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FAMILY SCAPEGOATING AND ADOLESCENT DEVELOPMENT

J DAVID ARNOLD

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FAMILY SCAPEGOATING
AND ADOLESCENT DEVELOPMENT

BY

J. DAVID ARNOLD

B.A. (Psychology), Bloomsburg State College, 1978

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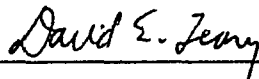
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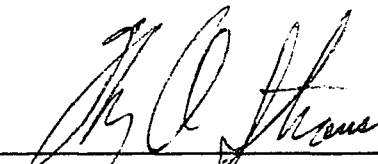
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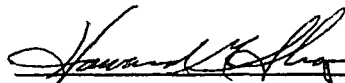
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ABSTRACT

FAMILY SCAPEGOATING AND ADOLESCENT DEVELOPMENT

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University of New Hampshire
September 1982

The clinical literature on families refers to the scapegoating of children by parents as a serious problem in certain dysfunctional families. This study explores scapegoating as a more general phenomenon that occurs in normal (i.e., non-clinical) families as well. The study utilized self-reports of 403 adolescents to assess the frequency and distribution of scapegoating in normal families and what adolescent difficulties are associated with family scapegoating. Most adolescent respondents reported experiencing family scapegoating. The pattern of family scapegoating self-reports varied more with the type of family conflict scapegoated than with the family member doing the scapegoating. Reports of family scapegoating were related to adjustment problems reported by the adolescent respondents. Also, there were less significant relationships between some forms of scapegoating and low self-esteem, delinquency and peer delinquency. Theoretical and clinical implications of the results were noted, as well as suggestions for future research.

INTRODUCTION

The contemporary American family has been described by the media as being in a state of change or even crisis. Although there have been changes in family life such as the increased entry of mothers into the workforce, romantic notions of the 'good old days' of family life can be misleading or unsubstantiated by historical research (Scanzoni, 1981; Seward, 1978). Today, despite predictions by futurists that the traditional family has become obsolete, 98% of all American children continue to be raised in families and 79% live with two parents (Shah, 1978). Framo (1979) cogently describes the unique role of the family in human ecology:

Humans are ecologically situated in many contexts, the most important of which is the family. The family, however, is not just another context in a whole range of contexts. Its unique and massive effects, rooted in blood ties, not only have had past personality-forming influences but exercise powerful forces on one's current life and future destiny. The family shapes the fiber of people's beings in such a way no other social force can begin to realize. Peer groups, work settings, friendship networks, social class, age, race, sex, nationality, and religion can only have glancing effects compared to that of the family. (p. 988)

Traditionally, within the social sciences, the family is thought of as a topic of sociological, rather than psychological research (Dunne & L'Abate, 1978; Framo, 1979). Social psychologists often study artificially formed groups, rather than naturally occurring groups such as families. Until recently, developmental psychologists typically have studied the effects of parents on children, rather than reciprocal parent-child or family interaction (Bell, 1969; Bell & Harper, 1977). Clinical psychologists, working with other mental health professionals, have been leaders within psychology in the study of the entire family.

Since 1950, family research has had somewhat closer ties to family therapy and other clinical interests. This is evident in the growing number of studies of the role of the family in the development of individual pathology (Jacob, 1975). The paradigm usually employed in these studies is to compare patterns of family interaction between normal and clinical families. Family interaction is also studied in the context of evaluating family therapy interventions (e.g., Alexander & Parsons, 1973). General systems theory has provided a theoretical framework for both family therapy and family research.

General Systems Theory and the Study of the Family

General systems theory is influential in family theory in general (Holman & Burr, 1980) and is the dominant conceptual framework in clinical family theory in particular

(Foley, 1974). General systems theory is based primarily on the works of biologist Ludwig von Bertalanffy (e.g., 1956), who first published his general systems theory in 1945 (Gray & Rizzo, 1969). Systems theory, which is based on analogies of living organisms, has provided an alternative to traditional deductive, mechanistic, and reductionistic modes of scientific reasoning.

With respect to viewing the family as a system, general systems theory yields the following principles for a systems analysis of the family (Epstein & Bishop, 1981):

- 1) The parts of a family are interrelated.
- 2) One part of the family cannot be understood in isolation from the rest of the system.
- 3) Family functioning cannot be fully understood by simply understanding each of the parts.
- 4) A family's structure and organization are important factors determining the behavior of family members.
- 5) Transactional patterns of the family system shape the behavior of family members. (p. 447)

The contrast between the traditional individual analysis in psychology (e.g., Freud) and a systems analysis is illustrated in the following analogy (Kerr, 1981, p. 234):

Suppose you had a gifted intellect and a mechanical mind, but knew nothing about automobile engines. Now you are given a carburetor and told to study it and discuss it. You might weigh it, note its color and shape, and do a few other things, all aimed at describing it. If you really knew nothing about engines, you could accomplish no more than description. Now suppose another equally gifted person, but equally ignorant about engines, was presented with an engine minus its carburetor and told to design a piece that would make the engine work. He would then study the engine and deduce what functions were missing. He could

then design a piece of equipment to fulfill those functions. The piece may or may not look like a standard carburetor, but that would be immaterial. The important thing is that the piece be designed to fulfill the functions required of its position in the engine.

The individual analysis alone yields only a description of the individual. The systems theorist would argue that the individual is best understood within the context of his/her social system. Minuchin (1974) uses the case study of Alice in Wonderland to illustrate that when the individual changes, his/her environment has to change also or problems will occur. Alice's changes in size placed her in a predicament because her environment did not change. Alice's therapist cannot focus on Alice as the site of the pathology because the environment is part of the problem for Alice. The therapist must view the problem from a larger context (i.e., systems analysis) and shift the focus from the individual to the environment and back again.

