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A STUDY OF PERSONALITY STYLE AND
INTERGENERATIONAL ATTITUDES
ON PARENTING

by

David Lee Russell

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
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Western Michigan University
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A STUDY OF PERSONALITY STYLE AND
INTERGENERATIONAL ATTITUDES
ON PARENTING

David Lee Russell, Ed.D.

Western Michigan University, 1989

The purpose of this study was to investigate the interrelationships of health in one's family-of-origin, one's parents' attitudes about parenting, personality style, personal effects of parental dysfunction and one's own parenting attitudes.

Subjects (N=163) were adults from three different educational levels: adult education, community college and graduate school. Four different instruments were used in the collection of data: the Family-Of-Origin Scale, the Myers-Briggs Type Indicator (AV), a semantic differential on parenting and a second semantic differential on one's parents' parenting. Both parents and non-parents participated in the study. One way analysis of variance and Pearson correlation analysis were performed for significance.

Four of the five hypotheses about parenting attitudes were confirmed ($p < .05$). Namely, those predicting that past perceptions of both health within one's family-of-origin and one's parent's parenting, correlated with one's own parenting attitudes; one's personality style correlated with one's parenting attitudes; and reported personal effects from living with one or two dysfunctional parents correlated with one's perceived health in family-of-origin. Parental status was not a factor in the analysis.

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There is a saying, "the joy felt is proportional to the effort given." At this time there is a lot of heartfelt joy at the Russell home.

David Lee Russell

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CHAPTER I

INTRODUCTION

Background

Someone once said, "In order to have kids, you have to grow up!" For most, who have made the journey into parenthood, the meaning behind this statement becomes increasingly more evident with every new stage their child passes. But this process of "growing up," in order to be a "good", or "healthy" parent, as the saying implies, involves much more than "trying harder", or "settling down". According to Belsky (1984) three domains of determinants are involved in being a parent: (1) personal psychological resources of the parent, (2) characteristics of the child, and (3) contextual sources of stress and support. Of the three he notes, "in order of importance, the personal psychological resources of the parent are more effective in buffering the parent-child relation from stress than are contextual sources of support, which are themselves more effective than characteristics of the child" (p. 83).

In another look at the complex nature of parenting, Ballenski and Good (1982) highlighted the developmental nature of parenting in her study on parents' perceptions of competence in certain parenting tasks. Competence was measured in the five (5) stages of parenting: infancy, toddlerhood, preschool, school-age and adolescence. So each stage presents different parenting challenges. The

infancy period calls for warm, stimulating and nonrestrictive caregiving, while toddlers require high levels of nurturance and control according to Belsky (1984). As children grow older, parental use of inductive reasoning, along with consistent discipline, and expression of warmth to promote self esteem, as well as, internalized controls, prosocial orientation, and intellectual achievement are all important.

Efforts to understand various aspects of parenting and the family in general have received renewed interest in the past decade for a couple of reasons. Systems theorists have focused their attention on the family unit to understand the "dynamics of the system" to better assess, study and treat children, adolescents, and adults. Second, there is an increasing awareness that our family of origin influence is greater than what was once believed (Bradshaw, 1988; Friel, and Friel, 1988; and Miller 1983). Bradshaw (1988) observed the shift in focus in this way:

While it's always been known that our families influence us, we're now discovering that the influence is beyond what we had imagined. We now understand that families are dynamic social systems, having structural laws, components and rules. The most important family rules are those that determine what it means to be a human being. These rules embrace the most fundamental beliefs about raising children. (p. 1)

The mental health field has long recognized the intergenerational relationship of parenting styles (Bradshaw, 1988; Gordon, 1970; Justice and Justice, 1976; Miller, 1983; Minuchin, 1974; Satir, 1972; Whitfield, 1987). Minuchin (1974) noted that the family patterns are transmitted from parents to children, whether positive or negative in nature.

Stroufe and Fleeson (1986) hypothesized that in the course of continuous interaction, parents and children learn to internalize the dual nature of the parent-child relationship. They believed that a child who has learned to trust his or her parents to receive needed emotional support, would then, in turn, be able to become a nurturing parent.

In the last decade, some of the research in the area of child-rearing has been with mothers and young children. Luster (1986) studied parenting practices related to cognitive outcomes during infancy and the early childhood period. He found that maternal behavior was determined by the mother's beliefs about parenting as well as her social support network.

The work on the intergenerational transmission of parenting styles has often come from studies on child abuse. Miller (1983) noted, that when parents act in ways that fulfill their own needs, children's need often go unfilled. Authors and researchers in this area agree that parental failure to meet children's emotional needs perpetuates itself across generations in a vicious circle of abuse and neglect (Miller, 1983; Pringle, 1980; Roy, 1988; Rutter & Madge, 1976). In a recent survey conducted at Abused Women's Aid In Crisis, Inc., Roy (1988) found that out of 150 cases selected randomly from 1,000 cases, 81.1% of the abusive partners came from homes in which they themselves were beaten or where they had witnessed their own father abusing their mother.

Inadequate nurturing was shown to correlate with depression in adolescents in several studies (Bohrnstedt & Fisher, 1986; Burbach

& Borduin, 1986; Perris, Arrindel and Perris, 1986). While the reverse was demonstrated when Conger and Petersen (1983) found strong and nurturing parent-child relations to be correlated with high achievement. In the same study, low achieving adolescents were likely to have either domineering, or overly punitive parents.

From the studies and testimonials of adult children of alcoholics (ACOA's) comes a side of the abuse/neglect cycle which has gained much attention in the last five years. In the book, The ACOA's Guide to Raising Healthy Children, Mastrich and Birnes (1988) highlight the unhealthy thoughts, feelings and behaviors that are thought to be passed from generation to generation hindering healthy parenting. In their survey of ACOA's they found that the singular most sensitive trigger to emotional upset in the lives of almost all their subjects was thinking about, or raising children. Mastrich and Birnes note, "for ACOA's, raising children threatens to raise the specter of their deepest fears of insecurity, worthlessness, and abandonment" (p. viii).

In looking at parenting effects on "adult children" it is important to bear in mind the critical variables which are involved. Not all children from homes where parents were: alcoholic, divorced, abusive, or in some way troubled, suffer maladjustment (Ackerman, 1986; Mastrich and Birnes, 1988; Naughton, 1987; Prinz, 1983). Clair (1984) identified critical intervening variables in his study about the adjustment of offspring of alcoholic fathers. By assessing the subjects' perceptions about "problem situations" in their lives and the level of "distress-fulness" they felt, he

was able to add a "personal impact variable" to the assessment of adult chil-dren from any kind of parental system. Clair's work notes the importance of the "impact" of particular events on the child to better understand the problems.

In the many studies on parent-child relations, the notion of intergenerational continuity of parenting styles, or attitudes, is just beginning to be fully addressed. Minuchin (1985) stated: "what has not yet been investigated, however, is the extent to which parent interaction serves as a model of adult behavior for the child" (p. 297).

To date, there are no empirical studies to adequately address the question of the impact of perceived family-of-origin experiences and personality style on parenting attitudes. This study is proposed in order to investigate the relationships between perceived levels of health and parenting attitudes within the family-of-origin, personality style and present parenting attitudes. Additionally, demographic variables and parental problems within the family of origin (e.g., alcoholism, workaholism, mental illness, post traumatic stress) will be studied for significance.

Statement of the Problem

Parenting has always been seen as an important function in the socialization process, but now, more than ever, the focus on child-rearing has increased due to a greater appreciation of the tremendous impact the parent-child relationship has on later adult

functioning. Questions about the impact of parenting from the school setting and from mental health clinics are nearly as numerous as the questions which surround efforts to better understand and prevent child abuse.

In many studies and in clinical practice, evidence of the intergenerational influence of parenting is abundant, but the complex variables of cause and effect have been relatively neglected. The characteristics and consequences of parenting, likewise, have been studied, but little attention has been devoted to studying why parents parent the way they do.

The purpose of this study is to do basic research to determine if the following questions about the intergenerational impact of parenting attitudes and personality style can be answered.

1. Are perceived levels of family-of-origin experiences of subjects, as measured by the Family of Origin Scale (Hovestadt, Anderson, Piercy Cochran and Fine, 1985), a significant predictor of parenting attitudes of subjects, as measured by the "Semantic Differential on Parenting Questionnaire" (SDPQ), which was developed by the researcher?

2. Are perceived levels of one's parents' attitudes towards parenting, as measured by the "Semantic Differential on Parents' Parenting Questionnaire" (SDPPQ), also developed by the researcher, a significant predictor of parenting attitudes of subjects, as measured by the SDPQ?

3. Are personality styles of subjects, as measured by the Mvers-Briggs Type Indicator (Myers and McCaulley, 1985), a

significant predictor of parenting attitudes of subjects, as measured by the SDPQ?

4. Are perceived personal effects of parental dysfunction for subjects, as noted in the "Personal Information Questionnaire" (PIQ), designed by the researcher, a significant predictor of perceived family-of-origin health as measured by the FOS?

5. Is parental or non-parental status, as measured by question seven on the PIQ, a significant predictor of parenting attitudes, as measured by the SDPQ?

Significance of the Study

Many adult life problems are viewed to be directly related to the type of parenting that was given in one's family of origin (Curran, 1983; Friel and Friel, 1988; Lewis, Beavers, Gossett and Phillips, 1976; McFarland and Baker-Baumann, 1986; Roy, 1988; Whitfield, 1988). Yet, there are obviously other factors within the individual and his/her environment which effect development (Ackerman, 1987; Belsky, 1984; Lewis et al., 1976).

The high divorce rate , teenage disorders, massive drug abuse, epidemic incest, eating disorders and physical battering are signs that the current understanding of how to socialize our children is lacking. "Parenting, as Sigmund Freud was said to have remarked, is an impossible profession under even the best of circumstances, yet we often train telephone operators better to do their jobs than we train parents" (Krantzler, 1973, p. 190).

The interplay between one's family of origin experiences and

one's personality style, as they relate to parenting, is important because it may help to better understand those adults who are, or are about to be parents. In particular, this study may help identify high risk parents who have unhealthy attitudes and behaviors who need education and/or treatment.

Finally, this study is significant because it may serve as a foundation on which related research on parenting can be built.

Definition of Terms

Adult: An individual who is 18 years old, or older.

Family of Origin: The family living unit in which a person spent the majority of his or her childhood.

Parenting: The combined efforts of mother and father (or surrogate parents) to raise a child.

