 1985) of the possibilities inherent in distinguishing systems and individual or sub-system variables. The hypotheses underlying the construction of this instrument to measure 'enmeshment' and 'disengagement' were that (1) a sound basis for applied examples of 'enmeshment' and 'disengagement' would appear to be the case study transcripts of Minuchin (1974, also Minuchin, Rosman & Baker, 1978; Minuchin & Fishman, 1981) and (2) enmeshment and disengagement could be higher-order constructs (as discussed by Pinsof, 1981) subsuming subordinate variables (as articulated, below). Those hypotheses would form the basis for item construction as described, below.

Item development was based entirely on what were judged to be descriptors of 'enmeshment' and 'disengagement', based on Minuchin's (1974; Minuchin, Rosman & Baker, 1978; Minuchin & Fishman, 1981) works. The initial instrument comprised one hundred thirty items constructed as first-person statements designed to identify the role of the speaker and other family members in a spousal or parent-child relationship context (for a survey of research related

to the importance of language in attribution processes, see Hewstone, 1983). The items were intended to represent variously indices of enmeshment, disengagement, moderate involvement and moderate uninvolvement. Items designed to connote 'enmeshment' incorporated those characteristics seen to have been articulated in Minuchin's writings (see Chapter 2) as integral to 'enmeshment', namely, (i) absence of an effective executive function, (ii) lack of acknowledgment of generational hierarchy, (iii) lack of tolerance for dyadic communication (within a larger familial context) and (iv)lack of conflict resolution. Items seen to connote disengagement incorporated (i) lack of emotional response and (ii) physical distancing or withdrawal.

Examples of moderate levels of family involvement in Minuchin's writings were found to be scant, relative to the number of examples of involvement extremes. The 'moderate' items were constructed, therefore, by incorporating the reverse of characteristics seen to represent the 'extreme' items. Hence, instead of rigidity, flexibility of function was described. Attempts were made, also, to depict tolerance for conflict within a context of resolution and tolerance for physical separation and emotional differences within a context of familial cohesion.

A central concern in formulating the statements was the impact of social desirability, particularly as it might apply to items reflecting disengagement. In an attempt to neutralize possible negative valences in these items, an effort was made to simulate, as much as possible, a 'speaker' stance that reflected an emotional acceptance of and compatibility with the described situational context. Thus, a statement intended to reflect 'disengagement' from the experience of a child attempted to inflect compensatory defenses against a sense of loss:

> My parents are both too busy with their own individual projects to interfere much in my school or other activities.

In the above example, it was hoped that the word 'interfere' would accomplish such an intent. Likewise, in statements reflecting disengagement from a parental standpoint, rationalization and emotional restraint were intended to neutralize possible presumptions of rejection:

> We have decided that boarding school might be a good place for our boy since he has been getting a little disruptive in the home and in the community lately.

However, in the particular case of the above item, to counterbalance the possibly positive valence associated with the social status attributable to 'boarding school', a second item was designed that was expected to reflect lower social status:

> His mother and I both say that if the boy doesn't know enough not to steal when he's almost eight, then maybe the only thing that will work is to have him sent to a foster home for a while.

A second concern was that the statements be compatible in language style with the context in which they would be evaluated. This was a particular concern as the writer was Canadian, and the items were to be evaluated by British family therapists, and a Welsh public. To insure against inadvertent cultural bias or colloquial misunderstanding, the list of statements was distributed to three British residents: a university psychology lecturer, a student residence cleaner and a receptionist, with the request that they were to note any words that did not fit the context of the sentence. In response to their suggestions, two alterations were

made: one involved the spelling of 'Mum' (changed from 'Mom') for all applications; the other involved a change from the word 'principal' to the word 'headmaster' in one item.

Some attention was addressed also to the possibility of sex role bias. It was thought, for example, that what might be considered a moderate level of involvement for a wife or mother could be considered enmeshment on the part of a husband or father. A few statements therefore were constructed with similar content but with the sex of the speaker altered, to allow for comparison of ratings:

> 1(a). I can usually talk Dad into giving me what I want, but if Mum says 'No', it's no.
>
> 1(b). Mum is pretty easy-going, but if Dad says something, that's it.
>
> 2(a). When Mum cannot get Dad to see her point of view, she'll always ask me to talk to him, because he'll listen to me.
>
> 2(b). If my wife won't accept my point of view in a discussion, our eldest child will help me to express the situation so that it is clear to her.

Variation in the ratings between such items would suggest possibilities for further exploration in subsequent research.

4.3. Therapist Pilot Studies

Two pilot studies were conducted to investigate expert family therapist agreement in rating the constructed items. The first was conducted while the writer was still in the process of formulating much of the design of the research to follow. Although many changes followed this first study, it is being reported

because the information and comments received from therapists in their responses to the first study were reflected in the changes made to the instrument, and in the evolution of the final research design. These two studies are discussed fully, below.

4.3.1: First Therapist Pilot Study

4.3.1.1. Therapist Sample: Eight family therapists, recruited by Dr. David Campbell, Tavistock Clinic, London, completed the questionnaire in the first pilot run. The raters comprised three males and five females. Four gave their ages as in the 30-39 year range, three as in the 40-49 year interval and one in the 50-59 year interval. The therapists had a mean rating of ten years experience with family therapy. All therapists indicated employment of a systems approach in their practice, and familiarity with Minuchin's concepts of 'enmeshment' and 'disengagement'.

4.3.1.2. Instrument: The instrument circulated listed 130 items (compiled as described in 4.2.1.) Each item had beside it spaces to identify each of four possible ratings with the anchor labels: 'Disengaged', 'Moderately Independent', 'Moderately Dependent' and 'Enmeshed' (see Appendix 2). Therapists were instructed that this study was attempting to identify 'behaviors associated by family therapists with functional, enmeshed or disengaged family systems (see Appendix 2). They were asked to indicate, in the appropriate space beside each statement, whether they thought that statement suggestive of experience in a disengaged, a moderately independent, a moderately dependent or an enmeshed family system (see Appendix 2).

4.3.1.3. Method of Analysis: Binomial coefficients were calculated for each item using probability of class membership = .5 and sample size n = 8.

4.3.1.4. Results: Thirty-six items were found to have agreement on therapist rating with differential levels of significance ($p < .001$ for 9 items; $p < .01$ for 15 items; $p < .05$ for 12 items). Although this number represented one higher than would be expected by chance, it was decided to run a second study, employing a different rating method, to ascertain whether agreement on more items could be achieved.

Several therapist comments were influential in the changes producing the second instrument. All but one were anonymous. Two respondents suggested that items commenting explicitly on the sexual relationship between spouses (see, for example, Items 40, 106, 111, 120 in Appendix 2) did not have relevance to the construct being investigated. It was found that no items with such content received significantly reliable ratings; no such content was presented in items compiled for the second formulation of the instrument. Two other therapists commented on the rating procedure. One favoured content that allowed a family to be rated uniformly, as had been requested, but found that the content of several items did not make this an easy task. The second therapist gave his opinion that families often did not present as a uniform organization but as containing both enmeshed and disengaged relationships.

The comments about the uniformity and diversity of family systems stimulated further consideration of the rating design, and resulted in the decision to further specify and expand the rating possibilities for each item, as will be discussed in detail below (in 4.3.2.2.).

4.3.2. Second Therapist Pilot Study: This study again utilized family therapists working in London, who were recruited by Dr. Campbell.

4.3.2.1. Therapist Sample: Three males and five females constituted the

therapist sample for this study. Five therapists gave their age as in the 30-39 year range; three in the 40-49 year range. The mean number of years experience in family therapy practice for this group was 7.5 years. All therapists reported using a systems approach in their work and all were familiar with Minuchin's construct.

4.3.2.2. Instrument

4.3.2.2.1. Items: The instrument used in the second therapist pilot study comprised 70 items (see Appendix 3), including 23 items that had received significant ratings ($p < .01$) in the previous (4.3.1.) study. The decision to expand the rating scale also motivated reconsideration of the item content. Changes in the wording of some items were designed to permit identification of family triads, (eg):

First Study

> I just don't like it when the children close their bedroom doors.

Second Study

> I get uncomfortable when the older children close their doors; it doesn't seem to bother my wife as much.

In some items, the parental dyad was left undifferentiated, (eg):

> My parents are both too busy with their own individual projects to interfere much in my school or other activities.

In other items, any individual delineation was left intentionally ambiguous, (eg):

> In our family, we all believe that the closer we all are, the better.

Six of the items undergoing wording changes were included in the 23 selected from the first pilot study. The others were constructed using material from the previous items or were freshly generated. Construction of the additional items reflected previously stated considerations (as described in 4.3.1.) as well as of the dyadic, triadic or undifferentiated nature of the interaction.

4.3.2.2.2. Rating Scale: The rating scale used in the second study was changed from that used in the first as a result of considerations previously discussed (in 4.3.1.4.). The new scale provided for the rating of a spousal dyad, father-child dyad and mother-child dyad for each item (see Appendix 3).

4.3.2.2.3. Method of Analysis: Binomial tables ($n = 8$; probability of class membership = .5) again were used to ascertain acceptable levels of significance ($p < .05$) in agreement of therapist ratings.

4.3.2.3. Results: Significant rating agreement was obtained for 71 dyads ($p < .0001$ for 26 dyads, $p < .01$ for 24 dyads, $p < .05$ for 21 dyads), involving 44 of the 70 items.

4.4. Cross-cultural Therapist Sample Ratings: In consideration of the importance attached by Olson, Russell & Sprenkle (1983) to the influence of culture on family perceptions (as reviewed in 3.4.1.), a position supported by other writings pertaining to family function (see McGoldrick, 1982; McGoldrick, Pearce & Giordano, 1982), this research was designed to allow for comparisons of both therapist and lay ratings from cross-cultural samples. The 44 items containing dyads rated with significant agreement among therapists participating in the pilot studies were compiled for a cross-cultural study of therapist ratings from British and Canadian samples. Six more items were composed to balance the sex of the item 'speakers', and in an attempt to add more items with 'disengaged'

interaction. However, after the Canadian sample copies of the instrument were compiled, a printing error was found that rendered two items unusable. Therefore, although fifty items appeared in the British sample documents, only forty-eight items were used to calculate results, in the case of both samples (See Appendix 4).

4.4.1. British Therapist Sample: Twenty-three therapists variously associated with the Tavistock Clinic, Maudsley Hospital, Hospital for Sick Children, and Emmanuel Miller Clinic in London, and with the Institute of Family Therapy, Cardiff, and the Child and Parent Centre, Birmingham, participated in this study. The sample comprised ten males and thirteen females, of ages from range 20 - 29 to range 40 - 49 years. All held degree qualifications in psychiatric medicine, psychology or social work except one who was a registered mental nurse. All acknowledged familiarity with Minuchin's formulations of 'enmeshment' and 'disengagement', and the use of a systems approach in their practice. Their number of years' experience as family therapists ranged from two to seventeen years (mean = 6.5 years).

4.4.1.1. Method of Analysis: Binomial tables (n = 23, probability of class membership = .5) were used to determine significant levels (p. < .05) of agreement among therapist ratings.

4.4.1.2. Results: Significant agreement in ratings assigned to one category (rating code: Disengagement = 1, Moderate Independence = 2, Moderate Dependence = 3, Enmeshment = 4) was achieved on thirty-nine dyads contained in twenty-seven items. A further 18 dyads involving 14 more items indicated significant ($p < .05$) rating agreement for combinations of ratings of (1) or (2), and for combinations of (3) or (4).

Ratings of Enmeshment (4) were assigned to 15 dyads (for 10 dyads, significance level of agreement $p < .01$; for 5, $p < .05$). Ratings of Disengagement (1) were assigned to 8 dyads (for 7 dyads, $p < .01$; for 1, $p < .05$). A Moderate Independent (2) rating was assigned to 16 dyads (significant agreement in ratings was found at $p < .01$ for 14 dyads, $p < .05$ for 2 dyads). No dyads were assigned a (3) rating with a significant level ($p < .05$) of agreement.

Five dyads with significant levels of agreement ($p < .05$) on either rating (1) or (2) were assigned to the (2) category. Thirteen dyads with significant levels of agreement ($p < .05$) on either rating (3) or (4) were assigned to the (3) category It was decided to ignore combinations of ratings of (2) and (3), because of the few numbers of dyads involved, and because the results appeared to indicate clearly that the therapists' decisions were being made between extreme uninvolvement and moderate uninvolvement, and between extreme involvement and moderate involvement (see Table 4.1., below, for British therapist ratings for item dyads).

4.4.2. Canadian Therapist Sample: The original fifty statements with the revised rating scale and same instructions were also circulated to therapists from MacNeill Clinic, Saskatoon, and Child and Youth Services, Regina, Canada. The Canadian therapist sample comprised fourteen males and eighteen females ($n = 32$). Twenty of these held degrees in social work, ten held degrees in psychology and two were certified psychiatric nurses. Ages ranged from the 20-29 yr. range to the 50-59 year range. All were familiar with Minuchin's 'enmeshment' and 'disengagement' concepts; all used a systems approach in their practice. Their years' experience in family therapy ranged from one to ten years (mean = 4.5 years).

4.4.2.1. Method of Analysis: The use of the binomial statistic (n = 32, probability of class membership = .5) was identical to that used for analysis of the British therapist sample (and described in 4.4.1.1.).

4.4.2.2. Results: In this sample, significant agreement ($p < .05$) in category ratings (see description of coding in 4.4.1.2.) was achieved for fifty-four dyads (for 49 dyads, $p < .01$; for 5 dyads, $p < .05$), involving thirty-six statements. Another 12 dyads, involving 11 items, indicated significant ($p < .05$) rating agreement for combination of (1) and (2) or (3) and (4).

Ratings of Enmeshment (4) were assigned to 26 dyads (for 23 dyads, $p < .01$, for 3 dyads, $p < .05$). Ratings of Disengagement (1) were assigned to 10 dyads (for 9 dyads, $p < .01$; for 1 dyad, $p < .05$). A Moderate Independent (2) rating was assigned to 15 dyads (for 14 dyads, $p < .01$; for 1 dyad, $p < .05$). Moderate Dependent ratings (3) were assigned to 3 dyads ($p < .01$) on one item.

Nine dyads with significant level of rating agreement ($p < .05$) on either of categories (3) or (4) were assigned a (3) rating (see also 4.4.1.2. for discussion of combining categories). Three dyads with significant level of rating agreement ($p < .05$) on either of categories (1) or (2) were assigned a (2) ratings. These combination ratings involved 8 additional items. Canadian therapist ratings for all items are given in Table 4.1.).

4.4.3. Combined Sample Ratings: To ascertain the items that would be accessible to a cross-cultural study, the ratings of the British and Canadian therapists were investigated as a single sample.

4.4.3.1. Method of Analysis: Binomial tables (for n = 55, probability of class membership = .5) were used to ascertain those dyads for which significant agreement ($p < .05$) in ratings was established

4.4.3.2. Results: Results of combined Therapist sample ratings show considerable agreement both in the selection of particular dyads within each item, and in the value of ratings assigned to each dyad. Significant ($p < .05$) agreement was achieved in the ratings of fifty-five dyads from forty-five statements. A further fifteen dyads, involving eight items were selected by combination (this procedure was discussed in 4.4.1.2. and 4.4.2.2.) either of categories (1) and (2) or of (3) and (4).

Significant ($p < .05$) agreement (using the binomial tables as described previously in this section) was also demonstrated by therapists in choosing to make no rating for thirty-nine dyads from twenty-three items. This final show of agreement was seen to be of interest because it demonstrated that significant ($p < .05$) agreement was manifested by therapists in applying the construct under study either to a rating or to rejection for 94 of a possible 144 dyads. (See Table 4.1. for all therapist ratings).

4.5. Parent Sample Pilot Study: The dearth of large sample research investigating concepts of 'enmeshment and 'disengagement' prompted one further pilot run of the items before they were assembled in final questionnaire format. The intent of this pilot study was to ascertain ratings of the statements, by a random sample, as representative generally of family experience. It was felt that such general 'acceptability' of the 'statement' would be an important factor in their response motivation (See Furnham's, 1983, p. 325-6 discussion of the need to consider motivational criteria in instrument design).

Table 4.1: British and Canadian Therapist Ratings of Item (1) Dyads

	British Therapists' Responses (N=23) Responses/Category (2)					Canadian Therapists' Responses (N=32) Responses/Category				
Item	nr	1	2	3	4	nr	1	2	3	4
1 H-W	21	-	-	-	2	29	3	-	-	-
6 H-W	-	-	2	3	18**	-	-	-	6	26**
6 F-C	1	-	-	3	19**	1	-	-	5	26**
6 M-C	1	-	-	3	19**	1	-	-	5	26**
7 H-W	7	6	9	-	1	13	12	7	-	-
7 F-C	2	8	13	-	-	-	21	11	-	-
7 M-C	2	8	13	-	-	-	21	11	-	-
8 H-W	4	16*	3	-	-	2	25**	2	3	-
8 F-C	12	7	3	-	1	19	8	4	-	1
8 M-C	4	-	-	4	15	-	-	-	2	30**
9 H-W	2	-	21**	-	-	-	-	32**		--
9 F-C	23	-	-	-	-	31	-	1	-	-
9 M-C	22	-	1	-	-	31	-	1	-	-
10 H-W	4	12	3	2	2	4	22*	3	-	3
10 F-C	5	-	-	8	10	4	-	-	10	18
10 M-C	3	-	-	6	14	4	-	-	9	19
11 H-W	18	-	2	3	-	17	3	6	4	2
11 F-C	2	-	-	5	16*	-	-	-	7	25**
11 M-C	7	1	10	5	-	5	-	14	13	-
12 H-W	3	19**	1	-	-	-	30**	1	-	1
12 F-C	22	1	-	-	-	30	2	-	-	-
12 M-C	22	1	-	-	-	30	2	-	-	-
13 H-W	1	19**	3	-	-	-	26**	6	-	-
13 F-C	23	-	-	-	-	31	-	-	-	1
13 M-C	23	-	-	-	-	31	1	-	-	-
14 H-W	20	-	1	2	-	20	1	7	4	-
14 F-C	2	1	18**	2	-	1	1	30**	-	-
14 M-C	2	1	18**	2	-	1	1	30**	-	-
15 H-W	-	10	12	1	-	1	15	15	-	1
15 F-C	23	-	-	-	-	30	2	-	-	-
15 M-C	23	-	-	-	-	30	1	-	1	-

Table 4.1 (cont'd): British and Canadian Therapist Ratings of Item (1) Dyads

	British Therapists' Responses (N=23) Responses/Category (2)					Canadian Therapists' Responses (N=32) Responses/Category				
Item	nr	1	2	3	4	nr	1	2	3	4
16 H-W	1	-	20**	2	-	-	1	22*	9	-
16 F-C	23	-	-	-	-	31	-	1	-	-
16 M-C	23	-	-	-	-	31	-	1	-	-
17 H-W	21	-	-	-	2	27	-	1	-	4
17 F-C	-	-	-	2	21**	1	1	-	3	27**
17 M-C	-	-	-	2	21**	1	1	-	3	27**
18 H-W	-	-	12	11	-	-	-	19	12	1
18 F-C	23	-	-	-	-	31	-	1	-	-
18 M-C	23	-	-	-	-	31	-	1	-	-
19 H-W	2	-	21**	-	-	-	-	26**	-	-
19 F-C	22	-	1	-	-	31	-	1	-	-
19 M-C	22	-	1	-	-	31	-	1	-	-
20 H-W	-	-	1	1	21**	-	-	-	3	29**
20 F-C	22	-	-	-	1	31	-	-	-	1
20 M-C	22	-	-	-	1	30	-	-	1	1
21 H-W	10	-	10	3	-	16	-	14	2	-
21 F-C	3	-	20**	-	-	2	-	30**	-	-
21 M-C	3	-	20**	-	-	2	-	30**	-	-
22 H-W	11	2	-	4	6	11	11	1	1	8
22 F-C	1	22**	-	-	-	-	27**	1	1	3
22 M-C	4	19**	-	-	-	1	26**	1	1	3
23 H-W	12	-	8	3	-	12	-	18	2	-
23 F-C	3	-	20**	-	-	-	1	31**	-	-
23 M-C	4	-	19**	-	-	-	1	31**	-	-
24 H-W	11	1	-	3	8	12	3	-	4	13
24 F-C	3	-	-	8	12	-	-	1	6	25**
24 M-C	3	-	-	8	12	-	-	1	6	25**
25 H-W	3	-	-	10	10	4	1	-	12	15
25 F-C	3	-	-	11	9	1	-	-	14	17
25 M-C	1	-	-	11	11	1	-	-	14	17

Table 4.1 (cont'd): British and Canadian Therapist Ratings of Item (1) Dyads

	British Therapists' Responses (N=23) Responses/Category (2)					Canadian Therapists' Responses (N=32) Responses/Category				
Item	nr	1	2	3	4	nr	1	2	3	4
26 H-W	13	1	7	2	-	13	5	11	3	-
26 F-C	7	2	12	2	-	6	2	18	6	-
26 M-C	2	-	13	7	1	-	-	21	7	4
27 H-W	20	1	2	-	-	29	3	-	-	-
27 F-C	2	14	7	-	-	-	30**	2	-	-
27 M-C	20	-	-	3	-	29	1	-	-	2
28 H-W	5	-	16*	2	-	2	-	19	10	1
28 F-C	6	-	5	12	-	7	-	7	11	7
28 M-C	12	-	8	3	-	10	1	12	9	-
29 H-W	3	1	-	8	11	6	2	2	4	18
29 F-C	3	-	-	7	13	3	-	3	4	22*
29 M-C	3	-	-	7	13	3	-	3	4	22*
30 H-W	-	-	1	8	14	1	-	-	3	28**
30 F-C	-	-	1	10	12	1	-	-	3	28**
30 M-C	7	-	1	7	8	19	-	1	11	1
31 H-W	2	18**	-	-	-	3	29**	-	-	-
31 F-C	18	1	4	-	-	16	15	1	-	-
31 M-C	-	-	-	3	20**	-	-	-	4	28**
32 H-W	15	4	4	-	-	21	5	5	1	-
32 F-C	3	-	1	15	4	-	-	4	18	10
32 M-C	2	-	20**	1	-	3	-	24**	5	-
33 H-W	12	3	-	5	3	18	10	-	-	4
33 F-C	2	17**	4	-	-	1	28**	3	-	-
33 M-C	2	17**	4	-	-	1	28**	3	-	-
34 H-W	-	-	2	3	18**	-	10	-	1	21
34 F-C	4	1	2	2	14	4	8	-	1	19
34 M-C	4	1	2	2	14	4	8	-	1	19
35 H-W	4	-	12	7	-	-	-	28**	4	-
35 F-C	23	-	-	-	-	31	-	1	-	-
35 M-C	23	-	-	-	-	31	-	1	-	-
36 H-W	12	-	-	1	10	19	1	-	-	12
36 F-C	2	1	-	3	17**	-	-	-	3	29**
36 M-C	2	1	-	3	17**	-	-	-	3	29**

Table 4.1 (cont'd): British and Canadian Therapist Ratings of Item (1) Dyads

	British Therapists' Responses (N=23) Responses/Category (2)					Canadian Therapists' Responses (N=32) Responses/Category				
Item	nr	1	2	3	4	nr	1	2	3	4
37 H-W	13	2	8	-	-	19	3	7	2	1
37 F-C	5	2	14	2	-	3	-	21	8	-
37 M-C	5	1	5	12	-	2	-	8	21	1
38 H-W	-	7	16*	-	-	2	11	19	-	-
38 F-C	16	-	2	4	1	19	-	8	4	1
38 M-C	16	-	2	4	1	18	-	9	3	2
39 H-W	11	-	-	1	11	7	2	-	1	12
39 F-C	2	-	1	2	18**	-	-	-	3	29**
39 M-C	2	-	1	2	18**	-	-	-	3	29**
40 H-W	5	9	7	2	-	4	17	2	1	8
40 F-C	14	2	2	2	3	12	3	5	4	8
40 M-C	-	-	-	7	16*	-	-	-	3	29**
41 H-W	4	-	17**	2	-	6	-	25**	1	-
41 F-C	4	1	18**	-	-	-	-	32**	-	-
41 M-C	4	1	18**	-	-	-	-	32**	-	-
42 H-W	-	5	1	4	13	1	4	1	5	21
42 F-C	23	-	-	-	-	31	-	-	1	-
42 M-C	23	-	-	-	-	30	-	-	1	1
43 H-W	17	-	-	-	6	24	1	1	1	5
43 F-C	-	-	-	4	19**	-	-	-	4	28**
43 M-C	-	-	-	4	19**	-	-	-	4	28**
44 H-W	8	9	3	1	2	4	17	4	1	6
44 F-C	3	-	-	4	16*	1	-	-	2	29**
44 M-C	13	-	2	2	6	13	3	1	7	8
45 H-W	2	-	1	7	13	-	-	-	5	27**
45 F-C	23	-	-	-	-	31	1	-	-	-
45 M-C	23	-	-	-	-	31	1	-	-	-
46 H-W	1	1	-	6	15	1	-	-	11	20
46 F-C	23	-	-	-	-	30	-	-	1	1
46 M-C	23	-	-	-	-	30	-	-	1	1

Table 4.1 (cont'd): British and Canadian Therapist Ratings of Item (1) Dyads

	British Therapists' Responses (N=23) Responses/Category (2)					Canadian Therapists' Responses (N=32) Responses/Category				
Item	nr	1	2	3	4	nr	1	2	3	4
47 H-W	-	-	-	9	14	-	-	1	9	22*
47 F-C	23	-	-	-	-	31	-	-	-	1
47 M-C	23	-	-	-	-	31	-	-	-	1

(1) Actual item content is given in Appendix 1.
(2) Category codes: nr: no response; 1: disengaged; 2: moderately uninvolved; 3: moderately involved; 4: enmeshed

* P < .05; ** P < .01

4.5.1. Instrument: The instrument compiled for this study comprised the fifty items used in the therapist inter-rater studies (described in 4.4.). Instructions to volunteers asked them to rate, for each item, the number of families in which one might hear such a statement. The rating of each item was to be made on a six-point Likert type scale containing the following anchors: (1) all families (2) most families (3) many families (4) some families (5) very few families (6) no families (format presented in Appendix 5).

