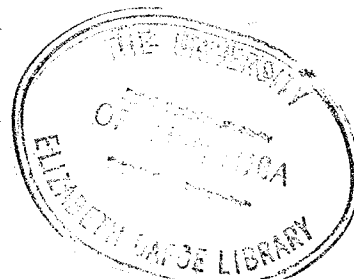


AN EXPERIMENTAL STUDY OF THE RELATIONSHIP BETWEEN
PARENTAL INTERACTION AND BEHAVIOUR DISTURBANCES
IN CHILDREN

THE REPORT OF A RESEARCH PROJECT
PRESENTED TO
THE FACULTY OF THE SCHOOL OF SOCIAL WORK
THE UNIVERSITY OF MANITOBA

IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE
MASTER OF SOCIAL WORK

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APRIL 1970



ABSTRACT

THE PURPOSE OF THE RESEARCH PROJECT WAS TO STUDY THE RELATIONSHIP BETWEEN PARENTAL INTERACTION AND BETWEEN THE DEVELOPMENT OF BEHAVIOUR DISTURBANCES IN CHILDREN. THE SAMPLE POPULATION OF NINETEEN CHILDREN WAS TAKEN FROM THE FILES OF THE SOCIAL WORK DEPARTMENT OF THE CHILD GUIDANCE CLINIC AND INCLUDED THOSE CHILDREN WHOSE BEHAVIOUR PROBLEMS COULD BE CLASSIFIED AS EITHER ADJUSTMENT REACTION OR SPECIAL SYMPTOM REACTION. A QUESTIONNAIRE THEN ADMINISTERED BY THE RESEARCHERS TO EACH PARENT REVEALED THE PARENTS' PATTERN OF INTERACTION AS BEING ESSENTIALLY SYMMETRICAL OR COMPLEMENTARY.

THE RESULTS OF THE STUDY REVEALED THAT A CHILD WITH ONE SPECIFIC TYPE OF BEHAVIOUR DISTURBANCE TENDED TO HAVE PARENTS WITH ONE SPECIFIC PATTERN OF INTERACTION. THAT IS, A CHILD WITH A PROBLEM CLASSIFIED AS AN ADJUSTMENT REACTION TENDED TO HAVE PARENTS WHOSE PATTERN OF INTERACTION WAS SYMMETRICAL AND THAT A CHILD WITH A PROBLEM CLASSIFIED AS A SPECIAL SYMPTOM REACTION TENDED TO HAVE PARENTS WHOSE PATTERN OF INTERACTION WAS COMPLEMENTARY.

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CHAPTER ONE

INTRODUCTION

THE PROJECT WAS AN EXPERIMENTAL STUDY OF THE RELATIONSHIP BETWEEN PARENTAL INTERACTION AND BEHAVIOUR DISTURBANCES IN CHILDREN.

THE PRESENT STUDY DEVELOPED AS A RESULT OF A PILOT PROJECT CONDUCTED BY PROFESSOR G. ERICKSON AND ASSOCIATES IN MARCH OF 1968. THE LATTER WAS PART OF A DRUG STUDY AND THE PROJECT FOCUSED ON DEPRESSED PATIENTS IN A PSYCHIATRIC UNIT. THE HYPOTHESIS OF THE STUDY WAS THAT THE MARITAL RELATIONSHIP OF THE DEPRESSED PATIENT (OR THE RELATIONSHIP TO THE MOST SIGNIFICANT PERSON IN THE PATIENT'S LIFE) WOULD TEND TO BE VIEWED AS BEING ESSENTIALLY COMPLEMENTARY BY THE PATIENT AND SPOUSE.

THE PILOT PROJECT HAS SIGNIFICANCE FOR THE PRESENT STUDY BECAUSE, FIRST, THE PILOT STUDY EMPLOYED A SERIES OF QUESTIONS AS THE METHOD TO CLASSIFY THE PARTICULAR MARITAL RELATIONSHIP AND SECONDLY, IT EMPLOYED THE CLASSIFICATION OF COMPLEMENTARITY-SYMMETRY TO DESCRIBE THE MARITAL RELATIONSHIP. THE PRESENT STUDY ALSO MADE USE OF A QUESTIONNAIRE IN GATHERING DATA AND ALSO CLASSIFIED PATTERNS OF INTERACTION AS BEING EITHER COMPLEMENTARY OR SYMMETRICAL.

AS TREATMENT OF THE FAMILY UNIT HAS COME TO BE REGARDED AS A NECESSARY ADDITION TO SOCIAL WORK PRACTICE IN THE LAST DECADE, THE KNOWLEDGE BASE OF SOCIAL WORK HAS EXPANDED TO INCLUDE THEORIES ABOUT FAMILY LIFE AND ABOUT COMMUNICATION. THESE THEORIES, HOWEVER, HAVE NOT BEEN EMPIRICALLY VALIDATED TO ANY GREAT EXTENT AND IT WAS THE PURPOSE OF

THIS PROJECT TO VALIDATE THE HYPOTHESIS THAT PARENTAL INTERACTION IS RELATED IN DEFINABLE WAYS TO THEIR CHILDREN'S FUNCTIONING. WHILE THERE IS A SCARCITY OF EMPIRICAL DATA CONCERNING THE RELATIONSHIP THAT IS ASSUMED TO EXIST BETWEEN PARENTAL INTERACTION AND CHILD DEVELOPMENT, THE COMMUNICATION AND FAMILY THEORIES SUGGEST THAT PARENTAL STYLES OF BEHAVIOUR AND COMMUNICATION PLAY A FUNDAMENTAL PART IN DETERMINING PATHOLOGY IN CHILDREN THROUGH DIRECT EXAMPLE AND REACTION THAT SUCH STYLES PRODUCE IN THE CHILDREN.¹

AN ADDITIONAL AIM OF THIS PROJECT WAS TO DISCOVER WHETHER ONE SPECIFIC TYPE OF INTERACTION BETWEEN PARENTS WAS RELATED TO ONE SPECIFIC TYPE OF BEHAVIOUR DISTURBANCE IN THE CHILD. IN ORDER TO ATTEMPT THIS AIM, IT WAS NECESSARY TO EMPLOY DIAGNOSTIC CATEGORIES FOR THE CHILDREN'S BEHAVIOUR DISTURBANCES, TO DEVELOP A CLASSIFICATION SCHEME TO DESCRIBE THE TYPE OF PARENTAL INTERACTION, AND TO DESIGN AN INSTRUMENT THAT WOULD DIFFERENTIATE BETWEEN THE TYPES OF PARENTAL INTERACTION.

THE INVESTIGATORS CHOSE TO STUDY ONLY ONE TYPE OF COMMUNICATION: VERBAL, AND ONLY ONE CLASSIFICATION OF INTERACTION: THE SYMMETRICAL/ COMPLEMENTARY DICHOTOMY. THE ARBITRARY DECISION WAS ALSO MADE TO STUDY ONLY THE PARENTS, THEREBY EXCLUDING OTHER FACTORS WHICH MIGHT HAVE BEEN SIGNIFICANT SUCH AS PARENT-CHILD INTERACTION, SIBLING INTERACTION, PEER RELATIONSHIPS AS WELL AS FACTORS SUCH AS SOCIAL CLASS.

THE TOPIC HAS SIGNIFICANCE FOR THE FIELD OF SOCIAL WORK BECAUSE

¹T. LIDZ AND S. FLECK, "SOME EXPLORED AND PARTIALLY EXPLORED SOURCES OF PSYCHOPATHOLOGY", IN FAMILY THERAPY AND DISTURBED FAMILIES, EDITED BY G. H. ZUK AND I. BOSZORMENYI-NAGY (PALO ALTO: SCIENCE AND BEHAVIOR BOOKS, INC., 1967), PP. 43-5.

IT WAS AN ATTEMPT TO VALIDATE A PART OF COMMUNICATION AND FAMILY THEORY AND THUS ADD TO THE KNOWLEDGE BASE OF SOCIAL WORK. ALSO, SINCE FAMILY THERAPY HAS BECOME A MAJOR TREATMENT METHOD IN SOCIAL WORK PRACTICE, IT HAS BEEN RECOGNIZED THAT THERE IS A LACK OF DESCRIPTIVE CATEGORIES THAT WOULD CLASSIFY THE FAMILY, ITS PATTERNS OF FUNCTIONS, COMMUNICATING, AND SO ON. THIS PROJECT HAS REPRESENTED AN ATTEMPT TO SO CLASSIFY PARENTAL INTERACTION, ILLUSTRATE ITS EFFECT ON THE DEVELOPMENT OF CHILDREN'S BEHAVIOUR PROBLEMS, AND THEREFORE ADD TO THE KNOWLEDGE OF THE FAMILY AND FACILITATE FAMILY TREATMENT.

MUCH OF THE PREVIOUS WORK IN THE AREA OF PARENTAL INTERACTION AND CHILD DEVELOPMENT HAS FOCUSED ON FAMILIES IN WHICH THERE IS A SCHIZOPHRENIC MEMBER. VARIOUS STUDIES HAD FOUND A CORRELATION BETWEEN THE TYPE OF RELATIONSHIP BETWEEN THE PARENTS AND THE DEVELOPMENT OF SCHIZOPHRENIA IN THE CHILD, AND THE PRESENT PROJECT WAS AN ATTEMPT TO DISCOVER A SIMILAR CORRELATION IN THE NON-SCHIZOPHRENIC FAMILY.

THERE WERE THREE MAJOR ASSUMPTIONS UNDERLYING THE HYPOTHESIS. THE FIRST ASSUMPTION WAS THAT PARENTAL INTERACTION IS RELATED TO THE SYMPTOM DEVELOPMENT OF THEIR CHILDREN. THIS ASSUMPTION IS SUPPORTED BY FAMILY THEORIES WHICH SUGGEST THAT PATHOLOGY IN THE CHILD IS DETERMINED TO A GREAT EXTENT BY PARENTAL INTERACTION.²

THE SECOND ASSUMPTION WAS THAT PARENTAL INTERACTION MAY BE CATEGORIZED AS SYMMETRICAL OR COMPLEMENTARY. A DEFINITION OF THE TERM 'INTERACTION' IS IN ORDER.

A SINGLE COMMUNICATIONAL UNIT IS TERMED A 'MESSAGE'. A SERIES

²IBID.

OF MESSAGES EXCHANGED BETWEEN PERSONS IS CALLED INTERACTION AND PATTERNS OF INTERACTION BETWEEN PEOPLE CONSTITUTE A RELATIONSHIP.³ INTERACTION INVOLVES NOT ONLY THE EFFECT OF A PIECE OF COMMUNICATION ON THE RECEIVER, BUT ALSO, AND INSEPARABLY LINKED WITH THIS, THE EFFECT OF THE RECEIVER'S REACTION ON THE SENDER. THUS, THE FOCUS IS ON THE SENDER-RECEIVER RELATIONSHIP, AS MEDIATED BY COMMUNICATION.⁴

THE CLASSIFICATION SCHEME OF INTERACTION, SYMMETRY-COMPLEMENTARITY, INCLUDES "ALL POSSIBLE KINDS OF COMMUNICATIVE BEHAVIOUR WHICH TWO PEOPLE MIGHT INTERCHANGE".⁵ A COMPARISON AND CLARIFICATION OF SYMMETRY/COMPLEMENTARITY FOLLOWS:

SYMMETRY:

-PARTNERS EXCHANGE THE SAME KIND OF BEHAVIOUR. FOR EXAMPLE, EACH ONE INITIATES ACTION, OFFERS ADVICE, CRITICIZES, ETC.

-PARTNERS HAVE MAJOR AREAS OF DISAGREEMENT, CONSISTENT CONFLICTS OVER DECISIONS.

-DEALINGS WITHIN THE FAMILY AND WITH THE OUTSIDE WORLD ARE BIPOLAR (THAT IS, BOTH TAKE PART).

-COMMUNICATION IN THE RELATIONSHIP APPROACHES EQUALITY

COMPLEMENTARITY:

-PARTNERS EXCHANGE DIFFERENT KINDS OF BEHAVIOUR. FOR EXAMPLE, ONE GIVES, THE OTHER RECEIVES; ONE TEACHES, THE OTHER LEARNS; ONE IS 'SUPERIOR', THE OTHER 'SECONDARY'.

-PARTNERS VIEW THEMSELVES AS BEING WITHOUT MAJOR CONFLICTS, AND IN ESSENTIAL AGREEMENT IN MOST AREAS OF DECISION-MAKING.

-DEALINGS WITHIN THE FAMILY AND WITH THE OUTSIDE WORLD ARE POLARIZED WITH ONE PARTNER.

-COMMUNICATION TENDS TO BE POLARIZED WITH ONE SPOUSE.

THE THIRD ASSUMPTION WAS THAT CHILDREN'S BEHAVIOURAL PROBLEMS COULD BE CHARACTERIZED AND DIAGNOSED AS EITHER THE ADJUSTMENT REACTION

³J. RUESCH AND G. BATESON, COMMUNICATION-THE SOCIAL MATRIX OF PSYCHIATRY (NEW YORK: W. W. NORTON AND CO., INC., 1951), P. 5.

⁴P. WATZLAWICK, J. H. BEAVIN AND D. D. JACKSON, PARAGMATICS OF HUMAN COMMUNICATION: A STUDY OF INTERACTIONAL PATTERNS, PATHOLOGIES AND PARADOXES (NEW YORK: W. W. NORTON AND CO., INC., 1967), PP. 28-30.

⁵J. HALEY, STRATEGIES OF PSYCHOTHERAPY (NEW YORK: GRUNE AND STRATTON CO., 1963), P. 11.

OF CHILDHOOD OR THE SPECIAL SYMPTOM REACTION. THE ADJUSTMENT REACTION INCLUDES THE CONDUCT DISTURBANCES AND ACTING-OUT BEHAVIOUR SUCH AS TRUANCY, STEALING, DESTRUCTIVENESS, SEXUAL OFFENCES AND THE USE OF ALCOHOL. A CHILD DIAGNOSED AS HAVING A PROBLEM FALLING INTO THIS CATEGORY COULD BE DESCRIBED BY SOME OF THE FOLLOWING CHARACTERISTICS: RESTLESS, IMPULSIVE, HYPERACTIVE, AGGRESSIVE, PROVOCATIVE, DOMINEERING, VERBOSE, REBELLIOUS, DISOBEDIENT.

THE SPECIAL SYMPTOM REACTION INCLUDES THE NEUROTIC TRAITS AND HABIT DISTURBANCES AND IS CHARACTERIZED BY TICS, SOMNAMBULISM, STAMMERING, PHOBIAS, NAIL-BITING, THUMB-SUCKING, ENEURESIS, MASTURBATION, TEMPER-TANTRUMS. A CHILD DIAGNOSED AS HAVING A SPECIAL SYMPTOM REACTION COULD BE DESCRIBED AS: WITHDRAWN, SUBMISSIVE, FEARFUL, UNCOMMUNICATIVE, OVERCOMPLIANT, PASSIVE, INEFFECTUAL.⁶

IT WAS HYPOTHESIZED THAT THERE EXISTS A DIRECT RELATIONSHIP BETWEEN THE TYPE OF PARENTAL INTERACTION (WHETHER COMPLEMENTARY OR SYMMETRICAL) AND THE TYPE OF BEHAVIOURAL PROBLEM OF THE CHILD (WHETHER ADJUSTMENT REACTION OR SPECIAL SYMPTOM REACTION). THAT IS, KNOWING ONE, THE OTHER COULD BE PREDICTED.

THE FIRST HYPOTHESIS WAS THAT THE FORM OF PARENTAL INTERACTION COULD BE PREDICTED FROM THE DIAGNOSIS OF THE CHILD'S PROBLEM. THE SECOND HYPOTHESIS WAS THAT THE DIAGNOSIS OF THE CHILD'S PROBLEM COULD BE PREDICTED FROM THE FORM OF PARENTAL INTERACTION.

⁶H. G. GINOTT, "INNOVATIONS IN GROUP PSYCHOTHERAPY WITH PREADOLESCENTS" IN INNOVATIONS TO GROUP PSYCHOTHERAPY, EDITED BY G. M. GAZDA (SPRINGFIELD: CHARLES C. THOMAS, PUBLISHER, 1968), P. 273.

IN ORDER TO TEST THESE HYPOTHESES, SEVERAL QUESTIONS NEEDED TO BE ANSWERED FROM THE MATERIAL. THE FIRST WAS: WHAT BEHAVIOURS WOULD DETERMINE THE CHILD'S DIAGNOSIS? THESE BEHAVIOURS WERE COLLECTED FROM THE CHILD'S FILE AT THE CHILD GUIDANCE CLINIC. FURTHER, DID THESE BEHAVIOURS CLEARLY FALL INTO ONE OR THE OTHER OF THE DIAGNOSTIC CATEGORIES: ADJUSTMENT REACTION OR SPECIAL SYMPTOM REACTION?

THE SECOND QUESTION WAS: WHAT ASPECTS OF FAMILY LIVING REQUIRED PARENTAL INTERACTION? THE INVESTIGATORS CHOSE VARIOUS SIGNIFICANT AREAS THAT WOULD DESCRIBE PARENTAL INTERACTION AND DEVELOPED THEM INTO THE BODY OF A QUESTIONNAIRE.

NEXT, THE THIRD, WHAT PATTERNS OF INTERACTION INDICATED A COMPLEMENTARY OR A SYMMETRICAL RELATIONSHIP?

THE FOURTH QUESTION TO BE ANSWERED WAS: WAS THERE ONE SPECIFIC BEHAVIOURAL DISTURBANCE IN CHILDREN THAT WAS RELATED TO ONE SPECIFIC TYPE OF PARENTAL INTERACTION? THE RESEARCHERS FELT THAT THE ANSWERS TO THESE FOUR QUESTIONS WOULD ILLUSTRATE THE VALIDITY OF THE HYPOTHESIS.

