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UNIVERSITY OF WINDSOR
The School of Social Work

AN INSTRUMENT TO MEASURE
FAMILY FUNCTIONING

by

Donald Gordon Collins

A research project submitted to the School of Social Work
of the University of Windsor in partial fulfillment of the
requirements for the degree of Master of Social Work.

August, 1975
Windsor, ONTARIO, CANADA

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578169

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ACKNOWLEDGEMENTS

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ABSTRACT

The purpose of this research project was to develop and test the reliability of an instrument with which to measure family functioning. It was hoped that this instrument could be used by clinicians as a diagnostic tool with which to assess and score observations about a family.

The survey of literature was conducted to gain understanding of various aspects of research in the field of the family. The literature review was separated into three areas: previous family research; development and construction of the instrument; design and data analysis.

The testing of the instrument was done by two groups. Eight fourth year B.S.W. students and twelve M.S.W. students from the University of Windsor School of Social Work were used as the raters. These two groups of students tested the Family Categories Instrument, by rating a healthy family and a pathological family.

The data collected was centered on answering the following research foci:

- (a) Did the Family Categories Instrument significantly differentiate between a healthy family and a pathological family?
- (b) What effect on the reliability of the Family Categories Instrument had the variables education level of the raters, marital status, sex, number of children, and

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- (a) Did the Family Categories Instrument significantly differentiate between a healthy family and a pathological family?
- (b) What effect on the reliability of the Family Categories Instrument had the variables education level of the raters, marital status, sex, number of children, and

number of clinical years full time paid social work experience? (

Among the major findings were:

- a) The Family Categories Instrument significantly differentiated between the healthy family and the pathological family viewed by the raters.
- b) Overall, the variables education level of the raters, marital status, sex, number of children, and number of years full time paid social work experience had no significant effect on the reliability of the Family Categories Instrument.

The results were encouraging and further development of the instrument and future research were recommended by the researcher.

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CHAPTER I

INTRODUCTION

The purpose of this research project was to develop and test the reliability of an instrument with which to measure family functioning after observing an initial family assessment interview. Having been involved in observing and assessing families in a clinical setting it had become apparent to the researcher that common criteria in which to assess and discuss family functioning were not being used. The few times there was agreement on a common criterion like direct communication, no reliable way in which to score the observations was available. Further to the inability to score the observations of family functioning, there had not been developed any way to measure the discrepancies in the way the raters observed the family.

The "Family Categories Schema," by Epstein, Sigal and Rakoff, impressed the researcher as it gave some common language and criteria in which to discuss and observe a family. However, there was still no way to score rater observations and test the reliability of the raters' scores. The researcher therefore decided to see if some of the major criteria as presented by Epstein in his Family Categories Schema could be developed into an instrument with which raters could score observations of a family's

¹N.B. Epstein, J. J. Sigal, and V. Rakoff, "Family Categories Schema." Montreal: Department of Psychiatry, Jewish General Hospital, 1972. (Mineographed)

functioning according to certain defined criteria and also test the reliability of the raters' scores.

The significance of such a project was that; a) the instrument could give common defined criteria in which to observe family functioning. b) Raters would be able to place scores to their observations. c) The researcher could mathematically test the degree of deviation amongst the scores given to a particular criterion. d) The instrument would significantly differentiate between a healthy family and a pathological family. -e) The education level of the raters, sex, marital status, number of children, and number of clinical years social work experience of the raters would make no significant difference in the scoring of the instrument.

Thus, the researcher hoped to develop an instrument which would prove to be a reliable instrument with which to measure family functioning.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The review of literature was done with three foci in mind. First, literature written on previous family research was reviewed, which enabled the writer to understand the field of family research and to determine the need for this proposed research project. Secondly, research which helped in the development and construction of the instrument to be tested was reviewed. Thirdly, literature which helped in the design and data analysis sections of the project was examined.

Family Research

The writer came across a great deal of literature in the area of family research. It seems there are a variety of approaches which have been used to study the family. Interestingly, most of these approaches focused on studying families of psychiatric patients.

The study of families of psychiatric patients has culminated in three general types of published papers: the theoretical paper offering concepts, the article discussing a possible method of testing concepts, and the paper fully reporting a piece of accomplished research.¹

¹Jay Haley, "Critical Overview of Present Status of Family Interaction Research," in Family Interaction A Dialogue between Family Researchers and Family Therapists, ed. by James L. Framo (New York: Springer Publishing Company, Inc., 1972), p. 16.

Most of the papers in the family field have been theoretical papers. In the 1950's an abundance of ideas about psychiatry and the family were published. Some of the key ideas proposed in the 50's were: the concepts of "pseudo-mutuality",² "emotional divorce",³ "double-bind"⁴ and the concept of "homeostasis".⁵ Many of these ideas are derived from individual interviews with family members and others from conjoint family therapy or preliminary family testing, with little or no emphasis upon methodology for testing the ideas.

Little specific investigation of these early ideas has been done by investigators working out research methods. Instead, they have tested derivatives of them or premises about people based upon them.

²L. C. Wynne et al., "Pseudo-mutuality in the family relations of schizophrenics," Psychiatry, Vol. 21, 1958, pp. 205-220.

³M. Bowen, "Family concept of schizophrenia," in The etiology of schizophrenia, ed. D. D. Jackson (New York: Basic Books, 1960), pp. 346-373.

⁴G. Bateson et al., "Toward a theory of schizophrenia," Behavioral Science, Vol. 1, 1956, pp. 251-264.

⁵D. D. Jackson, "The question of family homeostasis," Psychiatric Quarterly Supplement, Part 1, Vol. 31, 1957, pp. 79-90.

⁶Jay Haley, "Critical Overview of Present Status of Family Interaction Research," in Family Interaction A Dialogue between Family Researchers and Family Therapists, ed. James L. Framo (New York: Springer Publishing Company, Inc., 1972), p. 16.

For most investigators in family research the basic problem has been to devise a way to measure how family members "typically" behave with each other.⁷

Faced with the problem of studying typical family behaviour, several different approaches were taken by family investigators. Leslie Y. Rabkin in the article "The Patient's Family: Research Methods,"⁸ discusses the various approaches under the headings of case history studies; interviewing studies; psychodiagnostic studies; attitude scales, rating scales, and questionnaire studies; psychotherapy studies; and observational studies. Alan F. Fontana in the article "Familial Etiology of Schizophrenia: Is a Scientific Methodology Possible?,"⁹ talks about clinical observational studies, retrospective studies, and family interaction studies. Jay Haley, in the article "Critical Overview of Present Status of Family Interaction Research,"¹⁰ discusses the various research approaches under the headings of observational studies, and experimental studies.

Synthesizing the ideas of these three authors, it seems that investigators have studied the family by

⁷Ibid.

⁸Leslie Y. Rabkin, "The Patient's Family: Research Methods," Family Process, Vol. 4, 1965, pp. 105-132.

⁹Alan F. Fontana, "Familial Etiology of Schizophrenia: Is a Scientific Methodology Possible?," Psychological Bulletin, Vol. 5, 1966, pp. 60-75.

¹⁰Jay Haley, Op cit., pp. 13-40.

a) Interviewing family or using questionnaires to obtain information about the family. Some examples of these studies are T. Tietze's study of mothers of psychiatric patients¹¹ and Kohn and Claussen study of parental authority behavior and schizophrenia.¹²

b) Observational studies whereby the investigator acts as a participant observer of a family without attempting to bring about change. Examples of these studies are J. Henry's "The study of families by naturalistic observation,"¹³ R. D. Laing and A. Esterson's "Families of Schizophrenics,"¹⁴ and Behrens and Goldfarb's "A study of patterns of interaction of families of schizophrenic children in residential treatment."¹⁵

c) Non-participant observational studies whereby family members are exposed to some type of stimuli and their behaviour is observed and categorized. The stimuli usually used included some form of

¹¹T. Tietze, "A Study of Mothers of Psychiatric Patients," Psychiatry, Vol. 12, 1949, pp. 55-65.

¹²M. L. Kohn and E. E. Carroll, "Social class and the allocation of parental responsibilities," Sociometry, 1960, Vol. 23, pp. 372-392.

¹³J. Henry, "The study of families by naturalistic observation," in Family Structure, Dynamics and Therapy. Psychiatric Reports of the American Psychiatric Association, ed. I. M. Cohen (1966, 20) pp. 95-104.

¹⁴R. D. Laing and A. Esterson, "Sanity, madness and the family," (New York: Basic Books, 1964).

¹⁵M. L. Behrens and W. Goldfarb, "A study of patterns of interaction of families of schizophrenic children in residential treatment," American Journal of Orthopsychiatry, Vol. 28, 1958, pp. 300-312.

questionnaire or verbal stimulus for the family to talk about. Some of the key studies using this approach have been done by Drechsler and Shapiro,¹⁶ Jackson et al.,¹⁷ Riskin,¹⁸ Stabenau et al.,¹⁹ Terrill,²⁰ Titchener et al.,²¹ and Watzlawick.²² Similar studies by Levy and Epstein,²³ and Loveland,²⁴ have used the Rorschach as a stimulus for a whole family conversation.

¹⁶R. J. Drechsler and M. I. Shapiro, "Two methods of analysis of family diagnostic data," Family Process, Vol. 2, 1963, pp. 367-379.

¹⁷D. D. Jackson, J. Riskin, and V. Satir, "A method of analysis of a family interview," Archives of General Psychiatry, Vol. 5, 1961, pp. 321-339.

¹⁸J. Riskin, "Family interaction scales: A preliminary report," Archives of General Psychiatry, Vol. 11, 1964, pp. 484-494.

J. Riskin, "Methodology for studying family interaction," Archives of General Psychiatry, Vol. 8, 1963, pp. 343-348.

¹⁹J. R. Stabenau et al., "A comparative study of families of schizophrenics, delinquents and normals," Psychiatry, Vol. 28, 1965, pp. 45-59.

²⁰J. Terrill, "A method for studying family communication," Family Process, Vol. 2, 1963, pp. 95-120.

²¹J. L. Titchener et al., "Family transaction and derivation of individuality," Family Process, Vol. 3, 1963, pp. 95-120.

²²P. Watzlawick, "A structured family interview," Family Process, Vol. 5, 1966, pp. 256-271.

²³J. Levy and N. Epstein, "An application of the Rorschach test in family interaction," Family Process, Vol. 2, 1963, pp. 344-376.

²⁴N. T. Loveland, "The family Rorschach: A new method for studying family interaction," Family Process, Vol. 2, 1963, pp. 187-215.

d) Observational studies that have contrasted normal families with abnormal families. These studies have made use of rater-made judgements about the differences between a type of family and a control group. The major focus of these studies have been the examination of either conflict, dominance, affect, or communication clarity in the families. The abnormal families studied usually contained a schizophrenic member. This approach has been taken by: Cheek,²⁵ Caputo,²⁶ Garnezy et al.,²⁷ Lennard et al.,²⁸ Ferreira and Winter,²⁹ Ferreira et al.,³⁰ Winter et al.,³¹ and Haley.³²

²⁵F. E. Cheek, "The schizophrenogenic mother in word and deed," Family Process, Vol. 3, 1964, pp. 155-177.

²⁶D. V. Caputo, "The parents of the schizophrenic," Family Process, Vol. 2, 1963, pp. 339-356.

²⁷N. Garnezy, A. Farina, and E. H. Rodnick, "The structured situation test: A method for studying family interaction in schizophrenia," American Journal of Orthopsychiatry, Vol. 30, 1960, pp. 445-451.

²⁸H. L. Lennard, M. R. Beaulieu, and M. G. Embrey, "Interaction in families with a schizophrenic child," Archives of General Psychiatry, Vol. 12, 1965, pp. 166-183.

²⁹A. J. Ferreira and W. D. Winter, "Family interaction and decision making," Archives of General Psychiatry, Vol. 13, 1965, pp. 214-223.

³⁰A. J. Ferreira, W. D. Winter, and J. E. Poindexter, "Some interactional variables in normal and abnormal families," Family Process, Vol. 5, 1966, pp. 60-75.

³¹W. D. Winter, A. J. Ferreira, and J. L. Olson, "Story sequence analysis of family TATs," Journal of Projective Techniques and Personality Assessment, Vol. 29, 1965, pp. 292-297.

³²J. Haley, "Research on family patterns: An instrument measurement," Family Process, Vol. 3, 1964, pp. 41-65.

Within the observational approach, families have been investigated to see whether families with different kinds of patients differ from each other, using the rater judgement procedure. These studies include those done by Farina,³³ Farina and Dunham,³⁴ Baxter et al.,³⁵ Morris and Wynne,³⁶ Singer and Synne,³⁷ and Wynne and Singer.³⁸ Also included in the observational approach are those studies by Haley³⁹ in which he has attempted to obtain results by "measurement of some act

³³A. Farina, "patterns of role dominance and conflict in parents of schizophrenic patients," Journal of Abnormal and Social Psychology, Vol. 61, 1960, pp. 31-38.