4.5.2. Sample: The prepared instrument for this study was presented to two hundred parent respondents solicited in a door-to-door search for volunteers in the section of Cardiff chosen as the site for the planned reliability study of these items (see Chapter 5). One hundred seventy-eight respondents returned the questionnaires in a door collection (89%). Of these, seventy-six were male, one hundred two were female. The majority were married (84.7%), living common-law (4.5%) or remarried (6.7%). The age range was mainly between

twenty-five and forty-nine years (97.2%), and occupations were primarily in class three (37%), four (27%) (see Registrar General's Classification) or 'housewife' (23%) designations.

4.5.3. Method of Analysis: Survey results were analyzed using the SPSS-X (1983) computer package, program Frequencies. Binomial tables were applied to the frequency results of each of the fifty items to ascertain those which had received significant agreement ($p < .05$) in ratings of either categories (5) or (6).

4.5.4. Results: Results indicated that no items had received significant numbers ($p < .05$) of ratings in categories (5) or (6). The combination of scores from the two categories for each item also failed to yield significant ($p < .05$) rating agreement in these categories.

4.6. Discussion: Results of the above studies appear to support the underlying hypothesis, of this stage of the current study, that it is possible to represent 'enmeshment', 'disengagement', and moderate functioning in interactions by descriptors of these relations presented as first-person statements. Results of the parent pilot study also appear to support the hypothesis that these 'statements' would be acceptable to a lay population sample in a study investigating family interaction.

Therapists across the two samples appear to agree generally about item rating. The 'enmeshment' subcategory generated the greatest difference, in that the Canadian sample exercised more agreement in rating more dyads as 'enmeshed'. However, results appear to suggest that the items selected by combined ratings could be robust enough to provide indices of enmeshment, disengagement and moderate functioning and thus to allow for further investigation in a similar cross-cultural context. It might be concluded that the

attempt to operationalize the concepts of 'enmeshment' and 'disengagement', using the method as described in this chapter, has been successful. It is recognized that much more investigation would be necessary before conclusions about the theoretical hypothesis pertaining to the subsuming of characteristics such as conflict to the higher-order constructs of 'enmeshment' and 'disengagement' could be drawn.

Therapist ratings (as noted in 4.4.1.2 and 4.4.2.2.) appear to suggest some blurring between the categories of 'moderate dependency' and 'enmeshment'. Indeed, the category of 'moderate dependency', in and of itself, received almost no endorsement but functioned rather as a repository for these ratings which did not receive sufficient endorsement in the single category 'enmeshment'. Similar blurring of the distinction between 'moderate independence' and 'disengagement' was, by comparison, not a factor. One might question, given this result, whether the labelling and/or the content of the items rated 'moderate dependent' might not have contributed to such a result. One might question also the need for four categories, or, more specifically, of two 'moderate' categories, where one might function as, if not more, effectively. The investigation of those questions shall be left to other future studies.

Chapter 5

Reliability Studies

This chapter presents the stage of instrument construction involving the incorporation of therapist-selected items into a format that would facilitate the investigation of the 'enmeshment' and 'disengagement' concepts with lay samples, and the testing of the resulting instrument to ascertain properties of reliability. Instrument preparation, samples, methods of analyses and statistical results are discussed in this chapter.

5.1. Instrument

Although the items selected by therapists as representing 'enmeshment' and 'disengagement' (and moderate involvement; as described in Chapter 4) were to comprise the rating material of the instrument being developed in this research, the presentation of those items to lay samples in a manner that would elicit salient information about those concepts as comprising extremes of interpersonal involvement required further development of the rating scales and administration instructions, as discussed, below.

This review of the literature (in Chapter 3; see 3.4.1. and 3.4.4. in particular) had raised the consideration of the need to establish a standardized method whereby connotative assessments, could be distinguished from evaluative assessments of relationship dimensions.

This research design undertook such an investigation utilizing two scales to access simultaneously, ratings of 'degree of involvement' and 'relationship quality' based on the same item content. The two rating scales are discussed in detail, below (see also Appendix 1).

5.1.1. Rating Scales: Although rating instructions to lay samples retained the three dyads for each item that were utilized in the cross-cultural therapist rating sample (as described in 4.4.), subjects were asked to rate judgments of degree of 'involvement' and 'quality', respectively, on two six-point scales: an Involvement scale and a Quality scale, both employing a semantic - differential model (see Osgood, 1962). The choice of a six-point scale was made in response to Nunnally's (1967, p. 521-2) recommendation. An even, rather than odd, number of scale points was decided upon also to avoid an occurrence commented upon by Nunnally (1967, p. 522) that respondents often choose the midpoint of odd numbered scales as a method of neutralizing or deferring judgments. The two scales will be discussed in detail, below (5.1.1.1. and 5.1.1.2.).

5.1.1.1. Involvement Scale: Scale anchors were, for this scale: (i) extremely uninvolved (ii) very uninvolved (iii) somewhat uninvolved (iv) somewhat involved (v) very involved (vi) extremely involved.

The choice of 'involvement' as this scale anchor label was seen to address three considerations. The first was that of encapsulating a primary aspect of the enmeshment - disengagement process. Minuchin's use of the term 'involvement' to reference his discussion of enmeshed and disengaged relationships throughout his writing (see Minuchin, 1974, p. 156, p. 242; Minuchin, Rosman & Baker, 1978, p. 30, p.32, p. 34: Minuchin & Fishman, 1981, p.216) was considered to render it an appropriate choice to encapsulate the concepts of 'enmeshment' and

'disengagement'.

The second consideration was the general familiarity of the term in British and Canadian speech as referring to a quality of relationship. A judgment to the effect that the term would be familiar to lay British and Canadian populations was made in consultation with British residents.

The third consideration involved a recognition of the use of this term with respect to the parent-child interaction literature (as reviewed in Chapter 3). It was thought that the use of this term would address the need for the integration of research investigations and instruments across several areas of investigation.

5.1.1.2. 'Quality Scale': The Quality scale was constructed using 'good' and 'poor' as bi-polar anchors, and employing the following six point descriptors: 'extremely poor', 'very poor', 'somewhat poor', 'somewhat good', 'very good', 'extremely good'. Again, the choice of a six-point scale was made with reference to Nunnally's (1967, p. 522) discussion. This scale was intended to tax an evaluative element of attitudes about the statement content. It was expected that this rating would also incorporate the respondents' judgments of the degree of involvement associated, as the Involvement scale had been positioned before the Quality scale in instrument design.

Social desirability considerations were seen to have been recognized in the construction of item content (as discussed in 4.2.1.). The integration of a measure of 'quality' was seen to address further such considerations in a manner that would permit direct investigation of such judgments.

Finally, (and as noted by Maccoby and Martin, 1983, p. 17) there was seen to be a recognized need to establish clarity between parental self-report and

parental attitudes in accessing research information. The proposed design was thought to address those observations by providing a standardized content for measurement and by differentiating connotative and evaluative information. The connotative rating of the items could provide a comparison with therapist ratings to establish the compatibility of expert and lay scale descriptors. The evaluative rating would be expected to provide a powerful and effective attitude measure (Edwards, 1957; Nunnally, 1967). The differentiating of self-report and attitude responses is discussed further in 5.1.2.

5.1.2. Administration Instructions To Lay Samples: The weaknesses inherent in self-report based personality measures have been noted in psychometric literature (Nunnally, 1967; Cronbach, 1970; Rosnow & Rosenthal, 1984; Lanyon & Goodstein, 1971). These include the subject's degree of self-awareness, and his/her willingness to disclose the information requested. Self-report measures of attitudes, however, are seen to be less susceptible than self-descriptions to these weaknesses (Nunnally, 1967, p. 517). They are also seen to be less influenced by social desirability factors, particularly if the anonymity of the subject is protected (Ibid, p. 517).

A review of 'enmeshment' and 'disengagement' conceptualizations (in Chapter 2) had noted the function of the family's construction of reality (see especially Minuchin, 1974: Chapter 2 and Minuchin & Fishman, 1981, pp. 71-72 and Chapter 6) in both symptom presentation and therapeutic change. Others (Lange and Van der Hart, 1983; Maccoby and Martin, 1983) have recognized the application of attribution theory to studies of parent-child interaction (Maccoby and Martin, 1983), family intervention (Oliveri & Reiss, 1982; Reiss, Costell, Berkman & Jones, 1980) and to family therapy strategies (Lange and Van der

Hart, 1983; Maccoby and Martin, 1983). Thus accessing data by the use of stimuli to elicit parental attitudes was thought to be a technique that would be compatible both with Minuchin's assumptions about influences on family functioning and with the recognition, by others (towit the comments by Maccoby and Martin, 1983, pp. 9 - 11) of the relevance of attribution research to family functioning research.

Finally, the practice in family assessment tools of accessing subjects' ratings of their own experience (see Chapter 3) appeared to neglect also a factor which could confound comparison of therapist and lay ratings, namely the actor/observer (see Weiner, 1977) stance of the rater. The importance of attending to the participatory stance of the subject has been noted in attribution research (Jones and Nisbett, 1972; Storms, 1973; Weiner, 1977).

The design of this measure was intended to address these observations in three ways. The first was by standardization of the item content on which subjects were requested to base judgments (as presented in 4.2.1.). The second was by directing subjects to interpret the material as representing family interaction other than their own, i.e. to adopt an observer (as defined by Weiner, 1977) stance. The third was in the incorporation of a rating scale which directly accessed subjects' attitude ratings of the quality of the item content in addition to the use of a rating scale to access a measure of 'degree of interpersonal involvement'.

In accordance with the above rationale, instructions to subjects attempted to position the respondent as realistically as possible in an 'observer-diagnostician' role similar to that of a family therapist in an initial interview situation. Participants were requested to interpret each item as if they were listening to a

person (not of their own family) making a statement about that person's family. On the basis of that statement, the participants were to rate on both scales (see 5.1.1.1. and 5.1.1.2.) simultaneously at least one and any other of the specified dyads that they deemed implicated. This instruction sheet (see Appendix 1) was used in all (non-therapist) sampling.

It was hypothesized that this design, in addition to providing therapist and lay comparison of material related to the concepts of 'enmeshment' and 'disengagement', could investigate rating differences in attitudes about such interpersonal involvement. Such material would be used also to investigate (in Chapter 6) those attitude valuations differentiating clinical and non-clinical families.

5.1.3. Letter of Introduction: A covering letter (Appendix 1), accompanied all questionnaires, with the one change occurring between British and Canadian samples, and involving the name and address to which those interested might forward enquiries. This letter, addressed to 'parents', identified the research as associated with University College London, and stated its purpose as an attempt to compare family therapist and parental judgments about family relationships.

5.2. Samples: The target subjects for all non-therapist studies in this research endeavour were parents. The decision to limit the focus of these studies in this manner was a reflection of the hypothesis to be tested (as discussed in Chapter 6) of the relevance of parents' responses to their children's clinic presentation. This is not to say that responses of other subjects might not warrant investigation in another study, but simply that to maintain some manageability on this investigation, the sample target was arbitrarily limited.

The two locations selected for cross-cultural sampling purposes were

Cardiff, Wales and Regina, Canada. A third sample involved a retest sample of volunteers from the Regina sample.

5.2.1. Cardiff (Wales) Sample: This sample was collected from the Canton district of Cardiff; an area of population 269,460 (South Glamorgan, 1981 Census). The city of Cardiff was selected as the location for the British survey study because of its perceived similarity in many characteristics with the city proposed as the site of the Canadian survey. These included relative population size, capital city status, agrarian environs and cultural homogeneity of the population. Canton was selected, in consultation with local city council officials, because it was seen to provide access to high concentrations of families within a relatively compact distance, and to contain a population relatively homogenous with respect to cultural characteristics, and representative of different occupational classes and family income (Ibid, p. 7).

5.2.1.1. Sampling Procedure: A main concern in deciding upon sampling procedure was that lists that would identify a population of parents were unavailable from public records or census data. Schools, which were seen to be possible sources of such lists, were approached, but responses, if not entirely negative, offered alternatives involving many procedural intricacies and much time and effort without any guarantee of success. It was decided, therefore, to employ a door - to - door search for parents, to deliver the questionnaire to willing respondents for self-administration, and to collect them after an interval of not more than one week, as agreed upon by the interviewer and the participants. Sections of the district were pre-selected to ensure that sampling was spread throughout the district, but that efforts were directed to areas known to be populated by families.

Sampling was conducted by door canvas between six o'clock p.m. and nine o'clock p.m. on week nights Monday through Thursday, during the months of February, March and April, when school was in session. The choice of these times attempted to increase the possibility that working parents of both sexes would be more likely to be found at home, and would be more likely to answer the door than at a later hour. People answering were told the name of the canvasser, and that the purpose of the visit was to find parents who would be willing to take part in a study by completing a questionnaire. They were then asked if they, or other people living in the house, were parents. If they answered in the affirmative, they were asked if a second parent was present and available to discuss the request. Those available and willing were then shown the questionnaire, with discussion, and asked if it could be left with them for completion, to be picked up by the canvasser in two nights, or at a time convenient to them. Time lapses of more than one week were discouraged. Those indicating the presence of a second parent who was at the time out or unavailable were left a second questionnaire with the comment that as many spouses as possible were needed for the study. Participants were then told that their house number would be recorded only for the purpose of collecting the completed forms. Visits were made back to the homes until such time as the completed forms had been returned, the persons indicated their unwillingness to complete, or the house had been found subsequently vacant in weekly visits for the three month duration of the study. In accordance with the item/response ratio recommended (by Nunnally, 1978, p. 605), 500 questionnaires were distributed in this combined study; 300 to the Cardiff sample.

5.2.1.2. Sampling Response: Of the 300 questionnaires circulated, 236 were

returned (80% response rate). The 64 not returned had been accepted on behalf of absent partners (61 males, 3 females), in the expectation that they would be completed.

5.2.2. Regina (Canada) Sample: Regina, capital city of the province of Saskatchewan was the site of sampling in Canada for this reliability study. Regina's population, according to Canadian census statistics (1981) was 164,313. Saskatchewan is a largely agrarian province, with a dominant culture based on the values of a northern European heritage.

5.2.2.1. Sampling Procedure: The Core-Cathedral district selected for the survey was seen to have many similarities with the Cardiff district sampled, in that it comprised an inner-city, stable residential area of a provincial capital city situated within a traditional rural environment, with its population relatively concentrated within the district, and its residents representing a wide variety of occupational classes and income levels. As in Cardiff, streets within this district were selected for sampling that were known to contain many family residences, and to be located throughout the district.

The procedure used in the collection of this sample involved the same considerations described for the Cardiff sample. Sampling was undertaken on week nights Monday to Thursday, between the hours of seven and nine o'clock p.m. during autumn and winter months, when schools were in session. Participants were people who identified themselves at the door, who accepted a questionnaire with some discussion of its purpose as outlined in the covering letter, and who were available for questionnaire return as agreed upon, in a next or arranged subsequent visit.

5.2.2.2. Sampling Response: One hundred eighty-seven questionnaires were

distributed as described above; 13 people refused participation completely. One hundred sixty completed questionnaires were returned (80% response rate). Of the 27 returned uncompleted, 13 came from senior citizens who stated that such a questionnaire did not apply to them. Six of those returned had been accepted on behalf of absent spouses by participants. Three were returned by people with accompanying criticisms. Five were not returned for miscellaneous reasons; they had suffered various fates of destruction and loss, and on several return visits, no-one was at home.

5.2.3. Demographic Data Analyses: This investigation examined the Cardiff and Regina sample data for between-sample and within-sample variance in demographic composition.

Demographic data were collected for 28 variables (see Appendix 1). The coding of data for the variables examined in the sample analysis: sex, occupation, age, marital status, and change will be outlined here.

Occupation was coded using the 5 class categories given by the Registrar General's (1980) occupational classification. Three additional categories were used for this study: housewife (6), retired (7) and unemployed (8).

Age was collected using 8 intervals (see Appendix 1), as follows: (1) Under 20 (2) 20-24 (3) 25-29 (4) 30-39 (5) 40-49 (6) 50-59 (7) 60-69.

Marital status was collected using the following categories: (1) single (2) common-law (3) married (4) separated (5) divorced (6) widowed.

Change-specify was collected as open-ended data, and was coded according to the major reported specified changes. A further category was added for these responses noting more than one change. Nine categories in all were used, as follows: (1) marriage break-up (2) sickness (3) death (4) child moving in or out

of family (5) change of residence (6) job change (7) job loss (8) change of school for child (9) multiple changes.

5.2.3.1. Methods of Analyses: An examination of the combined Cardiff and Regina sample data employed the SPSSX (1983) subprogram FREQUENCIES. The SPSSX (1983) subprogram NPAR was used to examine differences in demographic variables between the two samples.

5.2.3.2. Results: Results of the FREQUENCY analysis indicated that both samples comprised 55 - 60% females, 40 - 45% males. In excess of 85% of respondents in each sample reported themselves married, and in the age groups (30-39) or (40-49). The majority of both samples (60%) reported the length of their marriage as between 5 and 19 years. Eighty-five percent of each sample reported the number of children as between 1 and 3. Between 25 -30% of each sample reported a change in the family within the previous eighteen months; one third of each group reporting a change noted multiple numbers of changes.

Sample differences were noted in recordings of Occupation. Less women reported their occupation as 'housewife' in Regina (13%) than in Cardiff (35%). Class 2 was more widely represented in the Regina sample (28%: n = 45), and contained 10 women. The Cardiff sample reporting occupations in this category (13%) comprised no women. Slightly more people in Cardiff declared their occupation as unemployed (5%) than did those in the Regina sample (1%). Mann-Whitney analysis of the proportion of male - female respondents in the two samples reported no significant differences. Kolmogorov-Smirnov analysis of distribution differences in Occupation utilized categories 3 to 5, in response to the observations noted in the previous discussion in this section. Frequency percentages across these three categories totalled 54% for the Regina sample

(n = 86) and 43% for the Cardiff sample (n = 103).

No significant differences were found in the Kolmogorov-Smirnov analyses of distribution of responses on the variables age, marital status and total number of children or in the Mann-Whitney analyses of sample responses to the variables Change and Change-Specify. Analysis of the variable Change-specify was limited, because of the distribution imbalance across the various categories, to a comparison of two categories: (1) single reported events, and (2) multiple reported events.

5.2.4. Test-Retest Reliability Sample: From the Regina reliability sample, twenty-five people who had returned their questionnaires as arranged, with no missing demographic data, and with a rating given for at least one dyad of every statement, were asked if they would be willing to complete the questionnaires again after a period of three months, as part of a study to determine changes in responses. Twenty-one, comprising 10 couples and 1 single parent, agreed to do so. The questionnaires were delivered for self-administration after the elapsed three months, and were collected as for the first trial. All twenty-one forms were completed and returned in the retest trial.

5.3. Reliability Analysis

5.3.1. Methods of Analyses: Analysis of the Cardiff and Regina sample responses to the Involvement and Quality scales utilized Cronbach's alpha to investigate internal consistency, and the Spearman-Brown formula to ascertain split-half reliability. Alpha analyses were conducted also on the four Involvement subscales: Enmeshment, Moderate Involvement, Moderate Uninvolvement and Disengagement and the four associated Quality subscales. The test-retest reliability analyses of the Involvement and the Quality scales utilized the

Spearman-Brown formula.

Cases with missing data were excluded from all except the test-retest analyses. All cases were retained for the latter on the rationale that the replication pattern, and not the absolute data values would be the issue.

All analyses utilized the SPSS-X (1983) program.

5.3.2. Results: For the Cardiff sample data, significant alpha reliability was indicated for both the Involvement (alpha = .9063; P < .01) and the Quality scale (alpha = .9098; P < .01) responses. Significant split-half reliability also, of this data, was indicated for both the Involvement scale (Spearman-Brown coeff. = .8627; P < .01) and the Quality scale (Spearman-Brown coeff. = .8566; P < .01).

Regina sample data analyses yielded significant alpha reliability (alpha coeff. = .9398; P < .01) as well as significant split-half reliability (Spearman-Brown coeff. = .9319; P < .01) for the Involvement scale. Adequate Quality scale reliability was also indicated on these two measures (alpha coeff. = .9443; P < .01); Spearman-Brown coeff. = .9346; P < .01).

The test-retest reliability of the two scales was found also to be adequate (Involvement: Spearman-Brown coeff. = .8836; P < .01; Quality: Spearman-Brown coeff. = .9132; P < .01).

Subscale alpha analyses indicated variations in subscale results which were consistent for both Cardiff and Regina data (see Table 5.1). Although all results maintained an acceptable level of significance (p. < .01), the alpha coefficients for the Involvement subscales: Enmeshment and Disengagement were relatively consistent with those achieved in the full Involvement scale analysis. This consistency was observed also between the Quality ratings of Enmeshment and

Disengagement and the full Quality scale rating. Decreases from the full Involvement and Quality scale alpha coefficients were noted in both Moderate subscale, and their Quality, ratings for both samples.

Table 5.1: Subscale Alpha Coefficients for Regina and Cardiff Data *

	Regina		Cardiff	
Subscale	n	Standardized alpha coeff.	n	Standardized alpha coeff.
D ** (10 dyads)	132	.8509	209	.8708
Q. D ***	132	.8784	209	.8829
M.U. (18 dyads)	117	.7993	208	.7891
Q. M.U.	117	.7724	208	.6593
M.I. (13 dyads)	91	.7545	208	.6909
Q. M.I.	91	.8081	208	.7849
E (29 dyads)	101	.9351	197	.8634
Q. E	101	.9507	197	.8997

* See Appendix 7 for item-total statistics

** Involvement subscale codes: Disengagement (D); Moderate Uninvolvement (M.U.); Moderate Involvement (M.I.); Enmeshment (E).

*** Quality subscales are signified by Q. preceding the relevant Involvement subscale code.

5.3.3. Discussion: On the basis of the results gained (discussed in 5.3.2.) the questionnaire designed for this research appears to demonstrate general adequacy (Nunnally, 1978, p. 606) in structural stability and reliability across time and

cultural differences. As such, it may be seen to have sufficient reliability to be used in pursuing further research related to Minuchin's formulations of 'enmeshment' and 'disengagement' (as reviewed in Chapter 2). The reported discrepancy in reliability findings (see Table 5.1.) between the four moderate subscales and the four extreme subscales suggests that further development of the former would be a useful endeavour in substantiating their stronger, independent reliability such that they could contribute to comparative research.

5.4. Factor Analysis

5.4.1. Method: A principal components analysis of Involvement scale ratings was conducted separately on the Cardiff and Regina samples to test the correspondence of the factor structure with the theoretical subscale divisions. Missing data were treated using a means substitution procedure. Factor extraction, employing a varimax rotation, was limited to four factors.

5.4.2. Results

5.4.2.1. Cardiff Sample: Four factors containing sixty-two dyads were found to account for 38.1 per cent of the variance (Factor 1: 15.7%; Factor 2: 10.7%; Factor 3: 6.6%; Factor 4: 5.4%). These factors had eigenvalues of 10.03%, 6.85%, 4.21% and 3.43% respectively.