Parenting Attitude: The attitudes about parenting, as measured by the "Semantic Differential on Parenting Questionnaire."

Personal Effects of Parental Dysfunction: The recollection of having had at least one parent who is described by the subject as: a) alcoholic, b) drug dependant, c) workaholic, d) mentally ill, e) sexually abusive, f) unloving, g) physically abusive, h) chronically ill, i) trauma victims themselves, and/or j) perfectionistic, coupled with rating the level of their present "hurt" from their parents as either "extreme" or "quite bad."

Perceived Health in the Family of Origin: The level of healthy psychological functioning an individual perceives from his family of origin years, as measured by the FOS.

Perceived Parents' Attitudes Towards Parenting: The perception of one's parents' attitude toward parenting, as measured by the "Semantic Differential on Parents' Parenting Questionnaire."

Personality Style: The evaluation of personality traits (introversion v.s. extraversion; thinking v.s. feeling; sensation v.s. intuition; judging v.s. perceiving), as measured by the MBTI.

Limitations of the Study

The limitations of this study are as follows:

1. The subjects' personal perceptions of their family of origin and parents' parenting attitudes may be distorted over time.
2. The parenting attitude instruments were devised by this researcher and were not pilot tested prior to this study.
3. The sample was non-random.

Summary

Parenting is a complex and important responsibility which is not fully understood. Some researchers have indicated that the determinants of parenting basically fall into three broad categories: the parent's heredity, including personality and intelligence; the particular characteristics of the child; and the parent's environmental supports or stresses. While others have explored the intergenerational aspects of parenting as having the single most influence on future parenting behavior.

Family systems theory and approaches, work with child abuse and most recently the efforts with the Adult Children of Alcoholics

(ACOA's) movement, have contributed to the literature on parenting. All three of these areas have also raised questions about the nature of parenting.

More study is needed to help answer these questions on the extent parent-child interaction serves as a model of adult behavior for the child and why parents parent the way they do. This study is proposed to investigate these questions:

1. Are perceived levels of family-of-origin experiences a significant predictor of parenting attitudes?
2. Are perceived levels of subject's parents' attitudes towards parenting a significant predictor of subject's parenting attitudes?
3. Are personality styles a significant predictor of parenting attitudes?
4. Are perceived personal effects of parental dysfunction a significant predictor of health in one's family-of-origin?
5. Is parental status a significant predictor of parenting attitudes?

CHAPTER II

REVIEW OF RELATED LITERATURE AND RESEARCH

Parenting and Child Development

It is an evolutionary time for the family and childrearing in particular, according to Curran (1983). "We're no longer guided by the old norms about what a family should be" (Curran, 1983, p 4). Bradshaw (1988) notes that our rules for parenting have not been seriously updated in 150 years. Curran (1983) in the same vein, wrote about the evolving functions of the family and how they have "not changed for a thousand or more years" (p 6).

Several forces seem to be responsible for this evolution and two are relevant here. First, there is a heightened awareness that the functions of the traditional family have either disappeared or are secondary. Curran (1983), commented on this realization, "Although we're beginning to get a clear picture of today's family, we're still very influenced and often confused by our old ideas of family function" (p 4).

Second, is the progressive shift, both clinically and in research, to view people and their personal problems best by considering their family as a system (both the one that they're in and the one they came from). The family systems approach assumes that the family as a whole plays a part in the way each member acts, feels and thinks. Conversely, when one member of the family experiences change, the other members also experience that change. In

this framework, parenting takes on a slightly more complex function. Namely, the responsibility to better understand the structure and maintain the entire family "system" with its overt and covert rules, patterns of interaction and needs. Parenting guidelines within this framework are different than the autocratic "parent-tells-child" parenting model of past generations. Family systems theory places emphasis on the affective lives of the members, both individually and as an interacting group. The family systems approach looks "inside" the family, at the relationships and at communications between members, not just their more obvious, social behaviors. Past generations were more interested in appearances and than what was really happening.

This section reviews the literature on parenting and child development. Ideas will be presented initially on various research regarding: the importance of parenting and child development, attitudes about parenting and children, and personality development and parenting.

Importance of parenting in child development

Satir (1967) identified the marital relationship as, "the axis around which all other family relationships are formed. The mates are the architects' of the family" (p. 1). Lidz (1976) also notes the importance of the parenting process suggesting that later influences may modify, but never undo or fully reshape earlier parental influences. The quality and nature of the parental nurturance which children receive profoundly influences their emotional

development.

Stone and Church (1973) said it in a different way when they described the importance of parenting, "Perhaps the most important single principle of human development is the self-fulfilling prophecy which says simply that our children become what we expect them to become" (p. 205).

Many theorists and researchers alike have attempted to better understand parental influences which are central to child development. Mohar (1984) noted that the literature is lacking in the area of children's individual uniquenesses and when serious problems arise in the course of child-rearing, causality is located in the dynamics of family functioning. This researcher believes the existing literature suggests that an "interactionist" model, one that considers temperament and environment, rather than a "narrow functionalist view" of causation. The inheritability of individual characteristics of personality is supported in the literature for emotionality, activity and sociability (Belsky, 1984; Mohar, 1984).

Kegan (1982) describes the variability in children by saying:

The capacity to recruit another's invested regard, so uniform at birth, becomes a various affair as people grow older: some people have a much greater ability to recruit people's attention to them than other people do. This obvious fact, so underinvestigated by psychologists and so commonly denied by teachers, is never forgotten by teenagers, who could have told researchers - before huge sums of money were spent to discover it - that the greatest inequalities in education are not between schools (of different economic strata, for example) but within them; that greater than the inequalities of social class or achievement test scores is the unequal capacity of students to interest others in them - a phenomenon not reducible to social class or intelligence, and which seems to be the more powerful determinant of future thriving. (p. 19)

Ballinski and Good (1982) studied mothers' perceptions of their competence in managing selected parenting tasks for five stages of parenting: infancy, toddlerhood, preschool, school-age and adolescence. Mothers in the study reported feeling highly competent in most areas of parenting. However, each stage presented unique challenges, with adolescence being the most difficult. Belsky (1984) also highlights the various parenting skills, or temperments, needed during the different stages of parent-child development. He notes that infancy requires attentive, warm, stimulating, responsive and nonrestrictive caregiving, while older children need more and more use of reasoning, consistent discipline and expression of warmth. In summary, Belsky (1984) states:

Across childhood, parenting that is sensitively attuned to children's capabilities and to the developmental tasks they face promotes a variety of highly valued developmental outcomes, including emotional security, behavioral independence, social competence and intellectual achievement. (p 85)

With this in mind, it would make sense that the type of parent that could be able to provide healthy parenting throughout the child's development would be, (a) sensitive to his/her child, (b) able to empathize with them, and (c) be able to provide a nurturing environment.

Several authors (Curran, 1983; Kelly, 1971; Lewis et al., 1976) emphasize the importance of marital stability in the child-raising process. Marital stability has an impact on parental consistency and is necessary for the promotion of security for the child (Lidz, 1976).

Divorce is most often difficult for both the parents and the

children. Several studies have looked at particular parental conditions and their effect on developing children. Wallerstein (1985) has done extensive work with children of divorce. In her 10-year follow-up study of children, who were initially 2 1/2 to 6 years old, those who were youngest at the time of the marital breakup fared better in the ensuing years than their older siblings, who experienced more difficulty in dealing with troubled memories of family strife. In her research on the same topic, entitled, The Overburdened Child: Some Long-term Consequences of Divorce, Wallerstein (1985) documents the various responses and results for both the children and the parents.

The children often feel the burden of not having as much emotional and physical support. Some feel the stresses of caring for themselves more, while others respond with different levels of fear of abandonment. Overall Wallerstein found the potential for parents, at all socioeconomic levels, to neglect previously well cared for children. "Divorce has a direct and specific impact on the adult's capacity to parent. This phenomenon is widespread and should be considered an expect divorce specific change in the parent-child relation" (Wallerstein, 1985, p. 116).

Most authors (Segal, 1989; Weiss, 1979) do, however, agree with Wallerstein's concluding position that most children recover their developmental pace successfully as the post divorce family stabilizes.

Erikson (1963) viewed the parent's role as critical for the healthy development of the child. He spoke of creating trust as

one of the first "stages" of development for the child. About the parenting process, Erikson (1963) stated, "parents must not only have certain ways of guiding by prohibition and permission; they must also be able to represent to the child a deep, and almost somatic conviction that there is a meaning to what they are doing" (p. 249).

By focusing on healthy, functional families, the importance of parenting in child development can be seen. Lewis et al.(1976) looked at psychological health in the family by observing videotaped interactions of experimental families. They found that in general, healthy families operate with the belief that most, if not all, family encounters will be caring. Many concepts about healthy family functioning were validated by Lewis and his colleagues, like the cardinal role of the parental coalition and the importance of communication within the family. Other findings include: (a) healthy families are more flexible in their problem solving, recognizing the complexities of interpersonal problems, (b) the structure of the healthy family is close, but there are clear boundaries between members, and (c) the healthy families possess a sense of humor and free flowing spontaneity (Lewis et al., 1976).

On the other end of the spectrum, Hansen and L'Abate (1982) in their attempt to classify dysfunctional families, noted that in clearly dysfunctional families, "at least one member ends up in the care of a social or welfare agency, a medical facility, and/or a judicial and/or incarcerary system" (p. 28).

In an observational study by Oldershaw (1986) abusive mother-

child dyads were studied to find their particular characteristics. It was found that, compared to controls, there were: a) a greater use of power strategies, b) less flexible behaviors with respect to child compliance attempts, c) more inconsistent use of parenting techniques, and d) less frequent use of affective strategies.

Several researchers have attempted to explore the relationship between child adjustment and the mother being employed. Guidubaldi and Nastasi (1987) examined the predictive relationships between the home environment and child adjustment finding the most predictive variables of child adjustment through time included: marital status, family income, mother's occupation, job satisfaction, and satisfaction with spouse support in child rearing.

In summary, parenting is a demanding and complex process, which impacts the child's development. Positive forces include stability and trust in the marital relationship, as well as, trust within the child, which facilitate nurturing from parents and others. Trauma, although difficult for most everyone involved, isn't necessarily a life long detriment to healthy child development.

Attitudes about parenting and children

Bem (1970) describes "zero-order", or "primitive" beliefs as those beliefs which form the "nonconscious axioms" upon which all our other beliefs are built. Our primitive beliefs are formed early and come from (a) direct experience through our senses, or (b) a credible external authority. Bem (1970) wrote, "we are

usually unaware of the fact that alternatives to these beliefs could exist, and it is precisely for this reason that we remain unaware of the beliefs themselves" (p. 6).