CHAPTER II WILL ELABORATE ON THE REVIEW OF THE LITERATURE. A REVIEW OF THE LITERATURE ON COMMUNICATION THEORY AND FAMILY THEORY INDICATED THAT INTERACTION BETWEEN PEOPLE COULD BE CLASSIFIED AS EITHER SYMMETRICAL (MEANING THE MINIMIZATION OF DIFFERENCE BETWEEN THE INTERACTING INDIVIDUALS) OR COMPLEMENTARY (MEANING THE MAXIMIZATION OF SUCH DIFFERENCE). THIS TYPE OF INTERACTION EVENTUALLY BECOMES PATTERNED AND CAN THEN BE CONSIDERED AS A RELATIONSHIP (ESSENTIALLY EITHER SYMMETRICAL OR COMPLEMENTARY). MOREOVER, VARIOUS STUDIES HAD FOUND A CORRELATION BETWEEN THE TYPE OF RELATIONSHIP BETWEEN THE SPOUSES AND THE DE-

VELOPMENT OF BEHAVIOUR SYMPTOMS IN THEIR OFFSPRING. WHILE ALMOST ALL OF THESE STUDIES HAD BEEN CONDUCTED WITH FAMILIES CONTAINING A SCHIZOPHRENIC MEMBER, NEVERTHELESS IT SEEMED PROBABLE THAT A SIMILAR CORRELATION COULD BE FOUND IN THE CASE OF NON-SCHIZOPHRENIC FAMILIES. CERTAIN STUDIES HAD ALSO SUGGESTED THAT INTERACTING COUPLES COULD BE TESTED IN ORDER TO DISCOVER WHETHER THEIR PREDOMINANT PATTERN OF INTERACTION WAS SYMMETRICAL OR COMPLEMENTARY, AND THAT SUCH TESTS COULD BE CONDUCTED BY MEANS OF A PAPER AND PENCIL DEVICE SUCH AS A QUESTIONNAIRE.

CHAPTER III WILL DEAL WITH THE METHOD AT LENGTH. THE SOCIAL WORK DEPARTMENT OF THE CHILD GUIDANCE CLINIC WAS THE AGENCY SOURCE OF THE MATERIAL OBTAINED FOR THE SAMPLE. DIAGNOSES OF CHILDREN'S BEHAVIOURS WERE MADE FROM DESCRIPTIONS IN THE FILES, AND A QUESTIONNAIRE WAS ADMINISTERED TO THE PARENTS OF THE CHILDREN, TO DETERMINE THEIR PATTERNS OF INTERACTION. TWO MAJOR LIMITATIONS OF THE METHOD WERE FOUND: ONE IN THE QUESTIONNAIRE AND ANOTHER IN THE SAMPLING PROCEDURE. THESE WILL BE DISCUSSED IN FURTHER DETAIL IN CHAPTER III.

CHAPTER IV WILL PRESENT AN ANALYSIS OF THE MATERIAL AT LENGTH. IN ANALYZING THE DATA, THE FOLLOWING STEPS WERE TAKEN: FIRST, THE INVESTIGATORS MEASURED THE AGREEMENT AND DISAGREEMENT OF THE RESPONSES MADE BY PARENTS IN ANSWER TO THE QUESTIONNAIRE. SECOND, THE RESEARCHERS JUDGED THESE RESPONSES AS TO SYMMETRY OR COMPLEMENTARITY. THIRD, THE INVESTIGATORS COMPARED SELECTIVE SUB-TESTS WITH THE SCORES OBTAINED BY THE FIRST TWO MEASURES AND WITH THE CHILD'S DIAGNOSIS.

IN CHAPTER V, THE RESULTS OF THE RESEARCH STUDY WILL BE EVALUATED IN RELATION TO THE VALIDITY AND RELIABILITY OF THE HYPOTHESIS.

CHAPTER TWO

A REVIEW OF THE LITERATURE

THIS CHAPTER WILL BE DEVOTED TO A BRIEF DISCUSSION OF COMMUNICATION THEORY AND ITS RELATION TO FAMILY THEORY. THE FINAL SECTION OF THE CHAPTER IS CONCERNED WITH A REVIEW OF STUDIES WHICH PROVED PERTINENT IN THE FORMULATION OF THE PRESENT INVESTIGATION.

1. IMPLICATIONS OF COMMUNICATION THEORY

UNTIL THE ADVENT OF THE CONCEPT OF COMMUNICATION, OR INFORMATION EXCHANGE, THE INTERDEPENDENCE OF THE INDIVIDUAL AND HIS ENVIRONMENT REMAINED A NEGLECTED FIELD OF PURSUIT IN TRADITIONAL PSYCHOANALYTIC THEORY, WHICH POSTULATED INSTEAD THAT BEHAVIOUR WAS PRIMARILY THE OUTCOME OF AN INTERPLAY OF INTRAPSYCHIC FORCES IN THE INDIVIDUAL.¹ THE DEVELOPMENT OF COMMUNICATION THEORY HAD SERIOUS IMPLICATIONS FOR THE PSYCHOANALYTIC TRADITION, BECAUSE THE ESTABLISHED CONCEPTS OF "SANITY" AND "INSANITY" BECOME MEANINGLESS IF IT IS ACCEPTED, AS COMMUNICATION THEORY POSTULATES, THAT PSYCHIATRIC SYMPTOMS IN AN INDIVIDUAL ARE MERELY BEHAVIOURS APPROPRIATE TO THE INDIVIDUAL'S ONGOING INTERACTION WITH SIGNIFICANT OTHERS.² CONSEQUENTLY, ATTEMPTS (SUCH AS THIS RESEARCH PROJECT) TO DEVELOP AND VERIFY THE POSTULATES OF COMMUNICATION THEORY, HAVE PROFOUND IMPLICATIONS.

¹P. WATZLAWICK, J. H. BEAVIN, AND D. D. JACKSON, PRAGMATICS OF HUMAN COMMUNICATION: A STUDY OF INTERACTIONAL PATTERNS, PATHOLOGIES AND PARADOXES (NEW YORK: W. W. NORTON AND CO., INC., 1967), PP. 28-30.

²IBID., PP. 46-47.

TIONS FOR ALL PROFESSIONS TREATING DISTURBED INDIVIDUALS.

COMMUNICATION THEORY HAS CONCERNED ITSELF WITH THE EFFECTS OF ONE PERSON'S BEHAVIOUR UPON OTHERS, THEIR REACTIONS TO IT, AND THE CONTEXT IN WHICH IT ALL TAKES PLACE. THE TERM "COMMUNICATION" REFERS NOT ONLY TO VERBAL, EXPLICIT AND INTENTIONAL TRANSMISSION OF MESSAGES, BUT ALSO INCLUDES ALL THOSE PROCESSES BY WHICH PEOPLE INFLUENCE ONE ANOTHER.³ THIS DEFINITION IS BASED ON THE PREMISE THAT ALL ACTIONS AND EVENTS HAVE COMMUNICATIVE ASPECTS, AS SOON AS THEY ARE PERCEIVED BY A HUMAN BEING, AND THAT SUCH PERCEPTION CHANGES THE INFORMATION WHICH THE INDIVIDUAL POSSESSES, THEREBY INFLUENCING HIM. THERE ARE SEVERAL KINDS OF COMMUNICATION: VERBAL; NONVERBAL - CONSISTING OF VOCAL INFLECTIONS, BODILY GESTURES, AND FACIAL EXPRESSIONS; AND THE COMMUNICATIONAL CUES INHERENT IN THE CONTEXT IN WHICH THE COMMUNICATION OCCURS.

THE TWO PEOPLE INEVITABLY WORK OUT A RELATIONSHIP TOGETHER BY MUTUALLY INDICATING WHAT KIND OF BEHAVIOUR IS TO TAKE PLACE BETWEEN THEM. BY BEHAVING IN A CERTAIN WAY THEY DEFINE THEIR RELATIONSHIP AS ONE IN WHICH THAT TYPE OF BEHAVIOUR IS TO TAKE PLACE. GENERALLY, THIS AGREEMENT IS ACHIEVED "IMPLICITLY" BY WHAT THEY SAY AND HOW THEY SAY IT AS THEY RESPOND TO EACH OTHER, RATHER THAN BY EXPLICIT DISCUSSION.⁴

THE PRECEDING BRIEF SUMMARY OF COMMUNICATION THEORY WAS INTENDED TO PROVIDE BACKGROUND KNOWLEDGE FOR THE FOLLOWING DISCUSSION OF TWO CONCEPTS CENTRAL TO THE CONCERN OF THIS RESEARCH PROJECT - THE CONCEPTS

³J. RUESCH AND G. BATESON, COMMUNICATION: THE SOCIAL MATRIX OF PSYCHIATRY (NEW YORK: W. W. NORTON AND CO., INC., 1951), P. 5.

⁴J. HALEY, STRATEGIES OF PSYCHOTHERAPY (NEW YORK: GRUNE AND STRATTON, 1963), P. 10.

OF SYMMETRY AND COMPLEMENTARITY. IN 1936, BATESON FIRST REPORTED ON THE CONCEPT OF SCHISMOGENESIS, WHICH HE DEFINED AS "A PROCESS IN THE DIFFERENTIATION IN THE NORMS OF INDIVIDUAL BEHAVIOUR RESULTING FROM CUMULATIVE INTERACTION BETWEEN INDIVIDUALS."⁵ HE CONCEPTUALIZED TWO TYPES OF INTERACTION PATTERNS: SYMMETRICAL SCHISMOGENESIS AND COMPLEMENTARY SCHISMOGENESIS. THESE TWO PATTERNS HAVE COME TO BE USED WITHOUT REFERENCE TO THE SCHISMOGENETIC PROCESS, AND ARE NOW REFERRED TO AS SYMMETRICAL AND COMPLEMENTARY INTERACTION. ALL COMMUNICATIONAL INTERACTION CAN BE DIVIDED INTO THESE TWO BASIC CATEGORIES.

IN THE LITERATURE ON COMMUNICATION, A SYMMETRICAL RELATIONSHIP HAS COME TO BE DEFINED AS A RELATIONSHIP IN WHICH TWO PEOPLE EXCHANGE THE SAME TYPES OF BEHAVIOUR. EACH PERSON INITIATES ACTION, OFFERS ADVICE, CRITICIZES THE OTHER, ETC. THIS TYPE OF RELATIONSHIP TENDS TO BE COMPETITIVE, THAT IS, IF ONE PERSON MENTIONS THAT HE HAS SUCCEEDED IN SOME ENDEAVOUR, THE OTHER PERSON POINTS OUT THAT HE HAS SUCCEEDED IN SOME EQUALLY IMPORTANT VENTURE. A COMPLEMENTARY RELATIONSHIP, ON THE OTHER HAND IS ONE IN WHICH TWO PEOPLE EXCHANGE DIFFERENT TYPES OF BEHAVIOURS - ONE IS IN THE "SUPERIOR" POSITION AND THE OTHER IS IN A "SECONDARY" POSITION IN THAT ONE OFFERS CRITICISM AND THE OTHER ACCEPTS IT, ONE OFFERS ADVICE AND THE OTHER FOLLOWS IT, ONE TEACHES AND THE OTHER LEARNS, AND SO ON.⁶

LIKE ANY OTHER PATTERN OF COMMUNICATION, THESE TWO HAVE THEIR POTENTIAL PATHOLOGIES.⁷ IN A SYMMETRICAL RELATIONSHIP, THERE IS AN

⁵G. BATESON, NAVEN (LONDON, CAMBRIDGE UNIVERSITY PRESS, 1936).

⁶HALEY, STRATEGIES OF PSYCHOTHERAPY, OP CIT., P. 11.

⁷WATZLAWICK ET AL., OP CIT., P. 107.

EVER-PRESENT DANGER OF COMPETITION. IN A COMPLEMENTARY RELATIONSHIP, PROBLEMS ARISE WHEN ONE PERSON IS FORCED TO CHANGE HIS OWN DEFINITION OF HIMSELF INTO ONE THAT COMPLEMENTS AND SUPPORTS HIS PARTNER'S SELF-DEFINITION.

THIS SIMPLE DIVISION OF RELATIONSHIPS INTO THE TWO TYPES - COMPLEMENTARY AND SYMMETRICAL - IS USEFUL FOR CLASSIFYING DIFFERENT RELATIONSHIPS OR DIFFERENT SEQUENCES WITHIN A RELATIONSHIP.⁸ NO TWO PEOPLE WILL CONSISTENTLY HAVE ONLY ONE PATTERN OF INTERACTION, HOWEVER. USUALLY, THERE ARE AREAS OF A RELATIONSHIP WORKED OUT AS ONE TYPE OR THE OTHER. IN A HEALTHY RELATIONSHIP, BOTH SYMMETRY AND COMPLEMENTARITY MUST BE PRESENT.

THE PROCESS OF DEFINING A RELATIONSHIP AS ESSENTIALLY SYMMETRICAL OR COMPLEMENTARY IS A PROCESS OF WORKING OUT RULES FOR INTERACTING. THUS, THE PROCESS OF WORKING OUT A SATISFACTORY MARITAL RELATIONSHIP, FOR EXAMPLE, CAN BE SEEN AS A PROCESS OF WORKING OUT SHARED AGREEMENTS ABOUT BEHAVIOUR, LARGELY UNDISCUSSED, BETWEEN TWO PEOPLE.⁹ MOREOVER, THE COUPLE MUST NOT ONLY SET RULES, THEY MUST ALSO REACH AGREEMENT ON WHICH OF THEM IS TO BE THE ONE TO SET THE RULES IN EACH AREA OF THEIR MARRIAGE. NOR IS THIS PROCESS LIMITED ONLY TO COUPLES IN A CERTAIN CULTURE.¹⁰ A COUPLE IN ANY CULTURE MUST DEAL WITH WHAT RULES TO FOLLOW, WHO IS TO SET THEM, AND WHAT RULES TO FOLLOW TO RESOLVE DISAGREEMENTS.

FINALLY, THE CORE OF A COMMUNICATION APPROACH TO THE FAMILY WAS

⁸HALEY, STRATEGIES OF PSYCHOTHERAPY, OP.CIT., P. 11.

⁹IBID., PP. 123-25.

¹⁰IBID., PP. 128-29.

DEVELOPED OUT OF JACKSON'S CONCEPT OF "FAMILY HOMEOSTASIS", WHICH HE INTRODUCED IN 1954.¹¹ THIS CONCEPT SUGGESTS THAT THE FAMILY MAY BE VIEWED AS A SYSTEM, AND THAT THE FAMILY ACTS SO AS TO MAINTAIN A BALANCE IN RELATIONSHIPS.

2. RELATED STUDIES

A REVIEW OF STUDIES CONDUCTED TO DATE IN THE AREA OF PARENTAL INTERACTION AND ITS RELATIONSHIP TO SYMPTOM DEVELOPMENT IN CHILDREN INDICATED TO THE PRESENT INVESTIGATORS THAT VERY LITTLE EXPERIMENTATION HAD BEEN DONE ON THIS PARTICULAR ASPECT OF THE THEORY, AND THAT MOST STUDIES HAD CONCERNED THEMSELVES WITH SCHIZOPHRENIC FAMILIES RATHER THAN FAMILIES WITH OTHER FORMS OF EMOTIONAL DISTURBANCE. NEVERTHELESS, THE INVESTIGATORS FOUND SEVERAL STUDIES WHICH SUGGESTED A METHODOLOGY AND SOME CORROBORATION FOR THE PRESENT PROJECT.

IN 1956, A PAPER BY BATESON, JACKSON, HALEY AND WEAKLAND WAS PUBLISHED AS A PROGRESS REPORT ON A RESEARCH PROJECT DESIGNED TO FORMULATE AND TEST A BROAD, SYSTEMATIC VIEW OF THE NATURE, ETIOLOGY AND TREATMENT OF SCHIZOPHRENIA.¹² THIS PAPER ANNOUNCED THE RESEARCHERS' COMMON AGREEMENT ON THE BROAD OUTLINES OF A COMMUNICATIONAL THEORY ON THE ORIGIN AND NATURE OF SCHIZOPHRENIA. IN PARTICULAR, THE "NECESSARY INGREDIENTS" OF THE DOUBLE BIND - A CHARACTERISTIC INTERACTIONAL SITUATION FOR SCHIZOPHRENICS - WERE DISCUSSED AND THE DOUBLE-BIND INTERACTION

¹¹D. D. JACKSON, "THE QUESTION OF FAMILY HOMEOSTASIS" PSYCHIATRIC QUARTERLY SUPPLEMENT, 1957, v. 31, PART 1, PP. 79-90.

¹²G. BATESON, D. D. JACKSON, J. HALEY AND J. H. WEAKLAND, "TOWARD A THEORY OF SCHIZOPHRENIA" BEHAVIORAL SCIENCE, OCTOBER, 1956, v. 1, NO.4.

BETWEEN PARENT AND CHILD WAS ILLUSTRATED FROM CLINICAL DATA. THIS PAPER WAS ONE OF THE FIRST ATTEMPTS TO CHARACTERIZE AND DESCRIBE SCHIZOPHRENIA AS A DISTURBANCE IN COMMUNICATION AND CONSEQUENTLY LAID THE GROUNDWORK FOR CONSIDERING OTHER FORMS OF PSYCHOPATHOLOGY IN THE LIGHT OF COMMUNICATION THEORY.

A NUMBER OF STUDIES WERE THEN CONDUCTED WHICH PROVIDED STRONG EVIDENCE THAT CONFLICT EXISTED BETWEEN THE PARENTS OF SCHIZOPHRENICS. HOWEVER, THE STUDIES DID NOT CLARIFY WHAT STRIFE BETWEEN THE PARENTS HAD TO DO WITH SCHIZOPHRENIA IN THE CHILD. IN AN ATTEMPT TO RECTIFY THIS, HALEY HYPOTHEZED THAT SCHIZOPHRENIC BEHAVIOUR SERVES A FUNCTION WITHIN A PARTICULAR KIND OF FAMILY ORGANIZATION, AND THAT THE FAMILY OF THE SCHIZOPHRENIC IS A SPECIAL KIND OF SYSTEM WHICH CAN BE DIFFERENTIATED FROM OTHER FAMILY SYSTEMS.¹³ HALEY THEN ANALYZED A SMALL SAMPLE OF FAMILIES PARTICIPATING IN THERAPEUTIC SESSIONS WHERE PARENTS AND SCHIZOPHRENIC CHILD, AS WELL AS SIBLINGS, WERE SEEN TOGETHER AND RECORDED.