Dyads were identified as belonging to one of four Involvement subscales by means of the ratings assigned by British therapists (see Table 4.1.). Seven Disengaged dyads loaded on Factor 1, as did thirteen Moderately Uninvolved dyads, one Moderately Involved and one Enmeshed dyad. Factor 2 contained four Enmeshed and fourteen Moderately Involved dyads. Factor 3 contained eleven Enmeshed and five Moderately Involved dyads. Factor 4 contained six Moderately Uninvolved dyads. Table 5.2, below, lists factor loadings of .4000

and above, for the Wales ratings of dyads on the Involvement scale.

An examination of the item content of the dyad clusters suggested that while factoring generally supported the theoretical distinctions made between 'enmeshment' and 'disengagement', some further analysis was required to understand the observed split of Moderately Uninvolved dyads between Factors 1 and 4, and of Enmeshed and Moderately Involved dyads between Factors 2 and 3. In keeping with the review of Minuchin's work (see Chapter 2 and in particular, 2.4) and the considerations of item content (discussed in 4.2.1.), this analysis incorporated two dyad characteristics in addition to therapist rating of degree of involvement: (1) the presence or absence of conflict in item content, and (2) dyad configuration.

Table 5.2.: Factor loadings of Cardiff dyad ratings on Involvement scale

FACTOR 1		FACTOR 2	
Item Dyad	Loading	Item Dyad	Loading
Inmach22	.7323		
Inpach22	.7140	Inmach06	.7141
Inpach33	.7139 ***	Inpach06	.6768
Inpach07	.6988	Invsp06	.6241
Inmach33	.6811 ***	Invsp29	.5635
Invsp15	.6663	Inmach29	.5511
Inmach07	.6590	Inmach30	.5484
Invsp12	.6395	Invsp30	.5371
Inpach27	.5881	Invsp25	.5304
Invsp08	.5821	Inpach30	.5249*
Inmach23	.5460	Invsp47	.5083
Inmach14	.5320 *,***	Invsp02	.4700
Invsp13	.5262	Inpach25	.4628
Invsp31	.5108	Invsp45	.4564**
Invsp34	.4965	Inmach25	.4558
Inpach23	.4900	Inpach29	.4490
Invsp16	.4889	Invsp20	.4199
Inpach14	.4822 *		
Invsp09	.4034		

Table 5.2.(cont'd): Factor loadings of Cardiff dyad ratings on Involvement scale

FACTOR 3		FACTOR 4	
Item Dyad	Loading	Item Dyad	Loading
Inmach39	.7668	Inmach41	.7722
Inpach39	.7520	Inpach41	.6802
Inmach36	.5832	Inpach21	.5953
Inmach40	.5702	Inmach21	.5941
Inpach36	.5567	Inpach44	.5176
Inpach43	.5138		
Inmach31	.5134		
Inmach43	.5114		
Inmach17	.4617		
Inmach10	.4309 ****		
Inpach17	.4301 ****		
Inmach08	.4055		

* loaded also on Factor 3, below .4000
** loaded also on Factor 4: .4302
*** loaded also on Factor 4, below .4000
**** loaded also on Factor 2, below .4000

Factor 1 appeared to be identified in terms of unequivocated emotional detachment, with no specified conflict. This factor contained equal representation in dyad configuration (11 spousal and 11 parental dyads). Factor 2 was characterized by a balance in dyad configuration (9 spousal, 9 parental), as well as a lack of conflict in item content and the prevalence of dyads representing 'involved' ratings. Factor 3 appeared to incorporate dyad configuration as a factor (11 parental, 1 spousal), as well as stated or implied conflict in item content, and a predominance of dyads rated as 'involved'. Factor 4 also appeared to incorporate dyad configuration (5 parental, 1 spousal). Item content suggested intermittent involvement and absence of conflict.

5.4.2.2. Regina Sample: Four factors in the analysis of the Regina sample data, containing sixty of the possible sixty-six dyads, were found to account for 38.8%

of the variance (Factor 1: 18.5%; Factor 2: 10.4%; Factor 3: 5.2%; Factor 4: 4.7%). Eigenvalues for those four factors were 11.83%, 6.64%, 3.34% and 3.02%, respectively.

For this analysis, dyads were identified by subscale using the Canadian therapist ratings (see Table 4.1.). Five Moderately Involved and twelve Enmeshed dyads loaded on Factor 1 with item correlations ranging from .72 to .40. Factor 2 contained fourteen Enmeshed dyads, two Moderately Involved dyads and three Moderately Uninvolved dyads, with item correlations between .70 and .31. Factor 3 contained eight Disengaged items, seven Moderately Uninvolved items and one Enmeshed item, with item correlations from .69 to .33. Factor 4 contained five Moderately Uninvolved items, one Disengaged item, one Moderately Involved item and one Enmeshed item, with item correlations ranging from .70 to .37. Table 5.3., below, lists factor loadings of .4000 and above, for the Regina sample ratings of dyads on the Involvement scale.

Examination of the Regina sample factors, utilizing therapist ratings of Involvement, content examination for the presence or absence of conflict and dyad configuration, found less differentiation of the four factors than had been found for the Cardiff factoring results. Involvement appeared to provide differentiation only between the first two and the last two factors. Factors 1 and 2 differentiated within that initial bi-polar structure in that Factor 2 contained some 'uninvolved' dyads and some items with conflict content. The content of items in Factor 1 was also thought to contain many representations of individual boundary intrusion (see discussion Chapter 2.3.3. of boundaries) which did not appear to be so for the item content of Factor 2.

Table 5.3.: Factor loadings of Regina dyad ratings on Involvement scale

FACTOR 1		FACTOR 2	
Item Dyad	Loading	Item Dyad	Loading
Inpach25	.7168	Inpach44	.7010
Inmach25	.6977	Inmach10	.6672
Inmach17	.6963	Inpach39	.6667 ***
Inpach17	.6946	Inmach39	.6641 ***
Invsp25	.6801	Inpach10	.6049
Inpach29	.6634	Inpach30	.6004 ***
Invsp29	.6605	Inmach40	.5915
Inmach29	.6559	Invsp30	.5815
Inpach24	.5537	Inpach01	.5126
Inmach24	.5360	Inmach30	.5045
Invsp20	.4725	Inmach08	.4678
Inpach43	.4714 *	Inmach32	.4502 ***
Invsp45	.4675 *	Invsp06	.4488
Inpach36	.4666 **	Inpach06	.4395 ***
Inmach43	.4543 **	Invsp42	.4136 *****
Inmach36	.4325 **	Inmach06	.4048 ***
Invsp46	.4000 *	Invsp09	.3774
Invsp47	.3753 ***		

FACTOR 3		FACTOR 4	
Item Dyad	Loading	Item Dyad	Loading
Inpach33	.6896	Inpach14	.7017
Inmach33	.6759	Inmach14	.6994
Inpach27	.6130	Invsp15	.6856
Inpach07	.5862	Inmach23	.4772
Inmach07	.5813	Inpach23	.4771
Invsp08	.5566	Invsp13	.4367 ****
Invsp31	.5555	Inpach32	.4308
Invsp38	.5514		
Inmach22	.5510		
Inpach22	.5293		
Inmach41	.4766 *		
Inpach41	.4500 *		
Invsp12	.4382 *****		

* Also lower loadings on Factor 2
** Also lower loadings on Factors 2 and 4
*** Also lower loadings on Factor 1
**** Also lower loadings on Factor 3
***** Also lower loadings on Factor 4

5.4.3. Discussion: Factoring generally appeared to support the theoretical distinctions manifested by therapists ratings of Involvement, particularly with respect to an involvement-uninvolvement dichotomy. Interestingly, conflict and dyad configuration appeared to be components of the factoring, suggesting preliminary support for the argument that 'enmeshment' and 'disengagement' may be investigated more fruitfully as a complex construct encapsulating several components of interaction, rather than as a linear measure of degree of involvement only.

Observed differences in the factoring patterns between the two samples suggest that such measures of perception of interpersonal involvement as the one currently being investigated would require investigation further to ascertain whether location differences would be maintained between countries given more extensive within-country sampling.

5.5. Analysis of Scale Variances

5.5.1. Data Treatment: In preparation for analysis, some adjustments were made to the raw data configuration. These included the recoding of Involvement and Quality Scale responses (see 5.5.1.1.) and the mathematical computation of the eight variables to be used in the comparative analysis of random sample with therapist sample ratings (see 5.5.1.2.).

5.5.1.1. Scale Response Recoding: Although two six-point interval scales (see 5.1.1.) had been used in the previously discussed (5.3) reliability analysis, it was decided to collapse the two extreme intervals on both scales for the analysis of the sample variances. This would allow a comparison with the four subscales established by therapist ratings (see Table 4.1.) by establishing similar differentiation of moderate and extreme ratings on both scales. The decision to

merge incorporated the assumption that the descriptors of the two categories at the respective extremes of the scale supported the respective definitions of 'disengagement' and 'enmeshment'.

5.5.1.2. Computation of Variables: Eight variables were computed from sample data to investigate the central methodological hypothesis of this research that therapist valuations of item dyads of 'enmeshment' and 'disengagement' would implicate definitions of 'enmeshment', 'moderate involvement' and 'uninvolvement', and 'disengagement' that would be instrumental in differentiating the ratings of specified clinic and non-clinic populations. These eight variables (Disengagement, Moderate Uninvolvement, Moderate Involvement, Enmeshment, Quality of Disengagement, Quality of Moderate Uninvolvement, Quality of Moderate Involvement and Quality of Enmeshment) comprised the four categories of Involvement (Enmeshment, Moderate Involvement, Moderate Uninvolvement and Disengagement) and the Quality ratings pertaining to each of the Involvement categories. Each variable was computed as the mean rating, on the Involvement or the Quality scale, of responses to dyads assigned by therapists to each category (see Table 4.1).

5.5.1.3. Treatment of Missing Data: Cases containing responses to less than 80% of the dyads allocated to each of the eight categories were excluded from further calculations. This method of treating missing data was chosen in consideration of the consistency shown in the calculated item-total alpha statistics (see Appendix 7) and Nunnally's (1967, pp. 236-286) discussion of adequate domain representation in test construction. This method yielded missing data percentages of between 6 and 7%.

5.5.2. Method of Analysis: Analyses of scale response differences utilized the SPSSX (1983) ANOVA program, and involved a hierarchical treatment of the independent variables and included interaction effects.

5.5.3. Results

5.5.3.1. Combined Sample Scale Analyses: ANOVA procedures utilized the variables sex, age (values 3 through 6) and location (Regina, Cardiff). Significant variances in the sample responses to the four Involvement subscales and the four Quality subscales were found, as discussed, below (see 5.5.3.1.1.; 5.5.3.1.2.; see also Tables 5.4. to 5.11. for a list of variable means and standard deviations)

5.5.3.1.1. Involvement Subscales: Among Disengagement subscale responses, Location was found to account for significant variance ($F = 42.665$, $df = 1, 346$; $P < 0.0001$). A comparison of means (Regina: mean = 1.640; Cardiff: mean = 2.141) indicates that the Cardiff sample rated these items as more involved that did the Regina sample. Somewhat less significant group differences were found for the interaction effects of Sex x Age ($F = 2.803$, $df = 3, 346$; $P < 0.04$); while male ratings showed a curvilinear pattern which peaked at age range 5, female ratings showed an inverse curvilinear pattern which had its lowest scores for the age 5 range. Age x Location ($F = 3.456$, $df = 3, 346$; $P < 0.02$) effects were found also; Regina sample ratings showed a linear increase by age while Cardiff sample rating remained stable for age ranges 3 - 5 and decreased for age range 6.

Enmeshment subscale responses yielded somewhat less significant group differences for Location ($F = 4.944$, $df = 1, 346$; $P < .03$). Means comparison (Regina: mean = 3.505; Cardiff: mean = 3.414) suggested that the Regina sample rated Enmeshment more 'involved' than did the Cardiff sample.

Differences observed in Enmeshment ratings also differed significantly by Age ($F = 3.889$, $df = 3, 336$; $P < 0.02$). Means comparison for the four age intervals examined suggests that ratings of 'degree of involvement', for the Enmeshment variable, decreased as age increased. Responses to the Moderate Uninvolvement subscale showed significant variance attributable to Location ($F = 4.039$; $df = 1, 346$; $P < .05$) and to the interaction effects of Age x Location ($F = 3.237$; $df = 3, 346$; $P < .03$). Examination of this effect indicated that Regina sample ratings produced an inverse curvilinear patterns by age, with the lowest ratings occurring with the age range 4. Cardiff ratings produced a negatively skewed curvilinear pattern, with the ratings peaking at age range 4.

No significant differences were found in the Moderate Involvement subscale responses for the variables investigated.

5.5.3.1.2. Quality Subscales: Responses to the Quality of Enmeshment subscale items demonstrated significant variance for the variable Location ($F = 9.139$; $df = 1, 344$; $P < 0.003$). Means comparison (Regina: mean = 2.532; Cardiff: mean = 2.690) indicated that the Regina sample rated this variable as lower in quality than did the Cardiff sample.

Significant variance in responses to the Quality of Moderate Involvement subscale was also found in an Age x Location interaction effect ($F = 4.003$; $df = 1, 344$; $P < 0.05$). While ratings increased by age range in the Regina sample, they decreased in the Cardiff sample.

No significant variance was found for the Quality of Moderate Uninvolvement subscale responses.

Quality of Disengagement subscale response analysis yielded significant variance attributable to Location ($F = 27.963$; $df = 1, 344$; $P < 0.0001$). A

means comparison indicated that the Regina sample responses (mean = 1.442) rated this variable as of less quality than did the Cardiff sample (mean = 1.761). Sex also accounted for significant differences ($F = 8.046$; $df = 1, 344$; $P < .005$). Significant interaction effects were found Sex by Location ($F = 7.415$; $df = 1, 344$; $P < .007$). Examination of cell means indicated that while ratings by females were lower than those by males for both locations, the Cardiff sample ratings indicated more pronounced differences.

Table 5.4.: Comparison of Cardiff and Regina Sample Means and Standard Deviations for Disengagement Ratings

Location	Variables: SEX	AGE	Mean	Standard Deviation	Cases
Regina	Male	25-29	1.3625	0.2134	8
		30-39	1.6213	0.5740	32
		40-49	1.7286	0.7322	21
		50-59	1.2500	1.0847	4
	Female	25-29	1.6437	0.4049	16
		30-39	1.5802	0.3669	41
		40-49	1.5764	0.4273	16
		50-59	2.0311	1.0115	5
Cardiff	Male	25-29	2.1917	0.9217	24
		30-39	2.2670	0.8261	32
		40-49	2.6765	0.7562	17
		50-59	1.7528	0.7989	9
	Female	25-29	2.1941	0.8183	34
		30-39	2.1071	0.7981	53
		40-49	1.8314	0.6883	23
		50-59	1.8259	0.7352	12

Table 5.5.: Comparison of Cardiff and Regina Sample Means and Standard Deviations for Enmeshment Ratings

Location	Variables		Mean	Standard Deviation	Cases
	SEX	AGE			
Regina	Male	25-29	3.5172	0.4038	8
		30-39	3.6300	0.3258	32
		40-49	3.3868	0.6152	21
		50-59	3.3662	0.8893	4
	Female	25-29	3.4862	0.3670	16
		30-39	3.5550	0.2857	41
		40-49	3.4412	0.3551	16
		50-59	3.5517	0.2693	5
Cardiff	Male	25-29	3.4878	0.3052	24
		30-39	3.4412	0.3906	32
		40-49	3.2465	0.5329	17
		50-59	3.3824	0.2865	9
	Female	25-29	3.4599	0.2843	34
		30-39	3.4267	0.3312	53
		40-49	3.4139	0.4286	23
		50-59	3.2698	0.4791	12

Table 5.6.: Comparison of Cardiff and Regina Sample Means and Standard Deviations for Moderate Uninvolvement Ratings

Location	Variables:		Mean	Standard Deviation	Cases
	SEX	AGE			
Regina	Male	25-29	2.7674	0.1567	8
		30-39	2.6820	0.3598	32
		40-49	2.7769	0.4331	21
		50-59	3.0495	0.7925	4
	Female	25-29	2.8749	0.2148	16
		30-39	2.7901	0.2860	41
		40-49	2.8851	0.2869	16
		50-59	3.1867	0.3459	5
Cardiff	Male	25-29	2.9155	0.4414	24
		30-39	2.9818	0.4897	32
		40-49	2.8911	0.4749	17
		50-59	2.8481	0.3649	9
	Female	25-29	2.8853	0.3942	34
		30-39	2.9054	0.4119	53
		40-49	2.8263	0.3577	23
		50-59	2.8088	0.4604	12

Table 5.7.: Comparison of Cardiff and Regina Sample Means and Standard Deviations for Moderate Involvement Ratings

Location	Variables: SEX	AGE	Mean	Standard Deviation	Cases
Regina	Male	25-29	3.3103	0.2702	8
		30-39	3.3531	0.3863	32
		40-49	3.2408	0.5615	21
		50-59	3.3372	0.8997	4
	Female	25-29	3.3156	0.4405	16
		30-39	3.2769	0.3900	40
		40-49	3.2893	0.3994	16
		50-59	3.3615	0.2687	5
Cardiff	Male	25-29	3.2981	0.3509	24
		30-39	3.2710	0.3777	32
		40-49	3.1418	0.5214	17
		50-59	3.1638	0.1437	9
	Female	25-29	3.2441	0.4323	34
		30-39	3.2709	0.3772	53
		40-49	3.1564	0.4522	23
		50-59	3.1859	0.3400	12

Table 5.8.: Comparison of Cardiff and Regina Sample Means and Standard Deviations for Quality of Moderate Involvement Ratings

Location	Variables: SEX	AGE	Mean	Standard Deviation	Cases
Regina	Male	25-29	2.6984	0.5088	8
		30-39	2.6595	0.6052	32
		40-49	2.7631	0.6774	21
		50-59	3.4471	0.4646	4
	Female	25-29	2.8397	0.5158	16
		30-39	2.6058	0.4871	40
		40-49	2.8200	0.5693	16
		50-59	3.1897	0.3891	5
Cardiff	Male	25-29	2.8590	0.5628	24
		30-39	2.8902	0.4810	32
		40-49	2.7308	0.3932	16
		50-59	2.8990	0.3566	8
	Female	25-29	2.7624	0.4817	35
		30-39	2.7739	0.4794	53
		40-49	2.6601	0.5252	23
		50-59	2.8387	0.5935	12

Table 5.9.: Comparison of Cardiff and Regina Sample Means and Standard Deviations for Quality of Moderate Uninvolvement Ratings

Location	Variables: SEX	AGE	Mean	Standard Deviation	Cases
Regina	Male	25-29	2.9028	0.4636	8
		30-39	2.9979	0.4638	32
		40-49	2.9387	0.3297	21
		50-59	3.3611	0.4681	3
	Female	25-29	3.1718	0.2762	16
		30-39	3.0259	0.3058	40
		40-49	3.0593	0.3107	16
		50-59	3.3292	0.3178	5
Cardiff	Male	25-29	2.8837	0.3938	24
		30-39	3.1007	0.3881	32
		40-49	2.8348	0.3435	16
		50-59	3.1181	0.2109	8
	Female	25-29	2.9773	0.2550	35
		30-39	2.9417	0.3141	53
		40-49	2.9415	0.4041	23
		50-59	2.9749	0.2669	12

Table 5.10.: Comparison of Cardiff and Regina Sample Means and Standard Deviations for Quality of Disengagement Ratings

Location	Variables: SEX	AGE	Mean	Standard Deviation	Cases
Regina	Male	25-29	1.2250	0.2659	8
		30-39	1.3523	0.3075	32
		40-49	1.5333	0.6374	21
		50-59	2.1500	1.2124	4
	Female	25-29	1.4562	0.5329	16
		30-39	1.3964	0.3497	40
		40-49	1.3467	0.2836	16
		50-59	2.0444	1.0880	5
Cardiff	Male	25-29	1.7375	0.6781	24
		30-39	1.9984	0.8326	32
		40-49	2.0813	0.6814	16
		50-59	1.5625	0.4984	8
	Female	25-29	1.7898	0.6912	35
		30-39	1.5891	0.5800	53
		40-49	1.6043	0.4772	23
		50-59	1.8500	0.8241	12

Table 5.11.: Comparison of Cardiff and Regina Sample Means and Standard Deviations for Quality of Enmeshment Ratings

Location	Variables: SEX	AGE	Mean	Standard Deviation	Cases
Regina	Male	25-29	2.3750	0.6103	8
		30-39	2.4078	0.6400	32
		40-49	2.4940	0.6579	21
		50-59	3.2662	0.4561	4
	Female	25-29	2.6112	0.5027	16
		30-39	2.4410	0.5753	40
		40-49	2.6686	0.4824	16
		50-59	3.1724	0.4237	5
Cardiff	Male	25-29	2.7623	0.5050	24
		30-39	2.7181	0.5643	32
		40-49	2.6846	0.4088	16
		50-59	2.5259	0.4190	8
	Female	25-29	2.6638	0.5195	35
		30-39	2.7230	0.4746	53
		40-49	2.5874	0.4108	23
		50-59	2.7054	0.5712	12

5.5.3.2. Separate Sample Scale Analyses:

5.5.3.2.1. Cardiff Sample: ANOVA procedures with this sample investigated the variances attributable to the variables Sex and Age. No significant variance was found on any Involvement subscale attributable to Sex, Age or to any interaction effect.

The Quality of Disengagement (Q-D) subscale was the only one of the Quality subscales to register significant variance, which was attributed to the variable Sex ($F = 5.193$; $df = 1, 226$; $P < .03$), and to an interaction effect for Sex x Age ($F = 2.713$; $df = 3, 226$; $P < .05$), indicating a curvilinear pattern of ratings for males and an inverse curvilinear pattern for ratings by females.

5.5.3.2.2. Regina Sample: Results derived from ANOVA investigation of the Regina sample indicated that Age accounted for variance on three Involvement

subscales (Enmeshment: $F = 2.756$, $df = 3, 144$, $P < .05$; Moderate Uninvolvement: $F = 3.672$, $df = 3, 136$, $P < .02$; Disengagement: $F = 2.808$, $df = 3, 144$, $P < .05$). No significant variance was noted on the Moderate Involvement subscale.

Age was also the one variable to account for variance among three of the Quality subscales (Enmeshment: $F = 4.990$, $df = 3, 143$; $P < .003$, Moderate Involvement: $F = 4.166$, $df = 3, 143$, $P < .007$, Disengagement: $F = 6.064$, $df = 3, 143$; $P < .001$). No variance was found attributable to the investigated variables for the Quality of Moderate Uninvolvement subscale.

5.5.4. Discussion: Results suggest that sex, age and location differences are present to varying degrees in ratings of the Involvement subscales, as well as in the Quality ratings of the Involvement subscales. These differences do not appear to reflect sample differences, as ascertained by the results of the demographic data analysis (see 5.2.3.2.). The collapsing of extreme ratings (as described and discussed in 5.5.1.1.) would also appear to mitigate against the interpretation that the observed differences in Enmeshment and Disengagement ratings between the Cardiff and Regina samples could be explained as the extreme rating tendency of the Regina sample. Analysis of the independent variable effect on rating responses showed LOCATION to generate the greatest amount of variance for the Involvement (see 5.5.3.1.1.) and the Quality (see 5.5.3.1.2.) subscales. However AGE explained a lesser but significant effect on the Enmeshment, Moderate Uninvolvement and Quality of Moderate Uninvolvement subscales and was a factor in the significant interaction effect noted for the Disengagement, Quality of Enmeshment and Quality of Moderate Involvement subscales.

Given the above discussion, it is suggested that this instrument (detailed in Appendix 1) could permit further exploration of cultural differences in perceptions of enmeshment and disengagement and their quality rating. The instrument could also be used in exploring within-culture age, as well as other variable differences on the two scale responses.

5.6. Results of Combined Sample Analyses of Subscale Mean Differences: A final analysis of the data discussed in this chapter involved an examination of subscale mean differences. To address the questions of curvilinearity raised in the literature review (see Chapter 3), this analysis examined the patterns of mean differences in the Involvement and in the Quality subscale responses.