Foley (1974) uses another example from literature to illustrate systems analysis of the family. The character, Laura, in Tennessee Williams' The Glass Menagerie appears to be schizophrenic if she is viewed apart from her family. However, from a systems point of view, Laura's symptoms have a useful function because Laura intervenes in her mother's and brother's bitter disputes thereby keeping the family together as a unit. In actual practice, there is much variety in the application of general systems theory to family theory. Steinglass (1978) has noted that different parts of systems theory receive different degrees of

emphasis in various family theories. General systems theory has provided a conceptual umbrella for a wide range of family theory from psychoanalytic to behavioral.

The scope of various family system theories also varies. General systems theory has also been applied to more specific topics of family research. For example, Straus(1973) has developed a systems theory to explain family violence as a product of the family system rather than the individual. General systems theory has also been applied more broadly. The most ambitious and comprehensive family system theory to date is Kantor and Lehr's (1975) development of a structural family typology. This typology describes family interaction in strictly systems terms (e.g., boundaries, energy, time and space orientation), but it has been critized as being a purely descriptive theory that has not stimulated further theory or research development (Holman & Burr, 1980).

Family Development: Minuchin's Structural Perspective

According to Minuchin's (1974) systems analysis of family development, the family serves two goals: the psychosocial protection of its members and the accommodation and transmission of culture. Minuchin describes the process of family development in terms of the organization of family relationships within the nuclear family, as well as other extra-nuclear family relationships, and other relevant social factors in the family's everyday life. The organization of family relationships (i.e., repeated patterns of family interaction) is called family structure. Family structures evolve from repeated family transactions which "establish patterns of how, when and to whom to relate [in the family], and these patterns underpin the system" (Minuchin, 1974, p. 51). Since family structure refers to family functioning, the term "structure" may be confusing when considered in the context of the typical structure/function distinction made within psychology. However, if one conceives of social structure as lawful patterns of behavior between organisms, then the concept of family structure is likely to be better understood. Essentially, the concept refers to reliable interactions between members of a family system.

These transactional patterns are organized by Minuchin (1974) into family subsystems. Family subsystems represent subsets of family relationships that occur in all families that have children. Family development includes a normal growth pattern whereby family members engage in a process of mutual accommodation and relationship organization - starting with the husband and wife breaking away from old ties (e.g., family of origin), and facing new changes (e.g., the birth of a child) - as well as outside pressures (e.g., place of employment).

Minuchin (1974) posits that certain types of family structures are dysfunctional and therefore are a source of individual and family problems. These family types can be identified by their respective structural arrangements. Scapegoating would be an example of one dysfunctional family structural arrangement.

Scapegoating

A scapegoat can be broadly defined as a person, group or thing that is blamed for the wrongdoing of others (Webster's, 1972). The use of the term "scapegoat" can be traced back to a Hebrew religious rite where the sins of the people were passed on to a solitary goat. Scapegoating was introduced as a clinical family concept by Vogel and Bell (1960). Scapegoating, as defined within the context of the family, is the assignment of blame for family problems

(especially marital) to a particular child. Vogel and Bell (1960) view this scapegoating process from a psychoanalytic systems perspective. Interpreted in this way, scapegoating is the projection of family problems and tensions to one family member. This projection strikes an equilibrium in the family and the family continues to function as a group.

In general, Vogel and Bell (1960) posit that scapegoating is most likely to occur when there are tensions between the parents that "have not been satisfactorily resolved in other ways" (p. 384). Parental tension therefore is displaced and projected to a particular child in the family. Vogel and Bell (1960) suggest that if this parental tension was not discharged to the scapegoated child, the family could not continue to function as a group.

Vogel and Bell (1960) give several reasons why a child is most likely to be chosen as family scapegoat. First, the child is powerless and dependent on the parents. Second, the child's personality is flexible and can be "molded to adopt the particular role which the family assigns to him" (p. 386).

It is unclear why one particular child is chosen over other siblings as the family scapegoat. One possibility suggested by Vogel and Bell (1960) is that the child has some identifiable characteristic that best symbolizes the family's problems. For example, if the male child resembles the father and the mother is unable to resolve her differences with her husband, the mother is likely to

project qualities of her spouse to her son , rendering the son a scapegoat. Vogel and Bell (1960) summarize symbolization and scapegoating selection as follows:

While the general process of symbolization of a scapegoat is very similar to the dream symbolization, there is one problem in the family selection of a scapegoat which is not met in the selection of a dream symbol, and that is the problem of availability. While in dreams, any symbolic representation is open to the dreamer, in the family only a very small number of children are available as the potential scapegoats. Hence, when there is a serious family problem and no child is an appropriate symbol of the problem, there must be considerable cognitive distortion in order to permit the most appropriate one available to be used as a scapegoat (p. 389).

Once a child is selected as a scapegoat, the parents maintain the child in the scapegoat role by inconsistent parenting. Vogel and Bell describe the inconsistent parenting as striking a "balance" (p. 390) between the expression of "anxieties and hostility" (p. 391) toward the scapegoated child, while reinforcing the child enough to maintain the child's problem behavior. In behavioral terms, while parental criticism is explicit in cases of child scapegoating, the reinforcement is implicit. For example, the parents may threaten to punish a scapegoated child, but do not follow through on their threats of punishment. Therefore, while the parents criticize and complain about the child's behavior, the parents never intervene (e.g., punish) to change the child's behavior. By their non-action, the parents allow the problem behavior to continue , while at the same time scapegoating the child.