Parental attitude transmission then, is quite direct and not often challenged by the child. Bradshaw (1988) observes that the great paradox in child-parent relationships is that children's belief about parents and themselves come from the parents. So from generation to generation important beliefs and attitudes, about oneself and the world are passed down from parent to child, replicating the parent's beliefs and ideals (including parenting practices) for each successive generation.

A number of studies have demonstrated significant correlations of attitudes and beliefs with behavior (Bonner, 1977; Clayton, 1985; Copeland and Grossman, 1983). Bonner (1977) studied parents' attitudes toward parenting and found that parental attitudes correlated highly with behavior towards children. Clayton (1985) also observed this correlation between attitudes and behavior when he investigated the connection between beliefs about the "nature of humankind" and parenting behavior, on an authoritarian-permissive continuum. He found parents who have moral views of humankind tend to be relatively permissive in their childrearing behaviors, parents who have an immoral view tend to be relatively authoritarian and parents who have an amoral view of the nature of humankind tend to be relatively moderate in childrearing behaviors. Finally, Copeland and Grossman (1983) studied mother's videotaped interactions with their 6-12 year olds on two factors (a) openness to com-

munication and (b) hostility. Prior to interaction, she measured the mother's attitudes about the two factors and found mothers who scored high on the openness factor, were more open in their communication and more supportive with their child. Their children also responded more positively compared to the less open group.

Many studies have explored the relationships between parenting attitudes and various personal attributes of the parents, like: age, race, marital status, parental status, gender, job status and satisfaction, place of residence, social support and knowledge of parenting (Belsky, 1984; Ford, 1986; Larsen and Juhasz, 1985; Luster, 1986; McBride and Black, 1984; Merideth, 1987; Mullis, 1982; Reis, 1986). Some of these studies help to highlight the importance of parenting attitudes in the parenting process.

For the last twenty years or more a great deal of attention has been given to teenage mothers and children born out-of-wedlock. The research supports the argument for maturity, both chronologically and mentally. Belsky (1984) in his review of the literature, summarizes the findings by saying,

Not only is there evidence that such young mothers express less desirable child-rearing attitudes and have less realistic expectations for infant development than do older mothers but, from a more behavioral standpoint, it has been observed that they also tend to be less responsive to their newborns and to engage infants in less verbal interaction. (p. 85)

McBride and Black (1984) asked non-parents about parenting in order to investigate any sex-role differences in attitudes. They found that there were significant differences related to gender. Specically, females ere more success-oriented and viewed parenting

as requiring deliberation and skill, while the males were more inclined to place blame on the child for problems. Mullis (1982) studied parents and their transition into parenting. She utilized a large N (819 families) to find that most (72%) expressed positive attitudes toward child-rearing and parenthood. Those expressing more negative attitudes were younger parents and single parents.

Literature on child abuse underscores the problems that can stem from unhealthy attitudes toward parenting. Miller (1983) coined the term "poisonous pedagogy" in her book, For Your Own Good: Hidden Cruelty in Child-Rearing and the Roots of Violence, to refer to the inhumane parenting rules which promote violence toward children. The basic concepts of the "poisonous pedagogy" are: obedience to adults, orderliness, cleanliness and control of emotions and desires. The basic belief about human nature which these rules come from is that children are evil and need to be controlled, or "broken."

Parenting attitudes, like other attitudes, are changeable according to some researchers (Bem, 1970; Bonner, 1977; Swick and Graves, 1986). Bonner (1977) in her study noted above, found changes in attitudinal measures toward children and toward learning, following a parenting program on attitudes. Swick and Graves, (1986) reviewed the literature on locus-of-control and interpersonal support as it related to parenting and found that a parent's attitude about him or herself can be altered with the help of social support systems.

One of the key variables involved in attitude change is new

and different information, which calls into question the old belief or attitude. Social psychologists refer to this phenomenon as "cognitive dissonance." When cognitive dissonance is experienced by someone, they are motivated by the emotional "discomfort" to find a resolution, or to make their perceptions of the situation or person, fit. This resolution may be a shift to a new attitude.

Personality style and parenting

Allport (1961) concluded that the young child's sense of self is simply a product of the way in which parents perceive him. White (1975) stated, "The child's character is shaped by his identification with his parents during his earliest years, and through such identification, he accepts and assimilates their values, beliefs and patterns of behavior" (p. 31). Most students of child development believe that personality is shaped, or at least affected, by one's parenting experiences in their family of origin. They also agree that a parent's personality style, influences one's parenting behavior.

Mondell and Tyler's (1981) findings that parent's internal locus of control, high levels of interpersonal trust, and an active coping style correlated with high levels of observed warmth, acceptance, and helpfulness with their young children, supports the relationship between parenting and personality.

One of the major findings in the study by Lewis et al. (1976) was the importance of the marital coalition in determining the level of health in the family. They wrote, "these findings urge

strong consideration of the marital level as having potentially the greatest impact upon both the individual and the total family" (p. 223). Other researchers have also found a direct relationship between the degree of emotional health found in the children and the degree to which the relationship between the parents was positive (Gecas and Schwalbe, 1986; Minuchin, 1985; Pringle, 1980).

Justice and Justice (1976) found that in families where the child's needs were overlooked because they had to take care of a parent with de-bilitating depression, poor primary relationships resulted while growing up and in later adult life.

Bradshaw (1988) and Lewis et al. (1976) wrote about parents who showed spontaneity and freedom toward their families and the impact on developing children. Lewis et al. observed less functional families restricting sex role functioning. These parental "injunctions" served to set-up the pattern of whatever sex you were, determined what you could and couldn't do, or more importantly, what you could and couldn't be. Bradshaw said it simply, "the healthier the family, the more the kids can be different" (p 10).

There are many different ways to conceptualize and categorize personality style. While most theorists focus on abnormal behavior, Carl Jung theorized about the personality style of "normal" people (Millon, 1981). Jung's model was concerned with the way in which one habitually oriented oneself to the world. He differentiated eight groups, or types: two personality attitudes -- introversion and extraversion and four modes of orientation -- thinking, feeling, sensation and intuition.

Myers and Briggs used these types and expanded the 8 types to sixteen when they added the "judging" and "perceiving" scales to the typology. Their intention in doing this was to make explicit what Jung had developed implicitly in his work (Myers and McCaulley, 1985).

Kiersey and Bates (1984) helped popularize the notion of measuring normal lifestyles with a derivation of the instrument Myers and Briggs created. They inferred that of the 16 possible types, three personality styles would be "good" parents, six were "O.K." and seven were probably "not good." To summarize, the authors' description of the "good parent" included: devoted, even-tempered, responsible, faithful and consistent. The "not good" parent, on the other hand, was described as controlling, inconsistent, egocentric, and risk-taking, with a low tolerance to anxiety and boredom.

Personality development and parenting

Parenting behaviors and the relationship to personality development can be seen in the research on child abuse. The intergenerational influences are underscored here by the many studies which link abusive experiences in one's family of origin to mistreatment of one's own children (Justice and Justice, 1976; Marcus, 1984; Miller, 1983; Wallenstein, 1985).

Bohrnstedt and Fisher (1986) addressed the issue of affective development in their study on the effects of early parent-child relationships on current affective functioning for adult children.

They found a positive relationship between depressed mood and poor relationships with parents and friends during childhood.

The development of personality and the impact that parenting has on the process is evident in several developmental theories. Erikson (1963) viewed development as a series of stages, or psychosocial challenges, which are progressive in nature. The eight stages build on one another, dependant on the understandings, skills and maturity of the stage before to progress to the next stage. Personality development can be viewed in light of these stages. The stages are: trust versus mistrust, autonomy versus shame and doubt, initiative versus guilt, industry versus inferiority, identity versus role confusion, intimacy versus isolation, generativity versus stagnation, and ego integrity versus despair.

In the first stage, which takes place from birth to about 18 months, the parents need to provide for the child by being available and nurturing so he/she will feel safe. This challenge is crucial to every other stage of development. If the child doesn't trust that things will work out, even if they don't get everything they want right away, he/she will feel frightened and angry in most situations. The child needs this essential "building block" to feel secure and to build tolerance to life's frustrations. A basic sense of mistrust leads to issues of fear of abandonment.

In the second stage, autonomy versus shame and doubt, parents need to help the child separate from the world and still feel safe. During this 18 months to three years old, the child needs to explore and exert their wills on their worlds, and still feel safe

within the parental relationship. Without this parental safety, or protection, the child will not explore and not learn to separate him/herself from his/her world.

Parents need to not only be there for the child to protect him/her against the world, but they need to not shame them as a control tactic. Parents also need to provide boundaries for acceptable and unacceptable behaviors. Without healthy parenting at this stage, children will feel ashamed of themselves for what they do or fail to do. Both Bradshaw (1988) and Whitfield (1988) viewed "shaming," at this stage especially, as cause for the development of a defensive posture to the world. Whitfield (1988) wrote about getting into a defensive stance, "We begin our lives from a victims stance, and experience difficulties in resolving emotional traumas. The gradual accumulation of unfinished mental and emotional business can lead to chronic anxiety, fear, confusion, emptiness and unhappiness" (p 1).

Kegan (1982) eloquently described the two positions an infant may find him/herself after birth.

Does life come to be felt as a basic ground of satisfaction temporarily interrupted by periods of discomfort which are reliably relieved, leading thus to a feeling of trust in and hopefulness about the biological enterprise? Or is life essentially "one damn thing after another" broken up by periods of calm from which no need satisfaction can be taken since one knows that at any moment the basic fact of life's discomfort will reassert itself? (p. 117)

In Kegan's (1982) developmental theory, the notion of the parent's provision of a "holding environment" is paramount to the healthy development of the child. Kegan viewed development as the experi-

ence of movement, from one way of making sense of the world (meaning-making) to another. Kegan (1974) suggested that, "human development involves a succession of renegotiated balances, or 'biologics,' which come to organize the experience of the individual in qualitatively different ways" (p. 81). Parenting for Kegan then, involves providing a solid and familiar "home" where the developing child can be safe as he/she evolves, while at the same time, performing the functions of confirmation, contradiction, and continuity.

Confirmation, or "holding on," involves the parents being there to meet the evolving needs of the child, prior to birth, in utero, and after birth. "Holding on," in Kegan's terms, provides physical and emotional nourishment, safety, shelter, etc. Of course the parents may be able and willing to provide this function and the growing child may lack the ability to be "held."