Table 5.12.: T-Test Pairs Analyses: Mean Differences of Involvement Subscales

Subscale Pair *	n	Mean	S.D.	S.E.	df	t-value
Disenval	373	1.9411	.760	.039	372	-28.76 **
Uninval	373	2.8568	.398	.021		
Disenval	373	1.9411	.760	.039	372	-31.25 **
Inval	373	3.2602	.404	.021		
Disenval	373	1.9411	.760	.039	372	-32.71 **
Enmesval	373	3.4396	.388	.020		
Uninval	373	2.8568	.398	.021	372	-17.08 **
Inval	373	3.2602	.404	.021		
Uninval	373	2.8568	.398	.021	372	-23.46 **
Enmesval	373	3.4396	.388	.020		
Inval	373	3.2602	.404	.021	372	-10.66 **
Enmesval	373	3.4396	.388	.020		

* Subscale code-names represent as follows: Disenval: Disengagement; Uninval: Moderate Uninvolvement; Inval: Moderate Involvement; Enmesval: Enmeshment

** $P < .0001$

Table 5.13.: T-Test Pairs Analyses: Mean Differences of Quality Subscales

Subscale Pair *	n	Mean	S.D.	S.E.	df	t-value
Qdisval	371	1.6461	.635	.033	370	-37.76 **
Qunival	371	2.9907	.350	.018		
Qdisval	371	1.6461	.635	.033	370	-34.47 **
Qinval	371	2.7791	.519	.027		
Qdisval	371	1.6461	.635	.033	370	-31.57 **
Qenval	371	2.6356	.541	.028		
Qunival	371	2.9907	.350	.018	370	6.69 **
Qinval	371	2.7791	.519	.027		
Qunival	371	2.9907	.350	.018	370	10.48 **
Qenval	371	2.6356	.541	.028		
Qinval	371	2.7791	.519	.027	370	9.43 **
Qenval	371	2.6356	.541	.028		

* Subscale code-names represent as follows: Qdisval: Quality of Disengagement; Qunival: Quality of Moderate Uninvolvement; Qinval: Quality of Moderate Involvement; Qenval: Quality of Enmeshment

** $P < .0001$

T-Test analysis of the combined sample indicated significant differences between the means of all the Involvement subscales and between the means of all the Quality subscales (see Tables 5.12 and 5.13).

Although, as may be seen from the above tables, all Involvement and all Quality subscales received significantly different mean ratings, distinct patterns in the mean differences were observed in the ratings of the two scales. Means increased across Involvement subscales in a linear progression. Quality subscale means differed in a pattern suggestive of curvilinearity, with ratings peaking on the Moderate Uninvolvement subscale.

5.7. Summary Discussion

Although reliability analysis suggested that the instrument being constructed demonstrated strong alpha, split-half and test-retest reliability, analysis of the data from the two (Cardiff and Regina) samples suggested that cultural differences could account for variance in rating responses. Although such differences were predicted in the literature, further studies to ascertain within-culture variances would be in order before final conclusions about cultural differences in ratings could be drawn.

Within-sample analysis suggested that the variables SEX and AGE would bear further scrutiny to ascertain their importance. Analysis of the data suggested that the variable AGE accounted for significant variance between responses for the Regina sample, on both the Involvement and the Quality subscales. The Cardiff sample responses were seen to be uninfluenced, for the most part, by AGE or SEX differences.

Limitations in addressing social class effects were acknowledged in this study in that samples did not include large representations of professional occupations. Further studies would be necessary to address the differences attributable to sex and occupational status, with respect both to representation in the professional occupations of higher status, and to classifications such as 'homemaker' and 'unemployed'.

Results of the analyses of Involvement and of Quality subscale mean ratings could also address to an extent the debate found in the literature review pertaining to the linear or curvilinear distribution of family functioning ratings. It appears that the distinction between the connotative and the evaluative aspects of such ratings, such as was implemented in the rating scale design of this

research, did contribute some preliminary evidence that, in particular, further standardized evaluative ratings might yield fruitful information in further understanding distinctions between moderate and extreme positions on the interpersonal involvement continuum.

On the basis of the results obtained from the studies described (in both Chapters 4 and 5), it appears that the concept of interpersonal involvement is one that is accessible to standardized appraisal with lay samples using designs such as implemented in this research, and one suggesting considerable possibilities for future studies with numerous samples. It appears also that the rated indices of 'enmeshment' and 'disengagement' were compatible with the concept of 'involvement', as might be indicated by the reliability of the 'involvement' scale ratings, and the linearity of the 'involvement' subscale means.

While it is acknowledged that conclusions about the theoretical stance of subsuming variables such as conflict and parent-child over-involvement to the assumably higher-order constructs of 'enmeshment' and 'disengagement' will require much more than this research to be substantiated, it is thought that the factor analysis, in addition to supporting the basic distinctions of 'enmeshment', 'disengagement' and moderate involvement appears to allow the consideration that interpersonal involvement might in fact function as a systems construct incorporating other relational concepts such as conflict and dyadic (or triadic) configuration.

In conclusion, it may be said that the instrument developed for this research demonstrates strong reliability characteristics and shows potential for further research to ascertain more fully the effect of variables such as culture, age, sex, occupational status and marital status on the scale ratings. The

instrument's design also appears to present possibilities for considering some of the fundamental theoretical questions in the family literature.

Chapter 6

Validation of the Enmeshment-Disengagement Measure

6.1. Introduction: In addition to developing a measure which would reflect Minuchin's clinical formulations of 'enmeshment' and 'disengagement' (see Chapter 2) this research sought to investigate the measure's use in ascertaining affectional characteristics (see discussion in Rosenthal & Rosnow, 1984, p.79) which might differentiate clinically diagnosed enmeshed families from their non-clinical counterparts. In investigating the clinical application of a measure constructed on the basis of systems theory precepts, it would be necessary to ensure that studies of such a measure's discriminant validity (Ibid, pp. 78-79) with specified clinical presentations would not inadvertently measure factors already identifiable, such as the individual psychopathologies of the respondents. It would be also necessary to assess the 'enmeshed' character of the clinical sample respondents by means of a criterion variable (as discussed by Nunnally, 1978, pp. 87-91).

Such research was conducted in Canada utilizing clinic sample data collected in Regina and Saskatoon, and comparative non-clinic sample data collected in Regina. This chapter discusses validation considerations and reports the related research procedures and findings.

6.2. Target Population:

Families with adolescent children of age range 12 to 17 years were specified for this research. This decision was made in accordance with clinical perceptions that phases of developmental change (Carter & McGoldrick, 1976) precipitate

stress in families who must react by developing or changing established patterns of interaction in order to allow growth while maintaining stability (Walrond-Skinner, 1976). The advent of adolescence would be seen as one such major developmental phase (Mirkin & Koman, 1985; Madanes, 1983; Dare, 1982; Haley, 1980; Minuchin, 1974), when difficulties may present that have the effect of maintaining established, albeit now dysfunctional, interaction. The expectation, in this study, was that in clinic families, an aspect of such interaction would manifest in the attitudes of the parents in that they would tend to rate more highly the quality of higher degrees of involvement than would non-clinical parents of adolescents. Such values could exacerbate tensions where the adolescent is prepared to accept less family involvement during the process of individuating from his/her parents. It should be stated here that ages representing other developmental phases (eg: primary school enrollment) could also have been seen as appropriate for such a study, but would have entailed more time in sample collection, as such issues present for clinical assistance relatively less often.

6.3. Clinical Hypothesis: Previous discussion (in Chapter 2) had noted Minuchin's consideration of perceptions of family members as pertinent both to symptom maintenance and to therapeutic change (see 2.3.5.). Consideration of other formulations by Minuchin had noted the importance in symptom-presenting families of diffusing or denying conflict (see 2.3.4.), and of presenting as a closely involved. Those considerations appeared to suggest that attitude valuations of high family relational involvement might be a possible distinguishing characteristic of families judged to be enmeshed. Given this possibility, it was proposed, in this research, to test the ability of the questionnaire under

development (as discussed in Chapters 4 and 5) to discriminate between the valuations of members in clinic-presenting, enmeshed and in non-clinic families.

This investigation of the measure's ability to discriminate clinical from non-clinical samples targeted specifically families presenting for therapeutic assistance with a concern about their adolescent child and judged by two therapists to exhibit enmeshment in one or more parent-child dyads. The hypothesis on which this investigation was based was that enmeshment would reflect in higher qualitative judgments of the questionnaire's 'enmeshed' dyads. Specifically, it was expected that parents in nuclear families presenting for clinical assistance with an adolescent and judged by clinicians to exhibit enmeshment in one or more familial dyads would give to 'enmeshed' dyads a higher rating on the Quality scale than would parents of adolescents in a non-clinic comparison sample.

6.4. Samples

6.4.1. Clinic Samples: The two clinics participating in this study are administered by the Saskatchewan Department of Health, with a mandate to provide comprehensive mental health services to children under age eighteen and their families. Services are provided free of charge under the provincial health services plan. Residents requesting services are required to produce a health plan registration number at clinic intake. Requests for service may be initiated by the family or by professionals on their behalf and with the family's consent (court referrals excepted).

Staff in both clinics, mainly comprising psychologists and social workers, are allocated to teams which provide comprehensive services to one of two client-age groups: birth to ten years, and eleven to seventeen years inclusive.

Within each team, decisions about the type of intervention to be undertaken with the client are made on the basis of the presenting problem, diagnosis, and parental consent.

6.4.1.1. Selection Criteria: Subjects were selected for both clinic samples on the basis of criteria established for the variables of age, family configuration and diagnosis. These criteria are described below:

6.4.1.1.1. Age: The referred client's age was to be 12 - 17 years, inclusive, in keeping with the decision (see discussion 6.2.) that this study would examine the attitudes of parents of adolescents.

6.4.1.1.2. Family Configuration: The family was to comprise two legal parents, with these two parents and the child being referred living together.

The decision to limit selection to families in which two legal parents and the identified client lived together was made in light of the perceived need to control for interaction context. The expectation, (not one to be investigated in this research), was that participation in a triadic family system could be a contributory factor in possible differences in parent participants' attitudes about involvement.

6.4.1.1.3. Diagnosis: The interviewing therapist was asked to consider the family eligible if in his/her judgment, the following two conditions were met: a) the presenting problem was seen to be primarily a function of the family dynamics, and b) the family was seen to contain at least one enmeshed parental dyad. This decision was to be supported by a supervising therapist (as discussed in 6.4.3.). No procedure was established for the initial therapist selection, in view of the lack of established measures on which to base such a decision (also discussed in 6.4.3. and Chapter 3).

Families that might have been expected to exhibit patterns of disengagement, particularly in parent-child dyads, were excluded from this study because of limitations in time and staff participation. Such a population would hopefully provide a focus for future research with this instrument.

Individual diagnosis was not explored in this study because the sample sizes were too small to warrant such grouping, and because of the length of time that would be involved in collecting adequate sample sizes with similar diagnoses from the available population base.

6.4.1.2. Criterion Variable: The lack of an empirical instrument which would provide a reliable, comparative measure of enmeshment (discussed in Chapter 3) rendered the selection of enmeshed families by means of a criterion variable (see Nunnally, 1978, pp. 87-91) a difficult exercise. Under such circumstances, therapist judgment appeared to be one of the few alternatives, but this option too was severely limited in that the participating clinics did not have a research mandate which necessitated that all arrangements for this study be made in conjunction with existing clinical practice.

In the Saskatoon clinic, the presence of a videotape system used in family therapy supervision provided the structure for a second therapist opinion. The existing practice provided for a supervising therapist to review selected family interviews. For the period of this sampling, the videotaped intake interviews of families judged as presenting with enmeshed parent-child dyad(s) by the junior therapist were reviewed by the supervisor who also judged the family but without access to any information other than the videotape. Both therapists recorded their results on the Family Therapist Information Sheet compiled for this study by this writer (see Appendix 6).

While the possibilities for contamination were recognized in this design, in the absence of a process of assigning families to an enmeshed and a non-enmeshed group, nevertheless it was hoped that the selection of the families by the student would render the second judgment less a foreseen possibility than if the professional relationship of the two judges were collegial or hierarchically reversed.

In Regina, severe staff shortages and changes, and the lack of a video system presented difficulties which threatened the data collection itself so that all families in that clinic sample were selected by only the assigned therapist. An added stipulation for this clinic sample was that the families reside within the catchment area for the particular high school registration used for selection of the non-clinic families (see 6.4.2.).

6.4.2. Non-Clinic Sample: Sampling for this group was based on the use of a high school student directory which listed the names, addresses and telephone numbers of all students, by grade, attending that school. This school had the highest student enrolment (1100, according to Regina Public School Board statistics, unpublished) of highschools in Regina.

Sampling utilized the listings from Grades Eight through Ten, thereby in effect, accessing these students of probable ages thirteen through seventeen years. Surnames suggesting other than northern European backgrounds were omitted in keeping with the low frequency with which families of non-European backgrounds are known to request clinical assistance. From the adjusted lists, every tenth name was selected for contact; ten names from each grade.

6.4.3. Sampling Procedures: As a first step, permission was obtained from the directors of both clinics to involve consenting staff and clients in this study. Next,

co-operating therapists in both clinics who practised systemic family therapy were briefed on the purpose of the study and the selection criteria. They were then asked to approach eligible parents at the end of the intake interview with the questionnaire (including the letter of introduction), briefly discuss the study and ask each parent to complete one without consultation with the other parent. Parents were to be reassured that returned forms would be forwarded to the researcher without perusal by the interviewing therapist. The family was to be given forms only if both parents consented.

6.4.3.1. Saskatoon Clinic Sample: Five family therapists under supervision agreed to participate in this study. Families expected to meet the established criteria (defined in 6.4.1.1.) on the basis of the referring information were taped in the intake interview as a routine procedure. If, in the opinion of the therapists at the end of the interview, the family still met the criteria, they were asked if they would participate in a research project designed to compare therapist judgments with the judgments made by parents of adolescents. They were told that the research was being conducted by persons not connected with that clinic's function, that their particular results would not be shared with their therapist, and that their decision would not be a factor in their therapy contract. Consenting families were given the E-D measure and the GHQ to complete at home and return at the next clinic session. Verbal instructions duplicated those contained on the two measures. All material pertaining to each family was given an identifying number to differentiate and identify spouses.

Upon completion of the interview and the family's departure, the attending therapist completed the Family Therapist Rating Scale, and submitted the videotape to the supervisor. Supervisors were requested to rate the tapes, also

using the Family Therapist Rating Scale and without access to any other discussion or information about the family.

When all material pertaining to a family had been completed and returned, it was forwarded to the writer by a volunteer co-ordinator.

6.4.3.2. Regina Clinic Sample: Three therapists participated in collecting this sample data. Protocol was as for the Saskatoon Clinic, but with the added criterion that the family reside within the catchment area for a particular highschool, and without the procedures of videotaping or second therapist rating.

6.4.3.3. Non-clinic (Regina) Sample: All non-clinic sampling was done by the writer. Those families selected (see 6.4.2.) were contacted initially by telephone. All discussion was carried on with a parent; in their absence, arrangements were made to recontact at a suitable time.

The writer introduced herself as a psychologist conducting a private research project that required the participation of parents of adolescents. Parents were told that their name had been selected from the highschool directory, that the Parents Association executive of that school was aware of this exercise, and that both parents were being asked to complete a questionnaire, giving opinions about some statements. They were assured that the questions did not require them to disclose any personal information other than as directly requested (see Appendix 1) for demographic analysis, and were asked if they would consent to the writer's visiting their home briefly so that they could see the questionnaire and make their decision. If they were to decide to participate, the forms would be left with them, and would be picked up by the writer at a time convenient for them.

6.4.4. Sampling Response

6.4.4.1. Clinic Sampling Responses: In Saskatoon, thirty-six questionnaires were given to consenting, eligible families. Thirty were returned completed (83% response rate). In the Regina clinic, of the sixteen selected families, fifteen responded with all material completed (94% response rate). One eligible family who had initially consented did not return the research material and, when contacted by telephone, said that they did not wish to participate.

6.4.4.2. Non-clinic Sampling Response: Of the thirty families originally selected for contact, two were unavailable by telephone and two refused to participate. The remaining twenty-six families consented to participate. However, upon door contact, three respondents notified the writer that their spouses were unavailable to participate because of absence or other commitments. They were given questionnaires, but these were not compiled in the returns. Instead, four more telephone contacts were made using the stated selection procedure, in which the participation of both parents was emphasized as an essential requirement of the study. All four responded. The response rate calculated on the basis of eligible responses to solicitations (79%) is thus a somewhat conservative estimate.

6.5. Instruments

Three instruments were used in these validation studies: (1) the questionnaire designed for this research (see Appendix 1), (2) the General Health Questionnaire (GHQ-28; see Goldberg, 1972, 1978), and (3) the Family Therapist Rating sheet (see Appendix 6) devised by the writer for this study. Instrument (1) and its development were discussed extensively in Chapters 4 and 5, and will not be elaborated further at this point. Instruments (2) and (3), and the rationale for their use are outlined, below.

6.5.1. General Health Questionnaire: The GHQ-28 (see Goldberg, 1972, 1978 for presentation of the development and scoring procedures of this screening instrument) was selected for administration to the parents participating in the two clinic samples. It was intended that the results of this administration would address the question of whether differences found in responses on the E-D measure between clinic and non-clinic populations might not be attributable to individual pathology.

6.5.2. Family Therapist Information Sheet: This sheet (see Appendix 6) was devised to record required therapist demographic data, and to identify the age, sex, birth order and presenting problems of the identified client. The clinical observation of parental overinvolvement with the child as a factor in enmeshed families (as discussed in Chapter 2) formed the basis for the decision, in the absence of a more robust and established criterion measure, to select families for clinic samples on the basis of the agreement of two therapists in identifying the parental dyad demonstrating 'enmeshment'

6.6. Clinic Sample Screening: Clinic subjects were screened for entry into the clinic data pool on the basis of their General Health Questionnaire (Goldberg, 1972) scores, and the agreement of therapists that enmeshment was present in at least one parental dyad (Note: this latter stipulation was applied to the Saskatoon Clinic data only.) These screening procedures resulted in the elimination of two families in each sample (final clinic samples: Saskatoon n = 26; Regina n = 26). The elimination process is described below (in 6.6.1.; 6.6.2.).

6.6.1. General Health Questionnaire Screening: All questionnaires (n = 60) were scored using the GHQ scoring process (Goldberg, 1972; pp. 36-37). Three (two in the Regina clinic sample; one from Saskatoon) of the sixty respondents (5%)

scored 5 or above (see GHQ Manual, 1978, for discussion of 'normal' score parameters); their families were eliminated from further consideration in the clinic sample studies.

6.6.2. Therapist Agreement on Enmeshment Rating: Comparison of therapist ratings of families in the Saskatoon Clinic sample (adjusted n = 28) indicated therapist agreement on at least one enmeshed parent-child dyad for thirteen of the fourteen families. The one exception was eliminated from further study.

6.6.3. Demographic Variable Analysis: Demographic data analysis of the samples selected by the screening process described above involved some recoding as described for the Reliability analysis (see 5.2.3.). Information about the birth order of the identified client was re-ordered into three categories: (1) first-born (2) second- or later- born (3) only child.

All analyses of demographic variables utilized the SPSS-X procedure NPAR TESTS (1983). The analyses of group differences in Occupational classification, Age, Number of Children in Family and Birth Order of Identified Client utilized the Mann-Whitney test. Analysis of clinic group differences in Birth Order (classification: first-born or only child, other), and of all group differences in Change-Specify (classification: single event, multiple) utilized the Chi Square statistic.

Analysis of sample differences in demographic variable composition indicated a difference between the combined clinic and the non-clinic groups only for the variable Age (Clinic: u = 3.984, s.d. = .662; U = 845.5, $p < .0001$). This difference, also less significant, was found also between the Regina Clinic and Non-Clinic samples (u = 4.167, s.d. = .514; U =478.0, $p < .01$). No significant difference in Age was indicated between the Regina Clinic and the Saskatoon

Clinic samples.

6.7. Scale Analyses: In preparation for analysis, some adjustments were made to the raw data configuration, including the recoding of Involvement and Quality Scale responses, and the mathematical computation of variables which would measure responses on the four Involvement and the four Quality subscales. These procedures are described in this section (6.9.6.1. and 6.9.6.2.).

6.7.1. Scale Response Recoding: Scale responses were recoded for the clinic data analysis in a manner similar to the procedure (see 5.5.1.1.) used for the analysis of the Regina and Cardiff data.

6.7.2. Computation of Variables: Eight variables were computed in a manner identical to that described for analysis of the Regina and Cardiff data (see 5.7.1.3.). The eight variables computed as mean ratings on the Involvement and Quality scales of item dyads indicating Enmeshment, Moderate Involvement, Moderate Uninvolvement and Disengagement, respectively, were utilized to investigate differences in group ratings of the four Involvement subscales and their related Quality subscales.

6.7.3. Treatment of Missing Data: This procedure was identical to that used in the previous (Chapter 5) analysis of scale reliability (see 5.7.1.4. for specific details of treatment of missing data).

6.7.4. Methods of Analysis: ANOVA and T-TEST procedures (SPSS-X, 1983) were used to determine group differences on mean scale responses to the four Involvement, and their corresponding Quality variables, respectively. The initial investigation of between - group differences utilized the T-Test procedure. ANOVA procedures were utilized to explore main and interaction effects of the demographic variables SEX, AGE and LOCATION (Regina and Saskatoon

clinics, non-clinic), on sample variance.

6.7.5. Results

6.7.5.1. T-Test Results: T-Test analyses indicated no significant differences between the Combined Clinic and Non-Clinic groups in response ratings of the Involvement subscales. Comparison of those groups in response ratings of the Quality subscales indicated a significant difference only for the Quality of Enmeshment subscale (Clinic: n = 43, mean = 3.03, s.d. = .607; Non-Clinic: n = 48, mean = 2.65, s.d. = .434; t = 3.37 on 1, 75.17 df., separate variance estimate, $p < .001$) .

T-Test analyses were conducted also on the two clinic samples, and on the Regina clinic and the (Regina) non-clinic sample, to test the uniformity of clinic responses, in comparison with the non clinic sample, on the subscales. Significant differences were found between the two clinic samples for the Enmeshment subscale (Regina: n = 18, mean = 3.66, s.d. = .332; Saskatoon: n = 25, mean = 3.23, s.d.= .440; t = -3.47 on 1, 41 df, $p < .001$) and the Moderate Involvement subscale (Regina: n = 18, mean = 3.34, s.d. = .453; Saskatoon: n = 25, mean = 3.06, s.d. = .292; t = -2.27 on 1, 26.96 df, separate variance estimate, $p < .03$), as well as for the Quality of Disengagement subscale (Saskatoon: n = 25, mean = 1,856, s.d. = .810; Regina: n = 18, mean = 1.417, s.d. = .414; t = 2.32 on 1, 37.59 df, separate variance estimate, $p < .03$). No difference was found for the Quality of Enmeshment subscale. The Regina clinic - non clinic t-test analysis yielded significant difference for the Enmeshment subscale (Regina clinic: n = 18, mean = 3.66, s.d. = .332; Non clinic: n = 49, mean = 3.42, s.d. = .428; t = 2.08 on 1, 65 df, $p < .05$.) and for the Quality of Enmeshment subscale (Regina clinic: n = 18, mean = 3.07, s.d. = .693; Non clinic: n = 48, mean = 2.65, s.d.

= .434; t = 2.36 on 1, 22.19 df, separate variance estimate, p < .03).

6.7.5.2. ANOVA Results: On the basis of the significant age differences found between samples (as reported in 6.9.6.1.), the decision was made to include the variable AGE in the ANOVA procedures. However this analysis was restricted to the use of the age intervals 30-39 and 40-49 (see 5.7.1.1.) because of extremely low or non-existent counts in the other intervals.

In the analysis of combined clinic and non-clinic responses to the Involvement subscales (see Tables 6.1. - 6.4. for means and standard deviations), significant differences were found for the variable SEX on the Enmeshment subscale (F = 7.341 on 1, 85 df, p < .008). Differences attributed to the variables SEX (F = 7.269 on 1, 85 df, p < .009), AGE (F = 3.959 on 1, 85 df, p < .05) and LOCATION (Clinic;Non-clinic: F = 6.530, p < .01) were also found for the Moderate Uninvolvement subscale. The Disengagement subscale indicated differences attributed to AGE (F = 3.959 on 1, 85 df, p < .05). No differences were found for the Moderate Involvement subscale.

Differences between Clinic and Non-clinic samples on the Quality subscales (see Tables 6.5. - 6.8. for means and standard deviations) were found to be significant for the variable LOCATION for all subscales, and most significant for the Quality of Enmeshment subscale (Quality of Disengagement: F = 5.167 on 1, 85 df, p < .03; Quality of Moderate Uninvolvement: F = 4.403 on 1, 85 df, p < .02; Quality of Moderate Involvement: F = 5.004 on 1, 85 df, p < .03; Quality of Enmeshment: F = 12.209 on 1, 85 df, p < .001).