³⁴A. Farina and R. M. Dunham, "Measurement of family relationships and their effects," Archives of General Psychiatry, Vol. 9, 1963, pp. 64-73.

³⁵J. C. Baxter et al., "Conflict patterns in the families of schizophrenics," Journal of Nervous and Mental Diseases, Vol. 135, 1962, pp. 419-424.

³⁶G. O. Morris and L. C. Wynne, "Schizophrenic offspring and parental styles of communication: Predictive study using family therapy excerpts," Psychiatry, Vol. 28, 1965, pp. 19-44.

³⁷M. T. Singer and L. C. Wynne, "Differentiating characteristics of parents of childhood schizophrenics," American Journal of Psychiatry, Vol. 120, 1963, pp. 234-243.

³⁸L. C. Wynne and M. T. Singer, "Thought disorder and family relations of schizophrenics: I. A research strategy, II. A classification of forms of thinking," Archives of General Psychiatry, Vol. 9, 1963, pp. 191-206.

³⁹J. Haley, "Family experiments: A new type of experimentation," Family Process, Vol. 1, 1962, pp. 265-293.

J. Haley, "Speech sequences of normal and abnormal families with two children present," Family process, Vol. 1, 1967, pp. 81-97.

J. Haley, "Experiments with abnormal families," Archives of General Psychiatry, Vol. 17, 1967, pp. 53-63.

rather than by human judgement about whether something happened."⁴⁰

Of the approaches mentioned, the writer was particularly interested in those observational studies using raters. A key concern to the researcher was whether the observational studies using raters tested the reliability of the raters' observations. In an article published by Jay Haley in 1972, he points out that

Of the comparisons of normal controls and abnormal families, only the Ferreira-Winter study reports rater reliability figures. More important, only the Ferreira-Winter study reports whether the rater's judgement was made "blind" in that he did not know the type of family he was judging...Unless categories of judgement are set up in advance, there is no protection against bias when the method is used in that way. If the method is to be used, one should at least expect more than one judge to be involved,⁴¹ together with a report that compares their judgements.

Theodore Jacob in the article "Family Interaction in Disturbed and Normal Families: A Methodological and Substantive Review,"⁴² outlines six standards and controls that provide the bases on which the methodological adequacy of direct observational studies can be evaluated. Pertaining to rater reliability he states

⁴⁰Jay Haley, "Critical Overview of Present Status of Family Interaction Research," in Family Interaction A Dialogue between Family Researchers and Family Therapists, ed. James L. Framo (New York: Springer Publishing Company, Inc., 1972). p. 28.

⁴¹Ibid., p. 25

⁴²Jacob, T. "Family Interaction in Disturbed and Normal Families: A Methodological and Substantive Review,"

Considerable agreement should exist among independent judges as to the presence and frequency of the behaviour to be rated. In essence, if different observers cannot agree (or be trained to agree) on the presence and frequency of particular interactions, serious doubts can be raised as to the "definability" of the dimension in question and, as a result, the probability of replications results with a different set of judges.⁴³

The main goal of the researcher was to develop an instrument which when used would show "considerable agreement among judges as to the presence and frequency of the behaviour to be rated."

Development of the Instrument

The instrument, called the Family Categories Instrument (FCI),* was primarily developed from Nathan Epstein et al.

Family Categories Schema.⁴⁴ The Family Categories Schema is an outline of categories with which to assess family functioning. Seven major categories are outlined in the schema: problem solving, affective expression and involvement, communication, role behaviour, autonomy, modes of behavioural control, and areas of psychopathology.

The Family Categories Instrument uses these above seven categories, however, the affect and involvement category was broken into two separate categories as the researcher found it easier to define them operationally as separate entities. All the definitions of these eight categories were taken directly from the Family Categories Schema and each category given a six point rating scale. (see Appendix I)

⁴³Ibid., p. 36

*See Appendix I.

⁴⁴N. B. Epstein, J. J. Sigal, and V. Rakoff, "Family Categories Schema," Montreal: Department of Psychiatry, Jewish General Hospital, 1973. (Mimeographed).

Literature was also reviewed to support the categories outlined in the Family Categories Schema. Joan Stein, in her book The Family As A Unit Of Study And Treatment,⁴⁵ outlines three major approaches to the study and treatment of the family.

1) The psychoanalytic approach mainly looks at individual pathology in the family and how the transference phenomenon within the family system, and intra-psychic conflict are manifested in the family. 2) The Integrative approach tries to be eclectic in the sense that it accepts and borrows some of the psychoanalytic concepts and also concepts from the communicative-interactive approach. Of key importance in the integrative approach is the concept of role. 3) The communicative-interactive approach stresses the way the family communicates amongst its members as the key focus for the understanding and treatment of a family.

Epstein et al. appear to have incorporated the main thrusts of these three approaches into the Family Categories Schema. The psychoanalytic thrust of individual pathology was included in the category of "psychopathology." The integrative thrust of role concept was included in the category of "role behaviour." The communicative-interactive thrust of communication patterns was included in the category of "communication." Thus the key thrusts of the major approaches to the study and treatment of the family were included in the Family Categories Schema as well as the Family Categories Instrument.

⁴⁵Joan Stein, The Family As A Unit Of Study And Treatment (Washington: Regional Rehabilitation Research Institute, University of Washington School of Social Work, 1973) pp. 1-77.

Paul and Lois Glasser in their article "Adequate Family Functioning"⁴⁶ outline the following five criteria of adequate family functioning: internal role consistency among family members, consistency of family roles and norms and actual role performance, compatibility of family roles and norms with community norms, meeting the psychological needs of family members, and the ability of the family group to respond to change. All of these criteria, except for compatibility of family roles and norms with community norms, are compatible with some of the categories in the Family Categories Instrument.

The criteria of internal role consistency among family members, and consistency of family roles and actual role performance are compatible with the category of "role." The criterion of meeting the psychological needs of family members is compatible with the category of "psychopathology." The criterion of the ability of the family group to respond to change is compatible with the category of "problem solving." The criterion of compatibility of family roles and norms with community norms was not included in the Family Categories Instrument as the researcher felt that the concept of community norms was far too nebulous to be operationally defined and observed in the data collection procedure proposed for this research project.

⁴⁶ Paul Glasser and Lois Glasser, "Adequate Family Functioning," in Family Structure Dynamics and Therapy Psychiatric Reports of the American Psychiatric Association, ed. I. M. Cohen (1966, 20) pp. 8-18.

Design and data analysis: The third focus of the review of literature was an examination of literature which helped in the design and data analysis sections of the project. The two key sources referred to were Selltitz et al.⁴⁷ for the research design, and the SPSS (Statistical Package For The Social Sciences)⁴⁸ for data analysis procedures.

⁴⁷Claire Selltitz et al., Research Methods in Social Relations, rev. ed. (New York: Holt, Rinehart and Winston, 1965).

⁴⁸Norman Nie, Dale H. Bent, and C. Hadlai Hull, SPSS Statistical Package For The Social Sciences (New York: McGraw-Hill, Inc., 1970).

CHAPTER III

RESEARCH METHOD AND DESIGN

The formulation of a research design when conducting a scientific inquiry or research investigation is an essential aspect of the study. The research design constitutes the "blueprint for the collection, measurement and analysis of data."¹ Selltitz et al. define the term research design as the "arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure."²

The research design is developed once the research problem has been specified and defined. The design will then provide the means for the collection and analysis of data relevant to the purpose of the study. However, research investigations may have a variety of purposes and consequently the research design would differ considerably depending on the purpose of the investigation.

Selltiz et al. outline a number of broad groupings into which research purposes usually fall:

- (1) to gain familiarity with a phenomenon or to achieve new insights into it, often in order to formulate a more precise research problem or to develop hypotheses;

¹Bernard S. Phillips, Social Research Strategy and Tactics (New York: MacMillan Company, 1966), p. 77.

²Claire Selltitz et al., Research Methods in Social Relations, rev. ed. (New York: Holt, Rinehart and Winston, 1965), p. 50.

- (2) to portray accurately the characteristics of a particular individual, situation, or group (with or without specific initial hypotheses about the nature of these characteristics); (3) to determine the frequency with which something occurs or with which it is associated with something else (usually, but not always, with a specific initial hypothesis); (4) to test a hypothesis of a casual relationship between variables.

Exploratory studies fall into the first purpose as outlined by Selltitz. Studies having purposes expressed by the second and third categories are considered descriptive. The last purpose as indicated by the fourth grouping is concerned with studies classified as experimental.

Purposes The purpose of this research project was to develop and test the reliability of an instrument to measure family functioning. Since little research has been done in developing and testing the reliability of an instrument to measure family functioning (see review of literature), this project focused its purpose on gaining familiarity with the phenomenon of reliability of such an instrument and to develop questions for future research. Thus, this was an exploratory research project.

Research questions: 1) Is the Family Categories Instrument Reliable?
2) Do the following variables: education level, marital status, number of children, sex, and number of clinical years of full time paid social work experience, effect the reliability of the instrument?

³Ibid.

Sample: To test the instrument two groups were selected: 1) Fourth year Bachelor of Social Work students registered in one section of the social work intervention class at the University of Windsor who volunteered to test the instrument. 2) Masters of Social Work students registered in the family intervention class at the University of Windsor who volunteered to test the instrument. Eight Bachelor of Social Work students and twelve Master of Social Work students volunteered to test the instrument.

These two groups can be considered to be a purposive sample.

The basic assumption behind purposive sampling is that with good judgement and an appropriate strategy one can hand-pick the cases to be included in the sample and thus develop samples that are satisfactory in relation to one's needs. A common strategy of purposive sampling is to pick cases that are judged to be typical of the population in which one is interested, assuming that errors of judgement in the selection will tend to counterbalance each other.

These two groups were selected as they were convenient to use in view of the time restraints placed upon the researcher. Since this project was exploratory and the instrument was in its very beginning state of development, the researcher felt the selection of these two groups was adequate and there was no need for an elaborate sampling procedure.

Methodology: The following methodological steps were taken:

- a) Survey of literature.
- b) Development of the Family Categories Instrument.
- c) Selection of Family Interviews.
- d) Pre-test of Instrument.
- e) Test of MSW group.
- f) Test of BSW group.

⁴Ibid., pp. 520-521.

a) The survey of literature was done with three foci in mind: 1) Literature on previous family research. 2) Literature that helped in the development and construction of the instrument to be tested. 3) Literature that helped in methodological design and data analysis.

b) The Family Categories Instrument (see Appendix I) was primarily developed from Epstein's Family Categories Schema.⁵

c) Three family interviews were selected for testing the instrument.⁶ The three family interviews were selected by the researcher from the screening of six family interviews. The interviews were selected because they all showed families verbally interacting with a therapist and also they were convenient to use. One interview was with a supposedly "normal" family, and the other two were with supposedly "pathological" families.⁷

⁵See Review of Literature, Chapter II.

⁶The three family interviews selected were: 1) A fifteen minute video-tape session of the researcher conducting a family assessment interview with a simulated (role played by colleagues) "pathological" family of four. 2) An hour long video-tape session of a supposedly "normal" family of five with Mr. Len Grannemann, a professional social worker for the ARF acting as therapist. 3) An hour long film called "Runaway Girl" showing a "pathological" family of eight in family therapy with Dr. Walter Kempler acting as therapist.

⁷One family was labelled "normal" by the therapist, Mr. Len Grannemann who conducted the interview. The two "pathological" families were labelled that way by the researcher because both of these families were seeking help of a professional family therapist to help them with problems identified by these families. An empirically reliable and valid way of identifying normal families from pathological families, as of yet, has not been done. (see Review of Literature Chapter II.)

The family interview with the researcher as therapist was designated "Warm-Up" interview. The family interview with Mr. Len Grannemann as therapist was designated "Normal Family." The family interview with Dr. Walter Kempler was designated "Pathological Family."

d) A pre-test of the instrument was done on two social workers with MSW degrees. The purpose of the pre-test was to examine and recommend changes to the structure of the instrument and format used for data collection. Following the pre-test, the researcher changed the structure of the instrument to include, not only questions about the parents as a unit and the children as a unit, but questions pertaining to each individual member of the family. The identifying data section was expanded to include marital status, number of children and sex of the rater.

Collection of data: The following format was established for testing of the Family Categories Instrument in the pre-test, test of the MSW group, and test of the BSW group:

- 1) Thirty minutes given to read and familiarize reader with instrument.
- 2) Fifteen minute viewing of Warm-Up interview.
- 3) Twenty minutes given to fill in instrument.
- 4) Fifteen minutes given for group discussion about the instrument.
- 5) Thirty minute viewing of Normal Family interview.
- 6) Twenty minutes given to fill in instrument.

- 7) Forty minute viewing of pathological family interview.
- 8) Twenty minutes given to fill in instrument.