The second task of the culture of embeddedness, according to Kegan (1982), is "letting go," or contradiction. This function of parenting is part and parcel of the first function and is happening in healthy parenting even when "holding on" is in process. Kegan (1982) stated that the parent who, "can hold her infant unanxiously when the infant is itself anxious is giving her child a special gift. She is holding heartily at the same time that she is preparing the child to separate from her" (p. 126).

Erikson (1968) described how this dual activity is likely to happen in his discussion of the child's need for autonomy and the parent's reaction to it, stating, "The kind and degree of a sense

of autonomy which parents are able to grant their small children depends on the dignity and sense of personal independence they derive from their own lives" (p. 113). Failures to "let go" on the part of the parents are usually a function of his/her anxiety or pathology, which is tied to the parent's fear of abandonment.

The third function, continuity, or "remain in place" involves faith on the part of the parents that by remaining in place and providing the child with someone to rebel against, say "no" to, or whatever, they are letting their child reach a new level of development.

Often, the rebellion in the adolescent stage of development challenges parents most. It is common to hear of healthy adolescent development, where the adult child "suddenly" sees their parents in a different light, or as people, or as intelligent, rather than, "someone who just doesn't understand me!"

While most of the literature on parenting and personality development focuses on problems, some studies found the lack of such problems. Arey (1976) investigated the impact parental loss (parental death or divorce-separation) on adult children's mental health and psychosocial functioning, while controlling for age, race, sex, socioeconomic status and age of the crisis. The findings indicated there was no impact.

Segal (1989) discussed kids who seem impervious to the parental problems of divorce and make suggestions about how to help "kids bounce back." Taking the position that part of the child's ability to overcome problems of the parent is inherited and part is

learned, Segal highlights the latest research on the subject. He advocates (a) encouraging a feeling of individuality to promote an internal locus of control, (b) helping the child feel in command to encourage activity instead of passivity, (c) providing a sense of order and stability to promote an "anchor in the storm," (d) discouraging inappropriate self-blame to keep irrational guilt to a minimum, (e) keeping the lines of communication open to guard against isolation, (f) helping to build ties to charismatic figures to promote inspiration, and (g) teaching the child to care about others to encourage an outward instead of an inward focus.

In another study about children of divorce, Weiss (1979) interviewed single parents and adolescents living with single parents, and formulated a theory about the structure and function of single parent families. Overall, Weiss believed that, depending on the age(s) of the child(ren), single parent families may help promote early maturity. Although the author made a case for his theory, it seemed to rest on the beliefs that, (a) the kids can benefit by collectively joining forces with the mother to form the "working team" to run the household, and (b) the functions normally assumed by the father, like discipline and modeling for appropriate sex roles, can be forgone or taken over by someone else.

In summary, parenting is intimately related to child development. Parents are instrumental in the development of attitudes and personality in the child, yet aspects of the child also play a role. Disturbance within the parent-child relationships can be harmful to development, especially at certain ages, but overall

most children recover developmentally, given there is post trauma stability.

Intergenerational Concepts and Parenting

The family is the oldest and most important human institution. Each person is considered to belong to two families. A person is born into his or her first family and that person establishes the second. A marriage is the beginning of the family cycle, but the first family is never without lasting influence. There is no starting or stopping the family process. (Hansen and L'Abate, 1982, p. 47)

These thoughts about the family were taken from the works of one of the true pioneers of family therapy, Nathan Ackerman. It was as early as 1938 that Nathan Ackerman published his first paper on the family.

In the last thirty-five years the field of family therapy has ushered in the concepts of the family systems approach in response to clinical work with families. Developmental psychology and the study of parenting are called on to utilize these concepts in the study of the individual as part of an organized system (Minuchin, 1985).

The basic principals of the systems orientation in family therapy include the following: a) any system is an organized whole, and elements within the system are necessarily interdependent, b) patterns in a system are circular rather than linear, c) systems have homeostatic features that maintain the stability of their patterns, d) evolution and change are inherent in open systems, e) complex systems are composed of subsystems, and f)

the subsystems within a larger system are separated by boundaries, and interactions across boundaries are governed by implicit rules and patterns (Minuchin, 1985).

When considering the ideas of Ackerman, as presented by Hansen and L'Abate (1982), and the principals about systems, the family systems approach is intergenerational. From family of origin to present family, "there is no starting or stopping the family process" (Hansen and L'Abate, 1982, p. 47).

This section reviews the literature on the intergenerational aspects of parenting. First, family-of-origin and implications of parenting literature and research are reviewed, then studies regarding parental health and the transmission of attitudes about parenting are presented.

Family-of-origin implications of parenting

An individual learns certain values, beliefs, attitudes and expectations from his/her family-of-origin by both overt and subtle experiences. Many authors agree that parenting behaviors and attitudes are passed along in various ways from one generation to the next by their family-of-origin experiences (Boszormenyi-Nagy and Spark, 1973; Bradshaw, 1983; Curran, 1983; Friel and Friel, 1988; Hovestadt et al., 1985; Justice and Justice, 1976; Lane, 1988; Miller, 1983; Smith, 1988). Wilcoxon (1987) commented on the many aspects of human behavior, including parenting that, "seem to be linked invariably to significant events that transpire in an individual's early years" (p. 1).

Boszormenyi-Nagy and Spark (1973) observed that, "the struggle for all adults is to balance the old relationships with the new: to continually integrate the relationship with early important persons with the involvement and committedness with current relationships, namely one's mate and children" (p. 217). Parenting is especially challenging because it is most often a joint effort between two adults (the parents) to "continually integrate," first between each other, while at the same time, between past and present influential relationships of their families-of-origin and their children.

Boszormenyi-Nagy and Spark (1973) noted that family members tend to unconsciously follow "family loyalties" across generations and within the family system. These invisible loyalties are an account or "balance sheet" of obligations owed to, and owed of, other family members. This is one way, they speculate, that various interactional and emotional patterns are learned or transmitted across generations. Feelings of guilt and betrayal result for family members if the loyalties are not "in balance." For example, the parent who makes sacrifices for his/her child and covertly communicates an expectation of "repayment" when the child becomes an adult, can set-up what can feel like an impossible challenge for the adult child. These obligatory loyalties may introduce and maintain intense feelings of anger, guilt or helplessness within the child, or grandchild, if the debt is left unbalanced.

In the Adult Children of Alcoholics (ACOA's) movement, parenting is viewed as opportunity to "break the cycle" of chemi-

cal dependency and co-dependency for the next generation through personal growth and healthy parenting. Several authors have agreed with this position within the last few years (Ackerman, 1987; Bradshaw, 1988; Friel & Friel, 1988; Mastrich & Birnes, 1988; Smith, 1988; Wegscheider, 1981; Whitfield, 1988).

Smith's (1988) premise for her book on grandchildren of alcoholics, like most of her colleagues, speculates that there is an unconscious transmission of parent-child influence within the dysfunctional family systems. Her belief is that, "through family rules, belief systems and behavior patterns, codependency is passed on to further generations, even when the chemical dependency is not" (p. 3). Smith (1988) described "co-dependency" as a state of being that results from adapting to dysfunction in a significant other. Further, it is a learned response to stress, which over a person's lifetime can become a way of being, rather than an appropriate means of survival.

While some researchers and theorists see ACOA's as a homogeneous group with characteristics particular to them by virtue of growing up with an alcoholic or chemically dependent parent(s) (Ackerman, 1987; Biraben, 1987; Clair, 1984; McFarland and Baker-Baumann, 1988; Wegscheider, 1981), others view adult children of alcoholics (ACOA's) as just being part of another dysfunctional family system (Belsky, 1984; Bradshaw, 1988; Farnsworth, 1988; Friel and Friel, 1988; Justice and Justice, 1976; Miller and Jang, 1977; Roy, 1988; Whitfield, 1988).

In support of the latter position, Farnsworth (1988) did her

work with functional and dysfunctional families in order to see if there were any differences between ACOA's and other dysfunctional groups. On her dependant variable of intimacy, only the broad categorization of functional and dysfunctional (including the ACOA's) showed any discrimination.

Clair (1984) studied the adjustment of offspring of alcoholics by utilizing an "interactional model" of adjustment to assess various intervening variables and their potential effects on the individual. He hypothesized that any problem situation is confronted by various individual behaviors, perceptions and cognitions that can "alter or mediate the impact of the situation." The moderator variables measured by Clair were, (a) family environment, (b) social support, (c) coping ability, and d) adjustment.

Although the sample was small, Clair (1984) did find a significant difference between ACOA's and non-ACOA's in their tendency to, (a) view family problems as unchangeable, (b) use more emotion-focused (versus problem-focused) problem solving strategies, and (c) use more avoidant coping strategies, like smoking, drinking and eating. Correlations between moderator variables and the adjustment measures revealed that for both groups, Clair found that the occurrence of life problems are less relevant to the adjustment of the adult child (ACOA or not), than the general level of functioning of the family. This finding supports the importance of the family-of-origin experience in determining the way adult children address the problem situations parenthood brings.

The research on related areas to parenting also lends support

for family-of-origin influence. For example, several researchers have demonstrated a relationship between perception of health within the family-of-origin and marital adjustment (Wilcoxon and Hovestadt, 1983) and current family functioning (Canfield, 1983). Lane, Wilcoxon and Cecil (1988) found that transition to parenthood is less stressful on marital adjustment for husbands and wives with healthy family-of-origin experiences. In fact, perceived healthiness in one's family-of-origin experiences is more important than many other considerations (e.g. years of marriage, education, income), especially for women.

Parental health and childrearing

The provision of healthy parenting depends, to a great extent, on the health of the parents. The notion of only being able to "give" what one "has" certainly applies here. Kegan's (1982) model of human development is especially helpful in understanding both the importance of healthy parenting and the possible problems when parents are "lacking." He describes a mother who is needy.