IN HIS PAPER HALEY POINTED OUT THAT WHAT WAS LACKING IN THE STUDY OF INTERPERSONAL RELATIONS WAS A METHOD OF DESCRIBING BY SOME ANALOGY THE PROCESS WHICH TAKES PLACE WHEN TWO OR MORE PEOPLE INTERACT. HIS FINDINGS INDICATED THAT THE MOST APPROPRIATED ANALOGY FOR DESCRIBING FAMILIES WAS THAT OF A SELF-CORRECTIVE SYSTEM GOVERNED BY FAMILY MEMBERS INFLUENCING EACH OTHER'S BEHAVIOUR AND THEREBY ESTABLISHING RULES FOR THE SYSTEM. HIS APPROACH OFFERED A GENERAL THEORETICAL FRAMEWORK WITHIN WHICH THE RULES OF ANY ONE FAMILY COULD BE CLASSIFIED. HE USED

¹³J. HALEY, "THE FAMILY OF THE SCHIZOPHRENIC: A MODEL SYSTEM" JOURNAL OF NERVOUS AND MENTAL DISEASE, 1959, no. 129.

THE FAMILY OF THE SCHIZOPHRENIC AS A PARTICULARLY GOOD MODEL FOR THIS APPROACH BECAUSE OF THE NARROW LIMITS OF ITS SYSTEM.

FROM HIS FINDINGS HALEY ALSO CONCLUDED THAT THE SCHIZOPHRENIC BEHAVIOUR OF THE CHILD WAS FUNCTIONAL TO AND REINFORCED BY THE FAMILY SYSTEM. HALEY'S STUDY THUS HAD VALUE NOT ONLY BECAUSE IT PROPOSED A SYSTEMS MODEL OF THE FAMILY, BUT ALSO BECAUSE IT SUGGESTED THAT SYMPTOM FORMATION IN CHILDREN IS CLOSELY RELATED, AND IS LIKELY FUNCTIONAL TO, THE INTERACTION OF THE PARENTS.

A LATER STUDY BY HALEY ON THE CONTROL FACTOR IN PSYCHOTHERAPY WITH SCHIZOPHRENICS POINTED OUT THAT A NUMBER OF DIFFERENT METHODS OF TREATING SCHIZOPHRENICS EXIST, AND THAT AN EXAMINATION OF THESE METHODS COULD INCREASE KNOWLEDGE ABOUT SCHIZOPHRENIA.¹⁴ THIS PAPER HAD SIGNIFICANCE BECAUSE IT MADE USE OF THE CONCEPTS OF SYMMETRY AND COMPLEMENTARITY TO SUGGEST THAT A SCHIZOPHRENIC IS UNABLE TO MAINTAIN EITHER A SYMMETRICAL OR A COMPLEMENTARY RELATIONSHIP, AND HENCE ANY TYPE OF RELATIONSHIP WITH ANOTHER PERSON. HALEY STATED THAT WHILE THE AVERAGE FAMILY IS ABLE TO PROVIDE AN OPPORTUNITY FOR THE CHILD TO LEARN TO FORM BOTH SYMMETRICAL AND COMPLEMENTARY RELATIONSHIPS, THE PARENTS IN A FAMILY WITH A SCHIZOPHRENIC MEMBER CONSTANTLY "DISQUALIFY" A CHILD'S BIDS FOR EITHER TYPE OF RELATIONSHIP, BECAUSE THE PARENTS PERCEIVE ANY ATTEMPT BY THE CHILD TO DEVELOP A RELATIONSHIP WITH THEM AS A MANEUVER TO CONTROL THEM. THE PARENTS THEMSELVES HAVE NOT BEEN ABLE TO SOLVE THE PROBLEM OF WHICH OF THEM IS TO CONTROL THE MARITAL RELATIONSHIP, AND

¹⁴ J. HALEY, "CONTROL IN PSYCHOTHERAPY WITH SCHIZOPHRENICS" ARCHIVES OF GENERAL PSYCHIATRY, 1961, v. 5, pp. 340-53.

CONSEQUENTLY THEY CANNOT PERMIT THEIR CHILD TO CONTROL THEM EITHER.¹⁵

TO THE PRESENT INVESTIGATORS HALEY'S STUDY WAS PERTINENT BECAUSE IT SUGGESTED THE IMPORTANCE OF THE RELATIONSHIP BETWEEN THE PARENTS TO THEIR RELATIONSHIP WITH THE CHILD, WITH SERIOUS CONSEQUENCES FOR THE CHILD'S OWN DEVELOPMENT. IT APPEARED LIKELY THAT A SIMILAR SITUATION MIGHT EXIST IN THE CASE OF PARENTS WITH NON-SCHIZOPHRENIC CHILDREN.

THE MAJORITY OF LATER STUDIES REVIEWED ATTEMPTED TO VALIDATE HYPOTHESES ABOUT THE RELATIONSHIP BETWEEN FAMILY INTERACTION AND MENTAL ILLNESS IN AN ESSENTIALLY RETROSPECTIVE MANNER, THAT IS, THE IDENTIFIED PATIENT WAS SEEN IN INTERACTION WITH HIS FAMILY IN AN ATTEMPT TO DISCOVER PARTICULAR PATTERNS OF INTERACTION WHICH MAY HAVE CONTRIBUTED TO THE DEVELOPMENT OF THE PATIENT'S SYMPTOMS. A STUDY BY JACKSON, RISKIN AND SATIR WAS NOTEWORTHY, HOWEVER, BECAUSE IT ATTEMPTED TO PREDICT THE DIAGNOSIS OF THE PATIENT FROM AN EXAMINATION OF THE PATIENT AND HIS FAMILY IN INTERACTION.¹⁶ THE PATIENT'S DIAGNOSIS WAS CONCEALED FROM THE INVESTIGATORS UNTIL THEIR ANALYSIS OF THE DATA WAS COMPLETED.

THE STUDY WAS BASED ON THE RESEARCHERS' ANALYSIS OF THE FIRST FIVE MINUTES OF A TAPE OF AN "UNKNOWN" FAMILY. THE INVESTIGATORS FOCUSED ON THE DEVELOPMENT OF METHODS WHICH WOULD ENABLE THEM TO IDENTIFY MORE PRECISELY DIFFERENT PATTERNS OF FAMILY INTERACTION, AND TO RELATE THESE PATTERNS TO VARIOUS FORMS OF BEHAVIOUR DISTURBANCE. THEIR PAPER PRESENTED A BRIEF THEORETICAL FRAMEWORK FOLLOWED BY A DETAILED ILLUSTRATION OF ONE SUCH APPROACH.

IN THEIR CONCLUSIONS, THE INVESTIGATORS SUGGESTED THAT THEIR

¹⁵ IBID., PP. 347-49.

¹⁶ D. D. JACKSON, J. RISKIN AND V.M. SATIR, "A METHOD OF ANALYSIS OF A FAMILY INTERVIEW" IN COMMUNICATION, FAMILY AND MARRIAGE, HUMAN COMMUNICATION, V. 1, D. D. JACKSON (EDITOR), PALO ALTO: SCIENCE AND BEHAVIOR BOOKS, INC., 1968).

REPORT OFFERED POSTDICTIVE EVIDENCE IN SUPPORT OF HYPOTHESES RELATING FAMILY INTERACTION TO MENTAL ILLNESS, OR MORE GENERALLY, TO PERSONALITY DEVELOPMENT. TO THE PRESENT INVESTIGATORS THE STUDY HAD RELEVANCE BECAUSE IT ATTEMPTED TO ANALYZE COMMUNICATION PATTERNS IN TERMS OF SYMMETRY AND COMPLEMENTARITY, WITH THE PURPOSE OF CORRELATING THESE WITH SPECIFIC MANIFESTATIONS OF MENTAL ILLNESS, SUGGESTING A POSSIBLE APPROACH FOR THE PRESENT STUDY.

A SOCIAL WORK RESEARCH PROJECT BY WEISMAN IN 1963 WAS DESIGNED TO TEST FURTHER THE HYPOTHESIS THAT "THE TYPE OF CHILD FUNCTIONING AND THE TYPE OF PARENTAL FUNCTIONING ARE DIFFERENTIALLY RELATED TO THE TYPE OF MARITAL RELATIONSHIP."¹⁷ THE DATA CONSISTED OF CASEWORKERS' JUDGMENTS ABOUT THE SOCIAL FUNCTIONING OF THE FAMILY MEMBERS. WEISMAN FOUND THAT, CONTRARY TO CLINICAL EXPECTATIONS, CHILD FUNCTIONING WAS NOT SIGNIFICANTLY RELATED TO MARITAL FUNCTIONING IN GENERAL, TO SPECIFIC MARITAL PATTERNS, OR TO THE DEGREE OF CONFLICT OR SATISFACTION THE PARENTS EXPERIENCED IN THE MARRIAGE.

TO THE PRESENT RESEARCHERS WEISMAN'S STUDY WAS IMPORTANT NOT ONLY BECAUSE ITS FINDINGS DISPROVED THE HYPOTHESIS THAT MARITAL INTERACTION INFLUENCES CHILD FUNCTIONING, BUT ALSO BECAUSE IT ATTEMPTED TO CLASSIFY HUSBAND-WIFE INTERACTION PATTERNS INTO VARIOUS TYPES OF SYMMETRICAL AND COMPLEMENTARY RELATIONSHIPS, ALTHOUGH THE CONCEPTS "SYMMETRY" AND "COMPLEMENTARITY" WERE NOT ACTUALLY USED, BECAUSE THE STUDY

¹⁷ I. WEISMAN, "EXPLORING THE EFFECT OF THE MARITAL RELATIONSHIP ON CHILD FUNCTIONING AND PARENTAL FUNCTIONING" SOCIAL CASEWORK 1963, v. 44, no. 6, pp. 330-34.

DID NOT EMPLOY A COMMUNICATION THEORY APPROACH TO MARITAL INTERACTION. WEISMAN ALSO DID NOT ALLOW FOR THE FACT THAT A COUPLE COULD INTERACT DIFFERENTLY IN DIFFERENT AREAS OF THEIR MARRIAGE. CONSEQUENTLY, THE PRESENT INVESTIGATORS CONCLUDED THAT IF A SOMEWHAT SIMILAR STUDY WERE CONDUCTED, BUT WITH A FOCUS ON INTERACTION IN THE LIGHT OF COMMUNICATION THEORY, FINDINGS WHICH WOULD BE VERY DIFFERENT FROM WEISMAN'S MIGHT RESULT.

IN ANOTHER STUDY BY WEAKLAND AND FRY (1962), SEVERAL LETTERS TO SCHIZOPHRENIC PATIENTS FROM THEIR MOTHERS WERE PRESENTED VERBATIM AS RAW DATA.¹⁸ THESE LETTERS WERE THEN EXAMINED FOR CHARACTERISTIC FORMAL PATTERNS OF COMMUNICATION. THE STUDY FOUND THAT WHILE THE LETTERS VARIED IN DETAILS OF CONTENT, STYLE, ETC., THEY EXHIBITED SIMILAR, PERVASIVE AND HIGHLY INFLUENTIAL PATTERNS OF INCONGRUENT COMMUNICATION. IT WAS ALSO FOUND THAT THIS OBSERVED PATTERN FITTED PRIOR GENERAL STATEMENTS OF THE RESEARCHERS ABOUT THE DOUBLE BIND AND INCONGRUENT COMMUNICATION IN SCHIZOPHRENIC FAMILIES.

THE WEAKLAND AND FRY STUDY PROVED RELEVANT BECAUSE IT USED LETTERS AS DATA FOR A NUMBER OF REASONS WHICH SUGGESTED TO THE PRESENT EXPERIMENTORS THAT THE QUESTIONNAIRE METHOD MIGHT ALSO BE APPROPRIATE FOR STUDYING INTERACTION.

THE PRESENT RESEARCH PROJECT GREW OUT OF A PILOT STUDY CONDUCTED IN 1968, WHICH WAS DESIGNED TO TEST THE HYPOTHESIS THAT THE MARITAL RELATIONSHIP (OR THE RELATIONSHIP WITH A "SIGNIFICANT OTHER") OF DEPRESSED PATIENTS IN A PSYCHIATRIC UNIT WOULD TEND TO BE VIEWED BY THE PATIENT

¹⁸J. H. WEAKLAND AND W. F. FRY, "LETTERS OF MOTHERS OF SCHIZOPHRENICS" AMERICAN JOURNAL OF ORTHOPSYCHIATRY, JULY, 1962, V. 32, NO. 4, PP. 604-23.

AND THE SPOUSE OR RELATIVE AS BEING ESSENTIALLY COMPLEMENTARY.¹⁹ SIMILARLY, PATIENTS WITH OTHER TYPES OF SYMPTOMS SUCH AS ANXIETY DISORDERS WERE HYPOTHESIZED TO HAVE MARITAL RELATIONSHIPS WHICH WERE ESSENTIALLY SYMMETRICAL. A BRIEF SERIES OF QUESTIONS, WHICH WOULD PROVIDE A ROUGH INDEX OF MEASUREMENT OF THE TWO TYPES OF RELATIONSHIPS, WAS ADMINISTERED TO BOTH GROUPS OF PATIENTS AND THEIR SPOUSES OF CLOSEST RELATIVES. THE FINDINGS OF THE PILOT STUDY WERE UNPUBLISHED, AND HENCE NOT DIRECTLY AVAILABLE TO THE PRESENT GROUP OF RESEARCHERS.

THE PILOT STUDY WAS IMPORTANT, HOWEVER, IN THAT IT OPERATIONALLY DESCRIBED THE INTERACTION PATTERNS OF COMPLEMENTARITY AND SYMMETRY, AND SUGGESTED THAT THE MEASURE OF AGREEMENT VERSUS DISAGREEMENT COULD BE A USEFUL CRITERION FOR DIFFERENTIATING BETWEEN SYMMETRICAL AND COMPLEMENTARY RELATIONSHIPS. THE STUDY FURTHER SUGGESTED THAT THE TYPE OF RELATIONSHIP EXISTING BETWEEN A MARRIED COUPLE COULD BE TESTED BY MEANS OF A QUESTIONNAIRE WHICH THE SPOUSES ANSWERED INDIVIDUALLY. IN OTHER WORDS, IT WAS POSSIBLE TO CLASSIFY A RELATIONSHIP WITHOUT EXAMINING THE SPOUSES INTERACTING TOGETHER. THE METHOD USED BY THE PILOT STUDY WAS AN IMPORTANT DEPARTURE FROM MOST OF THE PREVIOUS STUDIES DISCUSSED, WHICH HAD ANALYZED THE ONGOING INTERACTION OF THE SUBJECTS RATHER THAN THE REPORTED PATTERNS OF INTERACTION OF THE INDIVIDUALS INVOLVED, AS THE PILOT STUDY DID.

IN REVIEWING THE LITERATURE, THE PRESENT INVESTIGATORS SOON NOTED THAT THERE WAS NO ADEQUATE PRECEDENT FOR THE TYPE OF EXPERIMENT THEY WERE

¹⁹ GUIDELINES OF THE PILOT STUDY IN 1968 WERE PROVIDED THROUGH THE COURTESY OF THE INITIATOR OF THE STUDY, PROF. G. ERICKSON, WHO WAS ALSO ADVISOR TO THE CURRENT PROJECT.

PLANNING. THE METHODOLOGY WHICH HAD BEEN DEVELOPED TO EXPERIMENT WITH INDIVIDUALS AND WITH ARTIFICIAL GROUPS WAS NOT APPLICABLE TO THE MEASUREMENT OF TYPICAL PATTERNS OF ONGOING INTERACTION. HOWEVER, THE INVESTIGATORS NOTED THAT THREE GENERAL METHODS FOR COLLECTING DATA HAD BEEN USED BY PREVIOUS STUDIES ON FAMILY INTERACTION. THESE METHODS WERE: 1) USING THE SELF-REPORT OF FAMILY MEMBERS ABOUT THEIR INTERACTION, OBTAINED EITHER BY QUESTIONNAIRE OR BY INTERVIEW; 2) BRINGING FAMILY MEMBERS TOGETHER TO STUDY THEM IN OPERATION, WITH THE DATA CONSISTING OF OBSERVATIONS BY HUMAN OBSERVERS WHO ATTEMPT TO REACH AGREEMENT ON WHAT THEY SEE HAPPENING; AND 3) PLACING FAMILIES IN COMMUNICATION NETWORKS WHERE THEIR BEHAVIOUR IS RECORDED ON INSTRUMENTS.²⁰

HOWEVER, THESE THREE METHODS OF RESEARCH WOULD LIKELY COLLECT DIFFERENT FACTS ABOUT FAMILIES, BECAUSE FACTS ARE DETERMINED LARGELY BY THE WAYS IN WHICH THEY ARE COLLECTED. NEVERTHELESS, FOR REASONS WHICH WILL BE DISCUSSED IN THE FOLLOWING CHAPTER ON METHODOLOGY, THE INVESTIGATORS CHOSE TO EMPLOY THE QUESTIONNAIRE.

IN CONCLUSION, A REVIEW OF THE LITERATURE ON COMMUNICATION PROVIDED THE PRESENT RESEARCHERS WITH A HYPOTHESIS FOR STUDY, A METHOD FOR THE COLLECTION OF DATA, AND CRITERIA FOR DATA CLASSIFICATION AND ANALYSIS.

²⁰ J. HALEY, "TOWARDS A THEORY OF PATHOLOGICAL SYSTEMS" IN FAMILY THERAPY AND DISTURBED FAMILIES, G. H. ZUK AND I. BOSZORMENYI-NAGY (EDITORS), (PALO ALTO: SCIENCE AND BEHAVIOR BOOKS, INC., 1967), P. 15.