The reader may now be questioning which comes first, the child's dysfunctional behavior or the scapegoating of the child. Vogel and Bell (1960) respond to this 'chicken and egg' question by stating that the scapegoated child has internalized the scapegoating role or label assigned to him/her by the family. The scapegoated child's problem behavior slowly develops from a "vicious cycle" (p. 392) of labeling and reinforcement of the scapegoated child in his/her problem role in the family. This cycle of scapegoating restores stability in family functioning.

To summarize, the scapegoated child's function is to stabilize individuals in the family and therefore he/she enables the family to remain together because the scapegoated child has 'absorbed' family tension. Scapegoating becomes dysfunctional only when the family members (especially parents) are confronted with additional tasks of 'caring' for the problem behavior and embarrassment when the problem behavior is noticed by others outside of the family. For example, it is often the scapegoated child's problems at school that are the reason the child is referred for treatment. The reader should keep in mind that however functional the scapegoating process is for the family as a whole, it can be a powerfully destructive process for the scapegoated child:

While the disturbed behavior leads to some dysfunctions for the family, it is the personality of the child which suffers most as a result of the scapegoating. Any deviant or scapegoat within a group feels strong group pressure which creates considerable conflicts for him. While other groups may also maintain

their integration at the expense of the deviant, in the nuclear family this can be stabilized for a long period of time and result in far more serious personality impairment of the child assigned to the deviant role. The development of the emotional disturbance is simply part of the process of internalizing the conflicting demands placed upon him by his parents. While in the short run the child receives more rewards from the family for this role than for not playing this role, in the long run this leads to serious personality impairment. In short, the scapegoating mechanism is functional for the family as a group but dysfunctional for the emotional health of the child and for his adjustment outside the family of orientation (Vogel & Bell, 1960, p. 397).

Experimental Studies

Experimental research on scapegoating has been based on a family interaction tasks developed by Watzlawick (1966) and called the "Structured Family Interview". Two parts of the Structured Family Interview allow the assessment of scapegoating. In the first part, the family discusses what the main family problems are and a group decision is made as to what is the most important family problem. In the second part, each family member is asked to write down the faults of other family members. Then the experimenter reads the faults aloud and the family members attribute the faults to a particular family member. Scapegoating in this task is said to occur when a family member receives or is attributed as having the faults of other family members.

In general, research using the Structured Family Interview supports the notion that scapegoating is less likely to occur in normal families when compared to families referred for clinical treatment (Gantman, 1978). However,

scapegoating does not differentiate between clinical families in which the identified patients have different diagnoses (Gantman, 1978; Watzlawick, Beavin, Sikorski, & Mecia, 1970). Therefore, while scapegoating appears to be a general indicator of family pathology, scapegoating does not appear to serve as an indicator of specific types of individual pathology.

Case Studies

Case studies usually involve the presentation of one or several individual families, each with a particular problem. These families are followed from referral through treatment - sometimes even including a follow-up report of treatment success. At best, case studies provide an indication of the range of presenting problems that may involve scapegoating as well as providing an indication of which therapeutic interventions may be successful in treating them.

Scapegoating has been reported in cases involving reconstituted families (Ransom, Schlesinger, & Derdeyn, 1979), child abuse (Bender, 1976; Green, Gaines, & Sandgrund, 1974; Hyman, 1978; Tooley, 1977), family crisis (Paul & Bloom, 1970), adolescent schizophrenia (Quitkin, Rifkin, McKay, & Klein, 1978), and alcoholism (Straussner, Schulamith, Weinstein, & Hernandez, 1979). McPherson, Brackelmanns, and Neuman (1974) provide a general discussion of family therapy interventions for scapegoated adolescents. The interventions attempt to disengage the adolescent from

parental conflict and therefore eliminate the adolescent's scapegoating role.

While these scapegoating studies are descriptively interesting, they contribute only in limited ways to a systematic understanding about the nature of scapegoating. None of the cited studies are experimental in the sense that no control procedures were employed in the observations of the families. Therefore, while case studies are based on clinical observations, one still does not have any data to suggest the how or why the pattern of scapegoating developed.

Theoretical Studies

As previously discussed, Vogel and Bell (1960) present the process of scapegoating from a psychoanalytic systems point of view. Muir (1975) presented a discussion of the relationship between scapegoating and two other family concepts: family myth (Ferreira, 1963) and family homeostasis (Jackson, 1957). The family myth is any defense mechanism that is used by the entire family. Scapegoating may be identified as one type of family myth. As a family defense mechanism, scapegoating acts as a balance of family dynamics and therefore creates a homeostasis of family functioning.

Muir's (1975) is the only study that approaches a systematic theoretical analysis of scapegoating. As the number of case studies suggest, scapegoating is a widely used concept in the family therapy literature. Accordingly,

there are a variety of uses of the term scapegoating. Haley (1976) suggests that the reason the parents attack the scapegoated child is because they feel as failures as parents. Whitaker and Keith (1981) describe scapegoating as an indication that the family does not have a wholistic sense of itself. Ackerman (1967) and Rollins et al. (1973) describe scapegoating in terms of roles in the family. Bowen (1965) describes the "family projection process" as a mechanism of transmitting a parental problem to a child which then stabilizes the parental relationship. Although Bowen's projective process sounds like scapegoating, Bowen does not use the term scapegoating. The varied uses and applications of the term scapegoating indicates that there is no universal agreed upon definition.

Summary. Since Vogel and Bell's (1960) introduction of the term scapegoating, there has been a modest utilization of the term in the clinical literature. Although studies are limited, there is empirical support that scapegoating is more likely to occur in clinical families when compared to normal families. Case studies suggest that family therapists have found scapegoating to be a useful conceptual tool for understanding family process and have devised interventions for cases involving scapegoating. Finally, there has been an attempt to link scapegoating with other clinical family concepts and therefore integrate the growing number of concepts in family theory. When taken as a whole, the literature on scapegoating has left many questions

unanswered.