The test of the instrument on the Warm-Up interview was not used in the data analysis. The purpose of the time given to read the instrument, test the Warm-Up interview, and discussion about the instrument, was to give the raters a chance to become somewhat familiar with using the instrument. Ideally the testing of the instrument for research purposes should have been done after all the raters had a chance to use the instrument five or six times instead of just one. Thus the researcher was trying to eliminate somewhat the unwanted variable of unfamiliarity with an instrument which may effect the instrument's reliability.

Method of data analysis: Reliability of the Family Categories

Instrument was examined by computerized data analysis. Reliability of the instrument was determined by using tests of significance. The researcher first combined the eight B.S.W. raters and twelve M.S.W. raters and obtained their mean score and standard deviation for each question on the Family Categories Instrument. The healthy family (FAMILY I), and the pathological family (FAMILY II), were analysed separately.

The researcher compared the rater's scores on each question of the healthy family with the scores of the pathological family. The healthy family and pathological family were compared by using a T-Test.*

*Interval statistics (T-Test, Pearson Coefficients) can be applied to ordinal-level variables. See SPSS (1975 edition) p.6.

The variables education level, sex, marital status, number of children, and number of years social work experience were examined to determine the effect of these variables on the scoring of the Family Categories Instrument. The variables education level, sex, and marital status were analysed by using a T-Test. The variables number of children and number of years social work experience were analysed by using Pearson Correlation Coefficients.

CHAPTER IV

RESEARCH FINDINGS AND ANALYSIS

The data was analysed by computer, using the SPSS¹ with particular reference to Codebook,² T-Test,³ and Pearson Correlation Coefficients.⁴ Since the researcher wanted to compare FAMILY I (healthy family) and FAMILY II (pathological family), those questions which related only to FAMILY II were ignored. The questions ignored were those pertaining to the fourth oldest and fifth oldest child in the family, as FAMILY I did not have a fourth and fifth oldest child. Thus, of the 134 questions in the Family Categories Instrument (FCI) only 94 questions were used in the analysis. The reader will find the FCI in Appendix I.

A number of tables were made to illustrate the research findings. TABLE I gives a histogram of the number of questions on the FCI that fell into a particular standard deviation range for FAMILY I. TABLE II gives a histogram of the number of questions on

¹Norman Nie, Dale H. Bent, and C. Hadlai Hull, SPSS Statistical Package For The Social Sciences (New York: McGraw-Hill, Inc., 1970).

²Ibid., pp. 102-109.

³Ibid., (Update)

⁴Ibid., pp. 143-153.

the FCI that fell into a particular standard deviation range for FAMILY II. TABLE III combines TABLES I and II. TABLE IV illustrates the T-Test probability between FAMILY I and FAMILY II for each question on the FCI. TABLE V illustrates the T-Test probability of Education for each question on the FCI. TABLE VI illustrates the T-Test probability of Marital Status for each question on the FCI. TABLE VII illustrates the T-Test probability of Sex for each question on the FCI. TABLE VIII illustrates the significance level of the Pearson Correlation Coefficients for the Number of Children for each question on the FCI. TABLE IX illustrates the significance level of the Pearson Correlation Coefficients for the Number of Clinical Years Social Work Experience for each question on the FCI. TABLE X illustrates the significant questions by the variables. TABLE XI illustrates the categories on the FCI by the number of significant questions. TABLE XII illustrates the type of question area by the number of significant questions.

The researcher was particularly concerned with the following questions: 1) To what extent did the raters deviate in their scores? 2) Did the FCI significantly differentiate between a healthy family and a pathological family? 3) Did education, marital status, sex, number of children, or number of clinical years social work experience of the raters make any significant difference in the way the raters scored the FCI?

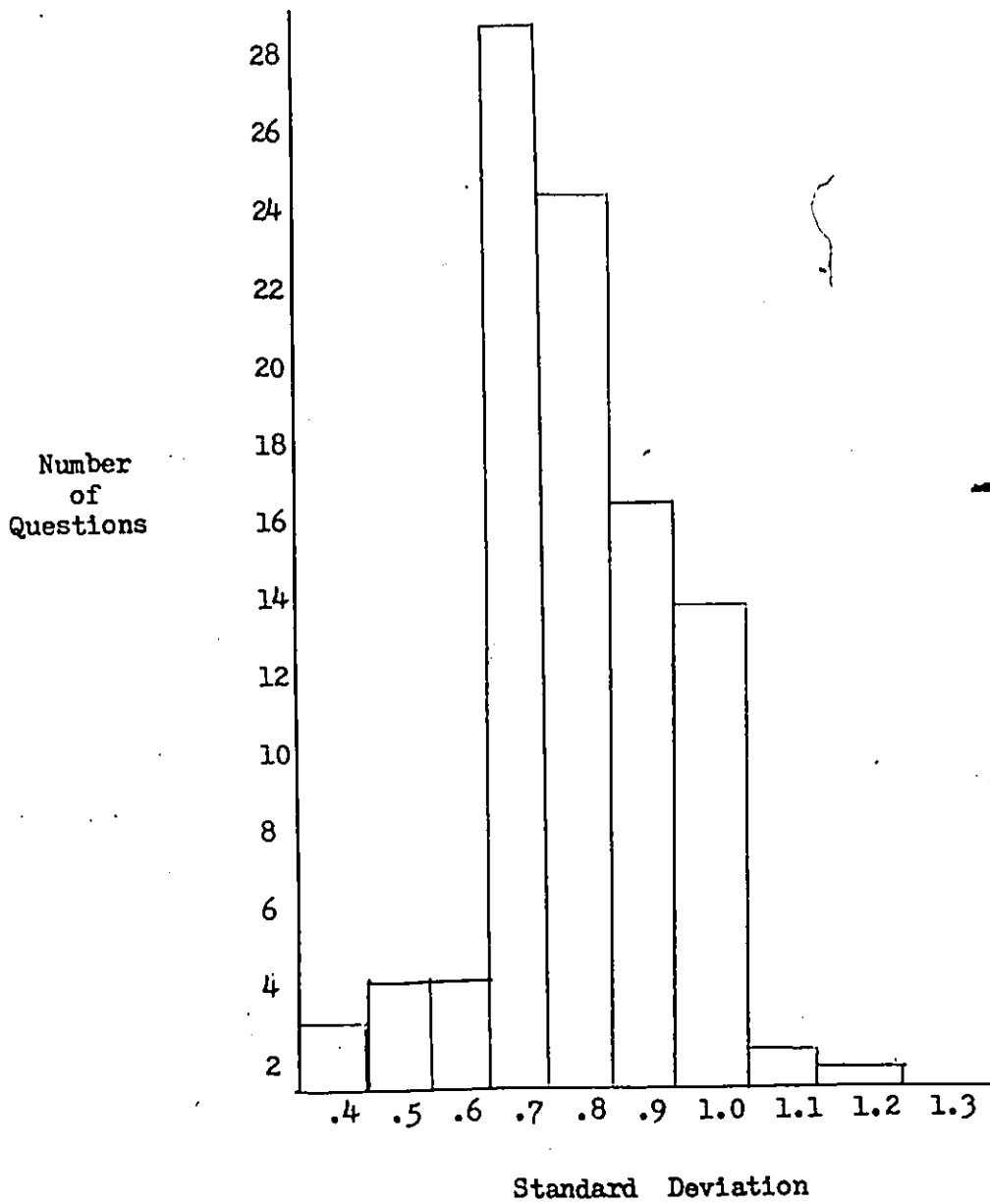
TABLES I and II, looked at the question of "to what extent did the raters deviate in their scores?" TABLES I and II illustrate in

the form of histograms the number of questions falling into a particular standard deviation range. In Appendix II, the mean and standard deviation for each question in the FCI are illustrated for both FAMILY I and FAMILY II. Questions 10, 11, 15, 16, 20, 21, 25, 26, 34, 35, 39, 40, 44, 45, 49, 50, 58, 59, 63, 64, 68, 69, 73, 74, 82, 83, 87, 88, 96, 97, 101, 102, 110, 111, 115, 116, 124, 125, 133, and 134 have been left blank, as these questions relate to the fourth oldest child and fifth oldest child.

In TABLE I it can be seen that on 3 out of 94, or 3.19% of the questions the raters had a standard deviation of 0.4. On 4 out of 94, or 4.26% of the questions the raters had a standard deviation of 0.5. On 4 out of 94, or 4.26% of the questions the raters had a standard deviation of 0.6. On 27 out of 94, or 28.7% of the questions the raters had a standard deviation of 0.7. On 24 out of 94, or 25.5% of the questions the raters had a standard deviation of 0.8. On 16 out of 94, or 17.0% of the questions the raters had a standard deviation of 0.9. On 14 out of 94, or 13.8% of the questions the raters had a standard deviation of 1.0. On 2 out of 94, or 2.13% of the questions the raters had a standard deviation of 1.1. On 1 out of 94, or 1.06% of the questions the raters had a standard deviation of 1.2.

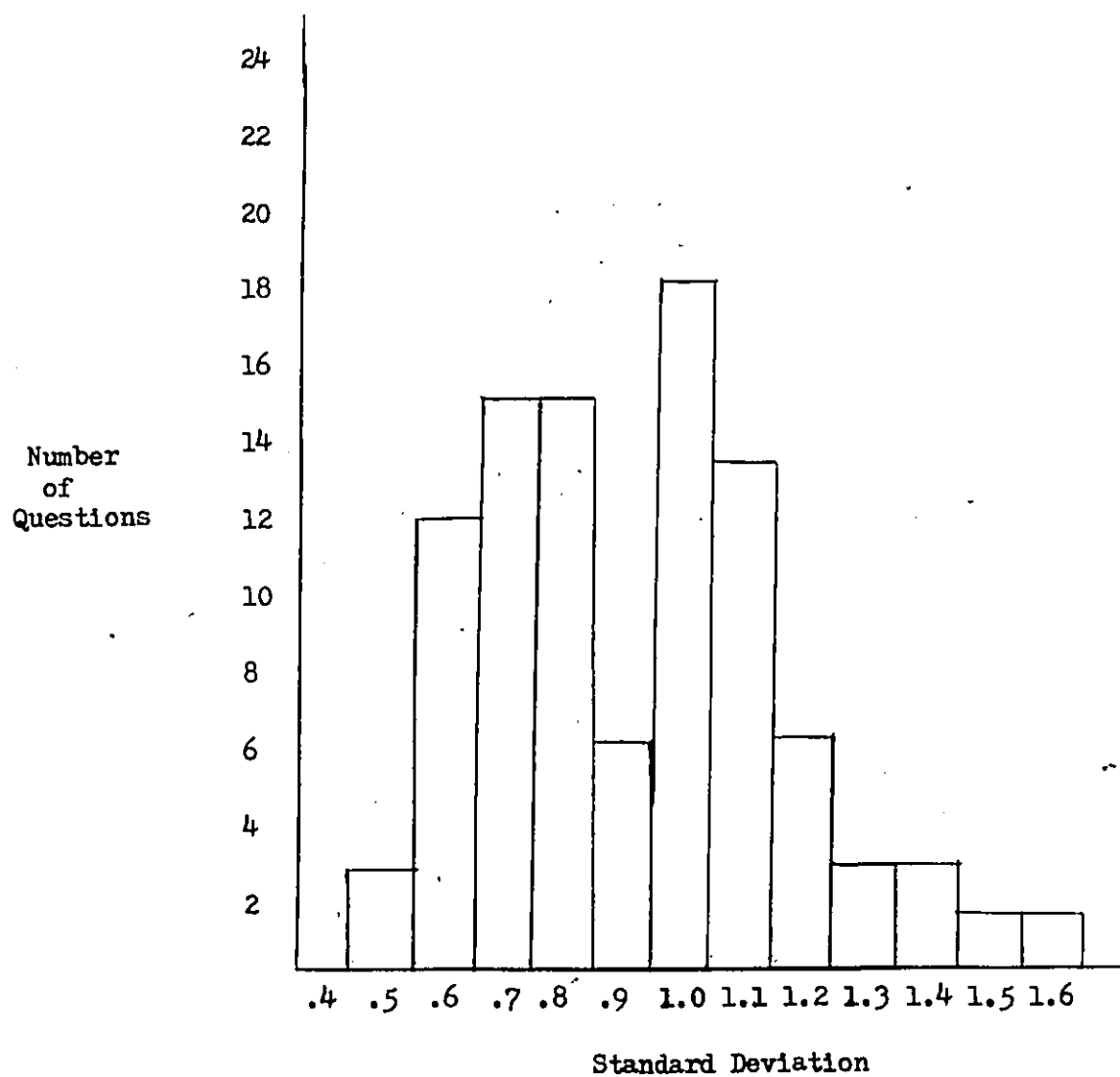
TABLE I

FAMILY I (Healthy Family)



In TABLE II which looked at the pathological family, it can be seen that 3 out of 94, or 3.19% of the questions the raters had a standard deviation of 0.5. On 12 out of 94, or 12.8% of the questions the raters had a standard deviation of 0.6. On 15 out of 94, or 15.9% of the questions the raters had a standard deviation of 0.7. On 15 out of 94, or 15.9% of the questions the raters had a standard deviation of 0.8. On 6 out of 94, or 6.38% of the questions the raters had a standard deviation of 0.9. On 18 out of 94, or 19.1% of the questions the raters had a standard deviation of 1.0. On 11 out of 94, or 11.7% of the questions the raters had a standard deviation of 1.1. On 6 out of 94, or 6.38% of the questions the raters had a standard deviation of 1.2. On 3 out of 94, or 3.19% of the questions the raters had a standard deviation of 1.3. On 3 out of 94, or 3.19% of the questions the raters had a standard deviation of 1.4. On 1 out of 94, or 1.06% of the questions the raters had a standard deviation of 1.5. On 1 out of 94, or 1.06% of the questions the raters had a standard deviation of 1.6.