CHAPTER THREE

METHOD

THE CHILD GUIDANCE CLINIC WAS SELECTED AS THE AGENCY FROM WHICH TO OBTAIN THE SAMPLE. IT WAS CONSIDERED THE MOST APPROPRIATE AGENCY ON THE ASSUMPTION THAT DIAGNOSES OF THE CHILDREN'S BEHAVIOUR WOULD PROBABLY BE AVAILABLE FROM THE FILES. A REVIEW OF THE FILES REVEALED, HOWEVER, THAT DIAGNOSES HAD NOT BEEN FORMALLY MADE. CONSEQUENTLY, THE RESEARCHERS UTILIZED TWO BROAD CATEGORIES OF SYMPTOM DEVELOPMENT IN CHILDREN FROM WHICH TO MAKE THEIR OWN DIAGNOSES. THE TWO CATEGORIES WERE FORMULATED FROM THE ESTABLISHED CLASSIFICATION OF FINCH¹ AND GINOTT,² AND WERE DEFINED AS FOLLOWS:

1. ADJUSTMENT REACTION OF CHILDHOOD

(CONDUCT DISTURBANCE, ACTING-OUT BEHAVIOUR)

-SOCIALLY UNACCEPTABLE BEHAVIOUR, TRUANCY, STEALING, DESTRUCTIVENESS, CRUELTY, SEXUAL OFFENCES, USE OF ALCOHOL; CAN BE DESCRIBED AS TENSE, RESTLESS, EXCITABLE, IMPULSIVE, HYPERACTIVE, ANGRY, AGGRESSIVE, PROVOCATIVE, DOMINEERING, VERBOSE, CRITICAL, REBELLIOUS, AND DISOBEDIENT. THEIR GREATEST DEFECT

¹R. FINCH, FUNDAMENTALS OF CHILD PSYCHIATRY (NEW YORK: W. W. NORTON AND Co., INC., 1960), P. 124.

²H. G. GINOTT, "INNOVATIONS IN GROUP PSYCHOTHERAPY WITH PREADOLESCENTS", IN INNOVATIONS TO GROUP PSYCHOTHERAPY, EDITED BY G. M. GAZDA, (SPRINGFIELD, ILL., CHARLES C. THOMAS, PUBLISHER, 1968), P. 273.

IS THEIR PRONENESS TO DISCHARGE EMOTIONAL STRESS IN PHYSICAL ACTS, AND THEIR GREATEST NEED IS FOR A DECREASE OF INNER TENSIONS AND AN INCREASE OF INNER CONTROLS.

2. SPECIAL SYMPTOM REACTION

(NEUROTIC TRAITS, HABIT DISTURBANCE, OVERINHIBITION)

-TICS, SOMNAMBULISM, STAMMERING, HYPERACTIVITY, PHOBIAS, NAIL-BITING, THUMB-SUCKING, ENEURESIS, MASTURBATION, TEMPER-TANTRUMS; CAN BE DESCRIBED AS WITHDRAWN, SUBMISSIVE, SILENT, FEARFUL, SHY, ISOLATED, UNCOMMUNICATIVE, INARTICULATE, OVER-COMPLIANT, CONSTRICTED, MEEK, PASSIVE, EMASCULATED, AND IN-EFFECTUAL. THE GREATEST AFFLICTION OF THESE CHILDREN IS SOCIAL ISOLATION, AND THEIR GREATEST NEED IS FOR THE OPPORTUNITY FOR FREE, SAFE, AND RESPECTABLE INTERPERSONAL COMMUNICATION.

HEREAFTER, THE TWO CLASSIFICATIONS SHALL BE REFERRED TO IN ABBREVIATED FASHION AS "AR" AND "SSR".

IT WAS ORIGINALLY DECIDED TO CHOOSE THE SAMPLE FROM NEW CASES, I.E. THOSE PREVIOUSLY UNKNOWN TO THE CLINIC, REFERRED IN THE MONTHS OF OCTOBER AND NOVEMBER, 1969. (SEPTEMBER REFERRALS WERE OMITTED SINCE MANY WERE SIMPLE TRUANCY CASES WHICH TYPIFIED THE BEGINNING OF A SCHOOL YEAR.) BUT, OWING TO DIFFICULTY IN FINDING ENOUGH FILES WITH SUFFICIENT REFERRAL INFORMATION TO MAKE A DIAGNOSIS, IT WAS NECESSARY TO INCLUDE ALSO THOSE CASES PREVIOUSLY KNOWN TO THE CLINIC BUT REOPENED IN OCTOBER OR NOVEMBER. THE USE OF BOTH KINDS OF REFERRALS, I.E. NEW AND REOPENED, CONSTITUTED A LIMITATION OF THE STUDY, SINCE THE CHILD'S BEHAVIOUR COULD HAVE CHANGED OVER THE PERIOD OF CONTACT WITH THE CLINIC, IN ADDITION TO POSSIBLE CHANGES IN PARENTAL COMMUNICATION AS A RESULT OF COUNSELING

TREATMENT.

THE AGE RANGE OF THE CHILDREN STUDIED WAS SIX TO ELEVEN YEARS, INCLUSIVE. CHILDREN DIAGNOSED AS SCHIZOPHRENIC OR HAVING BRAIN SYNDROMES WERE EXCLUDED FROM THE SAMPLE. THE TOTAL NUMBER OF CASES IN THIS AGE GROUP REFERRED TO THE SOCIAL WORK DEPARTMENT OF THE CLINIC IN OCTOBER AND NOVEMBER WAS 335. FROM THIS GROUP THE RESEARCHERS CHOSE THOSE WHICH MET THE FOLLOWING CRITERIA: CHILDREN LIVING WITH BOTH NATURAL PARENTS SINCE BIRTH (NO DISTINCTION WAS MADE BETWEEN LEGAL MARRIAGE AND COMMON LAW UNION, PROVIDED THEY WERE NATURAL PARENTS AND LIVING TOGETHER); CHILDREN FROM FAMILIES WHEREIN ONLY ONE CHILD HAD BEEN REFERRED TO THE CLINIC; CASES WHICH WERE STILL ACTIVE AT THE TIME OF ADMINISTRATION OF THE QUESTIONNAIRE. ALTHOUGH OTHER THAN NATURAL PARENTS MAY HAVE PROVED EQUALLY VALID SUBJECTS FOR THE STUDY, IT WAS OFTEN IMPOSSIBLE TO DETERMINE FROM THE INFORMATION IN THE FILES HOW LONG THE CHILD HAD LIVED WITH THEM. THUS, THE SAMPLE WAS RESTRICTED TO CHILDREN LIVING FROM BIRTH WITH NATURAL PARENTS ONLY. HENCE, THE STUDY DOES NOT ACCOUNT FOR BEHAVIOURAL DISTURBANCES RELATED TO FACTORS SUCH AS SEPARATION, DIVORCE, OR DEATH OF PARENTS, OR ADJUSTMENT TO FOSTER, ADOPTIVE, OR STEP PARENTS. THE STUDY WAS RESTRICTED TO THE REFERRAL OF ONE CHILD PER FAMILY AS DISTURBED SIBLING FACTORS INTRODUCED THE POSSIBILITY OF NEW VARIABLES WHICH WENT BEYOND THE SCOPE OF THE STUDY. THE SAMPLING CRITERIA WERE DESIGNED TO ELIMINATE AS MANY CONFOUNDING VARIABLES AS POSSIBLE.

WHILE THE ORIGINAL INTENT WAS TO USE A RANDOM SAMPLING METHOD, THE RESEARCHERS FOUND, AFTER ELIMINATING THOSE CASES WHICH DID NOT MEET THE CRITERIA AND THOSE FILES WHICH DID NOT CONTAIN ADEQUATE DIAGNOSTIC

INFORMATION, THAT IT WAS NECESSARY TO USE ALL THE REMAINING FILES IN ORDER TO OBTAIN A SAMPLE LARGE ENOUGH TO BE CONSIDERED STATISTICALLY SIGNIFICANT. IT WAS DECIDED THAT A MINIMALLY DESIRABLE SAMPLE WOULD CONTAIN FIFTEEN CASES IN EACH CATEGORY, I.E. FIFTEEN SSR AND FIFTEEN AR. A MAJOR LIMITATION OF THE STUDY WAS THIS SAMPLING PROCEDURE, FOR A SAMPLE THAT IS NOT RANDOM CANNOT BE GENERALIZED FOR A LARGER POPULATION.

THE INVESTIGATORS DIVIDED INTO TWO TEAMS. TEAM A READ HALF OF THE FILES AND MADE OUT A CONTROL CARD ON EACH CHILD. THE CARD CONTAINED IDENTIFYING INFORMATION, REASON FOR REFERRAL, DESCRIPTION OF BEHAVIOUR, AND DIAGNOSTIC CLASSIFICATION, I.E. WHETHER AR OR SSR. THESE DIAGNOSES WERE VERIFIED BY THE RESEARCH ADVISOR. THEN THE CARDS WERE PASSED ON TO TEAM B, WHO LATER FOLLOWED THROUGH IN CONTACTING PARENTS AND ADMINISTERING THE QUESTIONNAIRES. TEAM B FOLLOWED THE SAME PROCEDURE. IN THIS WAY THE INVESTIGATORS PLANNED TO AVOID THE DANGER OF SUBJECTIVE BIAS WHEN THE TIME CAME TO ADMINISTER THE QUESTIONNAIRE, SINCE, FOR EXAMPLE, TEAM B WOULD BE INTERVIEWING THE PARENTS OF CHILDREN WHOSE FILES HAD BEEN READ ONLY BY TEAM A. THE RESEARCH ADVISOR THEN MADE AN INDEPENDENT PREDICTION FROM THE DIAGNOSES OF THE CHILD OF THE PATTERN OF PARENTAL INTERACTION. IT SHOULD BE NOTED THAT THERE WAS A MAJOR WEAKNESS IN THIS METHOD OF MAKING DIAGNOSES FROM DESCRIPTIONS OF BEHAVIOUR IN THE FILE AS THESE WERE OFTEN VERY LIMITED, OR MADE ONLY BY TEACHERS OR PARENTS. A CLINICAL DIAGNOSIS MADE BY A PSYCHIATRIST OR SOCIAL WORKER WOULD HAVE BEEN MORE DESIRABLE AND RELIABLE, BUT TIME AND STAFF LIMITATIONS PROHIBITED THIS.

IN ALL, SEVENTY-NINE FILES WERE REVIEWED FOR THE PURPOSE OF THE PROJECT. OF THESE, NINETEEN WERE DISCARDED, EIGHTEEN DUE TO DIFFICULTY

IN CLASSIFYING BEHAVIOUR, AND ONE DUE TO LACK OF A HOME TELEPHONE WHICH CREATED A COMMUNICATION PROBLEM. IN THE SAMPLE SELECTED ACCORDING TO THE CRITERIA MENTIONED EARLIER, THERE WERE FAR FEWER AR TYPES THAN SSR TYPES. THIS FACT ADDED TO THE DIFFICULTY IN OBTAINING A SUBSTANTIAL SAMPLE OF POTENTIAL PARTICIPANTS FOR THE STUDY WITH AN EQUAL NUMBER IN EACH CATEGORY.

IT WAS DECIDED THAT THE QUESTIONNAIRE TECHNIQUE WOULD BE THE MOST FEASIBLE MEANS OF TESTING PARENTAL INTERACTION. A STUDY DONE BY WEAKLAND AND FRY INDICATED THAT A QUESTIONNAIRE COULD BE USED TO ASSESS AN INDIVIDUAL'S PATTERN OF COMMUNICATING WITH OR RELATING TO ANOTHER.¹ MOREOVER, LIMITATIONS OF TIME FORCED THE RESEARCH GROUP TO ADOPT A SIMPLE MEANS OF DATA COLLECTION. WHILE IT WAS RECOGNIZED THAT THIS IS PROBABLY NOT THE BEST FORM OF TESTING INTERACTION, THERE ARE CERTAIN ADVANTAGES TO THIS METHOD. FOR EXAMPLE, THE QUESTIONNAIRE IS A PERMANENT AND OBJECTIVE PIECE OF DATA WHICH CAN BE EXAMINED REPEATEDLY BY VARIOUS INDIVIDUALS. IT HAS DEFINITE BOUNDARIES, AND BECAUSE IT FOCUSES PURELY ON ONE DIMENSION, I.E. VERBAL RESPONSES, IT IS EASIER TO ANALYZE THAN A TAPE RECORDING OR SOUND FILM. HOWEVER, THERE ARE CERTAIN METHODOLOGICAL FLAWS IN THE QUESTIONNAIRE APPROACH. THE SUBJECTIVE BIASES OF THE OBSERVER ARE A CONTINUOUSLY OPERATING YET INADEQUATELY EVALUATED FACTOR. THERE IS ALSO THE RETROSPECTIVE FALLACY, NAMELY THE POSSIBILITY THAT PATTERNS OBSERVABLE IN A FAMILY MAY, ON THE ONE HAND, THEMSELVES BE A RESULT OF EMOTIONAL ILLNESS, OR ON THE OTHER HAND, THAT

¹J. H. WEAKLAND AND W. R. FRY, "LETTERS OF MOTHERS OF SCHIZOPHRENICS", AMERICAN JOURNAL OF ORTHOPSYCHIATRY, JULY 1962, VOL. 32, NO. 4, P. 605.

THEY MAY HAVE BEEN PRESENT BEFORE THE OVERT ILLNESS BUT ETIOLOGICALLY IRRELEVANT.² ONCE IT IS REALIZED THAT STATEMENTS CANNOT ALWAYS BE TAKEN AT FACE VALUE, LEAST OF ALL IN THE PRESENCE OF PSYCHOPATHOLOGY— THAT PEOPLE CAN OFTEN SAY SOMETHING AND MEAN SOMETHING ELSE—AND THAT THERE ARE QUESTIONS THE ANSWERS TO WHICH MAY BE TOTALLY OUTSIDE THEIR AWARENESS, THEN THE WEAKNESS OF THE QUESTIONNAIRE TECHNIQUE BECOMES OBVIOUS.³

THE QUESTIONS DRAWN UP FOR THE QUESTIONNAIRE WERE TO SERVE AS AN INDEX OF MEASUREMENT OF THE TWO TYPES OF PARENTAL RELATIONSHIPS, I.E. COMPLEMENTARY AND SYMMETRICAL, AS OUTLINED IN CHAPTER I. A COMPLEMENTARY RELATIONSHIP WOULD MEAN THAT THE PARTNERS SAW THEMSELVES AS BEING ESSENTIALLY WITHOUT MAJOR CONFLICTS, IN AGREEMENT IN MOST AREAS OF DECISION-MAKING. MOST COMMUNICATIONS, WITHIN AND WITHOUT THE FAMILY, WOULD TEND TO BE POLARIZED WITH ONE PARTNER. THAT IS, ONE GIVES AND THE OTHER ACCEPTS, ONE IS PERMISSIVE AND THE OTHER PASSIVE. COMMUNICATION WITHIN THE RELATIONSHIP WOULD BE POLARIZED WITH AN UNEQUAL NUMBER OF MESSAGES GOING FROM ONE SPOUSE TO THE OTHER. A SYMMETRICAL RELATIONSHIP WOULD MEAN ONE IN WHICH THERE ARE MAJOR AREAS OF DISAGREEMENT, BI-POLAR DEALINGS WITH THE OUTSIDE WORLD, CONSISTENT CONFLICTS OVER DECISIONS AND COMMUNICATIONS APPROACHING EQUALITY.⁴

²J. RISKIN, "METHODOLOGY FOR STUDYING FAMILY INTERACTION", ARCHIVES OF GENERAL PSYCHIATRY, VOL. 8, APRIL 1963, P. 343.

³P. WATZLAWICK, J. H. BEAVIN, AND D. D. JACKSON, PRAGMATICS OF HUMAN COMMUNICATION: A STUDY OF INTERACTIONAL PATTERNS, PATHOLOGIES, AND PARADOXES, (NEW YORK: W. W. NORTON AND CO., INC., 1967), P. 36.

⁴GERALD ERICKSON, "COMPLEMENTARY MARITAL RELATIONSHIPS OF DEPRESSED PATIENTS", AN OUTLINE OF THE PILOT STUDY DONE IN 1968.

SIGNIFICANT AREAS OF PARENTAL INTERACTION WERE CHOSEN AS THE BASIS FOR QUESTIONS (SEE REPRODUCED QUESTIONNAIRE IN APPENDIX). QUESTIONS 1-3 SERVED AS INTRODUCTORY QUESTIONS; QUESTIONS 4-12 DEALT WITH VITAL AREAS OF FAMILY LIFE SUCH AS FINANCES, DEALINGS WITH THE OUTSIDE WORLD, RELATIONSHIP WITH SIGNIFICANT OTHERS, VALUES AND BELIEFS, CHILD-REARING, AND AFFECTIONAL NEEDS; QUESTION 13 SERVED AS AN INFORMATION QUESTION. THE RESEARCHERS SOUGHT TO TEST THE TYPE OF RELATIONSHIP BY MEASURING THE UNIT OF AGREEMENT-DISAGREEMENT. AGREEMENT MEANT THAT BOTH PARTNERS GAVE THE SAME ANSWER, DENYING ANY DIFFERENCE OF OPINION. DISAGREEMENT MEANT THAT EACH PARTNER GAVE A DIFFERENT ANSWER TO THE SAME QUESTION, OR THAT BOTH PARTNERS ACKNOWLEDGED A DIFFERENCE OF OPINION. THUS, IF THE RESULTS SHOWED MINIMAL DISAGREEMENT THIS WOULD IMPLY A COMPLEMENTARY RELATIONSHIP, WHEREAS MAXIMAL DISAGREEMENT WOULD IMPLY A SYMMETRICAL RELATIONSHIP. FOR SOME QUESTIONS, THE RESEARCHERS ALLOWED ONLY TWO ALTERNATIVE ANSWERS, E.G. "HUSBAND" OR "WIFE", AS IN #9, IN AN EFFORT TO CLEARLY PINPOINT THE RELATIONSHIP. SPACE WAS USUALLY ALLOWED FOR COMMENTS WHICH MIGHT FURTHER CLARIFY THE SITUATION.