Scapegoating Unknowns

First, because research has been limited to small samples, the frequency and distribution of scapegoating in the general population of normal families is unknown. It is known that given a small sample of "normal" families, without any problem children, there is less scapegoating than in a sample of clinical families. However, it is possible that not all scapegoated children are referred for clinical treatment. Therefore, it is likely that scapegoating exists in varying degrees in normal families.

Second, it is not known whether or not certain types of family problems are more likely to be involved in scapegoating. Vogel and Bell (1960) suggest that marital problems are most likely to be involved in scapegoating issues. Case studies have described a wide range of family problems associated with scapegoating. The overall likelihood that certain types of family problems will be associated with scapegoating has never been assessed.

Third, the participation of family members in scapegoating has not been systematically investigated. Most discussions of family scapegoating center on the scapegoating of children by parents. However, from a systems standpoint, it would be interesting to assess the possible involvement of siblings in the scapegoating process.

Fourth, there has not been a substantial study of the outcomes of scapegoating. It is premature for studies of scapegoating using small clinical samples to conclude that scapegoating is not likely to lead to certain types of problems for scapegoated children (Gantman, 1978; Watzlawick, et al., 1970). It may be possible that the parental attention given to a scapegoated child may not have negative effects on the child's development. In general, the effects of scapegoating on children need clarification.

Fifth, the stability of family scapegoating across time is unknown. Several issues revolve around the question of scapegoating stability. Does scapegoating always originate when the child is young or can an adolescent be selected as family scapegoat? Once selected, how long does the child remain in the scapegoat role? Also, once one scapegoat is chosen, are other siblings excluded from the scapegoat role? How does the magnitude of scapegoating vary with the passage of time and what factors influence these changes?

Sixth, the relationship between scapegoating and other patterns of family interaction is unknown. For example, parental support has repeatedly been found to be associated with the prosocial development of children (Rollins & Thomas, 1979). Scapegoating does not occur in isolation from other family processes such as parental support, but these relationships remain to be discovered.

Scapegoating in Normal Families: A Research Prospectus

While no single study can address all of the issues raised in the previous discussion of scapegoating unknowns, the present study is designed to address several of these issues. Simply stated, the present study employs the self-reports of a large sample of adolescents to assess the topography of scapegoating in normal families and to identify the nature of adolescent difficulties which are associated with scapegoating. This research differs from the scapegoating literature reviewed in several respects. First, the study will employ a large sample. Second, the study will assess scapegoating with a self-report instrument. Third, the study will investigate family scapegoating in an exclusively non-clinical sample and context. As a pioneering effort this research will have its limitations. However, a pilot study has indicated that the study of scapegoating in normal families has potential as a research area.

Pilot Research

The pilot research (Arnold, 1980) was an exploratory study of Minuchin's (1974) concept of dysfunctional family structures and normal adolescent development. The goals of the pilot research were to assess the extent to which dysfunctional family structures exist in normal families and how these dysfunctional structures were related to measures

of adolescent development.

The pilot study used retrospective self-reports of 333 introductory psychology students about their experiences with family and peers during adolescence. The results pointed to scapegoating as the dysfunctional family structure that held the most promise for future research with normal families.

In terms of being blamed for marital disagreements, 32% of the college sample responded they had been blamed for marital arguments which did not directly involve them. The author was somewhat surprised that almost one-third of the college respondents reported being inappropriately blamed for spousal conflict. With respect to adolescent development, scapegoating was related to delinquent activity, delinquent peer involvement, low self-esteem and depression. The relationship between scapegoating and adolescent depression was replicated by Lindegren (1981) using a high school sample.

In the college sample, the following trends describe peer and family relationships with respect to scapegoating. Whereas non-scapegoated adolescents reported feeling equally close to family and friends, scapegoated adolescents reported feeling much closer to friends than to their family. Scapegoated adolescents reported agreeing less with parents on how to handle personal problems than those who were not scapegoated. Scapegoated adolescents reported that they were offered help less frequently by parents for family

problems than their non-scapegoated counterparts. Finally, scapegoated adolescents reported feeling less understood by their families than non-scapegoated adolescents and reported that they were more likely to find a school teacher more understanding than his/her parents.

Adolescents as Subjects for Family Research

Adolescence is the traditional stage of individual development between childhood and adulthood. Although there is some debate about the extent that adolescence is a period of storm and stress (Berger, 1980), adolescence involves developmental tasks such as identity formation, increased involvement/intimacy with peers, and a growing autonomy from the family. These developmental tasks of adolescence can be a period of stress for the entire family system (Ackerman, 1980; Bruggin & Davies, 1977).

The combination of increased peer involvement and growing autonomy from the family is perhaps the most taxing part of adolescence for the family system. It has also stimulated speculation and research concerning to what extent, if at all, the family continues to be of importance to the adolescent. During childhood, the family is the primary socialization unit for the child. However, a controversial issue is whether or not the family largely replaced by peers during adolescence.

In a review of research, Grinder (1973) concludes: "Although both parents and peers are important referent groups for the adolescent, he is likely to be influenced by the group he believes is most knowledgeable and legitimate in specific situations" (p. 390). For example, Brittain (1973) found that in situations/decisions involving immediate/short-term consequences such as dress or day-to-day activities, adolescents are more influenced by peers. In situations/decisions involving long-term consequences such as occupational choice, adolescents are more influenced by parents.