Only the Quality of Moderate Uninvolvement subscale attributed differences to another main variable, SEX (F = 4.403 on 1, 85 df, p < .04.

Table 6.1: Clinic and Non-Clinic samples: means and standard deviations for Disengagement subscale response ratings

Sample	Variables		Mean	Standard Deviation	Cases
	SEX	AGE			
Regina (clinic)	Male	25-29	1.3333	0.5774	3
		30-39	1.7938	0.7341	8
		40-49	2.3000	0.0	1
	Female	25-29	1.6000	0.3162	5
		30.39	1.7000	0.7969	5
		40-49	2.1000	0.8544	3
S'toon (clinic)	Male	25-29			0
		30-39	1.4102	0.3333	6
		40-49	1.9667	0.6110	3
	Female	25-29	1.3000	0.0	1
		30-39	1.3778	0.3492	9
		40-49	2.7000	0.0	1
Non-Clinic	Male	25-29			0
		30-39	1.3737	0.3316	11
		40-49	1.6786	0.6554	14
	Female	30-39	1.6214	0.5382	0
		40-49	1.6435	0.4607	12

Table 6.2: Clinic and Non-Clinic samples: means and standard deviations for Moderate Uninvolvement subscale response ratings

Sample	Variables		Mean	Standard Deviation	Cases
	SEX	AGE			
Regina (clinic)	Male	25-29	2.6667	0.3403	3
		30-39	2.6877	0.3645	8
		40-49	2.9000	0.0	1
	Female	25-29	2.8300	0.2280	5
		30.39	2.9400	0.4379	5
		40-49	3.0333	0.0764	3
S'toon (clinic)	Male	25-29			0
		30-39	2.5945	0.1718	6
		40-49	2.9815	0.4009	3
	Female	25-29	2.9500	0.0	1
		30-39	2.9893	0.3411	9
		40-49	3.1500	0.0	1
Non-Clinic	Male	25-29			0
		30-39	3.5303	0.2992	11
		40-49	2.7387	0.4918	14
	Female	25-29			0
		30-39	2.6850	0.2622	13
		40-49	2.9035	0.3038	12

Table 6.3: Clinic and Non-Clinic samples: means and standard deviations for Moderate Involvement subscale response ratings

Sample	Variables		Mean	Standard Deviation	Cases
	SEX	AGE			
Regina (clinic)	Male	25-29	2.8205	0.2350	3
		30-39	3.1571	0.3308	8
		40-49	2.6923	0.0	1
	Female	25-29	3.0615	0.1576	5
		30-39	3.0238	0.3031	5
		40-49	3.3077	0.2774	3
S'toon (clinic)	Male	25-29			0
		30-39	3.3275	0.4601	6
		40-49	3.0839	0.6387	3
	Female	25-29	3.4167	0.0	1
		30-39	3.4428	0.4029	9
		40-49	3.0769	0.0	1
Non-Clinic	Male	25-29			0
		30-39	3.1984	0.3519	11
		40-49	3.1553	0.5886	14
	Female	25-29			0
		30-39	3.2301	0.2473	13
		40-49	3.4162	0.3584	12

Table 6.4: Clinic and Non-Clinic samples: means and standard deviations for Enmeshment subscale response ratings

Sample	Variables		Mean	Standard Deviation	Cases
	SEX	AGE			
Regina	Male	25-29	2.9885	0.3091	3
		30-39	3.1036	0.3445	8
		40-49	3.0000	0.0	1
	Female	25-29	3.4000	0.4135	5
		30-39	3.2552	0.6417	5
		40-49	3.6696	0.1091	3
S'toon (clinic)	Male	25-29			0
		30-39	3.4774	0.4972	6
		40-49	3.5287	0.3997	3
	Female	25-29	3.5862	0.0	1
		30-39	3.7715	0.1899	9
		40-49	3.5862	0.0	1
Non-Clinic	Male	25-29			0
		30-39	3.5199	0.2900	11
		40-49	3.1462	0.6288	14
	Female	25-29			0
		30-39	3.4786	0.2311	13
		40-49	3.5329	0.2715	12

Table 6.5: Clinic and Non-Clinic samples: means and standard deviations for Quality of Disengagement subscale response ratings

Sample	Variables: SEX	AGE	Mean	Standard Deviation	Cases
Regina (clinic)	Male	25-29	1.3667	0.6351	3
		30-39	2.0563	0.9424	8
		40-49	2.2000	0.0	1
	Female	25-29	1.4800	0.2950	5
		30-39	1.5000	0.5523	5
		40-49	2.1000	0.8544	3
S'toon (clinic)	Male	25-29			0
		30-39	1.3435	0.2028	6
		40-49	2.0000	0.3000	3
	Female	25-29	1.2000	0.0	1
		30-39	1.1889	0.1537	9
		40-49	2.3000	0.0	1
Non-Clinic	Male	25-29			0
		30-39	1.3646	0.3563	11
		40-49	1.5429	0.5919	14
	Female	25-29			0
		30-39	1.4897	0.4775	13
		40-49	1.3456	0.2406	12

Table 6.6: Clinic and Non-Clinic samples: means and standard deviations for Quality of Moderate Uninvolvement subscale response ratings

Sample	Variables: SEX	AGE	Mean	Standard Deviation	Cases
Regina	Male	25-29	2.6667	0.1470	3
		30-39	2.8448	0.4042	8
		40-49	3.0000	0.0	1
	Female	25-29	3.0556	0.3356	5
		30-39	3.1000	0.3630	5
		40-49	3.2778	0.2003	3
S'toon (clinic)	Male	25-29			0
		30-39	2.8489	0.2920	6
		40-49	3.4227	0.5640	3
	Female	25-29	3.1111	0.0	1
		30-39	3.1101	0.3472	9
		40-49	3.1667	0.0	1
Non-Clinic	Male	25-29			0
		30-39	2.8327	0.3568	11
		40-49	2.8842	0.2727	14
	Female	25-29			0
		30-39	2.9170	0.2074	13
		40-49	3.0321	0.3139	12

Table 6.7: Clinic and Non-Clinic samples: means and standard deviations for Quality of Moderate Involvement subscale response ratings

Sample	Variables: SEX	AGE	Mean	Standard Deviation	Cases
Regina (Clinic)	Male	25-29	2.7692	0.0769	3
		30-39	3.2139	0.2529	8
		40-49	2.6923	0.0	1
	Female	25-29	2.8615	0.3784	5
		30-39	2.6462	0.2408	5
		40-49	3.3077	0.2774	3
S'toon (clinic)	Male	25-29			0
		30-39	3.1995	0.5255	6
		40-49	3.2378	0.3952	3
	Female	25-29	3.4167	0.0	1
		30-39	3.0140	0.6357	9
		40-49	3.0769	0.0	1
Non-Clinic	Male	25-29			0
		30-39	2.7872	0.4299	11
		40-49	2.8956	0.5152	14
	Female	25-29			0
		30-39	2.8590	0.3473	13
		40-49	2.8455	0.6448	12

Table 6.8: Clinic and Non-Clinic samples: means and standard deviations for Quality of Enmeshment subscale response ratings

Sample	Variables SEX	AGE	Mean	Standard Deviation	Cases
Regina	Male	25-29	2.8276	0.2153	3
		30-39	3.1285	0.2995	8
		40-49	2.9655	0.0	1
	Female	25-29	2.9517	0.6118	5
		30.39	2.3793	0.4658	5
		40-49	3.6220	0.1184	3
S'toon (clinic)	Male	25-29			0
		30-39	3.0831	0.6369	6
		40-49	3.1839	0.4284	3
	Female	25-29	3.2759	0.0	1
		30-39	2.8438	0.8594	9
		40-49	3.2759	0.0	1
Non-Clinic	Male	25-29			0
		30-39	2.6137	0.4820	11
		40-49	2.5681	0.3739	14
	Female	25-29			0
		30-39	2.6894	0.3241	13
		40-49	2.6401	0.5246	12

Interaction effects were found for AGE x LOCATION on the Quality of Disengagement subscale ($F = 5.167$ on 1, 85 df, $p < .03$). Examination of the cell means indicated that while the ratings of this subscale increased by age for the two clinic groups, the ratings of the non-clinic group remained low and constant for the two age groups.

ANOVA procedures with the two clinic samples, for the Involvement subscales, indicated significant differences on the Disengagement subscale for the variable AGE ($F = 6.012$ 0n 1, 35 df, $p < .02$) and on the Enmeshment subscale for the variables SEX ($F = 5.484$ 0n 1, 35 df, $p < .03$) and LOCATION (mean = 3.63; $F = 8.112$, $p < .008$). Differences attributed to SEX were found for the Moderate Uninvolvement scale ($F = 6.108$ on 1, 35 df, $p < .02$). No differences were found for the Moderate Involvement subscale. Analysis of the two clinic samples for differences on the Quality subscales indicated significant differences for the Quality-Disengagement subscale attributable to AGE ($F = 6.073$, $p < .02$) and Location ($F = 5.441$, $p < .03$).

Analysis of the Regina clinic - Non clinic sample responses indicated differences on the Enmeshment subscale attributed to the variables SEX ($F = 4.691$, $p < .04$) and Age ($F = 4.943$, $p < .03$). The Moderate Uninvolvement subscale responses for these two samples also indicated a difference attributed to the variable SEX ($F = 4.229$, $p < .05$). Responses to the Moderate Uninvolvement subscale also indicated differences attributed to SEX ($F = 4.229$, $p < .05$). On the Disengagement subscale, responses differed by AGE ($F = 5.332$, $p < .03$) and indicated also an AGE x LOCATION interaction effect. No differences were indicated for Moderate Involvement subscale responses.

Regina clinic and non-clinic differences were indicated for the

Quality of Disengagement subscale as an AGE x LOCATION interaction effect, with clinic ratings indicating a greater increase with age than was indicated for the non-clinic group. Differences on the Quality of Moderate Involvement subscale were attributed to LOCATION ($F = 3.946$, $p < .05$). No differences were found for responses to the Quality of Moderate Uninvolvement subscale. For the Quality of Enmeshment scale, differences were attributed to LOCATION ($F = 7.386$, $p < .01$).

6.9. Discussion

Results appear to suggest preliminary support for the central clinical hypothesis (see 6.3.) that differences would be found between clinic and non-clinic ratings of the quality of items indicating enmeshment. The prediction of the direction of difference, that is, that the clinic ratings of the Quality of the Enmeshment items would be higher than those of the non - clinic ratings, was also borne out in the results. This result appears to have some stability in that while other ratings differed between the two clinic samples, the ratings of Quality of Enmeshment differed significantly only by Location, and specifically, only between the clinic and the non - clinic samples.

Analysis of the independent variable effects on ratings indicates that Age appears to be a factor which has significant effect on variability of ratings, as was found to be the case in the analysis of the samples used to investigate scale reliability (see Chapter 5). Sex was found to exercise a somewhat lesser effect on rating variance. It appears too that the Sex and Age factors have a greater influence on rating variance for the Involvement subscales, but do not account for any significant variance on the Quality of Enmeshment ratings.

The consideration that Age could be a significant factor in scale ratings

should take into account the data collection method of decade interval rating for that variable. Also, the results pertain only to differences between the two age intervals 30-39 and 40-49, because others contained insufficient sample numbers for analysis. While it might be of interest to explore differences in the attitudes of younger and older parents with adolescent-aged children, the finding that age was also attributed to differences in ratings where the ages of children were not controlled (see Chapter 5) suggests that these differences may not be limited to parenting circumstances such as the ages of children. The effects of studies using this instrument with adults of various ages who are not parents remain to be seen.

The limitations of this study with respect to sample size and the use of criterion measures also should be noted. As well, while the effort to limit sample contamination by parent pathology indicators was carried out by the use of General Health Questionnaire screening, the sampling design did not address in any way the ability of the scales to differentiate clinic presentations of child psychopathology. Indeed, the clinic design addressed only those clinic presentations in which the primary concern, as judged by family therapists, was parent-child enmeshment. Whether the scales may be useful in differentiating other clinic samples, given efforts to further control age differences and to introduce appropriate criterion variables, remains the subject of future studies.

In summary, it appears that ratings of the Quality of Enmeshment items may be useful in differentiating some patterns between clinic and non-clinic parents of adolescents. Results of this study do suggest that consideration of family attitudes, particularly with regard to quality ratings of interactional material, could be a source of useful clinical material with which to address treatment

intervention strategies. It is suggested that with families demonstrating enmeshment characteristics, the parental attitudes about the quality of enmeshment characteristics could be important. Similar associations, such as between parents demonstrating disengagement, and their ratings of the quality of disengagement, are suggested as topics of future study.

Chapter 7

Summary Review and Discussion

7.1. Introduction: This research, recognizing the prominence, in the literature pertaining to family functioning and therapy (as documented in Chapter 1), of the writings of Salvador Minuchin (reviewed with documentation in Chapter 2) and the difficulties inherent in researching the theoretical tenets of family functioning because of the lack of measures operationalizing such theory (discussed and documented in Chapters 1 and 3) undertook the development of a self - report measure to operationalize two concepts central to Minuchin's (1974) formulations of family functioning (presented and documented in Chapter 2), namely, 'enmeshment' and 'disengagement' (also presented and documented in Chapter 2).

This chapter shall review pertinent theoretical considerations as background to the development of this measure. It shall then summarize the salient points of each stage of development of this measure, with particular emphasis on the rationale underlying its design. It shall summarize also the research findings pertaining to the measure's demonstrated reliability and validity. Finally it shall offer some speculation on the implications of the research findings and on the potential uses of the measure in future research.

7.2. Background: This review (detailed in Chapter 2) of Minuchin's theoretical formulations of 'enmeshment' and 'disengagement' had noted inconsistencies

(detailed in 2.3.6.) in those formulations (his development of which was presented in 2.2. and 2.3.6.). Of particular concern was the observation of this research that although the concepts of 'enmeshment' and 'disengagement' (presented in 2.2. and 2.3.6.), had been formulated by Minuchin as properties of 'boundaries' (as documented throughout Chapter 2; in particular in 2.3.6.; a full, documented discussion of 'boundaries' is given in 2.3.3.) incorporating other variables, namely, 'lack of conflict resolution', 'overprotectiveness' and 'involvement of the child in parental conflict', those same concepts had been presented, also, as descriptors of family interactional style (as documented in 2.3.6.), and as descriptors of family resonance (also as documented in 2.3.6.). Furthermore, the variables 'lack of conflict resolution', 'overprotectiveness' and 'involvement of the child in parental conflict' had been delineated, also, by Minuchin, as separate from 'enmeshment' and 'disengagement' (as documented in 2.3.6., p. 25).

This review of Minuchin's formulations (in Chapter 2), noted as well the apparent underdevelopment of consideration of variable effects such as sex or age of parent, social class, sex or age of child and subsystem membership in his conceptualization of family system or subsystem function (also as discussed in 2.4).

This review (in Chapter 2) of Minuchin's formulations of 'enmeshment' and 'disengagement' (detailed, in particular, in 2.2. and 2.3.6.) concluded that further clarification of those concepts appeared necessary as a precursor to their effective operationalization in a self - report measure. The next step in attempting such clarification was seen to be a review of relevant literature.

It was noted that other reviews of the research pertaining to family functioning (documented in Chapter 3, especially 3.1.) had documented the

underdevelopment of research in this field. In particular, those reviews had noted that weaknesses in methodology, lack of operationalization of recognized concepts and a lack of developed assessment tools (as documented in 3.1.) restricted conclusions about theoretical tenets. This review, therefore, concentrated on two concerns: (i) the salience of variables, in the literature, seen to be relevant to Minuchin's articulation of 'enmeshment' and 'disengagement', and to the task of their operationalization, and (ii) the extent to which Minuchin's concepts of 'enmeshment' and 'disengagement' were reflected in extant self - report measures of family functioning.

This review found that, while earlier reviews (Jacob, 1975) had identified 'conflict', 'dominance', 'affect' and 'communication clarity' as four major foci of investigation in family interaction studies (Jacob, 1975, p. 43; discussed in 3.2.), later reviews (Doane, 1978a; Rutter and Garmezy, 1983) had identified 'parent - child coalitions' and 'parental conflict' (Doane, 1978a) as well as family relational 'overinvolvement' and 'criticism' (Rutter and Garmezy, 1983) as variables of particular importance in family interaction (also discussed in 3.2.). Other important considerations in family interactional research had been seen to be exploration of dyadic interactions in context (as noted by Maccoby and Martin, 1983; documented with fuller discussion in 3.2.) and the influence of parental attitudes and self - concepts (noted by Rutter, 1985b; also discussed in 3.2.) on children's development. Further, Maccoby and Martin (1983) had noted the emerging interest in 'degree of parental involvement ... high amounts of either positive or negative interaction versus diminished, inactive or indifferent parenting' (Maccoby and Martin, 1983, p. 39). It was concluded that Minuchin's identification of issues in family functioning appeared to be reflected in the

literature pertaining to family interaction, parent - child interaction and child socialization, although few conclusions could be drawn further because of research limitations (as had been discussed in Chapter 1 and in 2.1.).

This review of self - report measures (in 3.4.) of family functioning found that a reliable and valid measure of 'enmeshment' and 'disengagement' had not been established. The one measure claiming to have operationalized those concepts (reviewed in 3.4.1.) was found itself to reflect theoretical inconsistencies (discussed in 3.4.1.1.) that rendered interpretation of findings from the operationalization (in the measure discussed in 3.4.1.2.) questionable. The similarity claimed (in Olson, Russell and Sprenkle, 1983) between Minuchin's articulations of 'enmeshment' and 'disengagement' (presented in Chapter 2) and the concept of 'cohesion' utilized in their (see 3.4.1.2.) measure was also questioned in this review (as discussed in 3.4.1.1.), Minuchin's own apparent inconsistencies in articulating his conceptualization of 'enmeshment' and 'disengagement' (as discussed in 2.3.6.) notwithstanding.

This review of family functioning self - report measures noted a focus on the differentiation of 'real' and 'ideal' measures of family functioning (as found particularly in the measures reviewed in 3.4.1.1. and 3.4.4.), although the operationalizations of this differentiation were seen to be in preparatory stages (as noted also in 3.4.1.1. and in 3.4.4.).

On the basis of information gained from the literature reviews (presented in Chapters 2 and 3 and as summarized, this chapter, above) and noting the underdevelopment of the field of family functioning research, particularly with respect to Minuchin's concepts of 'enmeshment' and 'disengagement' it appeared that the proposed task of this research, namely, the operationalization of

'enmeshment' and 'disengagement' in a self - report measure, might best be served by the judicious integration of observations from various sources (as noted in the summary thus far, and as further noted in the ongoing discussion). Such an integration would be ongoing throughout all stages of the development of this measure (to be discussed below).

7.3. Development of the Measure: Given that the aim of this research (as stated in Chapter 1) was the construction of a self - report measure of Minuchin's concepts of 'enmeshment' and 'disengagement' (discussed fully in Chapter 2) that would facilitate large sample investigations, the first stage of instrument development entailed considerations of the format and content of such a measure. Format deliberations integrated cognisance of the recognition given Minuchin's clinical presentations (documented in Chapter 1) including his use of dialogue transcripts (as in Minuchin, 1974; Minuchin, Rosman and Baker, 1978; Minuchin and Fishman, 1981) as well as consideration of the amenability of the chosen format to standardization requirements and to large, lay sample and expert, ratings (as discussed in 4.2.). It was thought that those considerations would be addressed by a first - person statement format, the choice of which necessitated also consideration of the observed potential limitations of such a format: adequacy of statement information, consideration of subject motivation, restrictions inherent in the answering format, attention to individual differences, the applicability of constructs in explaining behaviour and the actor/observer distinction in rater stance (as discussed and documented in 4.2.1.). Such considerations were integrated in the design of item content, rating scales and/or the instructions to therapist and lay samples in the manner summarized, below (and as presented in detail in Chapters 4 and 5).

It was sought, in item design, to present first - person statements, pertaining to family relations, which would contain descriptive indicators of 'disengagement', 'enmeshment' and moderate involvement as illustrated in Minuchin's writings (as documented and discussed in Chapter 2; see, in particular, 2.3.6.). Given the theoretical inconsistencies noted in Minuchin's development of those concepts (as discussed in 2.3.6.), it was decided that this design would attempt to operationalize those concepts in a manner consistent with Minuchin's formulations of those as properties of 'boundaries' (as presented in 2.3.3.) permeability (as discussed in 2.3.6.). Following from this choice of definition was the decision (as discussed in 4.2.1.) to integrate factors presented by Minuchin (as discussed in Chapter 2, in particular, 2.3.6.) as associated with his conceptualizations of 'enmeshment' and 'disengagement' as boundary properties. Thus, it was sought, in statements depicting 'enmeshment', to incorporate 'absence of an effective executive function', 'lack of tolerance for dyadic communication' and 'lack of acknowledgement of a generational hierarchy'. In depicting 'disengagement', it was sought to incorporated 'lack of emotional response' and 'physical distancing or withdrawal' (statement formulation was discussed fully in 4.2.1.).

Two pilot studies, utilizing family therapist ratings, tested the efficacy of such a design. The first utilized the ratings by 8 family therapists (a full description of this first pilot study was given in 4.3.1.) of 130 items (see Appendix 2) using four rating categories (given in 4.3.1.2.). The low percentage of items rated with significant agreement (presented in 4.3.1.4.) and therapist comments questioning the usefulness of a measure of the entire family as a unit (also discussed in 4.3.1.4.) prompted consideration of the need to introduce further differentiation

differentiation to both statements and rating format.

Such consideration was reflected in the design of a second, shorter, instrument (see Appendix 3) with statement wording intended to permit more specific identification of relationship members (as discussed and illustrated in 4.3.2.2.). Rating instructions pertaining to this second instrument (given in Appendix 3) requested ratings of specific family dyads (as specified in 4.3.2.2.2.) on the four categories utilized in the first study. Results of this study (reported in 4.3.2.3.) noted an increase in the proportion of items receiving significant ($p < .05$) rating agreement, although conclusions about the effectiveness of changes to rating design were difficult because of item wording changes.

A third, larger study, utilizing both Canadian and British therapist ratings of 50 items reflecting the results of the first two pilot studies, was successful in establishing significant agreement in dyad ratings based on the content of 45 of those 50 items. 41 of those items.

A final pilot study (detailed in 4.5.) involved the ratings of the therapist - selected items by a sample of British parents to ascertain the extent to which the statements would be seen as likely to occur in families. No items were rated with significant agreement ($p < .05$) as occurring in 'very few' or 'no' families.

It was concluded (in 4.6.) on the basis of results of the described studies that this attempt to represent Minuchin's concepts of 'enmeshment' and 'disengagement' in statements such as utilized in this research had been successful, and, further, that the statements would be acceptable to a lay population as representing relatively common family experience. It was also concluded (in 4.6.), on the basis of comparisons of therapist ratings (as given in table 4.1.) that there existed sufficient therapist agreement on ratings to allow for

comparison studies with cross - cultural samples.

Commentary on the ratings noted the apparent weakness of one 'moderate' category and suggested that investigation of relevant item content, category labelling and the need for two 'moderate' categories might be the subject of future research.

Given that the first stage of this research had achieved successful representation of Minuchin's concepts of 'enmeshment' and 'disengagement' in a standardized statement format as demonstrated by significant agreement in therapist ratings, the second stage involved the integration of those statements in an instrument that would facilitate investigation with clinical and non - clinical populations. This entailed the formulation of new rating scales (as described in 5.1.1.) and instructions (as described in 5.1.2.) in a manner that reflected pertinent theoretical considerations.

It was decided to use two rating scales (see 5.1.1.) in this instrument: one (as described in 5.1.1.1.) accessing ratings of 'degree of involvement' of statement dyads; the other (described in 5.1.1.2.) accessing ratings of relationship 'quality'. The two rating scales were seen to address two aims (discussed in 5.1.): the first, of providing for a measure of interpersonal involvement incorporating 'enmeshment' and 'disengagement' as the extremes; the second, of providing for an evaluative as well as a connotative measure of relationships. The first aim followed from observations arising from this literature review (in 3.2.) of similarities between conceptualizations of parental involvement in studies of parent - child interaction (documented by Maccoby and Martin, 1983, p. 39; as reviewed in 3.2.) and Minuchin's conceptualizations of 'enmeshment' and 'disengagement' (reviewed in Chapter 2). It was thought, then, that to investigate

measures of 'enmeshment' and 'disengagement' as extremes of a 'degree of involvement' spectrum might ascertain the possibilities for integration of those conceptual developments. The second aim followed from the observation made during this review of self - report measures (in 3.4.) that the focus of attempts to measure perceptions of real and ideal family functioning (as reviewed in 3.4.1.2. and in 3.4.4.) might be suggestive of a need to differentiate connotative from evaluative measures (also as discussed and documented in 5.1.1.2.).