THERE WERE CERTAIN WEAKNESSES IN THIS PARTICULAR QUESTIONNAIRE APART FROM THE GENERAL LIMITATIONS OF THE TECHNIQUE. FOR EXAMPLE, OWING TO A DEARTH OF PREVIOUS STUDIES ON COMMUNICATION IN THIS AREA, THERE WERE NO SCIENTIFICALLY PRE-TESTED QUESTIONNAIRES BY WHICH TO MEASURE THE VALIDITY AND RELIABILITY OF THIS QUESTIONNAIRE. THE RESEARCHERS WERE RESTRICTED TO THEIR OWN PRACTICAL CLINICAL EXPERIENCE AS A SOURCE FROM WHICH TO FORMULATE WHAT THEY BELIEVED TO BE SIGNIFICANT QUESTIONS TO MEASURE THE TYPE OF RELATIONSHIP. MOREOVER, THE QUESTIONS WERE NOT BALANCED IN WEIGHT. THE FINDINGS SHOWED THAT A

FEW SPECIFIC QUESTIONS GAVE A FAR MORE SIGNIFICANT INDICATION OF THE RELATIONSHIP THAN OTHERS, BUT THAT THE LESS SIGNIFICANT QUESTIONS OUTNUMBERED THE MORE IMPORTANT. IN TOTALING THE SCORES OF AGREEMENT-DISAGREEMENT EACH QUESTION WAS GIVEN THE SAME WEIGHT, HENCE THE RESULTS COULD BE SKEWED IN SOME AREAS. IN TOTALING THE SCORES, THERE WAS NO ATTEMPT TO RELATE THE SCORE TO THE SIGNIFICANCE OF THE SEX OF THE PARTNER. A PATTERN OF BIPOLARITY DID NOT EMERGE AS THERE WAS NOT ENOUGH RANGE IN THE RESPONSES TO SHOW THIS. THIS CONSTITUTED A LIMITATION OF ONE FACTOR OF THE RELATIONSHIP BEING MEASURED.

THE NEXT STEP IN PROCEDURE WAS TO MAIL A LETTER TO THE PARENTS OF THE SIXTY CHILDREN DIAGNOSED FOR THE PROJECT (SEE LETTER IN APPENDIX). THE LETTER WAS FOLLOWED UP BY A TELEPHONE CALL TO EXPLAIN ANY QUESTIONS, DETERMINE WHETHER THE COUPLE WISHED TO PARTICIPATE, AND IF SO TO ARRANGE AN APPOINTMENT FOR THE INTERVIEW. OF THE SIXTY COUPLES CONTACTED, TWENTY-FIVE REFUSED AND SIXTEEN WERE REJECTED (FOR REASONS, SEE CHAPTER IX). HENCE, THE FINAL SAMPLE OF PARENTS TO BE TESTED WAS NINETEEN COUPLES, ELEVEN OF WHOM WERE PARENTS OF CHILDREN DIAGNOSED SSR, AND EIGHT BEING THE PARENTS OF CHILDREN DIAGNOSED AR. OF THE LATTER, IT SHOULD BE NOTED THAT ONE DIAGNOSIS WAS MIXED, BUT TENDING TOWARD AR.

MOST INTERVIEWS WERE CONDUCTED IN THE EVENINGS AT THE HOMES OF THE PARENTS, ALTHOUGH SOME CAME TO THE CLINIC. THE QUESTIONNAIRE WAS ADMINISTERED SEPARATELY TO EACH PARENT, IN ORDER TO MINIMIZE POTENTIAL CONFLICTS AND LIMIT ANY NEGATIVE BY-PRODUCTS OF THE INTERVIEW SITUATION. MOREOVER, THE SCOPE OF THE STUDY COULD NOT ACCOMMODATE EXTRA VARIABLES RELATED TO INTERACTION AND NON-VERBAL COMMUNICATION.

IT WAS THEN PROPOSED THAT THE RESPONSES ON THE QUESTIONNAIRE BE EXAMINED ACCORDING TO THE PREDETERMINED CRITERIA FOR MEASURING THE

PERCENTAGE OF AGREEMENT AND DISAGREEMENT, AND THAT EACH COUPLE'S INTERACTION BE CATEGORIZED ON THIS BASIS AS SYMMETRICAL OR COMPLEMENTARY. THE TWO SETS OF DATA, I.E. THE CHILDREN'S DIAGNOSES AND THE PARENTAL FORMS OF INTERACTION, WOULD BE COMPARED TO DETERMINE IF ONE PARTICULAR CATEGORY OF BEHAVIOUR DISTURBANCE WAS RELATED TO ONE PARTICULAR TYPE OF PARENTAL INTERACTION. IN ADDITION, EACH RESEARCHER WHO ADMINISTERED A QUESTIONNAIRE TO A COUPLE WOULD MAKE A JUDGMENT AS TO WHETHER THE COUPLE'S INTERACTION WAS SYMMETRICAL OR COMPLEMENTARY. IF A SPECIFIC CORRELATION EMERGED FROM A COMPARISON OF THE DATA, THIS WOULD BE USED AS A TEST OF THE HYPOTHESIS. CERTAIN SELECTED RESPONSES WOULD BE EXAMINED AND COMPARED TO THE CHILD'S DIAGNOSIS TO TEST THE CONSISTENCY OF THE CRITERIA OF MEASUREMENT ON THE BASIS OF AGREEMENT-DISAGREEMENT.

CHAPTER FOUR

ANALYSIS OF THE DATA

THE RESEARCHERS TESTED THE HYPOTHESIS BY DETERMINING IF THERE WAS A SPECIFIC CORRELATION BETWEEN A CATEGORY OF PARENTAL INTERACTION AND A DIAGNOSIS OF THE CHILD'S BEHAVIORAL PROBLEM. IN COMPARING THE DATA ON THE PARENT'S INTERACTION OBTAINED FROM THE QUESTIONNAIRE AND THE DIAGNOSIS OF THE CHILD'S PROBLEM OBTAINED FROM DESCRIPTIVE INFORMATION ON THE CASE RECORDS OF THE CHILD GUIDANCE CLINIC, THE CHILD'S DIAGNOSIS WAS THE CONTROL FACTOR.

1. SAMPLE

THE CONTROL GROUP OF SIXTY CHILDREN INCLUDED FORTY CHILDREN DIAGNOSED AS SSR AND TWENTY CHILDREN DIAGNOSED AS AR. THE SAMPLE OF NINETEEN CHILDREN USED IN THE ANALYSIS, CONSISTED OF ELEVEN DIAGNOSED SSR AND EIGHT DIAGNOSED AR. THIS SAMPLE WAS DETERMINED BY THE PARENTS WILLINGNESS OR ABILITY TO PARTICIPATE IN THE PROJECT. IN EXAMINING THE NON-PARTICIPANT PARENTS NO SIGNIFICANT RELATIONSHIP WAS FOUND BETWEEN REFUSAL TO PARTICIPATE AND THE DIAGNOSIS OF THE CHILD'S PROBLEM. TWENTY-FIVE PARENTS REFUSED TO PARTICIPATE, INCLUDING SEVENTEEN PARENTS OF CHILDREN IN THE SSR CATEGORY AND EIGHT PARENTS OF CHILDREN IN THE AR CATEGORY. AN ADDITIONAL FIVE CHILDREN, INCLUDING THREE SSR DIAGNOSIS AND TWO AR DIAGNOSIS WERE EXCLUDED BECAUSE THE PARENTS WERE UNABLE TO PARTICIPATE DUE TO VARIOUS REASONS, SUCH AS SEPARATION, HOSPITALIZATION, OUT OF CITY, JOBS, AND LANGUAGE BARRIERS. NINE PARENTS OF CHIL-

DREN WITH PROBLEMS DIAGNOSED SSR WERE ARBITRARILY EXCLUDED TO BALANCE OUR TWO DIAGNOSTIC CATEGORIES. PARENTS OF TWO CHILDREN IN THE AR CATEGORY WERE NOT INTERVIEWED DUE TO PROBLEMS ENCOUNTERED BY THE RESEARCHERS IN SCHEDULING INTERVIEWS WITH THE HUSBAND WITHIN THE TIME LIMITATION OF THE PROJECT.

THE PARENTS' INTERACTION WAS DETERMINED BY THE ANALYSIS OF DATA OBTAINED FROM THE QUESTIONNAIRE AND WERE ASSIGNED AN IDENTIFYING NUMBER AT RANDOM AND PAIRED WITH THEIR CHILD, IDENTIFIED BY DIAGNOSTIC CATEGORY ON TABLE 1.

II. COMPARISON OF COUPLES' AGREEMENT-DISAGREEMENT SCORES WITH THE DIAGNOSIS OF THE CHILD

THE RESEARCHERS RATED THE COUPLES' RESPONSES TO THE QUESTIONNAIRE ON THE ONE-DIMENSION OF AGREEMENT, DEFINED AS BOTH SPOUSES GIVING THE SAME RESPONSE WITH THE EXCEPTION OF MUTUAL DISAGREEMENT, AND DISAGREEMENT DEFINED AS SPOUSES GIVING DIFFERENT RESPONSES OR BOTH ACKNOWLEDGING DISAGREEMENT. ITEMS TO WHICH ONLY ONE SPOUSE RESPONDED WERE RATED AS "NO ANSWER" AND INCLUDED WITH ITEMS NOT APPLICABLE TO THE RESPONDENT. NOT APPLICABLE ARE THOSE QUESTIONS REFERRING TO DISAGREEMENT IDENTIFIED BY THE PREVIOUS QUESTION.

EACH COUPLE'S TOTAL NUMBER OF AGREEMENT, DISAGREEMENT AND NON-APPLICABLE OR NO ANSWER RESPONSES AND THE MEAN SCORES ARE TABULATED IN TABLE II. THE VARIANCE OF EACH COUPLE'S SCORES FROM THE MEAN SCORES ARE TABULATED IN TABLE III. POSITIVE AND NEGATIVE VARIANCE FROM MEAN SCORES WERE USED TO DISCRIMINATE PARENTS INTERACTION, AS BEING CHARACTERIZED BY AGREEMENT, HENCE COMPLEMENTARY OR CHARACTERIZED BY DISAGREE-

TABLE I CHILD'S DIAGNOSTIC CATEGORIES

PARENTAL COUPLE	CHILD'S DIAGNOSIS
1	SSR
2	AR
3	AR
4	SSR
5	AR
6	AR
7	AR
8	SSR
9	AR
10	SSR
11	SSR
12	AR*
13	SSR
14	SSR
15	SSR
16	SSR
17	SSR
18	AR
19	SSR

* #12 - CHILD'S DIAGNOSIS "MIXED"

TABLE II AGREEMENT-DISAGREEMENT RESPONSES

COUPLE	PERCENT AGREEMENT	PERCENT DISAGREEMENT	PERCENT N/A OR INCOMPLETE
1	57	23	20
2	43	34	23
3	49	31	20
4	57	9	34
5	54	23	23
6	46	34	20
7	51	26	23
8	60	20	20
9	63	20	17
10	46	26	28
11	37	34	29
12	43	31	26
13	54	26	20
14	52	17	31
15	37	34	29
16	43	34	23
17	57	20	23
18	46	28	26
19	46	31	23
MEAN SCORE	49.5	26.3	24.2

TABLE III DEVIATIONS FROM MEAN AGREEMENT,
DISAGREEMENT AND NOT-APPLICABLE OR NO
ANSWER RESPONSES

COUPLE	AGREEMENT	DISAGREEMENT	N/A OR INCOMPLETE RESPONSES
1	7.5	- 3.3	-4.2
2	- 6.5	7.7	-1.2
3	- 0.5	4.7	-4.2
4	7.5	-17.3	9.8
5	4.5	- 3.3	-1.2
6	- 3.5	7.7	-4.2
7	1.5	- 0.3	-1.2
8	10.5	- 6.3	-4.2
9	13.5	- 6.3	-7.2
10	- 3.5	- 0.3	3.8
11	-12.5	7.7	4.8
12	- 6.5	4.7	1.8
13	4.5	- 0.3	-4.2
14	2.5	- 9.3	6.8
15	-12.5	7.7	4.8
16	- 6.5	7.7	-1.2
17	7.5	- 6.3	-1.2
18	- 3.5	1.7	1.8
19	- 3.5	4.7	-1.2

MENT, AN ATTRIBUTE OF SYMMETRICAL INTERACTION.

IN TABLE IV, THE RESEARCHERS RE-ARRANGED THE PARENTS IN RANK ORDER ACCORDING TO COUPLES WITH THE HIGHEST POSITIVE AGREEMENT VARIANCE TO COUPLES WITH THE LOWEST AGREEMENT VARIANCE AND COMPARED EACH COUPLES SCORE WITH THE DIAGNOSIS OF THE CHILD, LISTED IN TABLE I. THIS COMPARISON OF ONE MEASURE OF PARENT'S INTERACTION AND THE CHILD'S PROBLEM REVEALS THAT 54.5 PERCENT OF PARENTS WITH A POSITIVE DEVIATION OF AGREEMENT HAVE CHILDREN WITH BEHAVIOUR PROBLEMS DIAGNOSED AS SSR AND 62.5 PERCENT OF PARENTS WITH A NEGATIVE DEVIATION OF AGREEMENT HAVE CHILDREN IN THE AR CATEGORY.

SIMILARLY, IN TABLE V, THE RESEARCHERS COMPARED THE TWO DIAGNOSTIC CATEGORIES OF SSR AND AR WITH THE POSITIVE AND NEGATIVE DEVIATION OF PARENT'S DISAGREEMENT SCORES FROM THE MEAN DISAGREEMENT. THE CORRELATION OF POSITIVE DISAGREEMENT DEVIATION, INDICATING SYMMETRICAL INTERACTION AND THE AR DIAGNOSIS OF THE CHILD WAS THE SAME AS IN THE AGREEMENT MEASURE (62.5%). IN THE SSR CATEGORY OF BEHAVIOUR PROBLEMS, 63.6 PERCENT OF THE PARENTS HAVE A NEGATIVE DEVIATION SCORE, INDICATING A COMPLEMENTARY INTERACTION.

TO PREDICT PARENT'S INTERACTION, IT WAS NECESSARY TO REFINE DISCRIMINATION OF PARENT'S AGREEMENT AND DISAGREEMENT SCORES BY ESTABLISHING CRITERIA OF SIGNIFICANT DEVIATION. IN TABLE VI, (A) PARENT'S INTERACTION IS PREDICTED AS COMPLEMENTARY IF THEY HAVE A POSITIVE AGREEMENT DEVIATION OF OVER 2.5 AND IS PREDICTED AS SYMMETRICAL IF THEY HAVE A NEGATIVE AGREEMENT DEVIATION OF OVER 2.5. SIMILARLY, PARENT'S INTERACTION IS PREDICTED AS SYMMETRICAL IF THEY HAVE A POSITIVE DISAGREEMENT DEVIATION OF OVER 2.5 AND IS PREDICTED COMPLEMENTARY IF THEY HAVE A

TABLE IV CHILD'S DIAGNOSIS AND PARENTS' RESPONSES (A)

RANK ORDER OF COUPLE WITH HIGHEST POSITIVE
DEVIATION TO COUPLE WITH HIGHEST NEGATIVE
DEVIATION FROM MEAN AGREEMENT

COUPLE	CHILD'S DIAGNOSIS	DEVIATION FROM MEAN
9	AR	13.5
8	SSR	10.5
1	SSR	7.5
4	SSR	7.5
17	SSR	7.5
13	SSR	4.5
5	AR	4.5
14	SSR	2.5
7	AR	1.5
3	AR	-.5
6	AR	- 3.5
18	AR	- 3.5
10	SSR	- 3.5
19	SSR	- 3.5
2	AR	- 6.5
12	AR	- 6.5
16	SSR	- 6.5
11	SSR	-12.5
15	SSR	-12.5

TABLE V CHILD'S DIAGNOSIS AND PARENT'S RESPONSES (B)

DIAGNOSTIC CATEGORIES OF THE CHILD COMPARED
TO PARENTS' DEVIATION OF DISAGREEMENT
FROM THE MEAN DISAGREEMENT

CHILD'S DIAGNOSIS	COUPLE	DEVIATION FROM MEAN DISAGREEMENT
AR	8	- 8.12
AR	5	- 4.68
AR	7	- 1.23
AR	18	2.22
AR	12	5.68
AR	3	5.68
AR	6	9.12
AR	2	9.12
SSR	11	9.12
SSR	15	9.12
SSR	16	9.12
SSR	19	5.68
SSR	10	- 1.23
SSR	13	- 1.23
SSR	1	- 4.67
SSR	8	- 8.12
SSR	14	- 8.12
SSR	17	- 8.12
SSR	4	-21.92

TABLE VI (A) PREDICTION OF PARENTS' INTERACTION
ON THE MEASURE OF AGREEMENT-
DISAGREEMENT DEVIATION

COUPLE	AGREEMENT	DISAGREEMENT	N/A OR INCOMPLETE	PREDICTED INTERACTION OF PARENTS
1	C	C		C
2	S	S		S
3	O	S		S
4	C	C	*	C*
5	C	C		C
6	S	S		S
7	O	O		MIXED
8	C	C		C
9	C	C		C
10	S	O		S
11	S	S	*	S*
12	S	S		S
13	C	O		C
14	C	C	*	C*
15	S	S	*	S*
16	S	S		S
17	C	C		C
18	S	O		S
19	S	S		S

C - COMPLEMENTARY INTERACTION

S - SYMMETRICAL INTERACTION

O - NO SIGNIFICANT DEVIATION

* - SIGNIFICANT NUMBER OF INCOMPLETE RESPONSE

NEGATIVE DISAGREEMENT OF OVER 2.5.

THE RAW SCORES EXAMINED DO NOT TAKE INTO ACCOUNT THE EFFECT OF A HIGH POSITIVE DEVIATION OF NON-APPLICABLE OR NO ANSWER SCORES, (SEE TABLE III). A POSITIVE DEVIATION OF 4.5 INDICATES A SIGNIFICANT DEGREE OF UNWILLINGNESS TO DISCLOSE RESPONSES BY ONE OR BOTH SPOUSES.

IN TABLE VI (A), THE INVESTIGATORS HAVE RATED THE DEVIATION OF AGREEMENT, DISAGREEMENT, AND NOT APPLICABLE OR NO ANSWER SCORES LISTED ON TABLE III, AND PREDICTED THE PARENTS INTERACTION. A SYMMETRICAL INTERACTION IS INDICATED BY AN S AND A COMPLEMENTARY INTERACTION IS INDICATED BY A C. SCORES BELOW THE SIGNIFICANT DEVIATION ARE RATED 0 AND THE SIGNIFICANTLY HIGH NO ANSWER SCORES ARE INDICATED BY AN ASTERISK.