Douvan and Adelson (1966) have argued that there are two types of autonomy during adolescence: associational autonomy (e.g., friendship, activities) and normative autonomy (e.g., ethics). The conclusions that can be drawn from the cited research suggest that there is no evidence that autonomy from the family results in the adolescent's peer group becoming the primary referent group and source of social support. Research supports the notion that autonomy from the family is more associational in nature, while all of the adolescent's social relationships are becoming increasingly complex. In fact, research has found that adolescents that report poor family relationships are more likely to have adjustment problems. For example, in a study (Paulson, Lin, & Hanson, 1972) of disturbed young adults, the disturbed young adults retrospectively report less family harmony, parental support, and parental marital

problems when compared to a sample of well adjusted college students. In another study (Wolk & Brandon, 1977) of 47 runaway adolescents, runaways reported lower parental support and greater parental punishment than a matched adolescent control group. Van der Veen and Novak (1971, 1974) found that adolescents that were referred for treatment because of problem behavior at school perceived their families differently than their 'normal' siblings. In fact, the normal siblings described their families more like normal adolescents in other families, than like their own disturbed sibling.

Nominal and Operational Definitions of Family Scapegoating

There are several issues that require clarification before arriving at nominal and operational definitions of family scapegoating. In general, scapegoating assumes that the scapegoat is blamed for the wrongdoing of others or for an event unrelated to the person blamed (i.e., the scapegoat). This nominal definition of scapegoating can be adapted to the family context. A family scapegoat is blamed for the wrongdoing of another family member or any event occurring within the family context that is unrelated to the scapegoat.

The central problem with this nominal definition of family scapegoating is determining when the blaming of a family member for a family problem is justified. Ideally, an objective observer could make an assessment of whether

the blame of a family member for a family problem is or is not warranted. This decision of whether or not blame is justified is complicated by gaining an adequate knowledge of the history of the problem, the different subjective viewpoints of each family member and the unique gestalt of each family system.

In actual clinical practice, the assessment of scapegoating is based primarily on social comparisons within the family. If a family has a scapegoat, the family would present the individual scapegoat as the family problem or as the cause of family problems. Implicit in this description of clinical assessment is the assumption that other family members perceive themselves as relatively blameless with respect to the family problem(s) at hand. The clinical intervention for scapegoating involves removing the family's focus on the individual scapegoat and redirecting it to other parts of the family system.

The operational definition of scapegoating for the present study is the subjective perception of receiving unjustified blame for a specific type of family conflict. This is assessed by a self-report instrument. Scapegoating is said to occur when the respondent reports being blamed for one or more of three types of family conflict by his/her mother, father, or sibling(s) and when he/she reports that the conflict was not his/her fault.

The following are the three types of family conflict addressed in this study. The first type of conflict is a disagreement or argument between the respondent and a sibling (sibling conflict). This sibling conflict does not include sibling conflict that excludes the respondent.

The second type of family conflict is an argument or disagreement between the respondent and his/her parents(s) (parent-adolescent conflict). This parent adolescent conflict does not include another sibling's conflicts with parents.

The third type of family conflict is a disagreement or argument between the respondent's parents (marital conflict). This third type of conflict differs from the other two types of conflict because the adolescent respondent is not directly involved in the conflict.

These three types of family conflict are only a subset of the types of family problems that potentially could be scapegoated. Also, this assessment does not allow for any social comparisons of whether or not other family members are scapegoated. In addition, there is no assessment of how long the respondent has been scapegoated. The magnitude of scapegoating is assessed by the frequency of self-reports of receipt of unjustified blame for the three types of family conflict. Therefore, the assessment of scapegoating in this dissertation is not fully comprehensive.

Hypotheses

The following are the hypotheses for the present study:

1) Self-reports of scapegoating will be associated with reports of low self-esteem. This hypothesis is based on Vogel and Bell's original article (1960) in which scapegoating was introduced as a clinical concept. The child internalizes the problem label his/her family has given him/her. One result of this internalization process is a low level of self-esteem. Rosenberg (1965) found that low parental interest was associated with low adolescent self-esteem. Coopersmith (1967) found that if parents had high self-esteem themselves, clearly defined limits for children, and showed respect for the child's rights and opinions, their children were more likely to have high self-esteem. Bachman (1970) replicated both Rosenberg and Coopersmith in that he found good relationships with parents to be the best predictor of high adolescent self-esteem.

2) Self-reports of scapegoating will be associated with reports of symptoms indicating problems of adjustment. This hypothesis posits that if scapegoating is truly dysfunctional for the adolescent scapegoat, there should be behavioral and psychological indications beyond the low self-esteem hypothesized in number 1.

3) Self-reports of scapegoating will be associated with reports of adolescent delinquent behavior. If parents of scapegoated children do reinforce problem behavior then scapegoated adolescents should be more likely to engage in

delinquent behavior. There is some research that supports the notion that poor parental relationships are associated with adolescent delinquency (Gold & Petronio, 1980).

4) Self-reports of scapegoating will be associated with reports of involvement with delinquent peers. This hypothesis is based upon the assumption that scapegoating of a child results in both a negative self image and decreases family social support. These two factors would force the scapegoated child to have a greater need for peer social support and, because the scapegoated child has a negative self image, the child would be more likely to seek out delinquent peers.

5) Redundant children will be more likely to feel scapegoated. Redundant children are those who hold no unique position in sibling birth order - i.e., are not either the first born of either sex or the youngest sibling. This hypothesis is based on the speculative premise that redundant children have a more ambiguous role in the family, making them an 'inkblot' for family projection.

6) Self-reports of scapegoating will vary with the age of adolescent respondents. If adolescence does put stress on the entire family system, this may be reflected by variations in scapegoating reports as a function of age of the adolescent respondent.