The instructions used in this measure addressed two further considerations: the measure's function as an attitude measure and specific sampling selection.

This review (in Chapter 2) of Minuchin's writing had noted (in 2.3.5.) his implication of attitudes, and, in particular, parental attitudes in both child symptom presentation and therapeutic change. This implication of the function of attitudes appeared to be supported by the recognition, in other research (Rutter, 1985a) of the influence of parental attitudes on child development (as noted in 3.2.). The stance taken, in this research, that parental attitudes about 'enmeshment' and 'disengagement' might prove a worthwhile focus of investigation appeared to be supported by others' methodological observations, as well, of the need to differentiate self-report and attitude measures in this area of research ((Maccoby and Martin, 1983; as noted in 5.1.1.2.) and by the recognition that self - report measures of attitudes were seen to be less subject to the limitations of self - descriptions (Nunnally, 1967, as discussed in 5.1.2.).

The recognition of the relevance of attribution research to studies of family function (Maccoby and Martin, 1983; Van der Hart and Novak, 1983) prompted also consideration of developments in this field. In particular was noted the documented (by Weiner, 1977; Storms, 1973; Jones and Nisbett, 1972)

importance of considering rater participatory stance (as discussed in 5.1.2.) in attitude research. It was thought, with respect to this current research, that the potential influence of such a variable on therapist and lay sample rating differences would be minimized by the instructions used with lay samples which specified that subjects consider each statements not as they reflected on their own families but as they might reflect on the family of a person being heard to make such a statement.

Consideration of the intent of this research to compare parent attitudes of clinic and non - clinic samples with respect to ratings of statements representing 'enmeshment' and 'disengagement' (as stated in Chapter 1, and as further discussed in 5.1.2., 5.1.3. and in 6.3.) determined that instructions would specify parents as the desired subjects.

7.4. Research Results: The first study to test the reliability of the measure entailed its distribution to a Welsh and a Canadian sample (combined n = 500; details of these samples were given in 5.2.). Analyses of sample demographic data (discussed in 5.2.3.) indicated no differences in sample composition for the variables 'sex', 'marital status', 'duration of marital status', 'age' or 'number of children'. Sample differences were noted for occupational class (see 5.2.3.), with class 2 more represented, and inclusive of more women, in the Canadian sample, while the category 'housewife' was used by more women in the Welsh sample. The Welsh sample contained also more (men) who categorized their occupation as 'unemployed' than did the Canadian sample. Sample distribution was found to be consistent for categories 'class 3' to 'class 5'.

Tests to ascertain the internal consistency of this measure indicated that the reliability for both scales was adequate (as reported in table 5.1.) for both

samples. It was noted however, that results for both samples indicated higher reliability for dyads representing 'disengagement' or 'enmeshment' than for those representing the two moderate categories (as indicated in Table 5.1.).

A test - retest study, using a 3 - month sampling interval, was conducted with willing respondents from the Canadian reliability sample (as described in 5.2.4.). Results indicated also adequate test - retest reliability for both scales (as reported in 5.3.2.).

Ratings of 'involvement' by Welsh and Canadian samples were subjected next to factor analysis (see 5.4.). Factoring for the Welsh sample appeared to support the category distinctions (see 5.4.2.1.) established by expert ratings (shown in Table 4.1.). Content analysis of factor dyad items suggested that the presence of conflict in item content, as well as dyad configuration (spousal or parental) were two considerations contributing to factor differentiation. Factoring of Canadian sample ratings of 'involvement' appeared to differentiate only the two 'involved' categories from the two 'uninvolved' categories. Conflict and dyad configuration appeared to be implicated less in differentiation than was found for the Welsh sample ratings.

Analysis of Canadian and Welsh sample rating variances (as presented in 5.5.) utilized the demographic variables sex, age and location (occupation was omitted because of empty or under-represented cells, as discussed in 5.2.3.2.). This and subsequent analyses (as presented in Chapter 6, to be summarized below) were undertaken on 8 variables. Four of those were computed as a subject's average 'degree of involvement' rating of dyads representing each of the 4 'involvement' categories (as ascertained by expert ratings shown in Table 4.1.). The remaining 4 were computed as a subject's average 'quality' rating of the

dyads representing each 'involvement' category (those computations were described fully in 5.5.1.).

Results of a comparison of Canadian and Welsh sample ratings of 'degree of involvement' (as reported in 5.5.3.1.) indicated a significant ($p < .05$) difference attributable to sample location in ratings of 'enmeshment', 'disengagement' and 'moderate uninvolvement', with the Canadian sample rating 'disengagement' as less involved and 'enmeshment' as more involved than did the Welsh sample. 'Moderate Uninvolvement' items were rated as less involved by the Welsh sample than by the Canadian sample.

Significant ($p < .04$) sex x age interaction effects were found for 'disengagement' ratings with the greatest difference between higher male and lower female ratings occurring in the 40 - 49 year age range. Interaction effects, also, for age x location were found to account for significant ($p < .02$) differences in ratings of 'disengagement', with Canadian sample ratings seen to increase with age while Welsh sample ratings, consistent for the 25 - 29, 30 - 39, and 40 - 49 year age ranges, decreased for age range 50 - 59 years.

Age was found also to account for differences in ratings of 'enmeshment', in that the rated 'degree of involvement' decreased as age increased. Ratings of 'moderate uninvolvement' dyads produced, in addition to the location differences discussed above, an age x location effect in that Canadian lower ratings were lowest for the 30 - 39 year age range, while for the Welsh sample they were highest at the 30 - 39 year age range. No significant differences were found in ratings for the 'moderate involvement' dyads.

'Quality' ratings (all results of 'quality' scale ratings were reported in 5.5.3.1.2.) of 'enmeshment' dyads demonstrated significant ($p < .003$) variance

attributed to location in that Canadian ratings were lower for this variable than were Welsh ratings. 'Quality' ratings by the two samples of the 'moderate involvement' dyads exhibited significant differences attributed to an age x location interaction effect in that while ratings increased by age range for the Canadian sample, they decreased for the Welsh sample. No group differences were found for the 'quality' ratings of the 'moderate uninvolvement' dyads. 'Quality' ratings of 'disengagement' dyads found significant ($p < .0001$) location differences with lower 'quality' ratings found for the Canadian sample. It was found also that while females rated those dyads as less 'involved' than did males in both locations, this pattern of difference was more pronounced in the Welsh sample.

Within sample analyses (as reported in 5.5.3.2.) investigated sex and age effects. Welsh sample analysis found no differences attributable to those variables for ratings of any 'involvement' subscale. 'Quality' ratings of 'disengagement' were found to differ significantly ($p < .03$) by sex, with high ratings attributed to males for this category. An interaction effect for the variables sex x age was found also for the 'quality' ratings of 'disengagement', reflecting a positive skew for male, and a negative inverse skew for female, ratings.

Canadian sample analysis indicated differences in 'involvement' ratings attributed only to the variable 'age' for 'enmeshment, 'moderate uninvolvement' and 'disengagement'. No significant difference in ratings was found for the 'moderate involvement' subscale. Sample ratings of 'Quality' differed by 'age' for all but the 'moderate uninvolvement' subscale. All significant differences reflected a general increase in rating by age.

A final analysis of this data investigated mean differences (as presented

in 5.6.) between the 4 'involvement' subscale ratings and between the 4 'quality' subscale ratings. It was found (as reported in 5.1.2.) that all 'involvement' subscale means differed significantly ($p < .0001$) from each other as did all 'quality' subscale ratings. The patterns observed of mean differences within the two scales were of interest in that while the 'involvement' subscale means increased in linear progression from 'disengagement' to 'enmeshment', the 'quality' subscale means differed in a general curvilinear pattern.

The final study of this research involved an investigation of this measure's ability to differentiate clinic and non - clinic samples (as presented in Chapter 6). The design of the measure used in the clinic investigation was identical to that used in the reliability studies (presented in Chapter 5). The target population (as discussed in 6.2.) was specified to be parents in two - parent families with an adolescent. The intent of this study was to compare the ratings of parents of a clinic - presenting adolescent with those of parents of a comparison non - clinic sample of adolescents. Families of adolescents were selected because they would be expected (as discussed by Minuchin, 1974 and others) to be experiencing stress as a function of demands to change patterns of involvement to permit increasingly the individuation of their adolescents. It was expected that selected (as described in 6.4.3.1.) clinic - presenting families would be experiencing some difficulties in making such adaptations. It was further expected, on the basis of Minuchin's discussion of family perceptions (in 2.3.4. and 2.3.5.) that families in enmeshed relations with their adolescents would have attitudes about this degree of involvement, namely that it was very good, that would exacerbate the difficulties of adapting to more individuation (see discussion in 6.2. and 6.3.).

Two clinic samples (detailed in 6.4.1.), drawn from two mental health

clinics in two cities of a Canadian province (see 6.1.), were used in this study. Clinic sample selection was based on therapist judgement that the presenting problems of adolescents were a function primarily of family relational difficulties and that the family contained at least one enmeshed parental dyad, as agreed by two therapists (see 6.4.3.1.). Individual diagnosis was not considered in this process (this decision was discussed in 6.4.1.1.). Parents selected and consenting were asked to complete the General Health Questionnaire (G.H.Q.; see 6.5.1.), as well as the measure designed for this research. Those indicating higher than normal responses on the G.H.Q. were eliminated from the study (see 6.6.1.). Selection of the second clinic sample (presented in 6.4.3.2.) excluded the procedure ascertaining therapist agreement but utilized families residing in the same school catchment area from which the non - clinic sample was drawn. The non - clinic sample comprised parents of high school students whose names were selected systematically from their school student directory (see 6.4.3.3.).

Demographic data analysis of the combined clinic and non - clinic samples (as described in 6.6.3.) indicated a significant ($p < .0001$) difference in the ages of parents. A lesser ($p < .01$) difference in parental ages was found between the non - clinic and the clinic samples drawn from the same residential area. No significant difference in parental ages was found between the two clinic groups.

Analysis (see 6.7.4.) of sample ratings utilized the same computed variables described previously (in 6.7.2.) as did the cross - cultural analysis (see 5.7.1.3.).

Results of t-test analyses (see 6.7.5.1.) indicated a significant difference ($p < .001$) between combined clinic and non - clinic means only for the 'quality' ratings of 'enmeshment'. Analysis of sample variance (as presented in 6.7.5.2.)

included the variables 'location' (Clinic A, Clinic B, Non - clinic), 'sex' and 'age' (the latter was included because of the significant differences found between groups for this variable).

ANOVA procedures with sample data, utilizing the computed (as described in 5.5.1.2.) subscale variables incorporated the variable 'age', using 30 - 39 year and 40 - 49 year ranges. Results of those analyses (given in 6.7.5.2.) indicated that while the variables 'sex' and 'age' accounted for significant differences on three 'involvement' subscale ratings (no differences were found for the 'moderate involvement' subscale), clinic and non - clinic sample differences in ratings were found predominantly for the 'quality' subscales, and most significantly so ($p < .001$) for the 'quality' ratings of 'enmeshment' dyads. The two subscales pertaining to moderate uninvolvement produced exceptions to this pattern. Ratings of 'degree of involvement' of the 'moderate uninvolvement' dyads differed significantly ($p < .01$) between clinic and non - clinic samples; 'quality' ratings of 'moderate uninvolvement' dyads differed significantly ($p < .04$) only for the variable 'sex'.

7.5. Conclusions: This research appears to have been successful in operationalizing Minuchin's concepts of 'enmeshment' and 'disengagement' in a self - report attitude measure. The development of this measure entailed research at each of several stages (which has been summarized in 7.4.). The conclusions drawn in the course of that research shall now be summarized, firstly with respect to establishing item content, secondly with respect to scale reliability and thirdly with respect to considerations of the measure's validity in differentiating clinic - presenting and non - clinic families.

Firstly, it was concluded, on the basis of the agreement reached in

therapist ratings (as reported in table 4.1.), that this attempt to operationalize Minuchin's conceptualization of 'enmeshment', 'disengagement' and moderate family relationships in first - person statements appeared to have been judged an acceptable one by family therapists familiar with Minuchin's work. It was concluded as well that while the rating of family dyads, rather than family units, may have contributed to increases in rating agreement obtained, a rigorous comparison of the two rating instructions utilized in different pilot studies was not possible because of methodological limitations. Also, it was noted that therapist ratings of dyads as representing the category 'moderately dependent' were almost non - existent and that this category served as a repository for those dyads rated as either 'moderately dependent' or 'enmeshed' but without sufficient agreement to allot them the 'enmeshed' rating. It was noted that the rating category 'moderately independent', by comparison, received more independent endorsement.

It was concluded also, on the basis of results of a parent pilot study indicating that the contents of the statements were perceived by parents to be representative of relatively common family functioning (as reported in 4.5.4.), that the statements demonstrated face validity. Such a finding was seen to be important in ensuring that the measure to be constructed using those statements would be seen as having relevance to an investigation of family functioning.

Secondly, and on the basis of results of reliability analysis of data obtained with a British and with a Canadian parent sample (reported in Chapter 5), it was concluded that the two ratings scales, the 'Involvement' scale and the 'Quality' scale, employed in the measure both demonstrated adequate internal consistency and test - retest reliability, although again the relatively weaker findings for the

moderate item ratings on both scales were noted. The results of factor analysis of the 'Involvement' scale ratings by the British and the Canadian samples appeared to support the theoretical distinction manifested by therapist ratings, particularly with respect to an involvement - uninvolvement dichotomy. It was noted however that the British sample ratings appeared to differentiate the four therapist rating categories more clearly than did Canadian ratings. It was noted as well that dyad configuration and the presence of conflict in item content appeared to be variables that had some influence in factor differentiation, and more clearly so for the British sample. It was concluded (in 5.4.3.) on the basis of factoring results that there was some evidence that the concepts of 'enmeshment' and 'disengagement' appeared to subsume other variables such as dyad configuration and conflict rather than to represent only components of a unidimensional measure of relational involvement, giving tentative support to the position taken in this research that 'enmeshment' and 'disengagement' might represent higher order constructs.

It was concluded also, on the basis of results of analyses of independent variable effects on sample data, that cultural differences in perceptions of degree of involvement and in relational quality were suggested, although this conclusion was a tentative one given the absence in this research of within - culture comparison sample data. Conclusions about the effects of sex and age on ratings were also seen to require more study. It was acknowledged also that this analysis had been limited in ascertaining social class effects because of a lack of representation of professional occupations across sex and ages.

Finally, for this sample data, it was suggested, on the basis of the observed patterns of 'involvement' and of 'quality' subscale mean differences (as reported

in 5.6. and see Table 5.13.), that exploration of questions of the curvilinearity or linear distribution of families with respect to interactive function might be assisted by the differentiation of connotative and evaluative ratings, such as were employed in this study.

Thirdly, and on the basis of results of the clinic study (presented in Chapter 6) indicating preliminary support for the hypothesis that ratings of the quality of 'enmeshment' dyads would differentiate a selected sample of parents demonstrating enmeshment from a comparison non - clinic sample, it was concluded that parents' high valuations of extreme family involvement might be an attitude accompanying clinic presentations of parent - child enmeshment. It was further concluded that while sex and age differences were found for the connotative rating of involvement, valuations of family interaction, in general, appeared most effective in differentiating between clinic - presenting parents in families demonstrating enmeshment with their children and non - clinic parents.

7.6. Research Implications and Directions for Future Study: It appears that this research has been successful in developing a self - report attitude measure which has operationalized Minuchin's presentations of 'enmeshment' and 'disengagement' in a manner conducive to extensive research. The format appears to have facilitated investigations with clinic and non - clinic samples, as well as with large and cross - cultural samples. The implications of this research are several. Those shall be discussed, firstly, with respect to the specific findings of this research, and, secondly, with respect to considerations of the methodology employed.

In consideration of the obtained therapist ratings of item dyads (shown on Table 4.1.), it is suggested, that therapist perceptions of enmeshment,

disengagement and moderate functioning in relationships could be influenced by cultural factors, such as might be investigated in future studies. Secondly, it is suggested, with reference to the under - utilization of the category 'moderately dependent' in therapist ratings, that the development of more items to test therapist ratings of moderate family functioning appears in order.

The finding of this cross cultural study (reported in Chapter 5) that location appeared to be instrumental in observed rating differences suggests also the need for further within - culture as well as cross - culture comparison studies to ascertain the stability of such a finding.

Further study is suggested as well to explore differences pertaining to occupational status, sex and age differences. It is suggested that longitudinal and cross - sectional research could address the question of whether ratings of involvement and relational quality change as a function of individual change or whether experiences unique to different generations may affect such attitude differences.

The significance attached to quality ratings by the results of this clinical study has several implications. Firstly, the differences found between clinic and non - clinic parents in evaluating the quality of involvement implicate the importance of future attitude research in the field of family function and dysfunction, specifically with respect to the association between parental attitudes and child symptomatology. Secondly, the results implicate attitude change, particularly with respect to valuations of relationships, as an important focus of clinical intervention with families experiencing relational stress. Again, it is noted that this clinic research addressed the attitudes of parents of adolescents only, and did not include families presenting with a child whose clinical

symptomatology was attributed to other than family relationship problems. The exploration of relation - focused attitudes of parents with respect to the clinic presentation of children of other ages and with different symptom presentations are suggested as foci of future studies.

A focus of future research interest also would appear to be consideration of the implications of the finding that while the item content of this developed measure was seen to be representative of relatively common family functioning, the valuations of relationships implicated by this content were seen to differentiate specified clinic - presenting and non - clinic comparison samples. This might imply that whereas specific (verbal) behaviour, connoting 'enmeshment', 'disengagement' or moderate involvement, might occur in more than a few families, the attitudinal responses to that occurrence might be instrumental in differentiating, over time, the clinic - presenting and non - clinic families. It is suggested that further investigation of this finding could be worthwhile, both with respect to families seen to exhibit enmeshment or with families seen to exhibit disengagement.

This clinic study did not attend to identification of the sex of parent and of child in enmeshed presentations. Such comparison clinic studies of ratings, using this measure, are seen also to be worthwhile of future attention. This study also employed minimal observational ratings. The comparison of attitude responses on this measure and more structured observational ratings by therapists is also warranted.

Finally, the apparent success of this research in operationalizing Minuchin's concepts of 'enmeshment' and 'disengagement' using first - person statements as item content, and the apparent receptivity of the public to rating

concepts such as family interpersonal involvement and relationship quality appear to suggest many possibilities for future attitude research or other studies in family functioning employing such a format. It is suggested as well that possibilities exist for interaction research in expanding the format used in this study. It is suggested, for example, that future item content could include dialogue transcripts as rating content. Thus, this and other such designed measures could contribute to further theoretical and clinical investigations in the field of family interaction.

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APPENDIX 1: Complete Questionnaire package - final form

Department of Psychology
UNIVERSITY COLLEGE LONDON
GOWER STREET LONDON WCIE 6BT
TELEPHONE 01-387 7050

To Parents:

You are being asked to take part in a study which is attempting to compare common opinions about relationships in families with the opinions of professionals working with families. Your co-operation is very much needed in order that this task be completed.

Please note that all information contained in this questionnaire will be used for research purposes only. It is not necessary for us to have any names. However, some questions about your family generally are being asked in order to assist us in a better understanding of our results.

If you wish to learn the results of this study, please contact Elizabeth Ivanochko, 1410 College Avenue, Regina, after December 15, 1984.

Thank you for agreeing to participate in this project.

Instructions For Completing This Questionnaire:

On the following pages are fifty statements which represent things a man,woman or child might say about his or her family, or about other people in the family.

We are interested in what you think these statements say about three different relationships: the husband-wife one, and the ones between father-child and mother-child. We would like you to estimate the level of involvement in each of the relationships that you think in indicated by these statements, and to show your answer by placing a tick in the appropriate place. We would also like you to evaluate the statement from the point of view of the quality of the relation between husband-wife, between father-child and between mother-child.

Example

Statement	Relationship	extremely uninvolved	very uninvolved	somewhat uninvolved	somewhat involved	very much involved	extremely involved	extremely poor	very poor	somewhat poor	somewhat good	very good	extremely good
It's very nice to get the children out of the house on the weekends so that my wife and I can have some quiet time together.	Husband-wife:					✓						✓	
	Dad-child:				✓						✓		
	Mum-child:				✓						✓		

The ticks inserted in this example would indicate that you thought the husband-wife relationship was a "very much involved" one, and that the quality of this relationship was "good". The father-child and mother-child relationships were both evaluated as "somewhat involved" and the quality of both these relationships was judged to be "somewhat poor".

You might decide that the information contained in some statements is insufficient to make an evaluation of all three relationships. In such cases, please select as many relationships as you think the statement might address, but please remember to tick both 'involvement' and 'quality' for each relationship that you select.

****

Family Information:

1. Sex: Male__ Female__ 2. Occupation:_____

3. Age: Under 20___20-24___25-29___30-34___35-39___40-44___45-49___50-54___55-59___60-64___65 and over____

4. Marital status: Single___Living with girl/boy friend___Married___Separated___Divorced___Widowed___Remarried____

5. Is your partner completing a questionnaire? Yes___No___

6. Number of years in current marital status: ____

7. Number of children in your current family: girls:___ ages:_____
   boys:____ ages:_____

8. Of these children, how many are (a)your natural children?____(b)your step-children?____(c)your adopted children?____
   (d)your foster children? ____

9. Do you have children who are not living in your home? Yes____ No____ If so, are these children living (a)independently___
   (b)with another parent____(c)other(please specify)_____
   _____

10. In your opinion, has/have any member(s) of your family experienced any significant change or disruption in the past eighteen months?(Example:loss of job; change of schools; loss of close friend or relative) Yes____No____
    Please specify:_____

11. Did you, or are you now receiving assistance from a professional counsellor, doctor or member of a religious institution in dealing with any difficulties associated with this change? Yes___No____

(please go on to next page)

****

Statements	Relationship	extremely uninvolved / very uninvolved / somewhat uninvolved / somewhat involved / very much involved / extremely involved	extremely poor / very poor / somewhat poor / somewhat good / very good / extremely good
1. Dad usually likes to see me to or from a school activity or anywhere I want to go with my boyfriend.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
2. My wife and I think very much alike on most matters.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
3. At our house, whoever gets home first starts dinner.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
4. It's difficult to discuss anything with my mother because Dad always interrupts and tells me to stop bickering.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
5. My husband and I have missed few Sundays with my parents in the ten years we've been married.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
6. In our family, we all believe that the closer we all are, the better.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/

Statement	Relationship	extremely uninvolved / very uninvolved / somewhat uninvolved / somewhat involved / very much involved / extremely involved	extremely poor / very poor / somewhat poor / somewhat good / very good / extremely good
7. My parents are both too busy with their own individual projects to interfere much in my school or other activities.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
8. It is very difficult to talk to my wife at all because the children are always wanting something from her, and she says it's her job to look after them first.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
9. Once a week my husband and I have our separate nights out; he goes with his friends and I go with mine.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
10. When Mum cannot get Dad to see her point of view, she'll always ask me to talk to him, because he'll listen to me.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
11. I get uncomfortable when the older children shut their doors; it doesn't seem to bother my wife as much.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
12. We don't talk about feelings in our marriage.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/

Statement	Relationship	extremely uninvolved / very uninvolved / somewhat uninvolved / somewhat involved / very much involved / extremely involved	extremely poor / very poor / somewhat poor / somewhat good / very good / extremely good
13. I find it easier to talk about many things to the people at work than I do to my husband.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
14. Our children often have their games that they don't let us know about.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
15. I don't think my wife knows when I'm upset about something if I don't say so.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
16. My husband and I have different views on many matters but one of us will give in on the important ones.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
17. I can tell you any time to the day or night what either of my parents is doing.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
18. My wife and I have a pretty lively and noisy relationship, but we feel alike about many things.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/

Statement	Relationship.	extremely uninvolved / very uninvolved / somewhat uninvolved / somewhat involved / very much involved / extremely involved	extremely poor / very poor / somewhat poor / somewhat good / very good / extremely good
19. I'll cook a meal every so often when my wife wants to go out.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
20. I know my husband so well that even when he does not say, I know what he is thinking.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
21. It's nice to see the children and their families come for the holidays, but it's also very nice to see them go.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
22. His mother and I both say that if the boy doesn't know enough not to steal when he's almost eight, then maybe the only thing that will work is to have him sent to a foster home for awhile.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
23. If the children have a disagreement, we usually leave it up to them to sort it out.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
24. If people do not want our children along, then we do not want to go either.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/