A mother whose own lack of nourishment has led her into too intense a nurturance for herself from the experience of nursing may find the prospect of the child's weaning a loss of unendurable proportion. Some part of her becomes invested in keeping the child a baby, and to that extent she is unwittingly moving against the life project of her young in behalf of her own survival. The mother and the baby are both in need of support. It may be that only a third party, fortuitously or designedly, can supply it. (Kegan, 1982, p. 128)

Human needs have been identified by many authors and most of these needs are associated with our relationships with ourselves and with other people. Whitfield (1988) speculates that when these

needs do not get met, the child grows-up to be unhappy. Clair (1984) compiled a hierarchy of human needs from the work of Maslow, Weil, Miller, and Glasser. Cited in Clair, the 20 items are: (1) survival, (2) safety, (3) touching, (4) attention, (5) mirroring and echoing, (6) guidance, (7) listening, (8) being real, (9) participating, (10) acceptance, (11) opportunity to grieve losses and grow, (12) support, (13) loyalty and trust, (14) accomplishment, (15) altering one's state of consciousness, transcending the ordinary, (16) sex-uality, (17) enjoyment, (18) freedom, (19) nurturing, and (20) unconditional love (including connections with a higher power). Clair (1984) concedes that his list is rather extensive, and that it is rare that anyone can find parents to provide all of them.

Many parents are mentally and/or emotional impoverished due to their own need deprivation. When this situation occurs, the parents tend to use others in an unhealthy and inappropriate way to get their own needs met. Bradshaw (1988) notes, "All parental mistreatment and abuse stems from the parents' own needs for completion" (p. 67). The deficits of the parents are what "rob" the children.

Minuchin (1974) describes the functions of healthy parents as being unique and distinct from those of the children. Parents are the "executives" of the family and the children are suppose to follow the parental rules and sanctions (with some complaining). Despite the parent's authority, children can safely question rules and ask for what they need, lines of communication are open. In

dysfunctional systems, one of the parents may lose status, or even change positions with the kids.

In an abusive family system, for example, the mother may be relegated to a lower status with the kids, while communication between the executive level and the kids level becomes blocked. In addition, the normal mother-role of emotional and physical caregiver, is lost to the system, thereby making it even more needy. When there is dysfunction such as this, the mother often withdraws emotionally, or even physically, to survive.

Roy (1988) described this kind of family system as a "vicious cycle," where each generation failed to get the parenting they needed and it repeats itself when there is stress in each successive "new" family. Statistically, chances are four out of five that at least one sibling will tend to become an abusing marital partner and parent (Roy, 1988). Justice and Justice (1976) summarized the three parental conditions which tend to promote spouse and child abuse: (1) too much change too fast (life crisis), (2) parental need to be taken care of by the child (competition for attention), and (3) immature and dependent personality.

In an attempt to study and classify dysfunctional parental systems, six major clusters were identified by Fisher (1977), in his review of the last twenty years. They are: (1) constricted (repressive, passive, negative, perfectionistic); (2) internalized (isolated, enmeshed, suicidal, etc.); (3) objective-focus (child focus, external focus, self focus); (4) impulsive (delinquent, aggressive, antisocial); (5) childlike (immature, demanding, depen-

dent, inadequate); and (6) chaotic (disintegrated, unsocial).

Over a decade later, Whitfield (1988) summarized what he considers the basic parental styles which stifle the development of children. He categorized the five as: (1) inconsistent, (2) unpredictable, (3) arbitrary, (4) chaotic, and (5) mistreatment. Parents who parent in these ways usually have one or more of following conditions: addiction to chemicals, chronic mental or physical illness, extreme rigidity, child abuse, or post traumatic stress disorder (Whitfield, 1988).

Other studies supporting the connection of parental health and childrearing include the apparent influence parents have on their children's mental health. Davenport, Adland, Gold, and Goodwin (1979) make a strong argument for the intergenerational transmission of manic-depressive illness from parents to children via maladaptive patterns of parenting. Similarly, Davenport et al., (1979) describe how parents impose unhealthy rules, communication patterns and relationships, which result in the fostering of emotional illness in the adult child.

Berman (1973), in an unusual study, observed parental dysfunction which produced the need for a family "scapegoat." Over the course of one year the author made home visits to find the cause of severe acting out behavior for one of the children. Berman concluded that the need for the scapegoat was "fueled" by the existence of tensions within the family. The tensions were everyone's response to a family secret (the father's expected death) that no one acknowledged.

To summarize, parenting is best understood as a function of family-of-origin, or intergenerational influences. In both healthy and unhealthy families-of-origin studies, traits from the families are "passed along" to the children.

CHAPTER III

METHOD

Population and Sample

Population

The population for this study was adults from Kalamazoo, Michigan, who were enrolled at either Portage Adult Education, Kalamazoo Valley Community College or Western Michigan University during June, July and August of 1989.

Sample

Selection

The sample was determined by selecting six adult education classes, six college classes and six graduate classes from Portage Adult Education, Kalamazoo Valley Community College and Western Michigan University, respectively. Willingness by the teachers and professors was the basis for class selection. Students in the classes were given an option to participate or not, without repercussions. This was communicated both verbally by the researcher and in writing (see Appendix B) prior to administering the instruments.

Sample selection at these sites represented an effort to get adults who represented various socioeconomic and education levels. A total of 163 subjects participated in this study. Parents and non-parents were grouped separately for comparison within the ex-

perimental design.

Demographic Characteristics

Each subject was given a personal information questionnaire covering various demographic items as well as variables about their parents. The results of these questions for the 163 subjects who completed the information sheet can be found in Appendix A. The largest age group (48%) consisted of the 18-28 year olds, while the second largest group (34%) were the 29-38 year olds. Four per cent of the sample were over 59 years old. Over 90% of the sample were white, 49% were married, or had been, and 51% were parents. Half of the sample had family incomes of less than \$30,000 and half had more, while 40% had a 12th grade education or less and 60% had at least some college.

Instruments

Four self-report instruments--the Family-of-Origin Scale (Hovestadt et al., 1985), the "Semantic Differential on Parents' Parenting Questionnaire," the "Semantic Differential on Parenting Questionnaire," the Myers-Briggs Type Indicator (Myers and McCaulley, 1985), and the "Personal Information Form"--were used for data collection.

Family-of-Origin Scale

The Family-of-Origin Scale (FOS) (see Appendix D) was developed by Anderson (1980) and purports to measure an individual's per-

ception of levels of health in one's family of origin. The definition of the family of origin is the family in which an individual has his/her physiological, psychological, and emotional beginnings (Hovestadt et al., 1985).

The FOS is a 40 item, 5-point Likert scale. Scores may range from 40 to 200. The test-retest reliability coefficient for this instrument is .97 (Hovestadt et al., 1985). Although no construct validity studies have been done with the FOS, Andrasi (1987) and Lane et al. (1988) found this instrument useful in identifying levels of perceived health in subjects' families of origin.

Myers-Briggs Type Indicator

The Myers-Briggs Type Indicator (MBTI) (see Appendix D) was designed by Isabel Myers and Katharine Briggs (Myers & McCaulley, 1985) in order to assess personality type. They fashioned their profile after Jung's "Psychological Types" and presented the questions in a forced-choice format to derive dichotomies. The MBTI yields scores on four dichotomies (1) introversion-extraversion, (2) thinking-feeling, (3) sensing-intuition, and (4) judging-perceiving. By combining these four into a 4 x 4 matrix, there are 16 possible personality types on the MBTI.

The Abbreviated Version (Form AV) of the MBTI contains the first fifty items from Form G, the most popular version of the MBTI. Form AV is less accurate than Form G on one of the four scales (Thinking-Feeling), since it doesn't provide different weights for men and women. The manual encourages the use of Form

AV as a quick screening measure to classify individuals according to type.

The MBTI's internal consistency reliabilities are acceptable for most adult samples (.76 to .83), with slightly lower reliabilities for lower functioning and younger samples. Construct validity measures offered by the authors (Myers & McCaulley, 1985) vary for the different bi-polar indicators and are presented in two forms, type distributions for occupations and correlations with other tests. The authors note, "Correlations have their limitations as evidence for construct validity. The report only the four preferences, one at a time, and do not show the sixteen types as dynamic entities" (Myers & McCaulley, 1985, p 176).

"Semantic Differential On Parents' Parenting Questionnaire"

The "Semantic Differential On Parents' Parenting Questionnaire" (SDPPQ) (see Appendix F) is a questionnaire developed by this researcher as a method of measuring the attitude about one's parents' parenting. Osgood developed the semantic differential (SD), which consists of various "concept" words or phrases and one or more bipolar adjective pair, to measure the psychological meaning of the concepts (Osgood, Suci and Tannenbaum 1978). Osgood noted, "the meanings which different individuals have for the same signs will vary to the extent that their behaviors toward the things signified have varied" (p 9). In this study, therefore, the two semantic differentials are used to measure the subjects' meanings about themselves and then parents on the parenting concepts

(signs), to determine, or infer their behaviors and their recollections of their parents' behaviors related to parenting.

Kerlinger, after reviewing the use of the SD in behavioral research, indicated that the SD is a "fairly sensitive measure of attitude change" (Kerlinger, 1964). Osgood's position was that the SD can be used as a "generalized attitude measurement" technique.

The SD construction for this study was based on Osgood and his colleague's bipolar adjectives, which have been found to cluster mainly on the "evaluative," "potency," or "activity" dimensions.

Concept selection was one of the most important jobs in the construction of the questionnaire. Concepts were taken from Holden, Richie and Sylvester's (1987) study of the most frequently mentioned characteristics associated with good parenting. Two related studies were done to ascertain what parents themselves think are the essential characteristics of competent parenting and are these "parenting attributes" consistent with what the researchers are studying.

The first study surveyed mothers to generate a pool of parenting characteristics essential to be competent parents. The 33 items identified by the first study, plus 40 more parenting characteristics from a review of the research on parent-child relations were used in the second study. The researchers used a seven-point Likert-type scale with each item and gave their 73-item instrument to 61 mothers, 32 parent educators and counselors who were parents and 58 non-parent undergraduate students.

The two semantic differentials in this study were constructed

using six of the top parenting characteristics from the factorial analysis from study II above.

The concept phrases and instructions for this questionnaire were stated to elicit attitudes about the subject's parent's treatment of them. For example, the concept of "patience" was constructed to read, "WAS PATIENT WITH ME" (see Appendix F). This approach was intended to elicit a "combined response" for both parents, not a specific response for fathers or mothers.

"Semantic Differential On Parenting Questionnaire"

This questionnaire was also constructed by this researcher and is the same as the SDPPQ above in all ways, except the wording in the directions and in the concept phrases. In both parts of this instrument, the focus is on the subject's own attitude toward parenting, versus their parents. For example, where the SDPPQ used the phrase, "WAS PATIENT WITH ME" to elicit a response about the subjects parents, this questionnaire uses the phrase, "BEING PATIENT WITH THEM" to elicit a response about subject's attitude toward parenting.