IN TABLE VI (B), THE RESEARCHERS COMPARED THE PREDICTED CATEGORY OF PARENTS' INTERACTION WITH THE CHILD'S DIAGNOSIS AND INDICATED WHETHER OR NOT THE RELATIONSHIP BETWEEN THE TWO CATEGORIES FIT THE HYPOTHESIS. ON THE COMBINED MEASURE OF AGREEMENT-DISAGREEMENT THE RESEARCHERS PREDICTED PARENTS INTERACTION AS COMPLEMENTARY OR SYMMETRICAL CONSISTENT WITH THE CHILD'S DIAGNOSIS FOR 63.2 PERCENT OF THE COUPLES. THIS REPRESENTS 31.6 PERCENT OF EACH OF THE TWO TYPES OF PARENTAL INTERACTION, WHICH WOULD SUGGEST THAT THIS MEASURE OR THE QUESTIONNAIRE IS LOADED TO MEASURE DISAGREEMENT. THE FOUR COUPLES WITH A SIGNIFICANT POSITIVE DEVIATION OF THE "NOT-APPLICABLE OR NO ANSWER" MEAN WERE NOTED TO HAVE A CHILD DIAGNOSED SSR. THIS RELATIONSHIP WAS PREDICTED ONLY FOR TWO OF THE COUPLES IN OUR COMBINED AGREEMENT-DISAGREEMENT MEASURE.

III. EVALUATION OF COUPLES RESPONSES AS COMPLEMENTARY OR SYMMETRICAL

EACH COUPLE'S RESPONSES TO THE QUESTIONNAIRE WERE RATED AS

TABLE VI (B) COMPARISON OF PARENTS' PREDICTED
INTERACTION CATEGORY WITH THE
CHILD'S DIAGNOSIS

COUPLE	PREDICTED INTERACTION OF PARENTS	CHILD'S DIAGNOSIS	FIT OF HYPOTHESIS
1	C	SSR	YES
2	S	AR	YES
3	S	AR	YES
4	C*	SSR	YES
5	C	AR	No
6	S	AR	YES
7	MIXED	AR	YES
8	C	SSR	YES
9	C	AR	No
10	S	SSR	No
11	S*	SSR	No
12	S	AR	YES
13	C	SSR	YES
14	C*	SSR	YES
15	S*	SSR	No
16	S	SSR	No
17	C	SSR	YES
18	S	AR	YES
19	S	SSR	No

CHARACTERISTIC OF SYMMETRICAL OR COMPLEMENTARY INTERACTION, ACCORDING TO THE CRITERIA DEFINED IN CHAPTER III. IN TABLE VII THE INVESTIGATORS DIVIDED THE SAMPLE OF PARENTS INTO TWO GROUPINGS, REPRESENTING RESPECTIVELY THE PARENTS WITH HIGHEST NUMBER OF COMPLEMENTARY RESPONSES AND THE PARENTS WITH THE HIGHEST NUMBER OF SYMMETRICAL RESPONSES AND COMPARED THEM TO THE CHILD'S DIAGNOSIS. THE RESEARCHERS FOUND A SIMPLE MAJORITY OF TYPE RESPONSES RATING PREDICTED A RELATIONSHIP BETWEEN PARENTS' INTERACTION AND THE CHILD'S DIAGNOSIS CONSISTENT WITH THE HYPOTHESIS IN 68.4 PERCENT OF OUR SAMPLE. THIS REPRESENTS 47.4 PERCENT OF COMPLEMENTARY TYPE PARENTS AND 21.0 PERCENT OF SYMMETRICAL TYPE PARENTS, INDICATING THAT THIS MEASURE IS LOADED TO IDENTIFY COMPLEMENTARY RESPONSES.

IV. EXAMINATION OF SELECTED RESPONSES

THE FIRST THREE QUESTIONS ON THE QUESTIONNAIRE WERE INCLUDED AS RELEVANT INTRODUCTORY QUESTIONS BUT NOT HIGHLY SIGNIFICANT, AND ARE NOT INCLUDED IN THIS SECTION. QUESTION 13 RELATES ONLY TO PARENTS OF CHILDREN REFERRED TO THE CHILD GUIDANCE CLINIC AND THEREFORE IS ALSO NOT INCLUDED. SELECTED RESPONSES OF QUESTIONS 4 TO 12 WERE COMPARED TO THE CHILD'S DIAGNOSIS TO TEST THE CONSISTENCY OF THE CRITERIA OF MEASURING PARENTS' INTERACTION AND A FURTHER TEST OF THE HYPOTHESIS.

IN QUESTION 4 (A) THE RESEARCHERS MADE A COMPARISON OF COUPLES WHO AGREE THE WIFE HANDLES THE MONEY TO THE CHILD'S DIAGNOSIS (SEE TABLE VIII (A) AND A COMPARISON OF COUPLES WHO AGREE HUSBAND HANDLES THE MONEY (SEE TABLE VIII (B). TABLE VIII (A) CONFIRMS OUR CRITERIA OF AGREEMENT BUT TABLE VIII (B) SUGGESTS THE INTRODUCTION OF ANOTHER

TABLE VII COMPARISON OF HIGHEST NUMBER OF
COMPLEMENTARY OR SYMMETRICAL RESPONSES
TO THE CHILD'S DIAGNOSIS

COUPLE	POSITIVE COMPLEMENTARY DEVIATION	CHILD'S DIAGNOSIS	FIT OF HYPOTHESIS
14	10	SSR	YES
8	9	SSR	YES
4	9	SSR	YES
1	8	SSR	YES
5	8	AR	No
12	6	AR	No
11	5	SSR	YES
18	5	AR	No
9	4	AR	No
17	4	SSR	YES
15	4	SSR	YES
16	2	SSR	YES
13	1	SSR	YES

COUPLE	POSITIVE SYMMETRICAL DEVIATION	CHILD'S DIAGNOSIS	FIT OF HYPOTHESIS
6	4	AR	YES
19	4	SSR	No
10	4	SSR	No
3	2	AR	YES
2	2	AR	YES
7	0 (MIXED)	AR	YES

TABLE VIII SELECTED RESPONSE COMPARISONS

A. COMPARISON OF COUPLES WHO AGREE WIFE
HANDLES MONEY (QUESTION 4A) TO
CHILD'S DIAGNOSIS

WIFE HANDLES MONEY	CHILD'S DIAGNOSIS
1	SSR
6	AR*
8	SSR
16	SSR
17	SSR

B. COMPARISON OF COUPLES WHO AGREE HUSBAND
HANDLES MONEY (QUESTION 4A) TO
CHILD'S DIAGNOSIS

HUSBAND HANDLES MONEY	CHILD'S DIAGNOSIS
2	AR
5	AR
7	AR
9	AR
12	AR
11	SSR*
19	SSR*

VARIABLE NOT IDENTIFIED IN OUR CRITERIA.

IN QUESTION 4 (B) THE RESEARCHERS FOUND THE MAJORITY OF RESPONSES INDICATED "BOTH" SHARED DECISION-MAKING AS TO HOW THEIR INCOME IS SPENT, OR THEY GAVE DIFFERENT RESPONSES. THE RESEARCHERS COMPARED THOSE COUPLES WHO AGREE BOTH MAKE DECISIONS TO THE CHILD'S DIAGNOSIS IN TABLE VIII (C) AND COMPARED COUPLES WHO GAVE DIFFERENT RESPONSES TO THE CHILD'S DIAGNOSIS IN TABLE VIII (D). THESE FINDINGS ARE CONSISTENT WITH THE CRITERIA OF AGREEMENT-DISAGREEMENT MEASURE BUT THE SIGNIFICANT PROPORTION OF COUPLES, WITH A CHILD DIAGNOSED AS SSR, WHO SHARE DECISION-MAKING IS INCONSISTENT WITH OUR CRITERIA OF COMPLEMENTARY INTERACTION.

IN QUESTION 4 (D) WE FOUND NO POSITIVE CORRELATION BETWEEN COUPLES WHO CLAIM THEY NEVER DISAGREE ABOUT MONEY AND THE DIAGNOSIS OF THE CHILD BUT THERE WAS A POSITIVE CORRELATION BETWEEN COUPLES WHO GAVE CONTRADICTORY RESPONSES AND SSR DIAGNOSIS OF THE CHILD. (SEE TABLE VIII (E) AND (F)).

QUESTION 5, INCLUDES SEVEN SUB-QUESTIONS RELATING TO HOW COUPLES DEAL WITH THE OUTSIDE WORLD. THIS REPRESENTS TWENTY PER CENT OF THE POSSIBLE RESPONSES IN THE TOTAL QUESTIONNAIRE. TO TEST IF THIS QUESTION IS SIGNIFICANTLY WEIGHTED BY SOCIAL ROLES TO GENERAL AGREEMENT OR DISAGREEMENT RESPONSES, THE INVESTIGATORS ANALYSED IT SEPARATELY, USING THE SAME STANDARD OF SIGNIFICANT DEVIATION APPLIED IN SCORING THE TOTAL QUESTIONNAIRE. IN TABLE IX (A) THE RESEARCHERS COMPARED COUPLES POSITIVE DEVIATION OF AGREEMENT OR DISAGREEMENT FROM THE MEAN AGREEMENT AND MEAN DISAGREEMENT RESPONSES TO QUESTION 5, AND COMPARED THEM TO THE CHILD'S DIAGNOSIS AND THE CATEGORY OF PARENTS' INTERACTION PREDICTED BY THE TOTAL AGREEMENT-DISAGREEMENT SCORES (TABLE VI (B)).

TABLE VIII

C. COMPARISON OF COUPLES WHO BOTH DECIDE
HOW INCOME IS SPENT TO
CHILD'S DIAGNOSIS

<u>BOTH MAKE DECISIONS</u>	<u>CHILD'S DIAGNOSIS</u>
1	SSR
3	AR
4	SSR
7	AR
8	SSR
10	SSR
12	AR (MIXED)
13	SSR
14	SSR

D. COMPARISON OF COUPLES WHO GAVE DIFFERENT
RESPONSES TO WHO DECIDES HOW MONEY
WILL BE SPENT TO THE
CHILD'S DIAGNOSIS

<u>DIFFERENT RESPONSES**</u>	<u>CHILD'S DIAGNOSIS</u>
2	AR
5	AR
6	AR
9	AR
15	SSR
18	AR
19	SSR

** ONE SAYS "BOTH
ONE SAYS "HUSBAND" OR "WIFE"

TABLE VIII E. COMPARISON OF COUPLES WHO NEVER
DISAGREE ABOUT MONEY TO
CHILD'S DIAGNOSIS

<u>NEVER DISAGREE</u>	<u>CHILD'S DIAGNOSIS</u>
1	SSR
3	AR
4	SSR
5	AR
7	AR
9	AR
10	SSR
13	SSR

F. COMPARISON OF COUPLES WHO GAVE DIFFERENT
RESPONSES AS TO AGREEMENT-DISAGREEMENT
ABOUT MONEY TO THE CHILD'S DIAGNOSIS

<u>DIFFERENT RESPONSES</u>	<u>CHILD'S DIAGNOSIS</u>
6	AR
8	SSR
14	SSR
16	SSR
17	SSR
18	SSR
19	AR

TABLE IX SELECTED QUESTION AGREEMENT DISAGREEMENT
MEASURE COMPARED TO TOTAL QUESTIONNAIRE
AGREEMENT-DISAGREEMENT MEASURE

A. COUPLES POSITIVE DEVIATION OF AGREEMENT-DISAGREEMENT
FROM MEAN AGREEMENT-DISAGREEMENT RESPONSES TO QUESTION
5 (DEALING WITH THE OUTSIDE WORLD) COMPARED TO THE
CHILD'S DIAGNOSIS AND INTERACTION PATTERN OF PARENTS
PREDICTED IN TABLE VI (B). THE SAME SIGNIFICANT DEVI-
ATION OF 2.5 WAS USED.

COUPLE	DEVIATION OF AGREEMENT	DEVIATION OF DISAGREEMENT	FIT OF PREDICTED INTERACTION OF COUPLE	CHILD'S DIAGNOSIS	FIT OF HYPOTHESIS
1	29	-27	YES	SSR	YES
2	0	2	-	AR	-
3	-14	16	YES	AR	YES
4	15	-27	YES	SSR	YES
5	29	-27	YES	AR	No
6	-14	16	YES	AR	YES
7	0	2	YES(MIXED)*	AR	YES
8	0	2	-	SSR	-
9	0	2	-	AR	-
10	-14	16	YES	SSR	No
11	-14	2	-	SSR	-
12	0	2	-	AR	-
13	0	2	-	SSR	-
14	0	2	-	SSR	-
15	-14	2	-	SSR	-
16	-28	20	YES	SSR	No
17	29	0	YES	SSR	YES
18	15	-13	No	AR	No
19	-14	16	YES	SSR	No

* INCLUDED ONLY TO INDICATE CONSISTENCY WITH AGREEMENT-DISAGREEMENT SCORE
ON TOTAL QUESTIONNAIRE

THE RESEARCHERS FOUND A HIGH DEGREE OF CONSISTENCY BETWEEN THE TWO MEASURES. THE RESEARCHERS FOUND LESS WEIGHTING OF DISAGREEMENT RESPONSES TO QUESTION 5 THAN IN THE TOTAL QUESTIONNAIRE. IN THE TOTAL QUESTIONNAIRE THE RESEARCHERS FOUND A RATIO OF EIGHT TO EIGHT POSITIVE AGREEMENT AND POSITIVE DISAGREEMENT DEVIATIONS FROM THE MEAN SCORES. IN QUESTION 5 THE RATIO IS FIVE TO FOUR. THE NUMBER OF COUPLES WITH A POSITIVE DEVIATION OF AGREEMENT OR DISAGREEMENT CONSISTENT WITH THE HYPOTHESIZED DIAGNOSIS OF THE CHILD IS THE SAME FOR EACH TYPE OF PARENT AS WAS THE CASE IN THE TOTAL QUESTIONNAIRE. WITH THE DIFFERENCE THAT IN QUESTION 5 THE RESEARCHERS DID NOT RATE A COMBINATION OF MEAN AGREEMENT AND DISAGREEMENT SCORES AS "MIXED".

IN TABLE IX (B) THE RESEARCHERS COMPARED COUPLES' TYPE OF INTERACTION AS INDICATED BY THE HIGHEST NUMBER OF COMPLEMENTARY OR THE HIGHEST NUMBER OF SYMMETRICAL RESPONSES TO QUESTION 5 WITH THE HIGHEST NUMBER COMPLEMENTARY-SYMMETRICAL RESPONSES TO THE TOTAL QUESTIONNAIRE AND THE DIAGNOSIS OF THE CHILD. THE RESEARCHERS FOUND THAT 47.4 PERCENT OF THE COUPLES' SCORES IN QUESTION 5 ARE CONSISTENT WITH THE HYPOTHESIZED DIAGNOSIS OF THE CHILD AND 73.6 PERCENT ARE CONSISTENT WITH THE COMPLEMENTARY-SYMMETRICAL SCORES OBTAINED FROM THE TOTAL QUESTIONNAIRE. THE TOTAL SCORES PREDICT THE DIAGNOSIS OF THE CHILD OF 68.4 PERCENT OF THE COUPLES (SEE TABLE VII). THE INVESTIGATORS EXAMINED THE SOURCE OF THIS DISCREPANCY AND FOUND THAT IN RATING COUPLES' RESPONSES TO QUESTION 5 THE RESEARCHERS CONFIRMED ALL THE "WRONG PREDICTIONS" OF THIS EVALUATION OF COMPLEMENTARITY OR SYMMETRY OF RESPONSES IN THE TOTAL QUESTIONNAIRE. OF THE SIX COUPLES, WHOSE INTERACTION PATTERN WAS FOUND INCONSISTENT WITH THE PREDICTED DIAGNOSIS OF THE CHILD, FOUR COUPLES HAD A CHILD

TABLE IX B. COUPLES WITH THE HIGHEST NUMBER OF COMPLEMENTARY AND HIGHEST NUMBER OF SYMMETRICAL RESPONSES TO QUESTION 5 (DEALING WITH THE OUTSIDE WORLD) COMPARED TO HIGHEST NUMBER OF COMPLEMENTARY-SYMMETRICAL RESPONSES TO THE TOTAL QUESTIONNAIRE AND THE CHILD'S DIAGNOSIS.

COUPLE	HIGHEST NO. OF C OR S RESPONSES	CONSISTENT WITH HIGHEST NO. OF C OR S RESPONSES QUESTIONNAIRE	DIAGNOSIS OF CHILD	FIT OF HYPOTHESIS**
1	C	YES	SSR	YES
2	C	NO	AR	NO
3	C	NO	AR	NO
4	C	YES	SSR	YES
5	C	YES	AR	NO**
6	S	YES	AR	YES
7	S	O*	AR	YES
8	C	YES	SSR	YES
9	C	YES	AR	NO**
10	S	YES	SSR	NO**
11	O*	-	SSR	-
12	C	YES	AR	NO**
13	C	YES	SSR	YES
14	C	YES	SSR	YES
15	C	YES	SSR	NO
16	S	NO	SSR	NO
17	C	YES	SSR	YES
18	C	YES	AR	NO**
19	S	YES	SSR	NO**

*O - NO VARIANCE IN S AND C RESPONSES

**WRONG PREDICTION BY BOTH QUESTION 5 AND TOTAL QUESTIONNAIRE

DIAGNOSED AR. THIS CONFIRMS THE EARLIER OBSERVATION THAT THE COMPLEMENTARITY-SYMMETRICAL MEASURE IS LOADED TO IDENTIFY COMPLEMENTARITY. THE RESEARCHERS CONCLUDED THAT THIS CONSISTENT ERROR IN PREDICTION OF SYMMETRY IS INHERENT IN OUR CRITERIA OF RATING RESPONSES.

THE RESEARCHERS EXAMINED THE INTERNAL COMBINATION OF RESPONSES TO QUESTION 5 FOR EVIDENCE OF SYMMETRICAL BI-POLARITY NOT REVEALED BY AN INDIVIDUAL RESPONSE EXAMINATION. BI-POLARITY WAS DEFINED AS COUPLES SHARING RESPONSIBILITY IN THEIR RELATIONSHIP, WITH BOTH HAVING RESPONSIBILITY FOR SPECIFIC ASPECTS OF A TASK. OPERATIONALLY THE RESEARCHERS DEFINED BI-POLARITY AS BOTH SPOUSES IDENTIFYING HUSBAND AND WIFE RESPECTIVELY AS PERFORMING SPECIFIC TASKS REFERRED TO IN QUESTION 5. THE RESEARCHERS FOUND SUCH A COMBINATION OF RESPONSES IN NINE COUPLES. THE RESEARCHERS RE-RATED THEIR RESPONSES TO QUESTION 5 AND ASSIGNED A SCORE OF TWO S RESPONSES TO THE DEFINED BI-POLAR RESPONSES (SEE TABLE IX (C)).