Statement	Relation ship	extremely uninvolved / very uninvolved / somewhat uninvolved / somewhat involved / very much involved / extremely involved	extremely poor / very poor / somewhat poor / somewhat good / very good / extremely good
25. My husband and I like to see the whole family do as much together as possible. It's better for the children to grow up in a close environment.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
26. Once in a while, I'll tell the children I do not want to see or hear them for awhile because I'm tired of dealing with them. Then they'll go more to their father for things.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
27. I'd have to be in real trouble before Dad would be able to miss time from his schedule.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
28. I generally stay and settle the children at night until they're asleep so that my wife can do some reading.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
29. We are a very close family. Our only problems seem to be when the child is sick.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
30. It's easier if I serve up everyone's dinner before they come to the table, since I know what my wife and children are going to want anyway.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/

Statement	Relationship.	extremely uninvolved / very uninvolved / somewhat uninvolved / somewhat involved / very much involved / extremely involved	extremely poor / very poor / somewhat poor / somewhat good / very good / extremely good
31. I rely on my eldest boy a lot. He takes more interest in my projects than his father does.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
32. I can usually talk Dad into giving me what I want, but if Mum says "No", it's no.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
33. We have decided that boarding school might be a good place for our boy since he has been getting a little disruptive in the home and in the community lattly.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
34. We don't believe in arguments in our family. If people have the maturity to ignore differences, they will eventually disappear.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
35. My husband does a more thorough job of housecleaning than I do.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
36. It's not good for the children to have their secrets from us.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/

Statement	Relationship	extremely uninvolved / very much uninvolved / somewhat uninvolved / somewhat involved / very much involved / extremely involved	extremely poor / very poor / somewhat poor / somewhat good / very good / extremely good
37. Mom is pretty easy-going, but if Dad says something, that's it.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
38. I don't think it's necessary for my husband and myself to have many common interests if we co-operate on the principal job of raising the children.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
39. Sometimes I would like to read a book by myself, but whenever I have one, Mum and Dad want me to read it to the whole family so that everyone learns.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
40. My husband and I cannot have as much privacy as we would like because the children may have nightmares and I must be near to comfort them.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
41. We have a lot of fun with our children, but we both need plenty of time away from them to be with other adults.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
42. I try not to let my husband know if I'm worried about something because it upsets him so much.	Husb-wife:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Dad-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/
	Mum-child:	/__/__/__/__/__/__/	/__/__/__/__/__/__/

Statement	Relationship	extremely uninvolved	very uninvolved	somewhat uninvolved	somewhat involved	very much involved	extremely involved	extremely poor	very poor	somewhat poor	somewhat good	very good	extremely good
43. My parents both tell me they know me better than I know myself.	Husb-wife:	/	/	/	/	/	/	/	/	/	/	/	/
	Dad-child:	/	/	/	/	/	/	/	/	/	/	/	/
	Mum-child:	/	/	/	/	/	/	/	/	/	/	/	/
44. If my wife won't accept my point of view in a discussion, our eldest child will help me to express the situation so that it is clear to her.	Husb-wife:	/	/	/	/	/	/	/	/	/	/	/	/
	Dad-chidd:	/	/	/	/	/	/	/	/	/	/	/	/
	Mum-child:	/	/	/	/	/	/	/	/	/	/	/	/
45. It makes me feel good that whenever we have company, no matter to whom my husband is talking, he always looks at me.	Husb-wife:	/	/	/	/	/	/	/	/	/	/	/	/
	Dad-child:	/	/	/	/	/	/	/	/	/	/	/	/
	Mum-child:	/	/	/	/	/	/	/	/	/	/	/	/
46. After my husband leaves, I like to move over into his chair and have a second cup of coffee from his cup. It's just a habit.	Husb-wife:	/	/	/	/	/	/	/	/	/	/	/	/
	Dad-child:	/	/	/	/	/	/	/	/	/	/	/	/
	Mum-child:	/	/	/	/	/	/	/	/	/	/	/	/
47. It's hard for me to see my wife depressed without getting pretty depressed myself.	Husb-wife:	/	/	/	/	/	/	/	/	/	/	/	/
	Dad-child:	/	/	/	/	/	/	/	/	/	/	/	/
	Mum-child:	/	/	/	/	/	/	/	/	/	/	/	/
48. My wife and I just don't have time to have disagreements really. We have too many demands on our day, what with the children's concerns, and the task of keeping a family going.	Husb-wife:	/	/	/	/	/	/	/	/	/	/	/	/
	Dad-child:	/	/	/	/	/	/	/	/	/	/	/	/
	Mum-child:	/	/	/	/	/	/	/	/	/	/	/	/

Statement	Relation-ship	extremely uninvolved	very uninvolved	somewhat uninvolved	somewhat involved	very much involved	extremely involved	extremely poor	very poor	somewhat poor	somewhat good	very good	extremely good
49. Mum does most of the talking in our family. Sometimes it bothers me, but Dad says that's her way, and it saves him the trouble.	Husb-wife:	/	/	/	/	/	/	/	/	/	/	/	/
	Dad-child:	/	/	/	/	/	/	/	/	/	/	/	/
	Mum-child:	/	/	/	/	/	/	/	/	/	/	/	/
5o. It's funny that when I want us to spend more time together, my husband wants his independence, but if I go off on my own and do something interesting, then he thinks we should spend more time together.	Husb-wife:	/	/	/	/	/	/	/	/	/	/	/	/
	Dad-child:	/	/	/	/	/	/	/	/	/	/	/	/
	Mum-child:	/	/	/	/	/	/	/	/	/	/	/	/

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APPENDIX 2: Questionnaire used in first therapist pilot study (130 items)

To Therapists:

This research is in need of therapists with a systems orientation in their work with families who would be willing to complete the attached statement checklist. If you agree to participate in this research, please supply the following information. Your participation is very much appreciated.

1. Sex: Male ____ Female ____

2. Age: 20-29___ 30-39___ 40-49___ 50-59___ 60-69___ 70-79___

3. Number of years you have practised as a family therapist: _____
4. Do you employ a systems approach in your family practice? Yes_No_ Sometimes_

5. Are you familiar with the concepts of enmeshment and disengagement as formulated by Minuchin? Yes:__ No:__

6. Any comments you may have about the checklist after having completed it would be welcome. Space is provided below for this purpose.

Thank you.

This study is intended to research these behaviours associated by family therapists with functional, enmeshed and disengaged family systems. Please indicate by a check in the appropriate column after each statement whether you consider that statement suggestive of experience in- (1) a disengaged system (2) a moderately independent system (3) a moderately dependent system (4) an enmeshed system - within a family structure.

STATEMENT	Dis-engaged	Mod. Inde-pendent	Mod. De-pendent	En-meshed
1. We have not missed Sunday lunch with my parents in the ten years we've been married.	____	____	____	____
2. Anytime I'm out of a job, I know I can move back home with my parents and they will take care of me.	____	____	____	____
3. My husband and I always do the dishes together.	____	____	____	____
4. Our children always come first with both of us.	____	____	____	____
5. There was never an activity that my father did with his sons that he did not do with his daughters.	____	____	____	____
6. I would not say anything that would upset my wife no matter how much I thought about it.	____	____	____	____
7. My husband will do jobs for his mother that he won't do for me.	____	____	____	____
8. My mother always tells me I'm too hard on the children if I have to discipline them in her presence.	____	____	____	____
9. We never hug or kiss in front of the children; it could give them ideas.	____	____	____	____
10. My husband and I have a good marriage but he is a very quiet man.	____	____	____	____

11. When we shout at each other, the children come and ask us to please don't shout because they cannot hear the television.

12. We're too busy a family to have any disagreements.

13. If my children get in trouble with the law they have to take what's coming to them.

14. I don't know how we get to a decision about who does what but somehow the housework gets done.

15. My husband and I keep our accounts separate and we each pay some bills.

16. When my children lie about something and I know it is untrue then I will hound them until they tell me the truth.

17. It is nice to see my son and to know he is doing well although we have not a lot to talk about.

18. My children both wet the bed until they were twelve years old; I just got them to strip the bed in the morning and did not make a fuss.

19. I let Johnnie, who is two, do just what the baby does so he will not feel left out or jealous.

20. Family problems should be kept private.

21. I always have to lock the bathroom door at home or someone in the family will just walk in.

22. Mum is usually the boss in our home. Dad goes along with her most of the time.

23. My daughter is so close to me that anytime I am feeling sick she feels sick too.

24. My husband and I both try to reason with our teenage son but he just will not listen. _____ _____ _____ _____

25. Camping and fishing are activities that my sons and I do together without my wife or the girls. _____ _____ _____ _____

26. Our children often have their games that they don't let us know about. _____ _____ _____ _____

27. I don't think my wife knows when I'm upset if I don't come right out and tell her. Even then she doesn't take much notice. _____ _____ _____ _____

28. My parents didn't approve of the person I married so we never go to their home. _____ _____ _____ _____

29. My mother was afraid of my sister being on her own when she started her studies so she came to live with us. _____ _____ _____ _____

30. When the children come to visit us, although they've all lived on their own a while, I cannot sleep until they are all in at night. _____ _____ _____ _____

31. At our home, whoever gets home first, starts dinner. _____ _____ _____ _____

32. My husband spends his half-hour with the children every day. _____ _____ _____ _____

33. I'm proud to say we never had a babysitter all the time the children were growing up and we never left them alone either. _____ _____ _____ _____

34. I just don't like it when the children close their bedroom doors. _____ _____ _____ _____

35. I do not feel comfortable going to a cinema with a girlfriend if my husband says it is not a good show, even when I had originally thought I might like it. _____ _____ _____ _____

36. We always had the same bedtime for all the children when they were growing up. _____ _____ _____ _____

37. I can tell you any time of the day or night what any member of my family is doing. _____ _____ _____ _____

38. It's not possible for a family to be too close. _____ _____ _____ _____

39. Once a week, my wife and I have our separate nights out; she goes with her friends and I go with mine. _____ _____ _____ _____

40. We never let our children see us naked. _____ _____ _____ _____

41. There is something wrong with a husband and wife having separate bedrooms even if they have the space. _____ _____ _____ _____

42. We keep having to change the family rules as the children get older. _____ _____ _____ _____

43. It's bad when my husband and I have a noisy argument, because the children start crying and then my husband shouts at them and I shout at him and very soon everyone's really upset. _____ _____ _____ _____

44. I always stick up for my children if the teacher criticizes their behaviour. _____ _____ _____ _____

45. Our family reunions are terrific for short periods; after a while they turn sour. _____ _____ _____ _____

46. I always get my boy up in the morning so he will not be late for his university classes. _____ _____ _____ _____

47. If we cannot both agree on a purchase, then we do not buy it. _____ _____ _____ _____

48. I look after expenses generally and give my wife some money for herself. _____ _____ _____ _____

49. If a ten-year old child has to make his own breakfast regularly then he has a lazy mother. _____ _____ _____ _____

50. I know more about how my teenage daughter thinks than she knows herself. ____ ____ ____ ____

51. Our two-year old is so stubborn, there is no way to put him off something he wants; he'll just keep pestering until he gets it. ____ ____ ____ ____

52. I have not changed my daily routine in the twenty years we've been married, even though my wife is extremely unpredictable. ____ ____ ____ ____

53. I think it is necessary for married people to each have someone outside the family with whom they can discuss family problems. ____ ____ ____ ____

54. When the children are very young, I think a mother's time should be spent in meeting their children's needs as much as possible. ____ ____ ____ ____

55. We both know our daughter should take the pills the doctor ordered but neither one of us can make her do anything now that she has started comprehensive school. ____ ____ ____ ____

56. You cannot reason with my wife; once she sets her mind on something, she'll do it no matter what. ____ ____ ____ ____

57. My eight-year old is just like a little mother to me. "Mummy", she'll say, "it's time to do the dishes now". ____ ____ ____ ____

58. My husband is not very good at helping with the children really- he is always away. ____ ____ ____ ____

59. I find it easier to talk to the people at work than I do to my wife. ____ ____ ____ ____

60. My husband does not like to be bothered with bills so I usually pay them. ____ ____ ____ ____

61. I know my wife so well that even when she does not say, I know what she is thinking. ____ ____ ____ ____

62. There's a lot of heated discussion whenever our family is all together. ____ ____ ____ ____

63. If the children have a disagreement, we leave it to them to work it out. ____ ____ ____ ____

64. The children know that if they cannot get what they want from me, they can go to my wife, and sometimes when she says "no" then I'll give in. ____ ____ ____ ____

65. We were a peaceful family when the children were young; now that they are almost on their own, there are so many arguments around here that I cannot wait until they leave for good. ____ ____ ____ ____

66. My son would never do anything that would make me unhappy. ____ ____ ____ ____

67. We don't talk about feelings in our family. ____ ____ ____ ____

68. My husband brings me home the wage packet and I give him some for his pocket. ____ ____ ____ ____

69. I always tell my wife what I am going to buy before I get it. ____ ____ ____ ____

70. I do not know much what my wife thinks about some things; she usually talks to her mother about these matters. ____ ____ ____ ____

71. My husband and I do not have a lot in common other than the family chores and the children. ____ ____ ____ ____

72. If people do not want our children along, then we do not want to go. ____ ____ ____ ____

73. When my wife gets one of her headaches, then I know it's from something I've done and I ask her what it is. ____ ____ ____ ____

74. We often have long talks about our differences, but as long as we've been married, we've never gotten angry at each other.

75. When our daughter was two, she always liked to have her bath with her father.

76. When my husband goes out visiting, I often send the children with him. It keeps him mindful of his family responsibilities.

77. I think when a husband and wife have separate friends, there is soon trouble in the marriage.

78. We toilet train our children by taking them to the toilet with us to give them the idea.

79. I generally try to find a babysitter at least twice a week and once a month overnight so we can go out late and sleep in the next morning.

80. When we were growing up, Mum would always tell us not to do 'that' because Dad would be cross.

81. We make a point of treating all our children in the same manner.

82. If my husband does something that upsets me, I usually just do not talk about it.

83. When Johnnie, our five year old wakes up scared at night, I take him into bed with me and my husband sleeps on the sofa.

84. It is not good for children to have secrets from their parents.

85. Mum does not like to babysit for her grandchildren. She says she has done her job bringing up her own.

86. Whenever we visit my parents, they always run me down for the way I bring up my children.

87. Although I have been away from home for twenty years, my mother still gets worried if she phones two nights in a row and I do not answer.

88. I left home at sixteen after a big row with my father.

89. I lie down with my children every night until they're asleep.

90. It is nice to see the children and their families come for the holidays, but it is also very nice to see them go.

91. It is very hard to try to talk to my wife because the children are always wanting something.

92. Anytime my husband babysat, the baby would cry until I got home so I stopped going out.

93. Sometimes our fifteen year old does not want to visit her grandparents with us but we tell her how important it is that a family stay together.

94. My wife does the woman's work at home, but I help out with the heavier jobs.

95. I'm glad my husband has a good job; it is too bad if a woman has to work when there are children.

96. I'll cook a meal every so often when my wife want to go out.

97. We would not go away for a holiday without the children.

98. If I try to get my daughter to do homework, she just throws a tantrum and I can't do anything with her.

99. My daughter and I always try to get together regularly to talk and work without the men around. ____ ____ ____ ____

100. If I tell anyone we have problems in the family then they always think that means we cannot cope. ____ ____ ____ ____

101. My son won't listen to me much, but he will listen to his father. ____ ____ ____ ____

102. I know it is dangerous for our five year old to cross the road but how are we to stop him? ____ ____ ____ ____

103. We just never know where the rest of the money goes after the bills get paid. ____ ____ ____ ____

104. My husband will argue against many things I want but if I go ahead and get them, he doesn't say anything. ____ ____ ____ ____

105. If my husband puts his foot down with the children, I might not like it but I go along. ____ ____ ____ ____

106. I don't like to undress in front of my husband. ____ ____ ____ ____

107. Once in a while I just tell the children I do not want to see or hear them for awhile because I am tired of dealing with them. ____ ____ ____ ____

108. If the boy doesn't know not to steal when he's almost eight then maybe the only thing to do is to have him put in a foster home. ____ ____ ____ ____

109. All our family have the same opinion on thing. ____ ____ ____ ____

110. My wife and teenage daughter would fight constantly if I were not there to intervene. ____ ____ ____ ____

111. It is the husband's job to see that his wife enjoys lovemaking. ____ ____ ____ ____

112. I can never get my wife to listen when I'm upset at her; she just goes out shopping. _____ _____ _____ _____

113. We cannot make love as much as we would like to because the children want us to keep the bedroom door open at night. _____ _____ _____ _____

114. When my sons fight, then I have to step in and cool them down. _____ _____ _____ _____

115. I would lie to cover for my children with the police. _____ _____ _____ _____

116. I always told my children when they were little that if they woke me up before the alarm went off, they would be in trouble. _____ _____ _____ _____

117. We always stick together against the children in an argument even if we have an argument about it afterwards when we're alone. _____ _____ _____ _____

118. We always make sure our son and daughter never sleep in the same room even if they're not old enough to know the difference. _____ _____ _____ _____

119. My wife doesn't like it when I go out with the boys, but I think a man's got a right to do that sometimes. _____ _____ _____ _____

120. If my wife makes the first move when we go to bed, it makes me lose interest. _____ _____ _____ _____

121. Our son bought a house near us so that his children could visit us on their own. _____ _____ _____ _____

122. The children do not mind which one of us is there as long as it's one of us. _____ _____ _____ _____

123. If Mum and Dad have an argument over rules for the children, Mum usually wins. _____ _____ _____ _____

124. We have a lot of fun with our children but we both have to have plenty of time away from them to be with other adults.

_____ _____ _____ _____

125. I get cross f my wife doesn't have dinner ready when I get home.

_____ _____ _____ _____

126. My husband does a much more thorough job of housecleaning than I do.

_____ _____ _____ _____

127. I don't interfere with my wife's handling of the children, except when she gets too angry; then I'll try to get her to be easier on them.

_____ _____ _____ _____

128. We have some pretty loud rows at time but they blow over.

_____ _____ _____ _____

129. If we have a row during the day, it's hard to make love that night.

_____ _____ _____ _____

130. If my daughter is cross at something, then I'll do something she like to bring her around.

_____ _____ _____ _____

APPENDIX 3: Questionnaire used in second therapist pilot study with dyad rating scale (70 items)

To Family Therapists

The intent of this study is to develop a measure which will facilitate the empirical investigation of Minuchin's Enmeshment-Disengagement construct with clinical and non-clinical samples of families. The co-operation of family therapists who employ a systemic approach in therapy and who are familiar with Minuchin's Enmeshment-Disengagement construct is essential to this endeavour.

This phase of study entails the establishment of expert ratings of seventy first person statements on a four-point Enmeshment-Disengagement continuum. Therapists are asked to rate, for each statement, the degree of enmeshment or disengagements implicated in each of three family subsystems:

(1) the spousal subsystem (SS)
(2) the mother\child parental subsystem (PS: M-C)
(3) the father\child parental subsystem (PS: F-C)

Please note that not every statement need implicate all three subsystems delineated above. Whether this is or is not the case is left to the discretion of the therapist.

Thank you for your participation in this study.

1. Sex: Male ___ Female ___

2. Age: 20-29___ 30-39___ 40-49___ 50-59___ 60-69___ 70-79___

3. Are you familiar with the concepts of enmeshment and disengagement as formulated by Minuchin? Yes:__ No:__

4. Do you employ a systems approach in your family practice? Yes_No_ Sometimes_

5. Number of years you have practised as a family therapist _____

Therapist's Comments:

	STATEMENT		Dis-engaged	Mod. Inde-pendent	Mod. De-pendent	En-meshed
1.	I don't think my wife knows when I'm upset about something if I don't say so.	(a) SS (b) PS:M-C (c) PS:F-C	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
2.	While the children are young, I think as a mother that I should be with them as much as possible.	(a) SS (b) PS:M-C (c) PS:F-C	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
3.	My husband and I have missed few Sunday visits with my parents in the ten years we've been married.	(a) SS (b) PS:M-C (c) PS:F-C	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
4.	I don't know how, as a couple, we get to a decision about who does what, but somehow the work gets done.	(a) SS (b) PS:M-C (c) PS:F-C	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
5.	Our daughter is so close to her mother that any time her mother is sick, she doesn't feel well either.	(a) SS (b) PS:M-C (c) PS:F-C	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
6.	It's difficult to discuss anything with my mother because Dad always interrupts and tells me to stop bickering.	(a) SS (b) PS:M-C (c) PS:F-C	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
7.	It's easier if I take the children on an outing without my husband, because that way they don't try to play the parents off one against the other.	(a) SS (b) PS:M-C (c) PS:F-C	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
8.	We usually have a lot of fun together when our children are away visiting their friends.	(a) SS (b) PS:M-C (c) PS:F-C	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

9.	I find it easier to talk about many things to the people at work than I do to my wife.	(a) SS (b) PS:M-C (c) PS:F-C	____ ____ ____	____ ____ ____	____ ____ ____	____ ____ ____
10.	Our two-year old always like to take her bath with her father.	(a) SS (b) PS:M-C (c) PS:F-C	____ ____ ____	____ ____ ____	____ ____ ____	____ ____ ____
11.	My mother is afraid of my living on my own while I'm taking my mechanics course, since I've never had to fend for myself, so I'm staying with my married sister.	(a) SS (b) PS:M-C (c) PS:F-C	____ ____ ____	____ ____ ____	____ ____ ____	____ ____ ____
12.	Our children often have their games that they don't let us know about.	(a) SS (b) PS:M-C (c) PS:F-C	____ ____ ____	____ ____ ____	____ ____ ____	____ ____ ____
13.	It is very difficult to talk to my wife at all because the children are always wanting something from her, and she says it's her job to look after them first.	(a) SS (b) PS:M-C (c) PS:F-C	____ ____ ____	____ ____ ____	____ ____ ____	____ ____ ____
14.	At our house, whoever gets home from work first starts dinner.	(a) SS (b) PS:M-C (c) PS:F-C	____ ____ ____	____ ____ ____	____ ____ ____	____ ____ ____
15.	While the children are young, we do not like to go anywhere with taking them along.	(a) SS (b) PS:M-C (c) PS:F-C	____ ____ ____	____ ____ ____	____ ____ ____	____ ____ ____
16.	My wife and I have different views on many things but one of us will give in on the important matters.	(a) SS (b) PS:M-C (c) PS:F-C	____ ____ ____	____ ____ ____	____ ____ ____	____ ____ ____
17.	I get uncomfortable when the older children close their doors; it doesn't seem to bother my wife as much.	(a) SS (b) PS:M-C (c) PS:F-C	____ ____ ____	____ ____ ____	____ ____ ____	____ ____ ____

18. My husband and I have some pretty loud arguments at times, but they blow over; some take longer than other, especially for me.
(a) SS
(b) PS:M-C
(c) PS:F-C

19. When Mum cannot get Dad to see her point of view, she'll always ask me to talk to him, because he'll listed to me.
(a) SS
(b) PS:M-C
(c) PS:F-C

20. Dad usually like to drive me to or from a school activity or anywhere I want to go with my boyfriend.
(a) SS
(b) PS:M-C
(c) PS:F-C

21. We don't talk about feelings in our marriage.
(a) SS
(b) PS:M-C
(c) PS:F-C

22. Once a week my husband and I have our separate nights out; he goes with his friends and I go with mine.
(a) SS
(b) PS:M-C
(c) PS:F-C

23. I can tell you any time of the day or night what either of my parents is doing.
(a) SS
(b) PS:M-C
(c) PS:F-C

24. We have to treat our small children differently, although they are only two years apart.
(a) SS
(b) PS:M-C
(c) PS:F-C

25. In our family, we all believe that the closer we all are, the better.
(a) SS
(b) PS:M-C
(c) PS:F-C

26. My parents both tell me that they know me better than I know myself.
(a) SS
(b) PS:M-C
(c) PS:F-C

27. I think it is necessary for married people to each have someone outside the family with whom they can feel free to discuss family problems.
(a) SS
(b) PS:M-C
(c) PS:F-C

28. If the children have a disagreement, we generally leave it up to them to sort it out.
(a) SS
(b) PS:M-C
(c) PS:F-C

29. His mother and I agree that if the boy doesn't know enough not to steal when he's almost eight, then maybe the only thing that will work is to have him sent to a foster home for awhile.
(a) SS
(b) PS:M-C
(c) PS:F-C

30. I know my husband so well that even when he does not say, I know what he is thinking.
(a) SS
(b) PS:M-C
(c) PS:F-C

31. Its nice to see the children and their families come for the holidays, but it soon become very nice to see them go.
(a) SS
(b) PS:M-C
(c) PS:F-C