The validity of the semantic differential has been demonstrated by direct comparison with the Thurston and the Guttman scales. Osgood et al. (1978) reported validity coefficients of .90 and better on Thurston Scale comparisons and .78 and better on comparisons with the Guttman Scale.

Reliability data by Tannenbaum (1953) on the semantic differential, showed test-retest coefficients ranging from .87 to .93.

Since the two (2) semantic differentials in this study were constructed with "concepts" relevant to parenting, the validity of these instrument rests upon the true relevancy to parenting attitudes, while liability for these two instruments may rest upon the findings of Tannenbaum.

"Personal Information Questionnaire"

The "Personal Information Questionnaire" (PIQ) (see Appendix B) is a survey developed by this researcher as a means of collecting subject data. Demographic data, family-of-origin perceptions of parental health and personal reactions to parental health will be collected on this form. There are 13 items on the PIQ.

Procedure

Instructors who expressed a willingness for their classes to be asked to participate in this study at Portage Adult Education, Kalamazoo Valley Community College and Western Michigan University were contacted by the researcher to arrange for the collection of data from the subjects.

The researcher personally distributed the questionnaires to the classes and the verbal instructions were given to the subjects to read the directions on each survey because they were different and when the responded for the SDPPQ, they should think of their feelings in general, not specifically towards their mother or father. Each packet of questionnaires contained an instruction sheet, a PIQ, a SDPPQ, a SDPQ, a FOS, and a MBTI, (see Appendices B

through G). When the subjects turned in the packet to the researcher, a debriefing sheet was supplied (see Appendix H).

Statistical Hypotheses

The research questions for this study were based on the assumptions that family-of-origin experiences are of central importance in the promotion of parenting attitudes; and that one's personality style plays an intermediary role in that process. The following hypotheses were formulated from these assumptions and are presented here in null form.

Hypothesis 1: There is no relationship between perceived levels of family-of-origin experiences of subjects, as measured by the Family of Origin Scale (FOS), and parenting attitudes of subjects, as measured by the "Semantic Differential on Parenting Questionnaire" (SDPQ).

Hypothesis 2: There is no relationship between perceived levels of one's parents' attitudes towards parenting, as measured by the "Semantic Differential on Parents' Parenting Questionnaire" (SDPPQ), and parenting attitudes of subjects, as measured by the SDPQ.

Hypothesis 3: There is no relationship between personality styles of subjects, as measured by the Myers-Briggs Type Indicator (MBTI), and parenting attitudes of subjects, as measured by the SDPQ.

Hypothesis 4: There is no relationship between perceived personal effects of parental dysfunction for subjects, as noted in

the "Personal Information Questionnaire" (PIQ), and perceived health of subject's family-of-origin, as measured by the FOS.

Hypothesis 5: There is no relationship between parenting attitudes, as measured by the SDPQ, and parent status, as measured by the seventh question (responses 2-5) of the Personal Information Questionnaire (PIQ).

Statistical Analyses

A Pearson correlation analysis was employed to determine what relationships existed between parenting attitudes and: family-of-origin, parents' attitudes toward parenting and personality style (hypotheses 1, 2, and 3, respectively).

A one way analysis of variance (ANOVA) was used to evaluate the differences in means for parenting attitudes and perceived personal effects of parental dysfunction in hypothesis 4 and parental status and parenting attitudes in hypothesis 5.

The .05 level of significance was used to determine whether or not rejection of the stated hypotheses was warranted.

Summary

This study was designed to examine whether or not family-of-origin, personality style, one's parents' perceived attitudes about parenting, and parent or non-parent status affect parenting attitudes in adult children.

The subjects were adult students from Portage Adult Education, Kalamazoo Community College and Western Michigan University.

A Pearson correlation was used to determine the relationships between parenting attitudes and measures of perceived health in one's family-of-origin, the perception of one's parents' attitudes about parenting and personality style.

A one way analysis of variance was used to evaluate the differences in means for perceived health in family-of-origin, perceived personal effects of parental dysfunction and parental status and parenting attitudes.

CHAPTER IV

RESULTS

The Data and Their Analyses

In this chapter each hypothesis was examined in relation to the statistical analysis of the data. Findings were reported in order to determine if the questions of the study may be supported.

Hypothesis 1

There is no relationship between perceived levels of family-of-origin experiences of subjects, as measured by the Family Of Origin Scale (FOS), and parenting attitudes of subjects, as measured by the "Semantic Differential on Parenting Questionnaire" (SDPQ).

A Pearson correlation analysis was employed to determine what relationship existed between FOS scores and SDPQ scores for subjects. The findings of this analysis proved to be significant ($p = .014$) and indicated that the null hypothesis should be rejected. There is a significant relationship between subjects' perceived levels of health in their family-of-origin and their parenting attitudes.

Hypothesis 2

There is no relationship between perceived levels of one's parents' attitudes towards parenting, as measured by the "Semantic

Differential on Parents' Parenting Questionnaire" (SDPPQ), and parenting attitudes of subjects, as measured by the SDPQ.

A Pearson correlation analysis was employed to determine what relationship exists between the SDPQ and the SDPPQ for subjects. The findings of this analysis also proved to be significant ($p < .001$) and indicated that the null hypothesis should be rejected. There is a significant relationship between subjects' perception of their parents' parenting and their own attitudes about parenting.

Hypothesis 3

There is no relationship between personality styles of subjects, as measured by the Myers-Briggs Type Indicator (MBTI), and parenting attitudes of subjects, as measured by the SDPQ.

A Pearson correlation analysis was employed to determine what relationship exists between the various MBTI personality types and the SDPQ for subjects. The findings of this analysis proved to be significant for three of the eight types: Judging (J), Perceiving (P), and Thinking (T). There is a significant relationship between selected personality styles of subjects and their parenting attitudes, therefore the null hypothesis should be rejected (Table 1).

Hypothesis 4

There is no relationship between perceived personal effects of parental dysfunction for subjects, as noted in the "Personal Information Questionnaire" (PIQ), and perceived health in one's family-of-origin, as measured by the Family-of-Origin Scale (FOS).

A one way analysis of variance (ANOVA) is used to evaluate the mean differences. The analysis of data for this test is shown in Table 2 and Table 3.

Table 1
Correlations Between Personality Type
and Parenting Attitudes

Type	Correlation	Probability
Extraversion	.1233	.058
Introversion	-.1198	.064
Sensing	-.0284	.360
Intuition	-.0887	.130
Thinking	-.2485	.001*
Feeling	.0988	.105
Judging	.1693	.015*
Perceiving	-.1845	.009*

* $p < .05$ $N = 163$

Table 2
Mean Scores and Standard Deviations On the
Family-of-Origin Scale for Strong and Weak
Effects Of Parental Dysfunction

Group	<u>N</u>	<u>Mean</u>	<u>SD</u>
Strong Effect	45	104.36	27.51
Weak Effect	63	124.92	26.13

Table 3--continued

Table 3

One Way Analysis of the Family-Of-Origin Scale And
Perceived Personal Effects of Parental Dysfunction

Source of variation	<u>df</u>	<u>MS</u>	<u>F</u>	<u>P</u>
Between	1	11101.72	.0001	.05
Within	108	713.52		

The findings of this analysis proved to be significant, therefore the null hypothesis should be rejected. There is a significant relationship between subject's perception of health in their family-of-origin and their perceived effects of parental dysfunction.

Hypothesis 5

There is no relationship between parenting attitudes, as measured by the SDPQ, and parent status, as measured by the seventh question (responses 2-5) of the Personal Information Questionnaire (PIQ). A one way analysis of variance (ANOVA) is used to evaluate the mean differences. The analysis of data for this test is shown in Table 4 and Table 5.

Table 4

Mean Scores and Standard Deviations on the Semantic
Differential on Parenting Questionnaire for
Parents and Non-Parents

Group	<u>N</u>	<u>Mean</u>	<u>SD</u>
Parents	83	100.04	17.30
Non-Parents	80	97.91	17.99

Table 5

One Way Analysis of the Semantic Differential on
Parenting Questionnaire and Parental Status

Source of variation	<u>df</u>	<u>MS</u>	<u>F</u>	<u>P</u>
Between	1	185.81	.4409*	.05
Within	161	311.27		

The findings of this analysis proved to be nonsignificant.
The null hypothesis could not be rejected, indicating no difference
was found between parents and non-parents on parenting attitude.

Summary

The results of this study indicate that parenting attitudes
are correlated with ones' perceptions of health in their family of
origin and their parents' parenting attitudes as well as one's own
personality type. Further results of this study indicated that
perceived health in one's family-of-origin was significantly re-

lated to the personal effect reported from being parented by troubled, or dysfunctional parents. Parental status was not significantly related to parenting attitudes.

CHAPTER V

DISCUSSION, RECOMMENDATIONS, AND SUMMARY

Discussion

In the midst of the "echo baby boom" parenting and the impact parenting has on children and adult children has become a topic of interest. Within the professional and popular literature, the various self-help movements and educational television, the notion of focusing on our past relationships with our parents, to better understand personal and interpersonal problems is accepted as fact. The position taken by many clinicians and authors is, recovery from negative parenting is critical, so the "sins of the fathers" won't be visited on the children. This theory about parenting and the intergenerational transmission effects on children is largely based on clinical observation and lacks supportive, empirical research.

The intent of this study was to investigate a combination of variables to determine if empirical research supported this theory. A common wish of adult children from dysfunctional families is to parent differently from the way they were parented so as not to inflict the same misery onto their children that they suffered, yet, the intergenerational effect of growing up without important life experiences and/or suffering from parental abuse or neglect, is often evident in both children and adult children.

Minuchin (1985) called for a more in depth and rigorous investigation of the extent parent interaction serves as a model for

adult behavior. In this regard, parenting attitudes and parenting behaviors potentially affect future generations and therefore needs to be better understood if education, prevention and treatment efforts are going to be enhanced.

The first hypothesis of this study was formulated to determine if there was evidence to support the theory that parenting attitudes are correlated with the perceived health in one's family-of-origin. The findings appear to provide support for this relationship and, in general, the intergenerational transmission of parenting attitudes. Subjects who reported higher levels of health on the FGS, also reported more healthy and positive parenting attitudes. While this in no way implies a direct, cause-and-effect relationship, it does lend support to this theory.

This finding is related and consistent with the findings of Canfield (1983), who noted that positive perceptions of family-of-origin experiences tend to accompany current levels of family functioning. About parenting he noted, "the current environment of the individual's family would then provide the basis for the family-of-origin experiences of that particular individuals offspring" (Canfield, 1983, p. 80).