TABLE II
FAMILY II (Pathological Family)



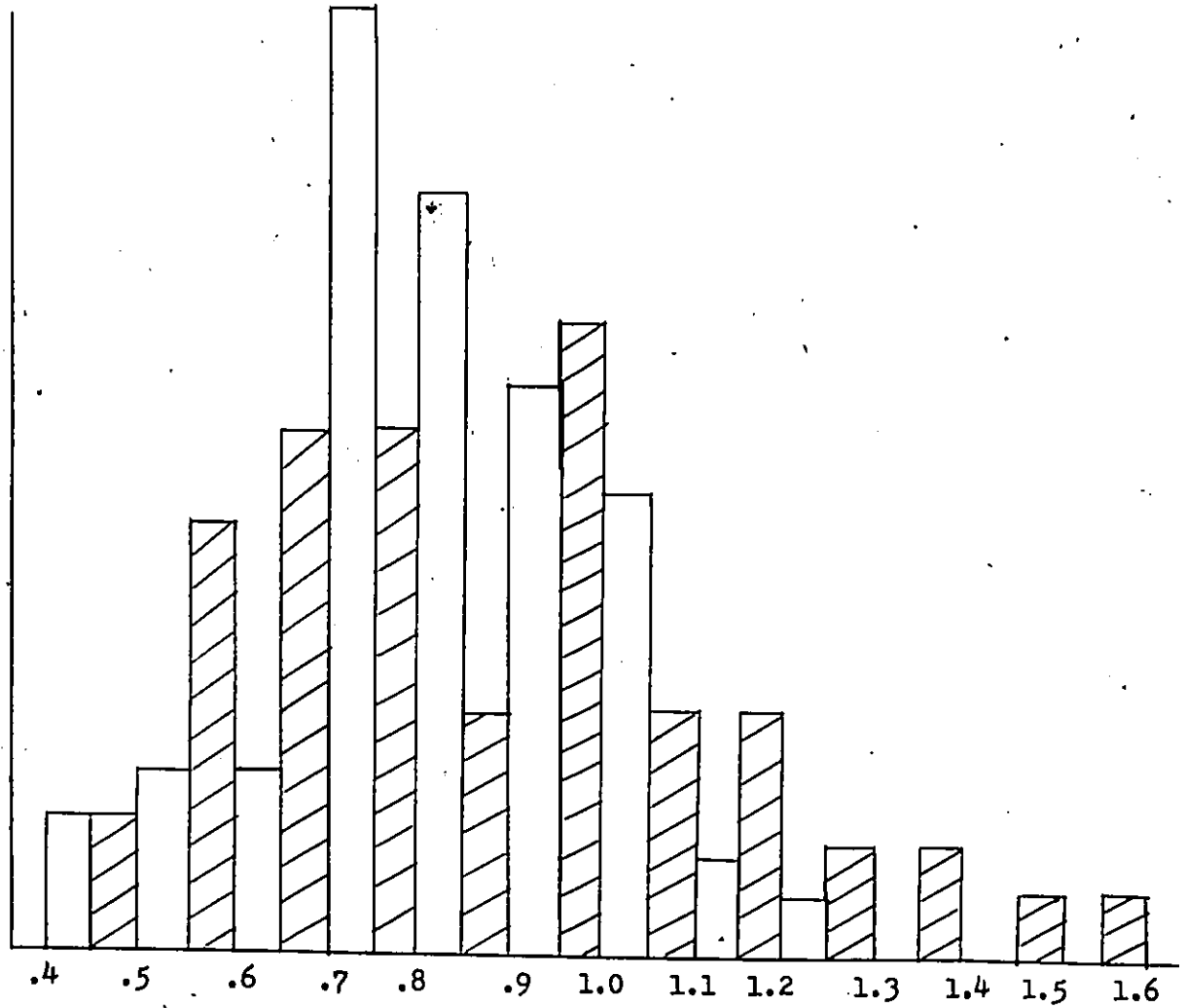
Combining TABLES I and II into TABLE III it can be seen that for both FAMILY I and FAMILY II the highest density of questions falls into the .7 and .8 standard deviation range. However, FAMILY I has 65.9% of its questions under .9 whereas FAMILY II has only 47.8% of its questions under the .9 standard deviation range. It thus appears that the raters deviated less on their scores measuring a healthy family as compared to the scoring of a pathological family. It can also be noticed by observing TABLES I and II that the upper range of standard deviation scores up to 1.2, whereas FAMILY II had standard deviation scores up to 1.6. Again, this was interpreted that the raters appeared to deviate less in measuring a healthy family as compared to measuring a pathological family. The researcher speculated that the raters deviated less in observing the healthy family than the pathological family because the verbal interaction in the video-tape of the healthy family was fairly clear and direct and thus easy to observe and score. The verbal interaction in the pathological family was more indirect and masked and thus harder to observe and score.

TABLE III

COMPARISON OF FAMILY I & II

Number
of
Questions

28
26
26
24
20
18
16
14
12
10
8
6
4
2



Standard Deviation

- ☐ FAMILY I (Healthy Family)
☒ FAMILY II (Pathological Family)

TABLE IV illustrates the probability scores of a T-Test between FAMILY I and FAMILY II. The researcher used the T-Test* to test the hypothesis that "the Family Categories Instrument could significantly differentiate between a healthy family and a pathological family." The researcher chose .01 as the significance level. It can be observed in TABLE IV that 90 out of 94 questions had a significance level of .01 or less. Only questions 24, 33, 38, and 72 had a significance level of over .01. Three of these four questions had a significance level of under .05. Only question 24 was not significant at least at the .05 level. It can therefore be concluded that on 93 out of 94 questions the FCI can differentiate between a healthy family and a pathological family at a .01 significance level.

It should be noted that all we can say at this time is that the Family Categories Instrument did differentiate between the healthy family and pathological family which were observed by the raters. However, we cannot generalize past that point.

* Two-tailed T-Tests were used by the researcher. A two-tailed test is normally used when the researcher does not have an explicit hypothesis concerning expected direction of the coefficient (ie. whether it will be positive or negative).

TABLE IV

T-Test Family I and Family II

 $P \leq .01$

Question	Probability	Question	Probability
1	0.00	41	0.00
2	0.00	42	0.00
3	0.00	43	0.00
4	0.00	44	----
5	0.00	45	----
6	0.00	46	0.00
7	0.00	47	0.00
8	0.00	48	0.00
9	0.01	49	----
10	----	50	----
11	----	51	0.00
12	0.00	52	0.00
13	0.00	53	0.00
14	0.00	54	0.00
15	----	55	0.00
16	----	56	0.00
17	0.00	57	0.00
18	0.00	58	----
19	0.01	59	----
20	----	60	0.00
21	----	61	0.00
22	0.00	62	0.00
23	0.00	63	----
24	0.16	64	----
25	----	65	0.00
26	----	66	0.00
27	0.00	67	0.00
28	0.00	68	----
29	0.00	69	----
30	0.00	70	0.00
31	0.00	71	----
32	0.00	72	0.03
33	0.02	73	----
34	----	74	----
35	----	75	0.00
36	0.01	76	0.00
37	0.00	77	0.00
38	0.03	78	0.00
39	----	79	0.00
40	----	80	0.00

TABLE IV con't

Question	Probability	Question	Probability
81	0.01	108	0.00
82	----	109	0.00
83	----	110	----
84	0.00	111	----
85	0.00	112	0.00
86	0.00	113	0.00
87	----	114	0.00
88	----	115	----
89	0.00	116	----
90	0.00	117	0.00
91	0.00	118	0.00
92	0.00	119	0.00
93	0.00	120	0.00
94	0.00	121	0.00
95	0.00	122	0.00
96	----	123	0.00
97	----	124	----
98	0.00	125	----
99	0.00	126	0.00
100	0.00	127	0.00
101	----	128	0.00
102	----	129	0.00
103	0.00	130	0.00
104	0.00	131	0.00
105	0.00	132	0.01
106	0.00	133	----
107	0.00	134	----

TABLE V illustrates the probability score of a T-Test between Education Levels of the raters for each question of both FAMILY I and FAMILY II. The researcher used the T-Test to test the hypothesis that "education level makes a significant difference in the use of the Family Categories Instrument." Thus the B.S.W. students' scores were T-Tested with the M.S.W. students' scores. A .05 significance level was chosen by the researcher. It can be observed on TABLE V that only 9 questions out of 94 support the hypothesis that "education level makes a significant difference." Eighty-five of the questions support the null hypothesis that "education makes no significant difference in the use of the Family Categories Instrument." Questions 1 and 42 of FAMILY I had a significance level of .05 or less. Questions 90, 93, 94, 104, 123, 128 and 130 of FAMILY II had a significance level of .05 or less. It can be observed on TABLE V that there was no one question which had a significance level of .05 or less for both FAMILY I and FAMILY II. Comparing FAMILY I and FAMILY II it appeared that education level makes more of a difference in measuring a pathological family than in measuring a healthy family. On the seven significant questions pertaining to the pathological family, the M.S.W. students scored lower than the B.S.W. students. The researcher speculates that because the M.S.W. students were more focused in their studies in the area of pathology than the B.S.W. students, the M.S.W. students were more able to observe the pathology in FAMILY II. However, overall the education level of the raters made no significant difference in the use of the Family Categories Instrument.

TABLE V

T-Test EDUCATION

 $P \leq .05$

Question	FAMILY I	FAMILY II
	Probability	Probability
1	0.02	0.16
2	0.11	0.67
3	0.14	0.09
4	0.21	0.60
5	0.90	0.79
6	0.79	0.80
7	0.75	0.77
8	0.42	0.34
9	0.64	0.21
10	----	----
11	----	----
12	0.94	0.43
13	0.70	0.28
14	0.90	0.17
15	----	----
16	----	----
17	0.59	0.81
18	0.40	0.64
19	0.33	0.06
20	----	----
21	----	----
22	0.89	0.78
23	0.85	0.19
24	0.74	0.44
25	----	----
26	----	----
27	0.32	0.96
28	0.91	0.70
29	0.63	0.46
30	0.53	0.43
31	0.87	0.42
32	0.90	0.81

TABLE V con't

Question	FAMILY I	FAMILY II
	Probability	Probability
33	0.73	0.09
34	----	----
35	----	----
36	0.90	0.88
37	0.95	0.73
38	0.82	0.64
39	----	----
40	----	----
41	0.08	0.77
42	0.04	0.28
43	0.08	0.24
44	----	----
45	----	----
46	0.17	0.50
47	0.15	0.56
48	0.06	0.08
49	----	----
50	----	----
51	0.25	0.40
52	0.96	0.30
53	0.79	0.50
54	0.70	0.78
55	0.36	0.51
56	0.82	0.41
57	0.82	0.79
58	----	----
59	----	----
60	0.72	0.48
61	0.61	0.18
62	0.43	0.11
63	----	----
64	----	----
65	0.72	0.83
66	0.50	0.47
67	0.67	0.15
68	----	----
69	----	----
70	0.13	1.00

TABLE V con't

Question	FAMILY I	FAMILY II
	Probability	Probability
71	0.16	1.00
72	0.16	0.46
73	----	----
74	----	----
75	0.35	0.60
76	0.49	0.71
77	0.55	0.47
78	0.49	0.59
79	0.94	0.20
80	0.93	0.40
81	0.93	0.86
82	----	----
83	----	----
84	0.76	0.79
85	0.76	0.29
86	1.00	0.58
87	----	----
88	----	----
89	0.71	0.36
90	0.96	0.05
91	0.43	0.21
92	0.36	0.89
93	0.51	0.05
94	0.92	0.02
95	0.83	0.27
96	----	----
97	----	----
98	0.55	0.22
99	0.90	0.19
100	0.23	0.46
101	----	----
102	----	----
103	0.69	0.91
104	0.92	0.05
105	0.19	0.73
106	0.22	0.45
107	0.26	0.38
108	0.19	0.21
109	0.19	0.69
110	----	----
111	----	----

TABLE V, con't

Question	FAMILY I	FAMILY II
	Probability	Probability
112	1.00	0.68
113	0.68	0.30
114	0.54	0.63
115	----	----
116	----	----
117	0.18	0.88
118	0.82	0.70
119	0.73	0.86
120	0.58	0.06
121	1.00	0.90
122	0.57	0.50
123	0.57	0.01
124	----	----
125	----	----
126	0.60	0.54
127	0.48	0.18
128	0.83	0.01
129	0.39	0.70
130	0.55	0.05
131	0.36	0.45
132	0.34	0.87
133	----	----
134	----	----

TABLE VI illustrates the probability scores of a T-Test between Marital Status of the raters for each question of both FAMILY I and FAMILY II. The researcher used the T-Test to test the hypothesis that "marital status makes a significant difference in the use of the Family Categories Instrument." Thus the single raters' scores were T-Tested with the married raters' scores. A .05 significance level was chosen by the researcher. It can be observed on TABLE VI that only 7 questions support the hypothesis that "marital status makes a significant difference." Eighty-seven questions support the null hypothesis that "marital status makes no significant difference in the use of the Family Categories Instrument. Question 41 of FAMILY I had a significance level of .05 or less. Questions 1, 3, 36, 90, 95 and 130 of FAMILY II had a significance level of .05 or less. It can be observed on TABLE VI that there was no one question which had a significance level of .05 or less for both FAMILY I and FAMILY II. Comparing FAMILY I and FAMILY II it appeared that marital status makes more of a difference in measuring a pathological family than in measuring a healthy family. Married students scored the pathological family lower than the single students on the significant questions. The researcher feels this may be because married students are more able to identify with the interaction with a partner and family unit than a single person living on their own. Thus, married students may be more aware of the pitfalls and pathological relationship that can occur

in a married and family unit and therefore observed and scored the pathology in FAMILY II lower than the single raters. However, overall the marital status of the raters made no significant difference in the use of the Family Categories Instrument.*

*The researcher chose 85% as a satisfactory level to state that "overall...made no significant difference."