WHEN USING THIS COMBINED RESPONSE MEASURE OF BI-POLARITY THE RESEARCHERS ATTAINED A CORRELATION OF 63.2 PERCENT BETWEEN TYPE OF PARENTAL INTERACTION AND THE DIAGNOSTIC CATEGORY OF THE CHILD IN QUESTION 5 BUT AS THE RESEARCHERS NOTED IN TABLE IX (C) THIS MEASURE ONLY CHANGES TWO TOTAL SCORES, CHANGING THE TOTAL RATIO OF PREDICTED DIAGNOSIS OF CHILD FROM NINE SSR TO FOUR AR AND FROM EIGHT SSR TO FIVE AR.

IN QUESTION 6 THE RESEARCHERS COMPARED PARENTS WHO BOTH ACKNOWLEDGE DISAGREEMENT ABOUT RELATIVES TO THE CHILD'S DIAGNOSIS AND (B) PARENTS WHO BOTH DENY DISAGREEMENT ABOUT RELATIVES TO THE CHILD'S DIAGNOSIS. (SEE TABLES X (A AND B)). IN TABLE X (A) THE RESEARCHERS FOUND A SIGNIFICANT RELATIONSHIP BETWEEN PARENTS WHO DISAGREE ABOUT RELATIVES

TABLE IX C. COMPARISON OF COUPLES RATED ON CRITERIA OF BIPOLAR RESPONSES TO QUESTION 5 WITH THE HIGHEST NUMBER OF COMPLEMENTARY-SYMMETRICAL RESPONSES TO TOTAL QUESTIONNAIRE AND THE DIAGNOSIS OF THE CHILD.

COUPLE	HIGHEST No. OF C OR S RESPONSES IN Q.5	HIGHEST No. OF C OR S RESPONSES IN QUESTIONNAIRE	DIAGNOSIS OF CHILD	FIT OF HYPOTHESIS
1	S (+ 1)*	C (+ 8)	SSR	No
2	S (+ 3)*	S (+ 2)	AR	Yes
3	S (+ 3)*	S (+ 2)	AR	Yes
5	S (+ 5)*	C (+ 8)**	AR	Yes
7	S (+ 5)	0	AR	Yes
11	S (+ 4)*	C (+ 5)	SSR	No
12	S (+ 1)*	C (+ 6)	AR	Yes
13	S (+ 3)*	C (+ 1)**	SSR	No
17	C (+ 1)	C (+ 4)	SSR	Yes

* CHANGE IN HIGHEST NUMBER OF COMPLEMENTARY OR SYMMETRICAL RESPONSES TO QUESTION 5.

** INDICATES CHANGE IN CATEGORY OF HIGHEST COMPLEMENTARY OR SYMMETRICAL RESPONSES IN TOTAL QUESTIONNAIRE.

TABLE X A CONTINUATION OF SELECTED RESPONSE COMPARISONS

A. COMPARISON OF PARENTS WHO BOTH CLAIM DISAGREEMENT ABOUT RELATIVES TO THE CHILD'S DIAGNOSIS

<u>COUPLE</u>	<u>CHILD'S DIAGNOSIS</u>
2	AR
5	AR
7	AR
11	SSR
12	AR

B. COMPARISON OF PARENTS WHO BOTH SAY "NO" DISAGREEMENT ABOUT RELATIVES TO THE CHILD'S DIAGNOSIS

<u>COUPLE</u>	<u>CHILD'S DIAGNOSIS</u>
4	SSR
8	SSR
9	AR
10	SSR
13	SSR
19	SSR

AND AN AR DIAGNOSIS OF THE CHILD'S PROBLEM. IN TABLE X (B) THE RESEARCHERS FOUND A SIGNIFICANT RELATIONSHIP BETWEEN PARENTS WHO AGREE AND AN SSR DIAGNOSIS OF THE CHILD'S PROBLEM. THESE FINDINGS ARE CONSISTENT WITH THE AGREEMENT-DISAGREEMENT CRITERIA OF COMPLEMENTARITY AND SYMMETRY AND CONSISTENT WITH OUR HYPOTHESIS.

IN QUESTION VII (A) A COMPARATIVE EXAMINATION OF THE COUPLES RESPONSES AND THE CHILD'S DIAGNOSIS REVEALED NO CLEAR POLARIZATION OF THE TWO CATEGORIES. QUESTION VII (B) WAS HEAVILY LOADED BY DISAGREEMENT BETWEEN SPOUSES RESPONSES RELATING TO WHO MAKES THE ARRANGEMENTS TO GO OUT SOCIALLY. FOURTEEN OUT OF THE NINETEEN COUPLES GAVE DIFFERENT RESPONSES. A MORE DETAILED BREAK-DOWN OF THIS AREA OF COUPLE INTERACTION WOULD HAVE BEEN NECESSARY TO EVALUATE THE SIGNIFICANCE OF THE DIFFERENCE IN RESPONSES AS AN AREA OF INTERACTION CHARACTERIZED BY HIGH DISAGREEMENT GENERALLY.

IN QUESTION 8, (RELATING TO AGREEMENT ABOUT MAJOR VALUES AND BELIEFS, THE INVESTIGATORS MADE THE SAME COMPARISONS AS IN QUESTION 6. (SEE TABLES X (A) AND (B) AND TABLES X (C) AND (D). IT REVEALED THE SAME MAJOR POLARIZATION OF SSR DIAGNOSES OF CHILDREN WITH COUPLES WHO AGREE AND AR DIAGNOSES OF CHILDREN WITH COUPLES WHO SAY THEY DISAGREE. THERE WAS, HOWEVER, A GREATER OVERLAP IN THE GROUPINGS, WHICH MAY BE DUE TO LACK OF UNDERSTANDING OF THE QUESTION AS THE RESEARCHERS FOUND THAT MOST OF THE COUPLES INTERVIEWED REQUESTED AN ELABORATION OF THE QUESTION.

IN QUESTION 9, FIFTY-EIGHT PERCENT OF THE COUPLES AGREED THAT THE WIFE DISCIPLINES THE CHILDREN MOST OFTEN. TWENTY-SEVEN PERCENT OF THE COUPLES GAVE DIFFERENT RESPONSES. ALL THE CHILDREN IN THIS GROUP WERE IN THE SSR CATEGORY. IN QUESTION 9 (B) THE RESEARCHERS COMPARED COUPLES WHO DENY DISAGREEMENT ABOUT THE DISCIPLINING OF CHILDREN TO THE

TABLE X C. COMPARISON OF COUPLES WHO AGREE IN THEIR MAJOR VALUES AND BELIEFS TO THE CHILD'S DIAGNOSIS

AGREE RE VALUES & BELIEFS	CHILD'S DIAGNOSIS
3	AR
4	SSR
5	AR
8	SSR
9	AR
10	SSR
12	AR
14	SSR
16	SSR
17	SSR
18	AR

D. COUPLES WHO BOTH ACKNOWLEDGE DISAGREEMENT IN THEIR MAJOR VALUES AND BELIEFS COMPARED TO THE CHILD'S DIAGNOSIS.

DISAGREE RE VALUES & BELIEFS	CHILD'S DIAGNOSIS
2	AR
6	AR
7	AR
19	SSR

CHILD'S DIAGNOSIS IN TABLE X (E) AND COMPARED THE COUPLES DISAGREEMENT IN TABLE X (F). THE FINDINGS IN ISOLATION ARE NOT SIGNIFICANT BUT DO SUPPORT THE AGREEMENT-DISAGREEMENT CRITERIA OF MEASUREMENT.

IN EXAMINING RESPONSES TO QUESTION 10 (A) THE RESEARCHERS FOUND 52.6 PERCENT OF THE COUPLES IDENTIFIED THE WIFE AS GIVING THE MOST AFFECTION TO THE CHILDREN. THERE WERE NO COUPLES WHO BOTH SAID THEY DISAGREED ABOUT THIS ARRANGEMENT. EIGHT COUPLES GAVE DIFFERENT RESPONSES. THREE COUPLES DID NOT RESPOND, BEING PARENTS OF CHILDREN DIAGNOSED SSR. THE COMPARISON OF THESE GROUPINGS WITH THE DIAGNOSES OF THE CHILDREN REVEALED NO SIGNIFICANT PATTERN.

QUESTION 11 (A) WAS SIMILARLY EXAMINED. THE ONLY NOTEWORTHY RELATIONSHIP FOUND BETWEEN COUPLES RESPONSES AND THE DIAGNOSIS OF THE CHILD, WAS THAT OF ALL THESE COUPLES, (FOUR) WHO IDENTIFIED THE HUSBAND AS GIVING THE MOST AFFECTION TO THE SPOUSE WERE DIAGNOSED AR AND ALL COUPLES, (TWO) WHO IDENTIFIED THE WIFE AS GIVING THE MOST AFFECTION WERE DIAGNOSED SSR. THIS IS PRIMARILY SIGNIFICANT AS A CORROLARY TO TABLES VIII (A) AND (B).

AN ANALYSIS OF QUESTION 11 (B) REVEALS A RANDOM PATTERN. THERE WERE A SIGNIFICANT NUMBER OF INCOMPLETE RESPONSES TO THIS QUESTION (FIVE). A COMPARISON OF THE COUPLES WHO DID NOT RESPOND WITH THE CHILD'S DIAGNOSIS REVEALED THAT FOUR OUT OF THE FIVE CHILDREN WERE DIAGNOSED SSR.

AN EXAMINATION OF RESPONSES TO QUESTION 12 REVEALED THAT 68.4 PERCENT OF THE COUPLES IDENTIFIED THE WIFE AS BEING THE MOST VERBAL AS COMPARED TO 10.5 PERCENT OF COUPLES WHO IDENTIFIED THE HUSBAND.

TABLE X E. COMPARISON OF COUPLES WHO AGREE ABOUT THE DISCIPLINING OF CHILDREN WITH THE CHILD'S DIAGNOSIS.

COUPLES WHO AGREE	DIAGNOSIS OF CHILD
2	AR
4	SSR
9	AR
10	SSR
14	SSR
16	SSR
19	SSR

F. COMPARISON OF COUPLES WHO DISAGREE ABOUT THE DISCIPLINING OF CHILDREN WITH THE CHILD'S DIAGNOSIS.

COUPLES WHO DISAGREE	DIAGNOSIS OF CHILD
3	AR
6	AR
7	AR
8	SSR
11	SSR
12	AR
13	SSR
15	SSR
18	AR

V. A COMPARISON OF THREE TESTS OF THE HYPOTHESIS.

AS A FURTHER TEST OF THE RELIABILITY OF THE CATEGORIZATION OF PARENTS' INTERACTION AS COMPLEMENTARY OR SYMMETRICAL THE RESEARCHERS COMPARED THE DIAGNOSIS OF THE COUPLES' CHILD PREDICTED IN TABLE XI (A AND B) BY EIGHT SELECTED RESPONSE COMPARISONS. A HIGHEST NUMBER OF SSR PREDICTIONS WERE INTERPRETED AS INDICATING A COMPLEMENTARY RELATIONSHIP OF THE PARENTS AND A HIGHEST NUMBER OF AR PREDICTIONS WERE INTERPRETED AS INDICATING SYMMETRICAL INTERACTION OF PARENTS. IN TABLE XII THE RESEARCHERS COMPARED THIS MEASURE WITH THE AGREEMENT-DISAGREEMENT MEASURE, COMPLEMENTARITY-SYMMETRY RESPONSE MEASURE AND THE CHILD'S DIAGNOSIS TO DETERMINE THE CONSISTENCY OF ALL MEASURES AND THE RELATIONSHIP BETWEEN TYPE OF PARENTS' INTERACTION AND THE DIAGNOSIS OF THE CHILD HYPOTHE- SIZED. THE RESEARCHERS FOUND THAT EACH OF THE THREE MEASURES INDEPEND- ENTLY PREDICTS THE HYPOTHESIZED RELATIONSHIP BETWEEN A SPECIFIC TYPE OF PARENTS INTERACTION AND A SPECIFIC DIAGNOSIS OF THE CHILD'S PROBLEM IN 63.2 PER CENT OF OUR SAMPLE. IN THE ANALYSIS THE RESEARCHERS ACCEPTED THE CHILD'S DIAGNOSIS AS GIVEN A CONSTANT CONTROL FACTOR FOR PURPOSES OF COMPARISON. THE RELIABILITY OF CHILD'S DIAGNOSIS IS SUBJECT TO QUESTION, CONSIDERING THAT IN MANY INSTANCES THE RESEARCHERS RELIED ON DESCRIPTIONS OF BEHAVIOURAL SYMPTOMS BY TEACHERS OR PARENTS.

IN TABLE XIII THE INVESTIGATORS EXAMINED THE RELIABILITY OF THE CHILD'S DIAGNOSIS BY COMPARING THE CHILD'S GIVEN DIAGNOSIS PREDIC- TED BY AN EXAMINATION OF THE CATEGORY IDENTIFIED IN THE MAJORITY OF SELECTED RESPONSES, THE AGREEMENT-DISAGREEMENT RATING OF THE QUESTION- NAIRE AND THE COMPLEMENTARITY-SYMMETRY RATING OF THE QUESTIONNAIRE. THE INVESTIGATORS FOUND TWO OF THE CHILDREN'S DIAGNOSIS WERE CONSIS-

TABLE XI VARIANCE IN THE DIAGNOSIS OF THE CHILD AS DETERMINED BY COUPLES RESPONSES TO EIGHT SELECTED ITEMS IN THE QUESTIONNAIRE: PARENTS INTERACTION PREDICTED BY THE HIGHEST NUMBER SSR OR AR DIAGNOSES, WITH AN SSR DIAGNOSIS INTERPRETED AS INDICATING COMPLEMENTARITY AND AN AR DIAGNOSIS INDICATING SYMMETRY.

A. COUPLES WITH A CHILD DIAGNOSED SSR IN CONTROL CATEGORIES

COUPLE	TABLE VIII		TABLE IX		TABLE IX		TABLE X		TABLE XI		TABLE XII		TABLE XIII		No.		PARENTS	
	A	B	C	D	A	C	A AND B	A AND B	A AND B	A AND B	A AND B	A AND B	A AND B	A AND B	SSR	AR	No.	INTER-ACTION
1	SSR	SSR	SSR		SSR	AR	SSR	SSR	SSR						4	1		C
4	-	SSR	SSR		SSR	SSR	SSR	SSR	SSR						7	0		C
8	SSR		SSR		-	SSR	SSR	-	SSR	SSR					5	1		C
10	-	AR	SSR		AR	AR	SSR	-	SSR	SSR					4	2		C
11	AR		-		-	AR	AR	AR	AR						0	5		S
13	-	SSR	SSR		-	AR	SSR	-	-	-					2	2		0
14	-	SSR	SSR		-	SSR	-	SSR	SSR	SSR					5	0		C
15	-	AR	-		-	SSR	-	SSR	SSR	-					2	2		C
16	SSR		-		SSR	AR	-	-	SSR	SSR					4	1		C
17	SSR		-		SSR	SSR	-	-	SSR	SSR					5	0		C
19	AR		AR		AR	AR	SSR	SSR	SSR	AR					3	5		S

B. COUPLES WITH A CHILD DIAGNOSED AR IN CONTROL CATEGORIES

COUPLE	TABLE VIII		TABLE IX		TABLE IX		TABLE X		TABLE XI		TABLE XII		TABLE XIII		No.		PARENTS	
	A	B	C	D	A	C	A AND B	A AND B	A AND B	A AND B	A AND B	A AND B	A AND B	A AND B	AR	SSR	No.	INTER-ACTION
2	AR		AR		-	AR	AR	AR	AR						6	1		S
3	-	SSR	SSR		AR	AR	-	-	SSR	SSR					3	2		S
5	AR		AR		SSR	AR	AR	-	SSR	SSR					4	2		S
6	SSR		AR		AR	AR	AR	AR	AR	AR					6	1		S
7	AR		SSR		-	AR	AR	AR	AR	AR					5	2		S
9	AR		AR		-	SSR	SSR	SSR	SSR	SSR					2	5		C
12	AR		SSR		-	AR	AR	-	SSR	SSR					4	2		S
18	-		AR		SSR	SSR	-	AR	AR	SSR					3	3		0

TABLE XII COMPARISON OF THE THREE MEASURES OF TYPE OF PARENTS' INTERACTION WITH THE DIAGNOSIS OF THE CHILD AND NUMBER OF FITS WITH THE HYPOTHESIS

COUPLE	SELECTED RESPONSE MEASURE	TABLE VI(B)	TABLE VII	DIAGNOSIS OF CHILD	FIT OF HYPOTHESIS
		AGREEMENT DISAGREEMENT MEASURE	COMPLEMENTARITY SYMMETRY MEASURE		
1	C	C	C	SSR	3
2	S	S	S	AR	3
3	S	S	S	AR	3
4	C	C	C	SSR	3
5	S	C	C	AR	1
6	S	S	S	AR	3
7	S	0	0	AR	1 *
8	C	C	C	SSR	3
9	C	C	C	AR	0
10	C	S	S	SSR	1
11	S	S	C	SSR	1
12	S	S	C	AR	2
13	0	C	C	SSR	2
14	C	C	C	SSR	3
15	0	S	C	SSR	1 +
16	C	S	C	SSR	2
17	C	C	C	SSR	3
18	0	S	C	AR	1 +
19	S	S	S	SSR	0

* MIXED TYPE

TABLE XIII A COMPARISON OF THE CHILD'S DIAGNOSIS AND THE DIAGNOSIS PREDICTED BY THE COMPARISON OF EIGHT SELECTED RESPONSES, THE AGREEMENT-DISAGREEMENT MEASURE AND THE COMPLEMENTARITY-SYMMETRY MEASURE

COUPLE	CHILD'S DIAGNOSIS	DIAGNOSIS BY EIGHT SELECTED RESPONSES	DIAGNOSIS BY AGREEMENT- DISAGREEMENT MEASURE	DIAGNOSIS BY COMPLEMENTARY SYMMETRICAL MEASURE	EVALUATION OF DIAGRAM
1	SSR	+	+	+	STRONG
2	AR	+	+	+	STRONG
3	AR	+	+	+	STRONG
4	SSR	+	+	+	STRONG
5	AR	+	-	-	DOUBTFUL
6	AR	+	+	+	STRONG
7	AR	+	MIXED	MIXED	STRONG
8	SSR	+	+	+	STRONG
9	AR	-	-	-	WRONG
10	SSR	+	-	-	DOUBTFUL
11	SSR	-	-	+	DOUBTFUL
12	AR	+	+	-	MODERATE
13	SSR	0	+	+	MODERATE
14	SSR	+	+	+	STRONG
15	SSR	0	-	+	DOUBTFUL
16	SSR	+	-	+	MODERATE
17	SSR	+	+	+	STRONG
18	AR	0	+	-	DOUBTFUL
19	SSR	-	-	-	WRONG

FIT OF HYPOTHESIS 68.4% 63.2% 68.4%

* A PREDICTION CONSISTENT WITH THE HYPOTHESIS IS INDICATED BY A +.