The second hypothesis was formulated to further investigate intergenerational transmission of parenting attitudes by using the semantic differential on "Parents' Parenting Attitudes" and testing for any relationship with one's own parenting attitudes.

The findings supported the hypothesis that there is a positive relationship between perceptions of ones' parents' parenting and

one's own parenting attitudes. This adds further to the notion of intergenerational transmission of parenting attitudes, since both hypotheses 1 and 2 "tap" family-of-origin influence and they both yielded significant, positive correlations with parenting attitudes.

The semantic differential on parents' parenting is the adult child's recollection and perception of their parent's behavior and may not necessarily be what the parents recollect at all. Gecas and Schwalbe (1986) in their comparison of child and parent perceptions, found, the child's report of parental behavior correlated higher with the effect on the child than did the parent's self report. The use of this instrument, therefore may have meaning as an intergenerational parenting measure.

The third hypothesis utilized the Myers-Briggs Type Indicator to identify a personality style, or styles, which significantly relate to parenting attitudes. While there was no clear cut personality type (combination of 4 MBTI indicators) which correlated significantly with parenting, three of the eight did show significance. Also, it was consistent with the MBTI that out of the eight indicators, which form four bi-polars, three of the four showed the expected complimentary plus (+) and minus (-) correlations when analyzed.

In summary, "Judging" was significant and positively correlated, "Perceiving" and "Feeling" were significant and negative. "Extraversion" approached significance and was positive.

These correlations indicated that parenting attitudes may be

healthiest in parents who live life in a planned and orderly manner, rather than a spontaneous and flexible one, and who are more extraverted than introverted. In addition, the negative correlation on the "Thinking" variable indicated that a healthy parent doesn't base their judgements on logic above personal values and doesn't withhold their emotions from significant others.

Even though hypothesis four, on personality style, didn't show a complete personality type of four significant indicators, highly correlated with parenting attitudes, there was significance or strong trends on two of the four bi-polar types and five of the eight indicators. Further studies will need to be undertaken to more fully address the "healthy parenting personality" profile. These findings were consistent with descriptions about healthy parents (Belsky, 1984; Mondell & Tyler, 1981) and, conversely, about abusing, unhealthy parents (Miller, 1983; Roy, 1988).

Hypothesis four questioned the practice of categorizing particular "adult children" into seemingly homogeneous groups to increase understanding of their personal dynamics, like adult children of alcoholics, with the only criterion being that they had at least one parent who was alcoholic. Clair (1984) included a "distressfulness" variable in his research with adult children of alcoholic fathers, to add an important dimension of severity, or personal effect, to this group classification. He found significance on this variable as a function of "style of coping" (problem focused v.s. emotion focused) and "cohesion in the family." The present study also found significant variability on how subjects

rated their present feelings of "hurt" due to being raised in a family where one or both parents were dysfunctional in some way, lending credence to the practice of assessing the "impact" of certain parental conditions before ascribing traits to them based on assumptions related to group membership alone.

These findings supported the hypothesis that perceived personal effects from parental dysfunction (alcoholism, perfectionism, workaholism, etc.) while growing up, does covary with perceived health in one's family-of-origin. In this analysis, 45 subjects believed their parent's dysfunction still affected them either, extremely, quite badly, or moderately, while 63 subjects believed their parent's dysfunction affected them either slightly or not at all.

The significance of this finding is that parental dysfunction in and of itself may not very well be a good indicator of the health within the family-of-origin. Only those subjects who felt their personal "hurt" was still moderate to extreme, scored in the "troubled" range for health in the family-of-origin. This may have been due to the parent(s) ability to not have their dysfunction get in the way of parenting and/or the adult child's ability to "steer clear" of the pain by getting their needs met through the other parent, or other surrogate parents, but it didn't appear to be a function of personality style of the adult child (no Myers-Briggs indicators were significant compared to reported feelings of "hurt" from parental dysfunction).

The focus of hypothesis five was to compare parents to non-

parents on parenting attitudes. This finding failed to support the hypothesis of differences between the two groups. It was thought that the reality of being a parent, versus fantasizing about parenting, would yield different attitudes. Specifically, it was believed that non-parent adults, would show a more idealized, or positive attitude, versus parents who have reality on which to base their attitudes.

Recommendations

Education and Therapy

Parenthood for many is a frustrating task. The results of this study and those presented from other researchers, lends support to a growing body of knowledge about the interrelationships of family-of-origin experiences, personality style and parenting attitudes.

Parenting is a complex and multifaceted endeavor. Families and educators could benefit from a better understanding of the nature of intergenerational influences and personality dynamics involved in the parenting process. Through greater understanding, it is also more possible for psychologists, social workers and other helping professionals to assess, prescribe and treat those parents and pre-parents who present themselves for various mental health and/or substance abuse problems.

Learning healthier parenting attitudes and behaviors are paramount if the impact of the intergenerational transmission of

unhealthy parenting is to be lessened. Bonner (1977) demonstrated that parenting behaviors are not static, but quite malleable with educational programs to teach effective methods of discipline and the developmental needs of the children.

It is also important to help parents and parents-to-be understand the importance of parental self-esteem as a prerequisite to healthy parenting, for if the parent's needs take priority, the children's needs will go unmet (Miller, 1983).

Education and therapy programs need to be ready and able to help identify and attend to parenting problems at various stages of the parenting process, be it during pregnancy for the first child, or when two large families "merge." When the need arises it will be important that the educator or therapist to be well versed in family approaches to empower the family to function again, or for the first time.

Research

The biggest deficit in the existing literature on parenting is the effects of personality on parenting. There are many case examples of the incidence of family problems which are multigenerational (Belsky, 1984), but little attention has been given thus far to the interplay of personality styles within the family. For example, what difference would it make for the children to have parents with complementary personality styles versus similar ones?

Personality is a factor in the parenting equation which may have various effects depending on the family constellation, or the

level of health the family enjoys. Past studies investigating the parenting question have been too unidimensional.

Another aspect of personality which could benefit from further research is in regard to childhood trauma and it's impact on child development and subsequent parent-child relations for the adult child and his/her child(ren). Research regarding parental loss through divorce, death or separation suggests that it is most detrimental for children 5 to 13 years old, due to their ability to remember the trauma and/or their memories of the "good times" that are no more (Wallerstein, 1985). Adding personality measures to this research would make the questions more multidimensional, and therefore, more useful.

Summary

The purpose of this study was to provide basic research to determine if there is support for selected theories about parenting attitudes and personality types in adults. The first question investigated the relationship between family-of-origin health and parenting attitudes. Secondly, the question of how one's parents' parenting related to current parenting attitudes was studied. The third hypothesis focused on the relationship between personality and parenting attitudes, while the fourth question looked at parental dysfunction and the relationship to family-of-origin health. Finally, the fifth and last research question dealt with parental status as a factor in parenting attitudes.

Healthy parenting is crucial to the future of our culture.

Theorists have postulated about how best to parent since time began. Recently, through research on child abuse, adult children of alcoholics, and family systems, more and more emphasis has been placed on the intergenerational transmission of parenting attitudes and behaviors. The results of this study may be useful in answering pertinent questions about who might need parenting, or pre-parenting, education and treatment. Further, this study may also direct attention to additional research needed before definitive conclusions can be drawn.

One hundred and seventy-five adults from three educational institutions (adult education, community college and a university) were selected by class blocks to act as subjects. Each person was administered the Personal Information Questionnaire, Family of Origin Scale, Myers-Briggs Type Indicator, Semantic Differential on Parenting Questionnaire, Semantic Differential on Parents' Parenting Questionnaire.

Correlation analysis scores revealed that perceived health in one's family-of-origin and perceptions of one's parents' parenting are both significantly correlated with parenting attitudes. Analysis of mean scores also revealed a significant relationship between personality style and parenting attitudes. In regard to parental dysfunction, it was found that subjects who reported current personal effects also perceived their family-of-origin to be less healthy than those who reported dysfunctional parent(s) and didn't still feel the effects. Finally, means scores analysis revealed that parental status was not a factor for parenting

attitudes.

The findings of this study suggest the need for additional research on personality factors as they relate to parenting, both from the parent's and from the child's perspective. Complex studies focusing on personality between parents and between the parental "constellation" and the child(ren) would enhance the understanding of parenting dynamically.

While it seems apparent that the personal effects a child, or an adult child feels from dysfunctional parent(s), very little empirical research has been conducted with this variable. More could be done in this regard to lessen the study of groups which are formed by virtue of some less relevant criteria.

The findings of this study indicate that there are still many unknowns about the complex practice of parenting. Parenting is one of the toughest and crucial endeavors anyone could take on, yet in many ways it is not valued by our society. With increased understanding of the causes and ramifications of healthy parenting, society may pay more attention and thereby promote more health for future generations.

APPENDIX A

Frequencies And Percentages For Items On The Personal Information Questionnaire

FREQUENCIES AND PERCENTAGES FOR ITEMS ON THE
PERSONAL INFORMATION QUESTIONNAIRE

1. AGE

<u>RESP</u>	18-28	29-38	39-48	49-58	59 & over
<u>FREQ</u>	78	55	22	2	6
<u>%</u>	48%	34%	13%	1%	4%

2. RACE

<u>RESP</u>	caucasian	black	hispanic	oriental	other
<u>FREQ</u>	148	8	2	2	3
<u>%</u>	91%	5%	1%	1%	2%

3. MARITAL STATUS

<u>RESP</u>	single	married	divorced	separated	widowed
<u>FREQ</u>	83	63	15	2	0
<u>%</u>	51%	39%	9%	1%	0%

4. FAM INCOME

<u>RESP</u>	0-10K	11-20K	21-30K	31-40K	41 & over
<u>FREQ</u>	26	19	32	33	52
<u>%</u>	16%	12%	20%	20%	32%

5. EDUCATION

<u>RESP</u>	1-9TH	10-12 (GED)	2yrs college	BA/BS	MA/PHD
<u>FREQ</u>	10	56	31	37	28
<u>%</u>	6%	34%	19%	23%	17%

6. BIRTH ORDER

<u>RESP</u>	only child	1st	2nd	3rd	4th or later
<u>FREQ</u>	15	47	39	29	34
<u>%</u>	9%	28%	24%	18%	21%

7. PARENT STATUS

<u>RESP</u>	no kids	kids out of home	1-2	3-4	5 or more
<u>FREQ</u>	80	9	62	8	2
<u>%</u>	49%	6%	39%	5%	1%

8. CHILD CARE

<u>RESP</u>	no kids	< 3hrs/wk	3-10hrs	11-30hrs	over 20hrs
<u>FREQ</u>	93	29	12	7	14
<u>%</u>	60%	18%	8%	5%	9%

NOTE: NO FREQUENCIES AVAILABLE FOR QUESTIONS 9 & 10
SINCE MULTIPLE ANSWERS WERE POSSIBLE.