TABLE VI

T-Test MARITAL STATUS

$$P \leq .05$$

Question	FAMILY I	FAMILY II
	Probability	Probability
1	0.27	0.02
2	0.77	0.20
3	1.00	0.02
4	1.00	0.28
5	0.44	0.64
6	0.31	0.77
7	0.64	0.16
8	0.79	0.27
9	0.79	0.61
10	----	----
11	----	----
12	0.75	0.53
13	0.47	0.43
14	0.90	0.46
15	----	----
16	----	----
17	0.70	0.91
18	0.40	0.80
19	0.59	0.72
20	----	----
21	----	----
22	0.91	0.60
23	1.00	0.43
24	0.87	0.44
25	----	----
26	----	----
27	0.38	0.60
28	1.00	0.34
29	1.00	0.95
30	0.54	0.69
31	1.00	0.30
32	0.61	0.34

TABLE VI con't

Question	FAMILY I	FAMILY II
	Probability	Probability
33	0.73	0.48
34	----	----
35	----	----
36	0.58	0.04
37	0.53	0.73
38	0.42	0.81
39	----	----
40	----	----
41	0.02	0.77
42	0.07	0.35
43	0.16	0.81
44	----	----
45	----	----
46	0.06	0.50
47	0.15	0.96
48	0.17	0.26
49	----	----
50	----	----
51	0.42	0.13
52	0.89	0.15
53	0.79	0.61
54	0.96	0.93
55	0.70	0.18
56	0.57	0.38
57	0.57	0.33
58	----	----
59	----	----
60	0.40	0.60
61	0.52	0.07
62	0.94	0.87
63	----	----
64	----	----
65	0.64	0.78
66	0.74	0.20
67	0.97	0.54
68	----	----
69	----	----
70	0.40	0.56

TABLE VI con't

Question	FAMILY I	FAMILY II
	Probability	Probability
71	0.55	0.64
72	0.56	0.21
73	-----	-----
74	-----	-----
75	0.08	0.85
76	0.69	0.19
77	0.18	0.77
78	0.41	0.18
79	0.69	0.08
80	0.51	0.92
81	0.51	0.23
82	-----	-----
83	-----	-----
84	0.31	0.85
85	0.31	0.94
86	0.44	0.20
87	-----	-----
88	-----	-----
89	0.96	0.52
90	0.69	0.03
91	0.21	0.54
92	0.36	0.51
93	0.79	0.50
94	0.46	0.14
95	0.60	0.00
96	-----	-----
97	-----	-----
98	0.26	0.34
99	1.00	0.65
100	0.40	0.59
101	-----	-----
102	-----	-----
103	0.28	0.41
104	0.57	0.06
105	1.00	1.00
106	1.00	0.79
107	0.81	0.57
108	0.81	0.36
109	0.81	0.20
110	-----	-----
111	-----	-----

TABLE VI con't

Question	FAMILY I	FAMILY II
	Probability	Probability
112	1.00	0.40
113	0.98	0.12
114	0.82	0.24
115	----	----
116	----	----
117	0.18	0.63
118	0.77	0.88
119	0.78	0.11
120	0.78	0.79
121	0.63	0.35
122	0.35	0.48
123	0.35	0.17
124	----	----
125	----	----
126	0.67	0.25
127	0.39	0.15
128	1.00	0.15
129	1.00	0.15
130	0.63	0.00
131	0.46	0.23
132	0.69	0.40
133	----	----
134	----	----

TABLE VII illustrates the probability scores of a T-Test between Sex of the raters for each question of both FAMILY I and FAMILY II. The researcher used the T-Test to test the hypothesis that "the sex of the rater makes a significant difference in the scoring of the Family Categories Instrument." Thus the male raters' scores were T-Tested with the female raters' scores. A .05 significance level was chosen by the researcher. It can be observed on TABLE VI that only question 32 of FAMILY II supported the hypothesis that "sex makes a significant difference." 93 questions supported the null hypothesis that "sex makes no significant difference in the use of the Family Categories Instrument." Comparing FAMILY I and FAMILY II it appeared that the Sex of the rater makes no significant difference in measuring a healthy family as compared to a pathological family.

TABLE VII

T-Test SEX

 $P \leq .05$

Question	FAMILY I	FAMILY II
	Probability	Probability
1	1.00	0.31
2	0.83	0.51
3	0.62	0.52
4	0.18	0.97
5	0.13	0.18
6	0.10	0.11
7	0.32	0.11
8	0.26	0.77
9	0.23	0.86
10	----	----
11	----	----
12	0.09	0.51
13	0.32	0.56
14	0.18	0.77
15	----	----
16	----	----
17	0.17	0.45
18	0.59	0.72
19	0.59	0.35
20	----	----
21	----	----
22	0.37	0.27
23	0.30	0.54
24	0.37	0.07
25	----	----
26	----	----
27	0.63	0.31
28	0.08	0.83
29	0.31	0.85
30	0.11	0.17
31	0.26	0.39
32	0.14	0.05

TABLE VII con't

Question	FAMILY I	FAMILY II
	Probability	Probability
33	0.43	0.20
34	----	----
35	----	----
36	0.15	0.33
37	0.15	0.14
38	0.19	0.82
39	----	----
40	----	----
41	0.67	0.77
42	0.54	0.95
43	0.70	0.81
44	----	----
45	----	----
46	0.70	0.50
47	0.73	0.48
48	0.59	0.15
49	----	----
50	----	----
51	0.85	0.29
52	0.68	0.52
53	0.79	0.21
54	0.70	0.50
55	0.60	0.51
56	0.43	0.83
57	0.43	0.85
58	----	----
59	----	----
60	0.91	0.33
61	0.98	0.54
62	0.94	0.50
63	----	----
64	----	----
65	0.94	0.87
66	0.74	0.72
67	0.97	0.15
68	----	----
69	----	----
70	0.63	1.00

TABLE VII con't

Question	FAMILY I	FAMILY II
	Probability	Probability
71	0.82	0.63
72	0.56	0.22
73	-----	-----
74	-----	-----
75	0.25	0.56
76	0.51	0.34
77	1.00	0.50
78	0.70	0.12
79	0.36	0.04
80	0.48	0.77
81	0.48	0.60
82	-----	-----
83	-----	-----
84	0.96	0.71
85	0.96	0.23
86	0.89	0.36
87	-----	-----
88	-----	-----
89	0.24	0.16
90	0.53	0.11
91	0.44	0.12
92	0.67	0.08
93	0.98	0.08
94	0.59	0.25
95	0.45	0.76
96	-----	-----
97	-----	-----
98	0.97	0.32
99	0.85	0.81
100	0.73	0.25
101	-----	-----
102	-----	-----
103	0.31	0.63
104	0.66	0.86
105	0.69	1.00
106	0.21	0.47
107	0.31	0.20
108	0.37	0.82
109	0.37	0.54
110	-----	-----
111	-----	-----

TABLE VII con't

Question	FAMILY I	FAMILY II
	Probability	Probability
112	0.57	0.84
113	0.47	0.60
114	0.29	0.50
115	-----	-----
116	-----	-----
117	0.49	0.11
118	0.85	0.80
119	0.08	0.23
120	0.67	0.16
121	0.80	0.85
122	0.38	0.87
123	0.38	0.89
124	-----	-----
125	-----	-----
126	0.30	0.24
127	0.37	0.86
128	0.07	0.91
129	0.45	0.10
130	0.35	0.33
131	0.45	0.30
132	0.82	1.00
133	-----	-----
134	-----	-----

The researcher used Pearson's Correlation Coefficients to test the significance of the variables Number of Children and Number of Clinical Years of Social Work Experience. The T-Test was not used, as it compares paired variables but not multiple variables. The Pearson Correlation was able to do multiple variable analysis and state the significance levels for each question on the FCI. A .05 significance level was chosen by the researcher.

TABLE VIII illustrates the significance scores of the Pearson Correlation between Number of Children of the raters for each question of both FAMILY I and FAMILY II. The researcher used the Pearson Correlation to test the hypothesis that "the number of children a rater has makes a significant difference in the use of the Family Categories Instrument." Thus the raters with no children, one child, two children, and three children were compared. It can be observed on TABLE VIII that 12 questions out of 94 support the hypothesis that "number of children makes a significant difference in the use of the FCI. Eighty-two questions support the null hypothesis that "number of children the rater has makes no significant difference." Questions 1, 13, 42, 48, 75, 77, 103, and 118 of FAMILY I had a significance level of .05 or less. Questions 32, 33, 42, and 109 of FAMILY II had a significance level of .05 or less for both FAMILY I and FAMILY II. Comparing FAMILY I and FAMILY II it appeared that number of children makes more of a difference in measuring a healthy family than in measuring a pathological family.

The more children the rater had the healthier the rater scored FAMILY I on the significant questions. The researcher speculates that this may be because the raters with children could indentify in a positive way with the interaction between the members in FAMILY I. That is, the raters could transfer the healthy interaction in FAMILY I to the interaction occurring in the rater's family. However, overall the number of children of the raters made no significant difference in the use of the FCI.

TABLE VIII
NUMBER OF CHILDREN
Pearson Correlation Coefficients
 $P \leq .05$

Question	FAMILY I	FAMILY II
	Significance	Significance
1	0.03	0.19
2	0.07	0.11
3	0.15	0.38
4	0.36	0.37
5	0.45	0.40
6	0.39	0.44
7	0.24	0.20
8	0.39	0.36
9	0.40	0.22
10	----	----
11	----	----
12	0.22	0.47
13	0.02	0.31
14	0.28	0.21
15	----	----
16	----	----
17	0.35	0.18
18	0.12	0.09
19	0.24	0.15
20	----	----
21	----	----
22	0.25	0.24
23	0.39	0.37
24	0.42	0.38
25	----	----
26	----	----
27	0.31	0.46
28	0.35	0.15
29	0.12	0.29
30	0.44	0.38
31	0.36	0.15
32	0.44	0.03

TABLE VII con't

Question	FAMILY I	FAMILY II
	Significance	Significance
33	0.11	0.02
34	----	----
35	----	----
36	0.24	0.09
37	0.23	0.37
38	0.12	0.36
39	----	----
40	----	----
41	0.17	0.44
42	0.03	0.01
43	0.09	0.21
44	----	----
45	----	----
46	0.17	----
47	0.12	0.15
48	0.05	0.13
49	----	----
50	----	----
51	0.45	0.15
52	0.40	0.34
53	0.24	0.19
54	0.26	0.38
55	0.44	0.20
56	0.45	0.56
57	0.45	0.11
58	----	----
59	----	----
60	0.18	0.45
61	0.21	0.27
62	0.48	0.26
63	----	----
64	----	----
65	0.48	0.42
66	0.36	0.12
67	0.28	0.27
68	----	----
69	----	----
70	0.31	0.46