7) Self-reports of scapegoating will not be an artifact of a negative response set to family questions on the part of the adolescent respondent. To test this hypothesis,

responses to scapegoating items will be compared to responses to parental support items. Past research has consistently found parental social support to be related to positive personal and social characteristics of children, such as cognitive development, conformity, and self-esteem (Rollins & Thomas, 1979). Although the author expects parental scapegoating and social support to be related, the relationship is not expected to suggest a negative response set to family questions in general.

I. METHODS

Subjects

The subjects were 403 New Hampshire public school students ranging from 12 to 19 years of age. The average respondent was 15 years old and 38% were male and 62% were female. The subjects came from a total of seven schools: three middle/junior high schools and four high schools.

The parents/families of the respondents had the following characteristics. Regarding marital status, 72% of the respondents natural parents were still married to each other, 20% were divorced or separated and 8% had one deceased parent or could not be classified. As a group, the parents were relatively well educated. The average parent had at least some post-secondary education, with 25% of the mothers and 41% of the fathers having completed at least college. With respect to the type of employment, 38%/17% of the fathers and mothers respectively were involved in manual/blue collar work, 57%/52% were involved in non-manual/white collar work and 5%/31% had no formal employment. Using the average between the mother's and father's religious preference: 43% of the families were Catholic; 34% were Protestant; and 1% were Jewish (22% had

another of no religious preference). The average family size was 5.3 members. Of the respondents: 28% were oldest children; 32% were middle children; 37% were youngest children; and 5% were only children.

Instrument

A 81 item self-report instrument (called the "Family Survey") was employed in the present study. The Family Survey was a collection of items and scales designed by the author or adopted from other published instruments. All the question items were in a multiple choice or fill in the blank format. Response scales typically varied from one section of the questionnaire to the next. The Family Survey is presented in the Appendix.

The survey consisted of Parts A through G. Part A consisted of 12 demographic questions including the respondent's age, sex, birth-order position, and religious preference. Also included were items oriented toward the the respondent's parents and siblings, such as marital status, educational background, type of employment, religious preference and the sibling composition of the family.

Part B consisted of social support items which were in part derived from previous family structure research (Arnold, 1980; Lindegren, 1981). Four general social support items were asked about mother, father, friends, teachers, sister(s) and brother(s) for a total of 24 items. A

five-point Likert type scale was used.

Part C consisted of the items designed to assess family scapegoating. A "matrix" was constructed by assessing three types of family conflict and the scapegoating of the the respondent by a particular family member (i.e., mother, father, sibling) for each of the three types of family conflict. The types of family conflict were sibling, parent-respondent (i.e., adolescent) and marital/spousal conflict. For each type of family conflict, a behavioral frequency (on a nine point scale) of scapegoating of the respondent by a family member (i.e, mother , father, sibling) was assessed. In addition, the absolute frequency of occurrence of each type of conflict was assessed. The items were constructed by the author and will be referred to as the Family Scapegoating Index (FSI).

Part D consists of four (1,3,5,7) self esteem questions (Rosenberg,1965) and four (2,4,6,8) family social desirability items adopted by the author from the Crowne and Marlow (1964) to fit a "family" orientation. All questions had a five point Likert-type response scale.

Part E consisted of six questions originally designed by Lindegren (1981) to assess behavioral symptoms of depression. These items were included to provide a general indication of adjustment problems that adolescents may be experiencing.

Part F consisted of five delinquency questions from the Delinquency Check List (Stein, 1968). A nine-point objective frequency scale was used.

Part G consisted of the same five questions as Part F except the questions were oriented toward the respondent's close friends. The percentage of close friends engaged in delinquent activities was determined in Part G.

Procedure

Fourteen Northern New England public schools were contacted by phone about participating in a survey about family life and adolescence. Of those schools contacted, three middle/junior and four high schools in New Hampshire agreed to participate in the survey.

In each participating school, informed consent forms were sent home to the parents of students. Each form had a detachable permission slip for the parent to sign in order for the student to participate in the survey. In addition, individual students were given a informed consent form of their own to read and sign before participating in the research. In short, informed consent was obtained from both the student respondent and their parent before the questionnaire was given to participants. Although an exact figure cannot be determined, the author estimates that the return rate of parent permission forms was approximately 16%.

The survey was given during regular school hours at participating schools in groups ranging from 6 to 60 students per group during February and March of 1982. Group administration avoided personal identification of individual respondents. It took between 20 and 50 minutes for the respondents to complete the survey depending on their age and reading level.

The written instruction set given to subjects included both the informed consent form and the directions on the first page of the survey. Verbal directions were added to emphasize parts of the written directions such as there are no "right or wrong answers" to the survey questions to insure that respondents understood the instructional set.

II. RESULTS

Topography of Family Scapegoating

The frequency of self-reports of family scapegoating are presented in Table 1 and the means and standard deviations are presented in Table 2. Table 1 represents a family member by type of conflict matrix of blaming, while the means and standard deviations are included for each of the nine scapegoating items.

The percentages in Table 1 demonstrate that some form of scapegoating is reported by the vast majority of adolescent respondents. The most reported form of family scapegoating is that of being blamed by a sibling for an interpersonal disagreement. Overall, reports of scapegoating occurred most for cases of sibling conflict, followed by parent-adolescent (respondent) conflict and occurred least for cases of marital conflict. The average incidence of reported scapegoating for sibling conflict was one incident per month. The average incidence of reported scapegoating for parent-adolescent conflict was about four to five times a year. The incidence of reported scapegoating of marital conflict averaged less than once per year.