32. Our son would never do anything that would disappoint his father.
(a) SS
(b) PS:M-C
(c) PS:F-C

33. I'll cook a meal every so often when my wife want to go out.
(a) SS
(b) PS:M-C
(c) PS:F-C

34. Once in a while, I'll tell the children I do not want to see or hear them for awhile because I'm tired of dealing with them; then they go more to their father for things.
(a) SS
(b) PS:M-C
(c) PS:F-C

35. If people do not want our children along, then we do not want to go either.
(a) SS
(b) PS:M-C
(c) PS:F-C

36. It's not good for our children to have secrets from us.
(a) SS
(b) PS:M-C
(c) PS:F-C

37. I always tell the little ones that if they wake us before the alarm sounds in the morning they'll be trouble.
(a) SS
(b) PS:M-C
(c) PS:F-C

38. Mum is pretty easy-going, but if Dad says something, that's it.
(a) SS
(b) PS:M-C
(c) PS:F-C

39. Once the children go to school, they won't listen to a mother anymore.
(a) SS
(b) PS:M-C
(c) PS:F-C

40. My wife and I have pretty lively and sometimes noisy relationship, but we feel alike about many things.
(a) SS
(b) PS:M-C
(c) PS:F-C

41. My wife does not like it when I go out with the boys, but I think a man has a right to do that sometimes.
(a) SS
(b) PS:M-C
(c) PS:F-C

42. I don't think its necessary for my husband and myself to have many common interests if we co-operate on the principle job of raising the children.
(a) SS
(b) PS:M-C
(c) PS:F-C

43. I generally stay and settle the children at night until they are asleep so that my wife can do some reading.
(a) SS
(b) PS:M-C
(c) PS:F-C

44. As their father, I would lie to cover for the children with the police.
(a) SS
(b) PS:M-C
(c) PS:F-C

45. I can usually talk Dad into giving me what I want but if Mum say "no" , that's that.
(a) SS
(b) PS:M-C
(c) PS:F-C

46. My husband doesn't like me to go off without him, but I need to have some time with my friends without his being along.
(a) SS
(b) PS:M-C
(c) PS:F-C

47. I tell my wife that when the older children are old enough to manage on their own, and think they don't have to obey any of our directions, then it's time for them to go.
(a) SS
(b) PS:M-C
(c) PS:F-C

48. We don't believe in arguments in our family. If people have the maturity to ignore differences, they will eventually disappear.
(a) SS
(b) PS:M-C
(c) PS:F-C

49. The children do not mind which one of us is there as long as it's one of us.
(a) SS
(b) PS:M-C
(c) PS:F-C

50. We have a lot of fun with our children, but we both have to have plenty of time away from them to be with other adults.
(a) SS
(b) PS:M-C
(c) PS:F-C

51. If my wife won't accept my point of view in a discussion, our oldest child will help me to express the situations that it is clearer to her.
(a) SS
(b) PS:M-C
(c) PS:F-C

52. My husband does more thorough job of house cleaning than I do.
(a) SS
(b) PS:M-C
(c) PS:F-C

53. I'd have to be in real trouble before Dad would miss time from his schedule.
(a) SS
(b) PS:M-C
(c) PS:F-C

54. Dad can never win in a discussion with Mum but I can.
(a) SS
(b) PS:M-C
(c) PS:F-C

55. My husband is very helpful with anything he's asked to do with the children, but he's not one to talk to them the way I do.
(a) SS
(b) PS:M-C
(c) PS:F-C

56. My son and I seem to agree on a way of doing many things. My wife, however, likes to do them differently.
(a) SS
(b) PS:M-C
(c) PS:F-C

57. We are a very close family. Our only problem is when the child is sick.
(a) SS
(b) PS:M-C
(c) PS:F-C

58. In our family, for generations, the daughters were always very close to their mothers and never moved very far away from home, and it's still that way.
(a) SS
(b) PS:M-C
(c) PS:F-C

59. I don't interfere with my wife's handling of the children except when she gets too angry; then I'll try to get her to be easier on them.
(a) SS
(b) PS:M-C
(c) PS:F-C

60. My parents are both too busy with their own individual projects to interfere much in my activities.
(a) SS
(b) PS:M-C
(c) PS:F-C

61. I try to do as much as I can when I'm home at night since my wife gets a bit overwhelmed with the children when I'm not there.
(a) SS
(b) PS:M-C
(c) PS:F-C

62. I rely on my eldest boy a lot. He takes more interest in the house than his father does.
(a) SS
(b) PS:M-C
(c) PS:F-C

63. If I'm irritated with my wife and the children I'd rather not say. Instead, I'll try to distract them from acting that way.
(a) SS
(b) PS:M-C
(c) PS:F-C

64. I talk to my daughter quite often about my work; she is more interested in that area than my husband is.
(a) SS
(b) PS:M-C
(c) PS:F-C

65. My six-year old will break a window sometimes when he's upset about something. I tell him to stop but he just won't listen to myself or his mother.

(a) SS
(b) PS:M-C
(c) PS:F-C

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

66. We have decided that boarding school might be a good place for our boy since he has been getting a little disruptive at home and in the community lately.

(a) SS
(b) PS:M-C
(c) PS:F-C

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

67. My son would never do anything to make me, his own mother, unhappy.

(a) SS
(b) PS:M-C
(c) PS:F-C

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

68. We cannot have as much privacy as we would like because the children sometimes have nightmares and the doors must be open so that my wife can go in the comfort them.

(a) SS
(b) PS:M-C
(c) PS:F-C

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

69. When our boys were going through a rowdy period, my husband met with the principal to come to an understanding so that the police did not have to become involved.

(a) SS
(b) PS:M-C
(c) PS:F-C

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

70. When my husband needs to relax at night, I will sing the children to sleep so that their calling does not disturb him.

(a) SS
(b) PS:M-C
(c) PS:F-C

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

APPENDIX 4: Questionnaire used in Cross-cultural therapist study (50 items)
(Note: Items used in this study were identical to those
given in Appendix 1 and so are not replicated here)

To Family Therapists

You are being asked to participate in a study which is currently being undertaken as part of a research project of the Psychology Department of University College London, England. The intent of this study is to develop a measure which will facilitate the empirical investigation of Minuchin's Enmeshment - Disengagement construct with clinical and non - clinical samples of families. The co-operation of family therapists who employ a systemic approach in therapy and who are familiar with minuchin's structural systems analysis is essential in this endeavour. Your participation in agreeing to complete the attached checklist, and the demographic information section below is, therefore, very much appreciated.

This phase of the study entails the establishment of expert ratings of the attached checklist items on the rating scale provided. Therapists are asked to rate, for each statement, the degree of disengagement, moderate independence, moderate dependence or enmeshment implicated in any one or all of the following family subsystems:

(a) the spousal subsystem (SS)
(b) the mother/child parental subsystem (M/C)
(c) the father/child parental subsystem (F/C)

Please note that not every statement need implicate all three subsystems, delineated above. Whether this is, or is not, the case is left to the discretion of the participating therapist.

Thank you.

Family Therapist Demographic Data

1. Sex: Male___ Female ____

2. Age: 20-29___ 30-39 ___ 40-49 ___ 50-59 ___ 60-69 ___ 70-79 ___

3. Degree/Certificate held: _____

4. Are you familiar with the concepts of enmeshment and disengagement as formulated by Minuchin? Yes___ No ___

5. Do you employ a systems approach in your family practice? Yes___ No___ Sometimes___

6. Number of years you have practised as a family therapist_____

Therapist's Comments

APPENDIX 5: Questionnaire used in Parent Pilot Study (50 items)

Number

To Parents

You are being asked to take part in a study currently underway at the Psychology Department, University College London. At this stage in the study, we are attempting to compare common attitudes about family functioning with those held by professionals working with families. To carry out such a study, we need the co-operation of large numbers of parents and so we hope that you will take the half-hour or so to fill out the information requested, and the questionnaire.

Please note that the personal information requested will not be used for identification purposes. It is not necessary for us to know your name. However it is very important that we have some general information about your family to help in a more thorough understanding of our results. The number at the top of the page will be used to identify the forms of couples and of people who are parenting alone. Couples are asked to take forms lettered (a) and (b) in addition to a number; people living alone with their children are asked to fill out a form identified by number only.

Family Information:

1. Sex: Male___ Female___

2. Occupation_____

3. Age: Under 20___ 20-24___ 25-29___ 30-34___ 35-39___ 40-44___ 45-49___ 50-54___ 55-59___ 60-64___ 65 and over___

4. Marital status (please check all categories which apply to you): Single___ Living with girl/boyfriend___ Married___ Separated___ Divorced___ Widowed___ Remarried___

5. Is your spouse/girl/boyfriend completing a questionnaire? Yes___ No___

6. Number of years in current marital status:___

7. Number of children in your current family:

   girls___ ages_____ boys ___ ages_____

8. Of these children, how many are (a) your natural children?___ (b) your step-children?___ (c) your adopted children?___ (d) your foster children?___

9. Do you have children who are not living in your home? Yes___ No___ If so, are these children living (a) independently___ (b) with another parent___ (c) other (please specify)_____

10. In your opinion, has/have any member(s) of your family experienced any significant change or disruption in the past eighteen months? (Example: loss of job; change of schools; loss of close friend or relative) Yes___ No___ Please specify_____

11. Did you or are you now receiving assistance from a professional counsellor, doctor or priest/minister in dealing with any difficulties associated with this change? Yes___ No___

Thank you.

Instructions for completing questionnaire

You will find, below, fifty items which represent possible partner, parental or child statements about many aspects of family life. For each statement, you are asked to make two judgements in the spaces provided. In the first instance, you are asked to judge the extent to which the statement could be said to represent common family functioning; that is, whether the situation described in each statement is likely to occur in all families, in most, many, some, very few or none.

In the second instance, you are asked to judge whether the statement reflects an ideal family situation, a very good one, a good one, a fair one, poor one, or a very poor one.

Please indicate your choices by a check mark in the appropriate blanks.

Statements

1. Dad usually likes to drive me to or from a school activity or anywhere I want to go with my boyfriend.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

2. My wife and I think very much alike on most matters.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

3. At our house, whoever gets home first starts dinner.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

4. It's difficult to discuss anything with my mother because Dad always interrupts and tells me to stop bickering.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

5. My husband and I have missed few Sundays with my parents in the ten years we've been married.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

6. In our family, we all believe that the closer we all are, the better.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

7. My parents are both too busy with their own individual projects to interfere much in my activities.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

8. It is very difficult to talk to my wife at all because the children are always wanting something from her, and she says it's her job to look after them first.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

9. Once a week my husband and I have our separate nights out; he goes with his friends and I go with mine.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

10. When Mum cannot get Dad to see her point of view, she'll always ask me to talk to him, because he'll listen to me.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

11. I get uncomfortable when the older children close their doors; it doesn't seem to bother my wife as much.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

12. We don't talk about feelings in our marriage.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

13. I find it easier to talk about many things to the people at work than I do to my husband.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

14. Our children often have their games that they don't let us know about.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

15. I don't think my wife knows when I'm upset about something if I don't say so.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

16. My husband and I have different views on many matters but one of us will give in on the important ones.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

17. I can tell you any time of the day or night what either of my parents is doing.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

18. My wife and I have a pretty lively and sometimes noisy relationship, but we feel alike about many things.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

19. I'll cook a meal every so often when my wife wants to go out.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

20. I know my husband so well that even when he does not say, I know what he is thinking.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

21. It's nice to see our children and their families come for the holidays but it's also very nice to see them go.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

22. His mother and I both say that if the boy doesn't know enough not to steal when he's almost eight, then maybe the only thing that will work is to have him sent to a foster home for while.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

23. If the children have a disagreement, we usually leave it up to them to sort it out.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

24. If people do not want our children along, then we do not want to go either.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

25. My husband and I like to see the whole family do as much together as possible. It's better for the children to grow up in a close environment.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

26. Once in a while, I'll tell the children I do not want to see or hear them for awhile because I'm tired of dealing with them. Then they'll go more to their father for things.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

27. I'd have to be in real trouble before Dad would be able to miss time from his schedule.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

28. I generally stay and settle the children at night until they're asleep so that my wife can do some reading.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

29. We are a very close family. Our only problems seem to be when the child is sick.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

30. It's easier and less mess if I serve up everyone's dinner before they come to the table, since I know what my wife and children are going to want anyway.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

31. I rely on my eldest boy a lot. He takes more interest in my projects than his father does.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

32. I can usually talk Dad into giving me what I want, but if Mum says 'No' it's no.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

33. We have decided that boarding school might be a good place for our boy since he has been getting a little disruptive at home and in the community lately.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

34. We don't believe in arguments in our family. If people have the maturity to ignore differences, they will eventually disappear.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

35. My husband does a more thorough job of housecleaning than I do.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

36. It's not good for the children to have secrets from us.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

37. Mum is pretty easy-going, but if Dad says something, that's it.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

38. I don't think it's necessary for my husband and myself to have many common interests if we co-operate on the principal job of raising the children.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

39. Sometimes I would like to read a book by myself, but whenever I have one, Mum and Dad want me to read it to the whole family so that everybody learns.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

40. My husband and I cannot have as much privacy as we would like because the children have nightmares and I must be near to comfort them.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

41. We have a lot of fun with our children, but we both need plenty of time away from them to be with other adults.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

42. I try not to let my husband know if I'm worried about something because it upsets him so much.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

43. My parents both tell me that they know me better than I know myself.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

44. If my wife won't accept my point of view in a discussion, our eldest child will help me to express the situation so that it is clear to her.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

45. It makes me feel good that whenever we have company, no matter whom my husband is talking to, he always looks at me.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

46. After my husband leaves, I like to move over into his chair and have a second cup of coffee from his cup. It's just a habit.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

47. It's hard for me to see my wife depressed without getting pretty depressed myself.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

48. My wife and I just don't have time to have disagreements really. We have too many demands on our day, what with the children's concerns, and the task of keeping a family going.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

49. Mum does most of the talking in our family. Sometimes it bothers me, but Dad says that's her way and it saves him the trouble.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

50. It's funny that when I want us to spend more time together, my husband wants his independence, but if I go off on my own and do something interesting, then he thinks we should spend more time together.

Occurrence: All families___ most___ many___ some___ very few___ none___
Family life: Ideal___ Very good___ Good___ Fair___ Poor___ Very poor___

****

APPENDIX 6: Family Therapist Information Sheet

Family identification #_____

Family Therapist Information Sheet (Blind raters to use also but ignore client data.)

Therapist Data:

Age: 20-24___ 25-29___ 30-34___35-39___40-44___45-49___50-54___55-59___
60-65___65+___

Educational/Professional
Qualifications:_____
How long have you used structural family systems theory in your practice_____

Client Data:
Sex of referred child: M_____ F_____ Age of referred child:_____
Birth order of referred child:_____
Presenting problem/symptom:

Clinical
Diagnosis:_____

Family Therapist Family rating: Please indicate by a tick the subsystem(s) in this family which, in your opinion, exhibit enmeshment:

Spousal _____ Father-client_____ Mother-client _____

Please indicate by a tick the degree to which, in your opinion, the spousal relationship in this family manifests overt conflict and\or implicated covert conflict.

(A) Degree of overt conflict manifested: None___ Very little ____ Some ____
Considerable_____ Very Considerable _____

(B) Degree of covert conflict implicated in spousal system: None____
Very little____ Some____ Considerable_____ Very considerable_____

APPENDIX 7: Subscale item-total Alpha statistics: Regina and Cardiff samples

REGINA SAMPLE: Item-total Alpha statistics for Involvment and Quality ratings of Disengagement Subscale

Item Dyad	Item-total correlation		Alpha if item deleted	
	Involvment	Quality	Involvment	Quality
Invsp07	.3854	.5778	.8603	.9018
Inpach07	.6387	.6989	.8457	.8969
Inmach07	.6210	.6918	.8464	.8971
Invsp08	.5418	.7124	.8510	.8965
Invsp10	.2498	.6093	.8668	.9006
Invsp12	.6108	.5948	.8479	.9012
Invsp13	.5129	.5374	.8529	.9033
Invsp15	.4429	.4736	.8562	.9053
Inpach22	.5824	.6496	.8486	.8989
Inmach22	.5890	.7021	.8482	.8967
Inpach27	.4222	.4690	.8574	.9057
Invsp31	.4817	.5653	.8545	.9024
Inpach33	.5742	.6123	.8491	.9005
Inmach33	.5681	.6116	.8495	.9005

REGINA SAMPLE: Item-total Alpha statistics for Involvment and Quality ratings of Moderate Uninvolvment Subscale

Item Dyad	Item-total correlation		Alpha if item deleted	
	Involvment	Quality	Involvment	Quality
Invsp03	.2731	.1223	.7576	.7671
Invsp09	.4114	.5676	.7455	.7293
Inpach14	.3192	.3544	.7533	.7493
Inmach14	.3214	.3544	.7532	.7493
Invsp16	.2277	.2182	.7605	.7597
Invsp19	.2795	.1193	.7560	.7667
Inpach21	.3575	.3517	.7514	.7506
Inmach21	.3740	.3517	.7505	.7506
Inpach23	.3238	.4163	.7531	.7436
Inmach23	.2866	.4062	.7563	.7446
Inmach26	.1375	.1748	.7707	.7624
Invsp28	.3086	.1882	.7542	.7603
Inmach32	.3080	.1293	.7540	.7656
Invsp35	.4245	.3403	.7449	.7503
Invsp38	.4253	.2587	.7440	.7578
Invsp41	.4642	.5397	.7437	.7370
Inpach41	.4678	.6223	.7419	.7291
Inmach41	.4994	.6223	.7392	.7291

REGINA SAMPLE: Item-total Alpha statistics for Involvment and Quality ratings of Enmeshment Subscale

Item Dyad	Item-total correlation		Alpha if item deleted	
	Involvment	Quality	Involvment	Quality
Inpach01	.2934	.3890	.9263	.9466
Invsp06	.4280	.6434	.9244	.9436
Inpach06	.4625	.5529	.9239	.9446
Inmach06	.4506	.6334	.9242	.9438
Inmach08	.2929	.5350	.9268	.9449
Inpach11	.4708	.3676	.9242	.9463
Inpach17	.6233	.5354	.9215	.9448
Inmach17	.5902	.5923	.9221	.9442
Invsp20	.4456	.7380	.9243	.9425
Inpach24	.6318	.7096	.9219	.9428
Inmach24	.6211	.7261	.9221	.9426
Inpach29	.5999	.5938	.9219	.9442
Inmach29	.6393	.6584	.9214	.9434
Invsp30	.5795	.5538	.9222	.9446
Inpach30	.6366	.5440	.9213	.9447
Inmach31	.5106	.6747	.9237	.9433
Invsp34	.1246	.6196	.9294	.9439
Inpach36	.7137	.6203	.9199	.9442
Inmach36	.6524	.6215	.9210	.9441
Inmach40	.5821	.6712	.9222	.9433
Invsp42	.4696	.4512	.9242	.9456
Inpach43	.7480	.6530	.9197	.9436
Inmach43	.7118	.6679	.9202	.9436
Inpach44	.6964	.7351	.9208	.9426
Invsp45	.7307	.6703	.9197	.9433
Invsp46	.5624	.6105	.9225	.9441
Invsp47	.4717	.7205	.9238	.9427

REGINA SAMPLE: Item-total Alpha statistics for Involvment and Quality ratings of Moderate Involvment Subscale

Item Dyad	Item-total correlation:		Alpha if item deleted:	
	Involvment	Quality	Involvment	Quality
Invsp02	.2283	.1598	.7449	.8495
Invsp04	.4509	.2279	.7104	.8416
Invsp05	.2137	.3459	.7490	.8364
Inpach10	.2591	.6726	.7382	.8022
Inmach10	.3119	.6406	.7312	.8060
Invsp25	.5857	.7852	.6937	.7916
Inpach25	.6407	.7457	.6861	.7957
Inmach25	.6391	.7638	.6882	.7940
Invsp29	.4285	.5340	.7139	.8177
Inpach32	.3842	.3448	.7208	.8336

CARDIFF SAMPLE: Item-total Alpha statistics for Involvment and Quality ratings of Disengagement Subscale

Item Dyad	Item-total correlation		Alpha if item deleted	
	Involvment	Quality	Involvment	Quality
Invsp07	.5005	.6468	.8993	.9014
Inpach07	.6947	.7087	.8917	.8989
Inmach07	.6549	.6451	.8933	.9015
Invsp08	.5620	.5464	.8973	.9051
Invsp10	.5080	.5043	.8989	.9066
Invsp12	.5886	.6765	.8959	.9003
Invsp13	.4764	.6078	.8999	.9030
Invsp15	.5554	.5201	.8972	.9061
Inpach22	.7179	.7036	.8903	.8992
Inmach22	.7374	.7400	.8893	.8976
Inpach27	.5650	.6526	.8969	.9012
Invsp31	.3681	.4791	.9031	.9073
Inpach33	.7206	.5917	.8900	.9036
Inmach33	.6818	.5497	.8918	.9052

CARDIFF SAMPLE: Item-total Alpha statistics for Involvment and Quality ratings of Moderate Uninvolvment Subscale

Item Dyad	Item-total correlation		Alpha if item deleted	
	Involvment	Quality	Involvment	Quality
Invsp03	.2097	.0288	.7728	.6718
Invsp09	.3214	.2094	.7650	.6533
Inpach14	.4257	.2701	.7552	.6434
Inmach14	.3831	.2418	.7584	.6469
Invsp16	.4554	.3762	.7533	.6312
Invsp19	.2986	.1958	.7648	.6532
Inpach21	.4383	.3229	.7551	.6375
Inmach21	.4311	.3133	.7559	.6388
Inpach23	.4117	.2999	.7564	.6398
Inmach23	.4548	.3391	.7532	.6532
Inmach26	.2386	.2271	.7685	.6485
Invsp28	.1737	.2253	.7730	.6487
Inmach32	.3765	.0729	.7593	.6661
Invsp35	.2943	.2734	.7651	.6435
Invsp38	.1496	.0654	.7786	.6681
Invsp41	.3055	.2558	.7641	.6452
Inpach41	.4827	.4261	.7512	.6222
Inmach41	.5403	.4243	.7479	.6242

CARDIFF SAMPLE: Item-total Alpha statistics for Involvment and Quality ratings of Moderate Involvment Subscale

Item Dyad	Item-total correlation		Alpha if item deleted	
	Involvment	Quality	Involvment	Quality
Invsp02	.1476	.2334	.7087	.7692
Invsp04	.2220	.2726	.6989	.7640
Invsp05	.2527	.3387	.6938	.7593
Inpach10	.3629	.4399	.6697	.7436
Inmach10	.4596	.3402	.6517	.7564
Invsp25	.5470	.5973	.6362	.7208
Inpach25	.5799	.7041	.6348	.7018
Inmach25	.5827	.6835	.9341	.7056
Invsp29	.2798	.4521	.6836	.7421
Inpach32	.2192	.1973	.6913	.7715

CARDIFF SAMPLE: Item-total Alpha statistics for Involvment and Quality ratings of Enmeshment Subscale

Item Dyad	Item-total correlation		Alpha if item deleted	
	Involvment	Quality	Involvment	Quality
Inpach01	.3504	.3482	.8439	.8950
Invsp06	.3565	.5111	.8437	.8920
Inpach06	.4142	.5004	.8421	.8918
Inmach06	.4647	.4999	.8408	.8921
Inmach08	.3674	.6193	.8433	.8890
Inpach11	.3334	.3499	.8446	.8946
Inpach17	.6123	.4557	.8343	.8927
Inmach17	.4988	.4908	.8388	.8919
Invsp20	.4282	.3979	.8417	.8937
Inpach24	.3679	.5227	.8433	.8912
Inmach24	.4576	.5046	.8402	.8916
Inpach29	.3267	.3149	.8446	.8954
Inmach29	.4033	.3542	.8422	.8948
Invsp30	.3354	.5654	.8443	.8904
Inpach30	.5275	.5549	.8380	.8906
Inmach31	.3126	.4028	.8449	.8937
Invsp34	.0664	.5036	.8583	.8917
Inpach36	.4121	.4089	.8419	.8935
Inmach36	.3396	.4078	.8444	.8936
Inmach40	.4660	.4859	.8403	.8920
Invsp42	.0709	.4361	.2304	.8931
Inpach43	.4041	.6063	.8422	.8897
Inmach43	.2946	.5875	.8455	.8898
Inpach44	.4650	.5119	.8403	.8914
Invsp45	.5693	.4739	.8362	.8926
Invsp46	.4161	.4801	.8419	.8922
Invsp47	.4625	.3750	.8409	.8953