TABLE VIII con't

Question	FAMILY I	FAMILY II
	Significance	Significance
71	0.37	0.29
72	0.29	0.27
73	----	----
74	----	----
75	0.05	0.17
76	0.24	0.08
77	0.02	0.43
78	0.15	0.50
79	0.15	0.37
80	0.16	0.20
81	0.16	0.11
82	----	----
83	----	----
84	0.06	0.43
85	0.06	0.19
86	0.08	0.09
87	----	----
88	----	----
89	0.26	0.08
90	0.10	0.22
91	0.06	0.35
92	0.14	0.22
93	0.30	0.18
94	0.15	0.17
95	0.25	0.30
96	----	----
97	----	----
98	0.23	0.29
99	0.40	0.34
100	0.43	0.47
101	----	----
102	----	----
103	0.03	0.48
104	0.15	0.18
105	0.08	0.14
106	0.10	0.31
107	0.15	0.09
108	0.09	0.44
109	0.09	0.04
110	----	----
111	----	----

TABLE VIII con't

Question	FAMILY I	FAMILY II
	Significance	Significance
112	0.11	0.18
113	0.17	0.27
114	0.29	0.11
115	----	----
116	----	----
117	0.07	0.25
118	0.05	0.37
119	0.14	0.12
120	0.06	0.40
121	0.30	0.27
122	0.21	0.41
123	0.21	0.37
124	----	----
125	----	----
126	0.39	0.47
127	0.35	0.26
128	0.24	0.35
129	0.15	0.35
130	0.19	0.17
131	0.15	0.34
132	0.20	0.22
133	----	----
134	----	----

TABLE IX illustrates the scores of the Pearson Correlation between Number of Clinical Years Social Work Experience of the raters for each question of both FAMILY I and FAMILY II. The researcher used the Pearson Correlation to test the hypothesis that "the number of clinical years of social work experience a rater has makes a significant difference in the use of the Family Categories Instrument." Thus the raters with no experience, one year, two years, and three years experience were compared. It can be observed on TABLE IX that 11 questions out of 94 support the hypothesis that "number of clinical years social work experience makes a significant difference." Eighty-three questions support the null hypothesis that "number of clinical years of social work experience makes no significant difference in the use of the FCI." Questions 3, 48, 77, 80, 81, 89, and 90 of FAMILY I had a significance level of .05 or less. Questions 93, 104, 109, and 114 of FAMILY II had a significance level of .05 or less. However, it can be observed on TABLE IX that there was no one question which had a significance level of .05 or less for both FAMILY I and FAMILY II. Comparing FAMILY I and FAMILY II it appeared that number of clinical years social work experience made more of a difference in measuring a healthy family than in measuring a pathological family. The raters with a number of clinical years of social work experience scored FAMILY I higher in the healthy range on the significant questions than those raters without clinical experience. Also, the raters with a number of clinical years social work experience scored FAMILY II lower in the pathological range than

those raters without clinical experience. The researcher speculates that this is due to the astuteness and comfort in their observational skills gained by those raters through their years of clinical experience. However, overall the number of clinical years -- social work experience of the rater made no significant difference in the use of the Family Categories Instrument.

TABLE IX
 NUMBER OF CLINICAL YEARS SOCIAL WORK EXPERIENCE
 Pearson Correlation Coefficients
 $P \leq .05$

Question	FAMILY I Significance	FAMILY II Significance
1	0.08	0.07
2	0.24	0.07
3	0.04	0.07
4	0.12	0.08
5	0.14	0.22
6	0.18	0.09
7	0.19	0.19
8	0.35	0.30
9	0.23	0.07
10	----	----
11	----	----
12	0.07	0.10
13	0.23	0.10
14	0.18	0.21
15	----	----
16	----	----
17	0.10	0.17
18	0.11	0.30
19	0.08	0.46
20	----	----
21	----	----
22	0.23	0.24
23	0.34	0.06
24	0.32	0.31
25	----	----
26	----	----
27	0.26	0.29
28	0.29	0.33
29	0.15	0.36
30	0.39	0.09
31	0.32	0.07
32	0.16	0.29

TABLE IX con't

Question	FAMILY I	FAMILY II
	Significance	Significance
33	0.11	0.34
34	----	----
35	----	----
36	0.48	0.27
37	0.41	0.21
38	0.36	0.43
39	----	----
40	----	----
41	0.40	0.45
42	0.08	0.31
43	0.06	0.36
44	----	----
45	----	----
46	0.35	0.13
47	0.10	0.16
48	0.03	0.36
49	----	----
50	----	----
51	0.26	0.27
52	0.35	0.33
53	0.21	0.19
54	0.18	0.18
55	0.15	0.44
56	0.18	0.37
57	0.18	0.43
58	----	----
59	----	----
60	0.25	0.45
61	0.24	0.26
62	0.18	0.23
63	----	----
64	----	----
65	0.45	0.49
66	0.15	0.41
67	0.12	0.43
68	----	----
69	----	----
70	0.27	0.42

TABLE IX con't

Question	FAMILY I	FAMILY II
	Significance	Significance
71	0.16	0.47
72	0.14	0.17
73	----	----
74	----	----
75	0.26	0.29
76	0.17	0.48
77	0.03	0.45
78	0.12	0.46
79	0.06	0.14
80	0.05	0.07
81	0.05	0.15
82	----	----
83	----	----
84	0.09	0.45
85	0.09	0.14
86	0.12	0.48
87	----	----
88	----	----
89	0.03	0.34
90	0.02	0.38
91	0.36	0.18
92	0.41	0.09
93	0.26	0.04
94	0.37	0.14
95	0.44	0.25
96	----	----
97	----	----
98	0.31	0.14
99	0.48	0.43
100	0.23	0.30
101	----	----
102	----	----
103	0.35	0.11
104	0.42	0.05
105	0.21	0.33
106	0.13	0.37
107	0.47	0.10
108	0.48	0.39
109	0.48	0.03
110	----	----
111	----	----

TABLE IX con't

Question	FAMILY I	FAMILY II
	Significance	Significance
112	0.46	0.20
113	0.29	0.30
114	0.28	0.04
115	----	----
116	----	----
117	0.42	0.46
118	0.29	0.42
119	0.44	0.49
120	0.31	0.36
121	0.40	0.38
122	0.45	0.34
123	0.45	0.33
124	----	----
125	----	----
126	0.40	0.23
127	0.36	0.32
128	0.20	0.29
129	0.09	0.22
130	0.24	0.46
131	0.18	0.31
132	0.10	0.45
133	----	----
134	----	----

TABLE X illustrates the questions which are significant for a particular FAMILY AND RATER VARIABLE. There was a total of 40 significant scores found from the T-Tests and Pearson Correlations. These 40 significant scores covered 27 separate questions on the Family Categories Instrument. Thus 27 different questions had significance levels indicating unreliability of the instrument for that particular variable and FAMILY. However, only question 42 was significant for both FAMILY I and FAMILY II on a particular variable, namely Number of Children. The rest of the questions, though significant for one FAMILY, were not significant for the other. It can be observed in TABLE X that for FAMILY I the rater variables Number of Children and Number of Clinical Years Social Work Experience had the highest number of significant scores. For FAMILY II the rater variables Education Level and Marital Status had the highest number of significant scores. The researcher speculates that raters with children and a number of years clinical social work experience may be more able to judge healthy family functioning than raters with no children and no clinical years social work experience. Also, raters with a higher education level and who are married may be more able to judge pathology than raters with a lower level of education and who are single.




TABLE X

SIGNIFICANT QUESTIONS BY RATER VARIABLES

 $P \leq .05$

Question	Education		MarStat		Sex		NuChild		NuClinYr			
	FI	FII	FI	FII	FI	FII	FI	FII	FI	FII		
1	X			X			X					
3				X					X			
13							X					
32						X		X				
33								X				
36				X								
38			X									
41												
42	X						X	X		X		
48							X					
75							X					
77										X		
80							X			X		
81										X		
89										X		
90		X		X						X		
93		X									X	
94		X										
95				X								
103							X					
104		X									X	
109								X			X	
114											X	
118							X					
123		X										
128		X										
130		X		X								
TOTAL	27	2	7	1	6	0	1	8	4	7	4	TOTAL 40

TABLE XI breaks down by categories the 40 scores significantly affected by at least one of the rater variables. Within the category of Problem Solving there was a total of 5 significant scores. The category of communication was broken down in the TABLE into the two areas of Clear Communication and Direct Communication. Within the category of Clear Communication there was a total of 1 significant score. Within the category of Direct Communication there was a total of 10 significant scores. Within the category of Affective Expression there was a total of 1 significant scores. Within the category of Involvement there was a total of 8 significant scores. Within the category of Autonomy there was a total of 7 significant scores. Within the category of Behavioural Control there was a total of 4 significant scores. Within the category of Roles there was a total of 1 significant score. Within the category of Psychopathology there was a total of 3 significant scores.

Rank ordering the categories into the category with the highest number of significant scores to the lowest, it can be seen that the category of Direct Communication has the highest number of significant scores with 10. The researcher speculates that the category of Direct Communication had the highest number of significant scores because of the type of families used in the study. That is, it was difficult at times to observe who was speaking to who, especially communication involving the children.

TABLE XI
CATEGORIES BY SIGNIFICANT SCORES

$p \leq .05$

Category	FAMILY I	FAMILY II	TOTAL
Problem Solving	3	2	5
Clear Communication	1	0	1
Direct Communication	5	5	10
Affective Expression	0	1	1
Involvement	6	2	8
Autonomy	1	6	7
Behavioural Control	1	3	4
Roles	0	1	1
Psychopathology	0	3	3
TOTAL	18	22	40

TABLE XII breaks down by type of question the 40 scores significantly affected by at least one of the rater variables. Rank ordering the question areas from the highest significant scores to the lowest, it can be seen on TABLE XII that the questions pertaining to the third oldest child and the second oldest child had the highest number of significant scores with 9 each. Questions pertaining to the oldest child had 6 significant scores. Questions pertaining to the whole family had 6 significant scores. Questions pertaining to the father had 4 significant scores. Questions pertaining to the siblings had 3 significant scores. Questions pertaining to the marital couple had 2 significant scores. Questions pertaining to the husband and wife had 1 significant score. Questions pertaining to the mother had 0 significant score. It appears from TABLE XII that those questions pertaining to the children had the highest number of significant scores, while those pertaining to the parents had the lowest number of significant scores. Thus the raters seemed to have had less difficulty in using the Family Categories Instrument to assess the parents' interaction than the children's interaction. Two reasons for this may be that the types of Families observed seemed to show more verbal interaction amongst the parents and therapist than between the children and therapist, and the structure of the FCI itself with its many questions about the children made their analysis a rather tedious process.

TABLE XII

TYPE OF QUESTION BY SIGNIFICANT SCORES

 $p \leq .05$

Questions Pertaining to:	FAMILY I	FAMILY II	TOTAL
oldest child	1	5	6
second oldest child	5	4	9
third oldest child	3	6	9
siblings	3	0	3
Father	2	2	4
Mother	0	0	0
Husband & wife	1	0	1
Marital Couple	1	1	2
Whole Family	2	4	6
TOTAL	18	22	40

After observing the Warm-Up tape the raters from both the B.S.W. group and M.S.W. group had a chance to discuss the Family Categories Instrument. The main concerns of the raters were around the area of analysing the interaction of the children. The raters stated that "it was difficult from the family tapes viewed to observe the interaction of the children and to differentiate one child from another." They also felt that many of the questions pertaining to the children were "redundant." They thus said that a great deal of "conjecture" was required in answering the questions about the children on the FCI. Again, particularly focusing on questions pertaining to the children, the raters wanted the categories of Clear Communication, Autonomy, and Behavioural Control explained by the researcher.

SUMMARY

The analysis of data was centered on six hypotheses pertaining to the research focus. The major findings were derived from significant scores from the use of T-Tests and Pearson Correlation Coefficients which were illustrated in the TABLES.

The conclusion and implications of the findings were discussed in the following chapter.

CHAPTER V

SUMMARY AND RECOMMENDATIONS

The purpose of this research project was to develop and test the reliability of an instrument with which to measure family functioning after observing an initial family assessment interview.

The survey of the literature was conducted to gain familiarity with various aspects of family research.

The Family Categories Instrument was tested by the use of twenty raters observing a healthy family and a pathological family. The raters consisted of eight fourth year B.S.W. students and twelve M.S.W. students from the University of Windsor, School of Social Work.

The data collected was centered on describing the following research foci:

- (a) could the FCI significantly differentiate between a healthy family and a pathological family?
- (b) did the education level of the raters make a significant difference in the scoring of the FCI?
- (c) did the marital status of the raters make a significant difference in the scoring of the FCI?
- (d) did the sex of the raters make a significant difference in the scoring of the FCI?

- (e) did the number of children the rater have make a significant difference in the scoring of the FCI?
- (f) did the number of clinical years of social work experience make a significant difference in the scoring of the FCI?
- (g) which type of family had the most significant scores for the raters?
- (h) what categories on the FCI had the most significant scores for the raters?
- (i) what type of questions on the FCI had the most significant scores for the raters?

The Major Findings

The major findings are summarized below.