Table 1

Frequency (% of sample) of Family Scapegoating Self-Reports:
A Family Member by Type of Family Conflict Matrix of Blaming

Type of Conflict	Scapegoating Frequency	Scapegoating Family Member		
		Mother	Father	Sibling(s)
Sibling	never	17.3	26.3	13.1
	yearly	33.8	34.7	26.5
	monthly	20.1	19.5	19.1
	weekly	28.9	19.5	41.1
Parent - Adolescent	never	34.0	41.1	39.4
	yearly	33.7	31.5	34.2
	monthly	17.4	16.0	12.3
	weekly	14.9	11.4	14.1
Marital	never	68.9	72.6	68.0
	yearly	22.2	18.5	23.9
	monthly	6.3	6.7	4.9
	weekly	2.5	2.4	3.2

Table 2
Scapegoating Means (\bar{X}) and Standard Deviations (SD)

Scapegoating			
Conflict	Family member	\bar{X}^a	SD
Sibling	mother	4.5	2.5
	father	3.9	2.6
	sibling(s)	5.5	4.6
Parent - Adolescent	mother	3.9	2.5
	father	3.0	2.4
	sibling(s)	3.2	2.5
Marital	mother	1.8	1.6
	father	1.8	1.6
	sibling(s)	1.8	1.6

^aScale: 1 = never
 2 = \leq 1/yr
 3 = 2-3/yr
 4 = 6/yr
 5 = 1/mo
 6 = 2-3/mo
 7 = 1/wk
 8 = 2-3/wk
 9 = every day

The means, standard deviations, and correlation matrix of the items assessing the frequency of each type of family conflict are listed in Table 3. Table 3 is introduced at this point because the pattern of scapegoating results is due in part to the frequency with which each type of conflict occurs. The rank-order of the conflict means is the same as the rank-order of the scapegoating means for each type of conflict. For example, sibling conflict was the most frequent type of family conflict as well as the most frequent type of family conflict scapegoated. Overall, scapegoating does correlate with the frequency of family conflict ($r = .63$, $p < .001$) and family conflict accounts for 40% of the variance of scapegoating reports.

If the scapegoating items are assessed in terms of the family member reported to be doing the scapegoating, one finds that overall the family members are about equally likely to scapegoat, with fathers scapegoating slightly less than other family members. By referring back to Table 1, the reader can see that most of the variability between family members occurs in the scapegoating of sibling conflict.

To summarize the results presented thus far, the frequency of scapegoating self-reports vary more with the type of family conflict scapegoated, than with the family member doing the scapegoating. The variation in the scapegoating of family conflict is due in part to the

Table 3
 Correlation Matrix, Means (\bar{X})^a and
 Standard Deviations (SD) of Sibling (S),
 Parent-Adolescent (P-A) and Marital (M) Conflict

Type of Conflict	Correlations			\bar{X}	SD
	S	P-A	M		
Sibling		.20***	.11	6.8	2.3
Parent - Adolescent			.43***	5.5	2.2
Marital				4.1	2.2

^ascale

- 1 = never
- 2 = \leq 1/yr
- 3 = 2-3/yr
- 4 = 6/yr
- 5 = 1/mo
- 6 = 2-3/mo
- 7 = 1/wk
- 8 = 2-3/wk
- 9 = every day

***_p < .001

frequency that a particular type of family conflict occurs. Adolescents were most likely to be scapegoated for sibling conflict and least likely to be scapegoated for marital conflict. Fathers are slightly less likely to scapegoat adolescents when compared to siblings and mothers, but these differences are relatively small, except in the scapegoating of sibling conflict.

Another way of investigating the pattern of family scapegoating self-reports is to focus upon the inter-item correlation matrix of all scapegoating items presented in Table 4. First, all question items were positively correlated with one another ($p < .01$). Second the correlations tend to be relatively larger between parents and siblings on scapegoating of the same type of family conflict. Third, there is a relatively high correspondence between parents themselves in the scapegoating of a particular family problem. In addition, this parental correspondence increases from sibling to parent-adolescent to marital scapegoating. Also, in the case of marital scapegoating, there is a high correspondence between siblings and mothers.

A factor analysis of the scapegoating items found two orthogonal patterns of variation in the scapegoating matrix (see Table 5). The first factor included scapegoating of sibling and parent-adolescent conflict. The second factor consisted only of marital scapegoating items. These factor analysis findings suggest that beyond the fact that

Table 4

Scapegoating Inter-item Correlation Matrix

(all r 's are significant at $p < .01$)

		<u>Scapegoating</u>										
Conflict	x	Family member	Item #'s									
				2	3	4	6	7	8	10	11	12
Sibling		mother	2		.61	.43	.49	.36	.43	.30	.18	.29
		father	3			.39	.42	.59	.35	.27	.37	.26
		sibling(s)	4				.26	.24	.39	.22	.20	.29
Parent - Adolescent		mother	6					.66	.51	.40	.31	.28
		father	7						.47	.28	.46	.22
		sibling(s)	8							.38	.31	.50
Marital		mother	10								.73	.72
		father	11									.54
		sibling(s)	12									

Table 5

Principal Factor Analysis (with iteration) of Family Scapegoating Items

Scapegoating Item	<u>Factor Matrix</u>			
	Unrotated		Varimax Rotated	
	Factor 1 (4.1 ^a , 46 ^b %)	Factor 2 (1.5 ^a , 16 ^b %)	Factor 1 (3.7 ^a , 77 ^b %)	Factor 2 (1.1 ^a , 23 ^b %)
2	.61	.35	.69	.12
3	.66	.35	.73	.15
4	.46	.16	.45	.17
6	.67	.26	.68	.23
7	.67	.28	.70	.21
8	.64	.10	.56	.33
10	.74	-.60	.18	.93
11	.65	-.38	.26	.71
12	.64	-.41	.23	.72

a = eigen value

b = % of variance

scapegoating for sibling and parent-adolescent conflict is most frequent, marital scapegoating is not just an extension of more normative patterns of scapegoating, but an added dimension of family scapegoating.