"0" INDICATES NO SIGNIFICANT VARIANCE IN SELECTED RESPONSES.

TENTLY DEVIANT IN THE THREE MEASURES FROM WHICH WE CAN CONCLUDE THE GIVEN DIAGNOSIS IS WRONG. AN ADDITIONAL FOUR OF THE CHILDREN'S DIAGNOSES CONFIRMED ONLY BY ONE MEASURE CAN BE DOUBTFUL. THIS DOES NOT INCLUDE COUPLE #7 AS THE LACK OF VARIANCE IN AGREEMENT-DISAGREEMENT MEASURE AND THE COMPLEMENTARY-SYMMETRY MEASURE INDICATES A MIXED TYPE OF PARENT INTERACTION. THE MINIMAL ADJUSTMENT OF TWO DIAGNOSES OF CHILDREN IS INDICATED TO EVALUATE OUR FINDINGS. HENCE, THE RESEARCHERS CONCLUDED THAT BY USE OF A QUESTIONNAIRE WE HAVE PREDICTED THE CHILD'S DIAGNOSIS FROM THE FORM OF PARENTAL INTERACTION IN 73.6 PERCENT OF THE PARENTS EXAMINED ON THE AGREEMENT-DISAGREEMENT MEASURE. THE COMPLEMENTARY-SYMMETRY MEASURE OF PARENT'S INTERACTION PREDICTED THE HYPOTHESIS IN 78.9 OF THE PARENTS. THIS REPRESENTS 72 PERCENT OF THE CHILDREN DIAGNOSED SSR AND 62.5 PERCENT OF THOSE DIAGNOSED AR.

CHAPTER FIVE

CONCLUSIONS

THE RESULTS OF THE STUDY SUPPORTED THE HYPOTHESIS THAT THE DIAGNOSIS OF THE CHILD'S PROBLEM CAN BE PREDICTED FROM THE FORM OF PARENTAL INTERACTION AND SIMILARLY THAT THE FORM OF PARENTAL INTERACTION CAN BE PREDICTED FROM THE DIAGNOSIS OF THE CHILD. A SIGNIFICANT CORRELATION WAS FOUND BETWEEN PARENTS WITH A COMPLEMENTARY FORM OF INTERACTION AND A CHILD WHOSE BEHAVIOUR PROBLEM WAS CATEGORIZED AS A SPECIAL SYMPTOM REACTION; SIMILARLY A SIGNIFICANT CORRELATION WAS FOUND BETWEEN SYMMETRICAL PARENTAL INTERACTION AND A DIAGNOSIS OF THE CHILD'S PROBLEM AS AN ADJUSTMENT REACTION OF CHILDHOOD. THESE FINDINGS HAVE TO BE VIEWED IN THE LIMITATIONS OF THE METHOD OF CLASSIFYING THE CHILD'S PROBLEM IN A DIAGNOSTIC CATEGORY FROM DESCRIPTIONS OF THEIR BEHAVIOUR IN CASE RECORDS, WHICH IN MOST CASES DID NOT INCLUDE A CLINICAL ASSESSMENT. ALSO PARENTS' TYPE OF INTERACTION WAS DETERMINED BY USE OF QUESTIONNAIRE NOT TESTED FOR RELIABILITY IN DISCRIMINATING BETWEEN THE TWO CATEGORIES OF PARENTAL INTERACTION.

THE RESEARCHERS DID EXPERIENCE SOME DIFFICULTY IN CLASSIFYING CHILDREN'S BEHAVIOUR IN SOME INSTANCES AS THERE WAS AN OVERLAP IN THE RANGE OF REPORTED BEHAVIOURS CHARACTERISTIC OF THE TWO CATEGORIES. THE RESEARCHERS ALSO FOUND THIS LACK OF CLEAR DIFFERENTIATION OF TYPES AMONG THE PARENTS' RESPONSES TO THE QUESTIONNAIRE. THE SAMPLE INCLUDES A "MIXED" DIAGNOSIS OF A CHILD AND A MIXED CATEGORY OF PARENTAL INTERACTION

BUT THE INVESTIGATORS FOUND A POSITIVE PREDICTION OF THE CATEGORY OF THE RELATED PARENTS AND CHILD RESPECTIVELY. THE EXAMINATION OF SELECTED RESPONSES TO THE QUESTIONNAIRE REVEALED THAT THE METHOD OF RATING RESPONSES TO EACH QUESTION INDIVIDUALLY AND THE OVER-GENERALIZATION OF SOME OF THE QUESTIONS CONTRIBUTED SIGNIFICANTLY TO THE INCIDENCE OF FAILURE TO OBTAIN A CLEAR DIFFERENTIATION OF TYPES OF PARENTAL INTERACTION. A GREATER OPERATIONAL BREAK-DOWN OF THE QUESTIONS RELATING TO AREAS OF INTERACTION, SUCH AS, MAJOR VALUES AND BELIEFS, THE NURTURING NEEDS OF CHILDREN AND SPOUSES AND DOMINANCE OF VERBAL COMMUNICATION IS INDICATED. IN VIEW OF THE EQUAL DOUBT OF THE ACCURACY OF THE DIAGNOSIS OF THE CHILDREN IN THE SAMPLE THE RESEARCHERS WOULD RECOMMEND THAT THE QUESTIONNAIRE BE ADMINISTERED TO PARENTS OF A LARGER SAMPLE OF CHILDREN DIAGNOSED BY AN INDEPENDENT CLINICIAN ACCORDING TO AGREED-UPON CRITERIA OF THE DIAGNOSTIC CATEGORIES.

A MAJOR LIMITATION OF THE STUDY WAS THE SMALL SIZE OF THE SAMPLE USED. HOWEVER, IN COMPARISON TO OTHER STUDIES IN THE FIELD OF FAMILY INTERACTION, THE PRESENT SAMPLE WAS ONE OF THE LARGEST. CONSISTENT WITH OTHER STUDIES THE SAMPLE WAS SELECTED ON THE BASIS OF AVAILABILITY, WHICH RESTRICTS THE RESEARCHERS FROM MAKING BROAD GENERALIZATIONS ABOUT THE LARGER POPULATION.

PRACTICAL VALUE OF THE STUDY

THE RESULTS OF THE STUDY ARE OF VALUE IN THAT THEY CONSTITUTE A SMALL STEP TOWARD VALIDATING THE POSTULATES OF COMMUNICATION AND FAMILY INTERACTION THEORIES, THEREBY CONTRIBUTING TO A SCIENTIFIC KNOWLEDGE BASE FOR SOCIAL WORK PRACTICE.

THE KNOWLEDGE OF THE SPECIFIC CORRELATION BETWEEN A FORM OF PARENTAL INTERACTION AND A DIAGNOSIS OF THE CHILD HAS IMMEDIATE APPLIED VALUE FOR SOCIAL WORKERS AND OTHER DISCIPLINES CONCERNED WITH TREATMENT OF CHILDREN AND THEIR FAMILIES. HAVING IDENTIFIED THE SPECIFIC RELATIONSHIP BETWEEN THE PARENTS' FORM OF INTERACTION AND THE TYPE OF BEHAVIOUR PROBLEM THEIR CHILD IS LIKELY TO DEVELOP, THE CLINICIAN CAN PREDICT THE PARENTS' INTERACTION PATTERN ON THE BASIS OF THE CHILD'S BEHAVIOUR PROBLEM AND CONVERSELY, HAVING IDENTIFIED THE FORM OF PARENTAL INTERACTION HE CAN BE ALERT TO CUES TO THE TYPE OF BEHAVIOURAL PROBLEMS LIKELY TO BECOME MANIFEST IN THE CHILD. THIS WOULD SERVE TO FACILITATE THE DIAGNOSIS OF FAMILY PROBLEMS AND ENABLE THE THERAPIST TO CONCENTRATE MORE QUICKLY ON THE CENTRAL PROBLEMS IN THE FAMILY.

A REFINEMENT OF THE QUESTIONNAIRE TO DETERMINE PARENTS' INTERACTION WOULD PROVIDE THE SOCIAL WORKER WITH A USEFUL AID IN THE INITIAL PHASE OF FAMILY THERAPY AND MARRIAGE COUNSELING TO FOCUS THE PATTERN OF INTERACTION. LIKE ALL DIAGNOSTIC AIDS ITS VALUE IS LIMITED TO PROVIDING A SPECIFIC KIND OF DIAGNOSTIC INFORMATION, WHICH IN THIS INSTANCE IS ONE ASPECT OF FAMILY INTERACTION. HOWEVER, IT DOES PROVIDE A MEANS TO GREATER CLARIFICATION AND PRECISION IN DEFINITION OF TERMS BETWEEN PROFESSIONALS AND DISCIPLINES.

RECOMMENDATIONS FOR FURTHER STUDY

AS NOTED IN PREVIOUS CHAPTERS THE RESEARCHERS LIMITED THEMSELVES TO EXAMINING ONE ASPECT OF FAMILY INTERACTION. THE PARENTS INTERACTION OCCURS IN THE CONTEXT OF A HIGHLY COMPLEX DYNAMIC FIELD OF INTERACTION AND IT CAN BE ASSUMED THAT OTHER VARIABLES IN THE FAMILY SYSTEM INFLUENCE THE CHILD'S DEVELOPMENT. AN ADDITIONAL AREA OF STUDY WOULD BE PARENT-CHILD

INTERACTION. OTHER VARIABLES INFLUENCING THE PERSONALITY DEVELOPMENT OF THE CHILD MERITING EXPLORATION MIGHT BE SIBLING INTERACTION, INTERACTION BETWEEN PARENT AND CHILD IN A SINGLE-PARENT FAMILY AND CHANGES IN PARENTAL INTERACTION RESULTING FROM THE INTRODUCTION OF A STEP-PARENT. ALSO THE RESEARCHERS MADE NO ATTEMPT TO RELATE PARENTS INTERPERSONAL INTERACTION PATTERNS TO SOCIO-ECONOMIC AND CULTURAL VARIABLES. THESE DIRECTIONS OF RESEARCH SHOULD ADD TO THE VALUE OF THIS STUDY.

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RESEARCH PROJECT QUESTIONNAIRE

PATIENT IDENTIFICATION _____

AGE _____ GRADE _____ SEX _____

PARENTS _____

NUMBER OF MARRIAGES FOR HUSBAND _____ FOR WIFE _____

LENGTH OF MARRIAGE _____

HUSBAND'S OCCUPATION _____

WIFE'S OCCUPATION _____

1. WHO GETS UP FIRST IN THE MORNING? HUSBAND _____ WIFE _____ NOT APPLIC-
ABLE _____

(B) IS THERE ANY DISAGREEMENT ABOUT THIS ARRANGEMENT? YES _____
No _____

COMMENTS _____

2. DOES THE WIFE MAKE THE HUSBAND'S BREAKFAST? YES _____ No _____

(B) IS THERE ANY DISAGREEMENT ABOUT THIS ARRANGEMENT? YES _____
No _____

COMMENTS _____

3. WHAT SPECIFIC TYPES OF JOBS DOES THE HUSBAND HAVE AROUND THE HOUSE?

(B) IS THERE ANY DISAGREEMENT ABOUT THIS ARRANGEMENT? YES _____
No _____

COMMENTS _____

x 4. WHO HANDLES THE MONEY: BILL-PAYING AND WRITING CHEQUES, FOR EXAMPLE?

HUSBAND _____ WIFE _____ BOTH _____

COMMENTS _____

(B) WHO DECIDES HOW THE MONEY WILL BE SPENT? HUSBAND____ WIFE____
BOTH____

COMMENTS_____

(C) WHEN DID YOU AGREE ON HOW TO HANDLE MONEY IN THE FAMILY?
BEFORE MARRIAGE____ LATE IN MARRIAGE____ JUST EVOLVED ____
EARLY IN MARRIAGE ____ NEVER AGREED ____

COMMENTS_____

(D) DO YOU EVER DISAGREE ABOUT FINANCIAL MATTERS? YES____ NO____

COMMENTS_____

(E) IF WIFE WORKS, DOES HER INCOME BECOME PART OF THE FAMILY IN-
COME OR IS IT HER OWN?

COMMENTS_____

5. DEALING WITH THE OUTSIDE WORLD:

(A) WHO CALLS THE DOCTOR FOR MEDICAL APPOINTMENTS? HUSBAND____
WIFE____ BOTH____

(B) WHO ATTENDS TEACHERS' CONFERENCES? HUSBAND____ WIFE____ BOTH____

(C) WHO CALLS REPAIRMEN FOR HOUSEHOLD REPAIRS? HUSBAND____ WIFE____
BOTH____

(D) WHO WRITES LETTERS AND CHRISTMAS CARDS TO FRIENDS? HUSBAND____
WIFE____ BOTH____

(E) WHO WRITES TO BUSINESS PLACES OR SUBSCRIBES TO MAGAZINES?
HUSBAND____ WIFE____ BOTH____

(F) WHO ANSWERS THE TELEPHONE? HUSBAND____ WIFE____ BOTH____

(G) IS THERE ANY DISAGREEMENT ABOUT THESE ARRANGEMENTS? YES____ NO____

COMMENTS_____

6. DO YOU EVER HAVE MAJOR DISAGREEMENTS ABOUT RELATIVES? YES____ NO____

(B) IF SO, HOW IS THIS SETTLED?_____

7. WHEN YOU GO OUT SOCIALLY, WHO USUALLY DECIDES WHERE YOU WILL GO?

HUSBAND____WIFE____BOTH____

(B) WHO MAKES THE NECESSARY ARRANGEMENTS? HUSBAND____WIFE____BOTH____

COMMENTS_____

8. DO YOU AGREE ABOUT YOUR MAJOR VALUES AND BELIEFS? YES____NO____

(B) IF NOT, HOW HAVE YOU SETTLED THIS?_____

9. WHO DISCIPLINES THE CHILDREN MOST OFTEN? HUSBAND____WIFE____

(B) IS THERE ANY DISAGREEMENT ABOUT THE WAYS OF DISCIPLINING YOUR CHILDREN? YES____NO____

(C) IF SO, HOW IS THIS SETTLED?_____

10. WHO IS THE MOST DEMONSTRATIVE IN GIVING AFFECTION TO THE CHILDREN?

HUSBAND____WIFE____

(B) IS THERE ANY DISAGREEMENT ABOUT THIS ARRANGEMENT? YES____NO____

(C) HOW IS THIS DISAGREEMENT SETTLED?_____

11. WHO IS THE MORE DEMONSTRATIVE IN GIVING AFFECTION TO THE OTHER SPOUSE?

HUSBAND____WIFE____

(B) IS THERE ANY DISAGREEMENT ABOUT THIS? YES____NO____

COMMENTS_____

* 12. IN GENERAL, WHO IS THE MORE VERBAL OF THE TWO? HUSBAND____WIFE____

COMMENTS_____

13. WHEN YOU LEARNED THAT YOUR CHILD HAD BEEN REFERRED TO THE CHILD

GUIDANCE CLINIC, WERE YOU BOTH IN AGREEMENT ABOUT THIS? YES____NO____

(B) IF THERE WAS DISAGREEMENT, WAS THE HUSBAND IN FAVOUR OF IT BUT

NOT THE WIFE____OR WAS THE WIFE IN FAVOUR OF IT BUT NOT THE HUSBAND____

COMMENTS_____

RESEARCH PROJECT SPONSORED

BY

THE UNIVERSITY OF MANITOBA

AND

THE CHILD GUIDANCE CLINIC

DEAR

WE WOULD LIKE TO INVITE YOU TO PARTICIPATE IN A RESEARCH STUDY CONDUCTED BY THE CHILD GUIDANCE CLINIC AND THE UNIVERSITY OF MANITOBA. IF YOU AGREED TO PARTICIPATE, ALL MATERIAL WOULD BE CONSIDERED CONFIDENTIAL AND YOUR PARTICIPATION WOULD BE ANONYMOUS. YOU WERE CHOSEN AS A CANDIDATE FOR THIS STUDY PURELY ON THE BASIS OF YOUR CHILD'S HAVING BEEN REFERRED TO THE CHILD GUIDANCE CLINIC.

YOUR INVOLVEMENT IN THE STUDY WOULD CONSIST OF AN INTERVIEW, SEPARATE FROM THAT OF YOUR SPOUSE AND LASTING ABOUT HALF AN HOUR, WITH ONE OF THE RESEARCHERS WHO WOULD ADMINISTER THE QUESTIONNAIRE.

WITHIN THE NEXT FEW DAYS, A RESEARCHER WILL BE PHONING YOU TO FIND OUT WHETHER OR NOT YOU WOULD PREFER TO PARTICIPATE AND IF YOU DO CONSENT, ARRANGEMENTS WILL THEN BE MADE CONCERNING THE TIME AND PLACE OF THE INTERVIEWS. IT IS HOPED THAT THE RESULTS OF THIS PROJECT WILL INCREASE OUR KNOWLEDGE ABOUT FAMILY LIFE AND THUS AID THE CLINIC IN FAMILY TREATMENT. HOWEVER THE ENTIRE PROJECT IS DEPENDENT ON THE PARTICIPATION OF PARENTS AND WE SINCERELY ENLIST YOUR AID AT THIS TIME.

YOURS TRULY,

/DV

RESEARCH UNIT