9. PARENT(S) WERE
RESP alcoholic drug ab. wkaholic ment. ill sex abuser
FREQ 30 9 34 11 5
10. PARENT(S) WERE
RESP unloving phys. ab. chrnic ill victims perfect'ic
FREQ 15 19 8 10 36
11. WERE HURT THEN
RESP extreme quite bad moderate hardly none
FREQ 11 14 44 22 22
% 8% 13% 39% 20% 20%
12. STILL HURT NOW
RESP extreme quite bad moderate hardly none
FREQ 6 8 29 30 40
% 5% 7% 26% 27% 35%
13. HISTORY OF TREATMENT FOR
RESP emotions alc/drug marital child ab. sexual ab.
FREQ 37 16 6 0 0
% 63% 27% 10% 0 0

APPENDIX B
Instruction Sheet

INSTRUCTION AND INFORMATION SHEET

My name is David Russell and I am a doctoral student in Counseling Psychology at the dissertation stage. I am studying how as adults we have been influenced by our families. I have three short questionnaires, plus an information page that I would like you to complete. The instructions are written at the top of each section.

Let me assure you that your responses are completely anonymous and cannot be traced back to you. In fact, if you put any identifying information anywhere on the packet, I will not use it! All results will be reported as group scores. The number that appears on the top of each packet is the only identification for your packet of responses. If, after you complete the packet of questionnaires, you decide you would like to know your individual scores, simply copy down the identification number. After August 30 you may call me at 345-8169 and give me your ID number and I will give you your tests scores. The debriefing sheet that you will receive when you have completed the packet will contain my phone number. No one but you will be able to associate the ID number with you.

Your participation is voluntary. I am encouraging you to participate because the design for my study is based on an unbiased sample of blocks of classes. But, no action will be taken against you if you decide you do not want to complete the questionnaires. I appreciate your willingness to help me in this way and hope others are equally cooperative if you need this kind of assistance.

APPENDIX C

Personal Information Questionnaire (PIQ)

Directions: This part of the study is to get personal information about you. This is very important, since this information makes all the input you've given make sense. Please answer honestly to make the study meaningful. Just as in the other sections, your responses should be made by filling in the response circles 1-5 to the right. Remember, no one can I.D. these responses with you!

AGE: 1) 18-28; 2) 29-38; 3) 39-48; 4) 49-58; 5) 59 and over
RACE: 1) Caucasian; 2) Black; 3) Hispanic; 4) Oriental; 5) other
YOUR MARITAL STATUS: 1) single, never married; 2) married;
3) divorced; 4) separated; 5) widowed
FAMILY INCOME: 1) 0-10,000; 2) 11-20,000; 3) 21-30,000; 4) 31-40,000
5) 41,000 and over
HIGHEST LEVEL OF EDUCATION: 1) 1st-9th; 2) 10th-12th or GED;
3) college-2yr; 4) BA or BS; 5) MA or PhD
YOUR BIRTH ORDER: 1) only child 2) 1st born 3) 2nd born 4) 3rd born
5) 4th born or later
PARENTAL STATUS: 1) no kids; 2) kids all grown and out of the house;
3) 1 or 2 kids at home; 4) 3 or 4 at home; 5) 5 or more at home
CHILD CARE INFORMATION: 1) no kids 2) use child care less than 3
hrs/wk 3) use it 3-10 hrs/wk; 4) use it 10-20 hrs/wk;
5) use it more than 20 hrs/wk

FOR THE QUESTIONS BELOW, MARK ANY AND ALL RESPONSES THAT APPLY

WHEN GROWING UP, COULD ONE, OR BOTH OF YOUR PARENTS BE DESCRIBED AS:
1) alcoholic; 2) drug dependant; 3) workaholic;
4) mentally ill; 5) sexually abusive;

WHEN GROWING UP, COULD ONE, OR BOTH OF YOUR PARENTS BE DESCRIBED AS:
1) unloving 2) physically abusive; 3) chronically ill;
4) trauma victims themselves; 5) perfectionistic

IF YOU CHECKED ANY ITEMS IN #12 OR #14, RATE THE LEVEL YOU WERE HURT
BY YOUR PARENT(S): 1) extreme; 2) quite bad; 3) moderate;
4) hardly; 5) none

IF YOU CHECKED ANY ITEMS IN #12 OR #14, RATE THE LEVEL YOU STILL ARE
HURT BY YOUR PARENT(S): 1) extreme; 2) quite bad; 3) moderate;
4) hardly; 5) none

HAVE YOU EVER BEEN TREATED FOR: 1) emotional problems 2) alcohol /
drug problems 3) marital problems 4) child abuse 5) spouse abuse

APPENDIX D

Family-Of-Origin Scale (FOS)

PLEASE NOTE:

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These consist of pages:

73-74

76-78

U·M·I

APPENDIX E

Myers-Briggs Type Indicator (MBTI)

APPENDIX F

Semantic Differential On Parenting Questionnaire (SDPQ)

Directions: The purpose of this part is to measure the different meanings of **YOUR FEELINGS ABOUT PARENTING**. Please rate each key word (in capital letters) by filling in the response circle at the right with your first impression. It is your first impression I am interested in for this study.

PARENT

example: good 1 2 3 4 5 6 7 bad

If, when you see the word PARENT you feel "good", mark #1 *very*, #2 quite or #3 *slightly* If, when you see the word PARENT you feel "bad", mark #7 *very*, #6 *quite* or #5 *slightly* If, when you see the word PARENT you feel "neutral," not "good" or "bad", mark #4

PART I: YOUR FEELINGS ABOUT PARENTING

	SHOWING THEM LOVE							
happy	1	2	3	4	5	6	7	sad
pleasurable	1	2	3	4	5	6	7	painful
hard	1	2	3	4	5	6	7	soft
awkward	1	2	3	4	5	6	7	graceful

	BEING PATIENT WITH THEM							
soft	1	2	3	4	5	6	7	hard
sad	1	2	3	4	5	6	7	happy
painful	1	2	3	4	5	6	7	pleasurable ...
graceful	1	2	3	4	5	6	7	awkward

	TAKING THE TIME TO TALK							
pleasurable	1	2	3	4	5	6	7	painful
sad	1	2	3	4	5	6	7	happy
hard	1	2	3	4	5	6	7	soft
graceful	1	2	3	4	5	6	7	awkward

	INTERESTED IN THEIR ACTIVITIES							
soft	1	2	3	4	5	6	7	hard
happy	1	2	3	4	5	6	7	sad
awkward	1	2	3	4	5	6	7	graceful
pleasurable	1	2	3	4	5	6	7	painful

	GIVING DISCIPLINE							
painful	1	2	3	4	5	6	7	pleasurable ...
sad	1	2	3	4	5	6	7	happy
graceful	1	2	3	4	5	6	7	awkward
soft	1	2	3	4	5	6	7	hard

APPENDIX G

Semantic Differential On Parents' Parenting Questionnaire (SDPPQ)

Directions: The purpose of this part is to measure the different meanings of **YOUR FEELINGS AS A CHILD BEING PARENTED**. Please rate each key word (in capital letters) by filling in the response circle at the right with your first impression. It is your first impression I am interested in for this study.

PARENT

example: good 1 2 3 4 5 6 7 bad

If, when you see the word PARENT you feel "good", mark #1 *very*, #2 quite or #3 *slightly* If, when you see the word PARENT you feel "bad", mark #7 *very*, #6 *quite* or #5 *slightly* If, when you see the word PARENT you feel "neutral," not "good" or "bad", mark #4

PART II: HOW YOU FELT AS A CHILD BEING PARENTED

PARENTS DISCIPLINING ME

happy	1	2	3	4	5	6	7	sad
pleasurable	1	2	3	4	5	6	7	painful
awkward	1	2	3	4	5	6	7	graceful
hard	1	2	3	4	5	6	7	soft

WAS LOVING TOWARD ME

graceful	1	2	3	4	5	6	7	awkward
soft	1	2	3	4	5	6	7	hard
painful	1	2	3	4	5	6	7	pleasurable ...
happy	1	2	3	4	5	6	7	sad

WAS PATIENT WITH ME

soft	1	2	3	4	5	6	7	hard
awkward	1	2	3	4	5	6	7	graceful
sad	1	2	3	4	5	6	7	happy
pleasurable	1	2	3	4	5	6	7	painful

TOOK THE TIME TO TALK

happy	1	2	3	4	5	6	7	sad
graceful	1	2	3	4	5	6	7	awkward
hard	1	2	3	4	5	6	7	soft
painful	1	2	3	4	5	6	7	pleasurable ...

WAS INTERESTED IN MY ACTIVITIES

soft	1	2	3	4	5	6	7	hard
painful	1	2	3	4	5	6	7	pleasurable ...
happy	1	2	3	4	5	6	7	sad
awkward	1	2	3	4	5	6	7	graceful

APPENDIX H
Debriefing Sheet

DEBRIEFING SHEET

Thank you for your participation in this study!

The purpose of this research is to examine the effect of growing up in various types of families. I am attempting to determine if there are specific factors that occur in the family of origin which contribute to parenting attitudes.

If, after completing these forms, you have any questions about how our families of origin can influence us today, I would recommend the following books:

Children in the Crossfire by Maria Roy

Healing The Child Within by Charles Whitfield

The ACOA's Guide To Raising Healthy Children by Jim Mastrich

Adult Children: The Secrets of Dysfunctional Families by Linda
and John Friel

If you feel disturbed by these questions and would like to talk to someone about your past and how it effects you now, there are several agencies in this area which might be of service to you.

Alternatives Counseling Center	382-4700
Domestic Assault Program	385-3587
Women Care	388-4477
Sexual Assault Program	345-3036
Survivors of Incest Counseling	345-3036

Remember, if you would like your individual test scores, you may obtain them by calling me in the morning or on week-ends after August 30 and giving me your ID number which is located on the top of your questionnaire. My number is 345-8169.

Thanks again.

David L. Russell, Doctoral
Student
Counseling Psychology

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