1. For both FAMILY I and FAMILY II the highest density of questions fell into the .7 and .8 standard deviation range.
2. The raters deviated less in their scores in measuring a healthy family as compared to a pathological family.
3. Overall the Family Categories Instrument could differentiate between the healthy family and pathological family used in the testing of instrument.
4. Overall the Education Level of the raters made no significant difference in their scoring of the FCI.

5. The Education Level of the raters made a more significant difference in measuring a pathological family than in measuring a healthy family.
6. Overall the Marital Status of the raters made no significant difference in their scoring of the FCI.
7. Marital Status made a more significant difference for the raters in measuring a pathological family than in measuring a healthy family.
8. Overall the Sex of the raters made no significant difference in their scoring of the FCI.
9. Sex of the raters made little significant difference in measuring either a healthy or a pathological family.
10. Overall the Number of Children the rater had made no significant difference in their scoring of the FCI.
11. The Number of Children the rater had made a more significant difference in measuring a healthy family than in measuring a pathological family.
12. Overall the Number of Clinical Years Social Work Experience of the raters made no significant difference in their scoring of the FCI.
13. The Number of Clinical Years Social Work Experience of the raters made a more significant difference in measuring a healthy family than in measuring a pathological family.

14. Only one question, question 42, was significant for both FAMILY I and FAMILY II on a particular variable, namely Number of Children.
15. There was a total of 40 significant scores covering 27 out of 94 separate questions on the Family Categories Instrument.
16. The category of Direct Communication had the highest number of significant scores with 12 scores.
17. Questions pertaining to the children had the highest number of significant scores, whereas questions pertaining to the parents had the lowest number of significant scores.

Limitations of the Study

There were a number of limitations of the study.

The first was related to the small sample size of raters. Only twenty raters were used. Had a larger sample of raters been used, more confidence could have been placed in the results of the study.

The second limitation was related to the type of raters used. The raters were either B.S.W. students or M.S.W. students from the University of Windsor. The findings had to be related only to these particular raters and could not be generalized to a larger population. Also a possible bias from the raters because of their particular courses and instructors was not taken into account. A more suitable sample of raters would include B.S.W. students and M.S.W. students

from other Universities. Also, the sample should be expanded to include raters from other disciplines and non-students.

The third limitation was the small sample size of families. The two families used were not necessarily representative of a larger population of possible families.

The fourth limitation was the type of families used. The families were not equal in size, the ages of the children were different, the sex of the children did not match between the families, different therapists were used, and the interviewing settings were different. All the above factors place limitations on the study. A more suitable sample would include families that matched in size, socio-economic background, ages of the members, same therapist, sex of the children, and interviewing setting.

Fifthly, the raters were not completely "blind" to the type of families they were viewing. That is, it was rather obvious from the start of the testing that one family was pathological and the other family healthy. The FCI did in fact differentiate between the healthy family and the pathological family, yet, maybe the FCI just differentiated the obvious. A more suitable sample would include a larger sample of families with different degrees of pathology and health which the raters would not be immediately aware of.

Recommendations

The findings were very encouraging in indicating that overall the Family Categories Instrument seemed to be reliable. However, the reliability of the FCI must be stated only in relationship to the twenty raters used and the two families which were assessed.

The researcher would recommend further development and testing of the reliability of the Family Categories Instrument. The researcher would change the structure of the FCI by eliminating the questions pertaining to the oldest child, second oldest child and so forth. Instead, the researcher would ask questions pertaining to the "identified patient" and to the "other children in the family." Hopefully by asking questions about the children in the above manner the problems of redundancy and difficulty of observing all the childrens' separate interactions would be somewhat controlled.

The greatest limitation of this research project was the small sample used. Therefore, further research with the Family Categories Instrument should be directed with a larger sample of raters and a larger sample of families.

Conclusion

The researcher began this project with the felt need to develop an instrument which could be used by clinicians to measure family functioning. While many limitations to the study were evident and a

great deal of development and further testing of the Family
Categories Instrument are needed, the instrument represents
an encouraging step towards meeting this need.

APPENDIX I

FAMILY CATEGORIES INSTRUMENT

Donald G. Collins
Master's Thesis
School of Social Work
University of Windsor
March, 1975.

INSTRUCTIONS

This instrument is to be used during and immediately following the observation of the family interview. You will have twenty minutes after the observation of the interview to complete the instrument. Attempt to be as objective as possible but "educated guesses" should also be given. It is expected that conjecture and inferences will be involved in your analysis of the family and use of the instrument. Where a question is not understood circle the "N/U" sign. When a criterion is not observed circle the "N/O" sign. If for any other reason you feel you cannot give an "educated guess" mark the "Other" sign.

This instrument is broken down into questions in eight main areas: problem solving, communication, affective expression, involvement, autonomy, modes of behavioural control, role, and areas of psychopathology. Please use the definitions which are given as aids to your interpretation of what is being observed. Please circle the number which best answers the question given.

IDENTIFYING DATA

The purpose of my thesis is to develop and test the reliability of an instrument to measure family functioning. It is thus important that the following identifying data be checked off.

Education level: 4th year BSW student.....

MSW student.....

Marital status: single.....

married....

other.....

Number of children: 0 1 2 3 4 other (please state)....

Sex: Male.... Female....

Number of years clinical social work experience as a full-time paid social worker:

0 1 2 3 4 other (please state)....

PROBLEM SOLVING

Problem solving refers to the coping patterns utilized by the family members in dealing with threats to the emotional or physical well-being of the family members. Examples of threats are: father in out of work; a child is upset or disturbed; or an ongoing interaction is disturbed or distorted.

1. How well do you think the Father would solve day to day family problems?

very poor		moderately poor	moderately well	well	very well			
1	2	3	4	5	6	N/O	N/U	Other

2. How well do you think the Mother would solve day to day family problems?

very poor		moderately poor	moderately well	well	very well			
1	2	3	4	5	6	N/O	N/U	Other

3. How well do you think the Marital couple would solve day to day family problems?

very poor		moderately poor	moderately well	well	very well			
1	2	3	4	5	6	N/O	N/U	Other

4. How well do you think the Family as a unit would solve problems?

very poor		moderately poor	moderately well	well	very well			
1	2	3	4	5	6	N/O	N/U	Other

COMMUNICATION

Communication refers to the pattern in which messages are transmitted. The pattern of communication can be broken down into the following dichotomised variables: Clear vs Masked, and Direct vs Displaced.

The Clear-Masked dimension refers to the message per se; that is, to the degree of clarity with which the message is communicated. A Clear message is one that is obvious and undisguised; a Masked message is disguised and unclear.

The Direct-Displaced variable refers to the individual toward whom the message is directed. Direct communication is where the message is aimed at the person for whom it is intended. Displaced refers to the situation where the message is aimed at someone other than for whom it is actually intended.

The following are examples of communicating anger:

Clear and Direct: "I'm angry at you!" aimed at the person towards whom it is intended.

Masked and Direct: "I don't like the way you comb your hair." or "Your clothes are sloppy."

Clear and Displaced: "I'm angry at you!" aimed at a person other than the one towards whom it is intended.

Masked and Displaced: "Women are so lazy." This message which is intended for the wife is not directly aimed at her and is not expressed in a clear fashion.

5. How clear is the communication from the Husband to the wife?

very masked		moderately masked	moderately clear	clear	very clear			
1	2	3	4	5	6	N/O	N/U	Other

6. How clear is the communication from the Wife to the Husband?

very masked		moderately masked	moderately clear	clear	very clear			
1	2	3	4	5	6	N/O	N/U	Other

7. How clear is the communication from the Father to the oldest child?

very masked	masked	moderately masked	moderately masked	clear	very clear	N/O	N/U	Other
1	2	3	4	5	6			

8. second oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

9. third oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

10. fourth oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

11. fifth oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

12. How clear is the communication from the Mother to the oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

13. second oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

14. third oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

15. fourth oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

16. fifth oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

17. How clear is the communication from the oldest child to the father?

very masked	masked	moderately masked	moderately clear	clear	very clear			
1	2	3	4	5	6	N/O	N/U	Other

18. from the second oldest to the father?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

19. from the third oldest to the father?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

20. from the fourth oldest child to the father?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

21. from the fifth oldest child to the father?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

22. How clear is the communication from the oldest child to the mother?

very masked	masked	moderately masked	moderately clear	clear	very clear			
1	2	3	4	5	6	N/O	N/U	Other

23. from the second child to the mother?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

24. from the third oldest child to the mother?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

25. from the fourth oldest child to the mother?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

26. from the fifth oldest child to the mother?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

27. How clear is the communication amongst the siblings?

very masked	masked	moderately masked	moderately clear	clear	very clear			
1	2	3	4	5	6	N/O	N/U	Other

28. How clear is the communication in the family as a whole?

very masked	masked	moderately masked	moderately clear	clear	very clear			
1	2	3	4	5	6	N/O	N/U	Other

29. How direct is the communication from the Husband to the wife?

very displaced	displaced	moderately displaced	moderately direct	direct	very direct			
1	2	3	4	5	6	N/O	N/U	Other

30. How direct is the communication from the Wife to the husband?

very displaced	displaced	moderately displaced	moderately direct	direct	very direct			
1	2	3	4	5	6	N/O	N/U	Other

31. How direct is the communication from the Father to the oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

32. from the Father to the second oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

33. from the Father to the third oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

34. from the Father to the fourth oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

35. from the Father to the fifth oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

36. How direct is the communication from the Mother to the oldest child?

very displaced	displaced	moderately displaced	moderately direct	direct	very direct	N/O	N/U	Other
1	2	3	4	5	6			

37. from the Mother to the second oldest child

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

38. from the Mother to the third oldest child

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

39. from the Mother to the fourth oldest child

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

40. from the Mother to the fifth oldest child

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

41. How direct is the communication from the oldest child to the father?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

42. from the second oldest child to the father?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

43. from the third oldest child to the father?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

44. from the fourth oldest child to the father?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

45. from the fifth oldest child to the father?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

46. How direct is the communication from the oldest child to the mother?

very displaced	displaced	moderately displaced	moderately direct	direct	very direct			
1	2	3	4	5	6	N/O	N/U	Other

47. from the second oldest child to the mother?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

48. from the third oldest child to the mother?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

49. from the fourth oldest child to the mother?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

50. from the fifth oldest child to the mother?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

51. How direct is the communication amongst the siblings?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

52. How direct is the communication in the family as a whole?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

AFFECTIVE EXPRESSION

The family should ideally possess the capacity to express a wide range of affect along the affective spectrum with the (built in) capacity for adaptive control of such expression. The capacity of the family to respond with the appropriate quality and quantity of affect to affect-provoking stimuli needs to be investigated. Can the family express appropriate affect, and in an appropriate quantity? The affective spectrum includes feelings like happiness, love, sympathy, fear, anger, depression etc.

53. How appropriately does the Husband express emotions to his wife?

very inappropriately	inappropriately	moderately inappropriately	moderately appropriately	appropriately
1	2	3	4	5
	very appropriately			
	6	N/O	N/U	Other

54. How appropriately does the Wife express emotions to her husband?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

55. How appropriately does the Father express emotions to the oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

56. to the second oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

57. to the third oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

58. to the fourth oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

59. to the fifth oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

60. How appropriately does the Mother express emotions to the oldest child?

very inappropriately	inappropriately	moderately inappropriately	moderately appropriately	appropriately
1	2	3	4	5

very
appropriately

6

N/O

N/U

Other

61. to the second oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

62. to the third ~~oldest~~ child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

63. to the fourth oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

64. to the fifth oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

65. How appropriately does the oldest child express emotions to the father?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

66. second oldest express emotions to the father?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

67. third oldest express emotions to the father?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

68. fourth oldest express emotions to the father?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

69. fifth oldest express emotions to the father?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

70. How appropriately does the oldest child express emotions to the mother?

very inappropriately	inappropriately	moderately inappropriately	moderately appropriately	appropriately
1	2	3	4	5
	very appropriately			
	6	N/O	N/U	Other

71. second oldest express emotions to the mother?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

72. third oldest express emotions to the mother?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

73. fourth oldest express emotions to the mother?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

74. fifth oldest express emotions to the mother?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

75. How appropriately do the siblings express emotions amongst each other?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

76. How appropriately does the family express emotions as a whole?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

INVOLVEMENT

We are interested in the degree to which member of the family become emotionally involved in each other's activities and interests, over and above those required for instrumental family functions. We are focusing here on a level just beyond that of mere expression of affect. That is, we would like to investigate the degree and quality of the emotional involvement of the family members in each other's interests and activities.

77. How involved is the husband in his wife's activities and interests?

very involved	uninvolved	moderately uninvolved	moderately involved	involved	very involved	N/O	N/U	Other
1	2	3	4	5	6			

78. How involved is the wife in her husband's activities and interests?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

79. How involved is the father in the oldest child's activities and interests?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

80. in the second oldest child's activities and interests?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

81. in the third oldest child's activities and interests?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

82. in the fourth oldest child's activities and interests?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

83. in the fifth oldest child's activities and interests?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

84. How involved is the mother in the oldest child's activities and interests?

very uninvolved	uninvolved	moderately uninvolved	moderately involved	involved	very involved			
1	2	3	4	5	6	N/O	N/U	Other

85. in the second oldest child's activities and interests?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

86. in the third oldest child's activities and interests?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

87. in the fourth oldest child's activities and interests?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

88. in the fifth oldest child's activities and interests?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

89. How involved are the siblings in each other's activities and interests?

2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	-----	-----	-------

90. How involved are family members as a whole in each other's activities and interests?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

AUTONOMY

Healthy Autonomy is defined as the ability to make separate responsible choices. This ability is demonstrated by the feeling of being a separate person rather than an extension of others, an awareness of freedom to make choices in selecting or reflecting outside influences, and assuming responsibility for one's own decisions. Healthy autonomy should be assessed with regard to the individual member's age and potential.

91. How much healthy autonomy does the husband allow the wife?

very unhealthy	unhealthy	moderately unhealthy	moderately healthy	healthy	very healthy			
1	2	3	4	5	6	N/O	N/U	Other

92. How much healthy autonomy does the wife allow the husband?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

93. How much healthy autonomy does the father allow the oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

94. father allow the second oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

95. father allow the third oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

96. father allow the fourth oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

97. father allow the fifth oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

98. How much healthy autonomy does the mother allow the oldest child?

very unhealthy	unhealthy	moderately unhealthy	moderately healthy	healthy	very healthy			
1	2	3	4	5	6	N/O	N/U	Other

99. mother allow the second oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

100. mother allow the third oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

101. mother allow the fourth oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

102. mother allow the fifth oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

103. How much healthy autonomy do the siblings allow each other?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

104. How much healthy autonomy is allowed in the family as a whole?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

MODES OF BEHAVIOURAL CONTROL

Behavioural control is the pattern adopted within a family in handling impulses, maintaining standards of good and bad, and dealing with physically dangerous situations.

105. How would you describe the mode of behavioural control adopted by the husband in relation to his wife?

very inconsistent, chaotic	rigid, intolerant of individual variation	little provision for effective control, laissez- faire	mildly tolerant of individual variation, flexible
1	2	3	4
	fairly consistent, and flexible	consistent and flexible, allows for individual variation	
	5	6	N/O N/U Other

106. How would you describe the mode of behavioural control adopted by the wife in relation to her husband?

1	2	3	4	5	6	N/O N/U Other
---	---	---	---	---	---	---------------

107. How would you describe the mode of behavioural control adopted by the father in relation to the oldest child?

1	2	3	4	5	6	N/O N/U Other
---	---	---	---	---	---	---------------

108. in relation to the second oldest child?

1	2	3	4	5	6	N/O N/U Other
---	---	---	---	---	---	---------------

109. in relation to the third oldest child?

1	2	3	4	5	6	N/O N/U Other
---	---	---	---	---	---	---------------

110. in relation to the fourth oldest child?

1	2	3	4	5	6	N/O N/U Other
---	---	---	---	---	---	---------------

111. in relation to the fifth oldest child?

1	2	3	4	5	6	N/O N/U Other
---	---	---	---	---	---	---------------

112. How would you describe the mode of behavioural control adopted by the mother in relation to the oldest child?

very inconsistent, chaotic	rigid, intolerant of individual variation	little provision for effective control, laissez- faire	mildly tolerant of individual variation, flexible
1	2	3	4
	fairly consistent, and flexible	consistent and flexible, allows for individual variation	
	5	6	N/O N/U Other

113. in relation to the second oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

114. in relation to the third oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

115. in relation to the fourth oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

116. in relation to the fifth oldest child?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

117. How would you describe the mode of behavioural control adopted by the Siblings amongst each other?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

118. How would you describe the mode of behavioural control adopted in the family as a whole?

1	2	3	4	5	6	N/O	N/U	Other
---	---	---	---	---	---	-----	-----	-------

ROLES

In coping with certain pressures, tasks and obligations each family member comes to play a certain role.

119. How comfortable does the father appear to be in his role of parent?

inadequate in parent role	rarely able to cope adequately in parent role	unsure of himself in parent role	sometimes able to accept role as parent
1	2	3	4
	usually able to cope adequately in parent role	confident and self- assured in role of parent	
	5	6	N/O N/U Other

120. How comfortable does the mother appear to be in her role of parent?

1	2	3	4	5	6	N/O N/U Other
---	---	---	---	---	---	---------------

121. How comfortable does the oldest child appear to be in the role of son or daughter?

never able to get along with parents	rarely able to get along with parents	infrequently able to get along with parents	sometimes able to get along with parents
1	2	3	4
	usually able to get along with parents	understands and feels good about relation- ship with parents	
	5	6	N/O N/U Other

122. comfortability of second oldest child in role?

1	2	3	4	5	6	N/O N/U Other
---	---	---	---	---	---	---------------

123. comfortability of third oldest child in role?

1	2	3	4	5	6	N/O N/U Other
---	---	---	---	---	---	---------------

124. comfortability of fourth oldest child in role?

1	2	3	4	5	6	N/O N/U Other
---	---	---	---	---	---	---------------

125. comfortability of fifth oldest child in role?

1	2	3	4	5	6	N/O N/U Other
---	---	---	---	---	---	---------------

126. How comfortable do the siblings appear in their roles as brother or sister?

never able to get along with each other	rarely able to get along with each other	infrequently able to get along with each other	sometimes able to get along with each other
1	2	3	4
	usually able to get along with each other	5	understand and feel good about relation- ship with each other
	5	6	N/O N/U Other

127. How comfortable does the family appear as a whole in the roles taken on by the individuals?

1	2	3	4	5	6	N/O N/U Other
---	---	---	---	---	---	---------------

AREAS OF PSYCHOPATHOLOGY

In dealing with family psychopathology we are actually working from the standpoint of the individual and its possible consequences for the family. According to our definition, individual psychopathology occurs when an area of a person's psychosocial functioning is not at an optimal level.

128. What degree of psychopathology is evident in the Father?

psychiatric symptoms evident, socially occupationally, and emotionally inept	problems evident in social, occupational or emotional areas	some problems in social, occupational or emotional areas	generally able to adjust in social, occupational areas
1	2	3	4
	seems satisfied socially, occupationally and emotionally	no evidence of psychiatric symptoms, adapts well socially, occupationally and emotionally	
	5	6	N/O N/U Other

129. What degree of psychopathology is evident in the Mother?

1	2	3	4	5 /	6	N/O N/U Other
---	---	---	---	-----	---	---------------

130. What degree of psychopathology is evident in the oldest child?

1	2	3	4	5	6	N/O N/U Other
---	---	---	---	---	---	---------------

131. What degree of psychopathology is evident in the second oldest child?

1	2	3	4	5	6	N/O N/U Other
---	---	---	---	---	---	---------------

132. What degree of psychopathology is evident in the third oldest child?

1	2	3	4	5	6	N/O N/U Other
---	---	---	---	---	---	---------------

133. What degree of psychopathology is evident in the fourth oldest child?

1	2	3	4	5	6	N/O N/U Other
---	---	---	---	---	---	---------------

134. What degree of psychopathology is evident in the fifth oldest child?

1	2	3	4	5	6	N/O N/U Other
---	---	---	---	---	---	---------------

APPENDIX II

APPENDIX II

Comparison of Family I and Family II

Question	FAMILY I		FAMILY II	
	Mean	Standard Deviation	Mean	Standard Deviation
1	5.00	0.79	2.55	0.83
2	4.95	0.78	2.40	0.82
3	5.00	0.92	2.15	0.74
4	4.90	0.79	2.15	0.67
5	4.31	1.03	2.30	0.66
6	4.38	1.12	2.31	0.82
7	4.67	0.97	2.88	1.17
8	4.50	0.89	2.63	1.26
9	4.36	0.92	3.40	0.70
10	----	----	----	----
11	----	----	----	----
12	4.39	0.70	2.33	1.05
13	4.44	0.63	2.30	1.49
14	4.31	0.70	2.89	1.17
15	----	----	----	----
16	----	----	----	----
17	4.74	0.73	1.62	0.74
18	4.47	0.74	2.58	1.08
19	4.40	0.74	3.43	0.53
20	----	----	----	----
21	----	----	----	----
22	4.47	1.01	1.71	1.11
23	4.37	0.96	2.82	1.55
24	4.33	0.98	3.71	0.76
25	----	----	----	----
26	----	----	----	----
27	4.39	0.98	3.18	0.98
28	4.40	0.75	1.94	0.72
29	4.00	1.08	2.10	0.72
30	3.93	1.21	2.37	1.16
31	4.33	0.97	2.78	1.37
32	4.25	0.93	2.68	1.00
33	4.36	0.74	3.37	1.06
34	----	----	----	----
35	----	----	----	----

APPENDIX II con't

Question	FAMILY I		FAMILY II	
	Mean	Standard Deviation	Mean	Standard Deviation
36	4.22	0.81	2.87	1.64
37	4.23	0.83	2.00	1.26
38	4.20	0.86	3.33	0.87
39	----	----	----	----
40	----	----	----	----
41	4.72	0.75	1.87	0.83
42	4.69	0.70	2.21	1.19
43	4.57	0.76	3.43	0.79
44	----	----	----	----
45	----	----	----	----
46	4.62	0.72	2.00	1.00
47	4.60	0.63	2.23	1.09
48	4.47	0.64	3.33	0.98
49	----	----	----	----
50	----	----	----	----
51	4.53	0.72	3.33	0.89
52	4.41	1.00	2.18	0.81
53	3.92	1.04	1.75	0.64
54	4.12	1.09	1.80	0.95
55	4.33	1.19	2.00	0.76
56	4.25	1.06	1.95	0.78
57	4.25	1.06	2.42	1.00
58	----	----	----	----
59	----	----	----	----
60	4.25	1.00	1.69	0.85
61	4.29	0.98	1.40	0.60
62	4.27	0.88	2.60	1.43
63	----	----	----	----
64	----	----	----	----
65	4.59	0.71	2.12	1.13
66	4.50	0.73	2.08	1.08
67	4.44	0.73	3.00	1.22
68	----	----	----	----
69	----	----	----	----
70	4.29	0.92	2.00	1.15
71	4.37	0.81	2.00	1.00

APPENDIX II con't

Question	FAMILY I		FAMILY II	
	Mean	Standard Deviation	Mean	Standard Deviation
72	4.27	0.96	3.36	1.03
73	----	----	----	----
74	----	----	----	----
75	4.55	0.70	2.73	1.10
76	4.47	0.91	1.63	0.68
77	4.67	1.03	2.21	1.03
78	4.62	0.96	2.00	0.73
79	4.60	1.09	2.82	1.01
80	4.65	0.99	2.53	1.12
81	4.65	0.99	3.37	1.41
82	----	----	----	----
83	----	----	----	----
84	4.70	0.86	2.92	1.24
85	4.70	0.86	2.72	1.36
86	4.75	0.85	3.57	0.98
87	----	----	----	----
88	----	----	----	----
89	4.76	1.09	2.83	0.72
90	4.89	1.02	2.19	0.65
91	4.65	0.70	1.87	0.88
92	5.06	0.75	2.50	1.09
93	4.85	0.81	2.33	1.23
94	4.85	0.87	2.17	0.86
95	4.80	0.83	3.50	1.07
96	----	----	----	----
97	----	----	----	----
98	4.85	0.59	2.28	1.07
99	4.90	0.72	1.80	0.77
100	4.80	0.52	3.00	1.19
101	----	----	----	----
102	----	----	----	----
103	4.94	0.68	3.37	1.19
104	4.88	0.78	2.11	0.58
105	5.12	0.81	2.50	0.92
106	5.00	0.79	2.16	0.69
107	4.85	0.87	2.58	1.07
108	4.95	0.85	1.95	0.69

APPENDIX II con't

Question	FAMILY I		FAMILY II	
	Mean	Standard Deviation	Mean	Standard Deviation
109	4.95	0.85	1.95	0.69
110	----	----	----	----
111	----	----	----	----
112	5.00	0.82	2.06	0.83
113	4.89	0.81	1.80	0.52
114	4.84	0.83	5.00	0.71
115	----	----	----	----
116	----	----	----	----
117	5.00	0.71	3.10	0.74
118	5.05	0.87	1.78	0.65
119	5.55	0.76	2.55	0.83
120	5.25	0.79	1.50	0.83
121	5.75	0.44	3.54	1.27
122	5.70	0.47	1.80	1.10
123	5.70	0.47	4.15	0.90
124	----	----	----	----
125	----	----	----	----
126	5.45	0.51	4.00	1.05
127	5.60	0.50	2.28	0.89
128	5.30	0.80	2.45	0.60
129	5.20	0.83	1.45	0.60
130	5.40	0.88	2.25	0.77
131	5.35	0.87	2.89	1.10
132	5.21	0.98	4.00	0.82
133	----	----	----	----
134	----	----	----	----

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