The reliability scores of the nine scapegoating items and their respective matrix subsets are presented in Table 6. All of the reliability coefficients are relatively high, especially for all nine items and the subsets for scapegoating by both parents and scapegoating of marital conflict.

Social desirability is a measurement problem frequently associated with self-report measures. It is important to determine whether or not social desirability issues contaminated subject reports in this survey. Table 7 lists Pearson correlations between composites of social desirability and scapegoating and the outcome measures. Except for self-esteem, these correlations suggest that respondents are less likely to report scapegoating, symptoms, delinquent acts, and the delinquent activity by peers.

Table 6
Reliability of Scapegoating Items

Scapegoating Items	Cronbach's Alpha
<u>General:</u>	
All (SYSTEM) 9 Items (2,3,4,6,7,8,10,11,12)	.80
both parents only (2,3,6,7,10,11)	.81
<u>Family Members</u>	
mother (2,6,10)	.67
father (3,7,11)	.70
siblings (4,8,12)	.53
<u>Family Conflict</u>	
sibling (2,3,4)	.63
parent-adolescent (6,7,8)	.76
marital (10,11,12)	.85

Table 7
 Pearson Correlations Between Composites of Social
 Desirability and Scapegoating, Self-esteem, Symptom,
 Delinquency and Peer Delinquency

Measure	Social Desirability
Scapegoating	-.21***
SE	.27***
SYMP	-.25***
DEL	-.15**
PRDE	-.18***

**p < .01

***p < .001

Hypothesis Tests

The first four hypotheses predicted that family scapegoating would be negatively related to measures of adolescent development. These hypotheses were tested using canonical correlations for both scapegoating by all family members (systems scapegoating) and scapegoating by parents only (parent scapegoating). The canonical correlations are listed in Table 8.

Hypothesis 1 predicted that low self-esteem would be associated with family scapegoating. This relationship was not supported for systems scapegoating, but the canonical approached significance ($p < .06$) in the predicted direction. Low self-esteem was related to parent scapegoating.

Hypothesis 2 predicted that family scapegoating would be associated with symptoms indicating adjustment problems. This hypothesis was supported for both system and parent scapegoating.

Hypothesis 3 predicted that scapegoating would be associated with adolescent delinquent behavior. This hypothesis was not supported for either system or parent scapegoating - although the relationship was in the predicted direction.

Hypothesis 4 predicted that scapegoating would be associated with involvement with delinquent peers. This hypothesis was supported for both system and parent

Table 8
 Canonical Correlations between Family Scapegoating and
 Adolescent Development Measures

Measures	Family Scapegoating	
	System	Parent
Self-esteem	.27	.24*
Symptoms	.48***	.46***
Delinquency	.29	.29
Peer Delinquency	.28*	.27*
Combined Measures	.51***	.50***

* $p < .05$

** $p < .01$

*** $p < .001$

scapegoating.

Hypothesis 5 predicted that adolescents who were redundant with respect to birth order are more likely to be scapegoated because their role in the family is less defined than their siblings' roles. Redundant adolescents were not found to be more likely to be scapegoated. Instead, 40.1% of oldest children reported being scapegoated at least every other month, followed by 26.7% of all middle children (including redundant children) and 19.7% of youngest children. Except for the scapegoating of marital conflict, oldest children report more family scapegoating.

Hypothesis 6 predicted that family scapegoating would vary with the age of the adolescent. Scapegoating did not significantly correlate with the age of the adolescent respondents. This finding suggests that scapegoating may be a well-established pattern of family interaction before adolescence. Also, although there were no specific predictions, scapegoating was not related to sex of respondent, parental marital status, type of parental employment, level of educational attainment of parents and parental religious preference.

Hypothesis 7 predicted that although scapegoating by parents and parental social support would be related, scapegoating would be a relatively independent family process and not merely a part of negative family response set on the part of the respondent. This hypothesis was supported, for although parental scapegoating and social

support were positively correlated ($r = .25, p < .001$), social support accounted for only 6% of the scapegoating variance. In addition, in a factor analysis of parental scapegoating and social support items, scapegoating and social support were separate factors (see Table 9). This finding suggests that scapegoating reports were not an artifact of a negative response set by adolescents.

Subsets of the Scapegoating Matrix

Canonical correlations for all item combinations for subsets of the family member by conflict matrix of family scapegoating are listed in Table 10. Scapegoating by father was related to all outcome measures and scapegoating by mother was related to all outcome measures except adolescent delinquency. All other subsets had two significant canonical relationships with the outcome measures. Self-reports of scapegoating by siblings were associated with symptoms and delinquency. Being scapegoated for sibling conflict was associated with low self-esteem and symptoms. Scapegoating of parent-adolescent and marital conflict both were related to symptoms and peer delinquency.

Three patterns can be summarized from Table 10. Scapegoating by father and mother was most strongly related to outcome measures. All subsets were related to

Table 9

Factor Analysis of Parental Support (SP) and Parental Scapegoating (SG) Items

<u>Varimax Rotated Factor Matrix</u>					
	Factor 1 (3.2 ^a , 43 ^b %)	Factor 2 (2.0 ^a , 26 ^b %)	Factor 3 (1.4 ^a , 19 ^b %)	Factor 4 (0.9 ^a , 12 ^b %)	
	1	.75	.07	.00	.05
	2	.69	.07	.12	.04
SP	7	.80	.07	-.06	.04
	8	.78	.09	.03	.04
	13	.05	.09	.77	.08
	14	.03	.06	.97	.07
	2	.08	.69	.00	.03
	3	-.02	.74	.12	.15
SE	6	.18	.69	-.01	.20
	7	.08	.69	.11	.26
	10	.09	.27	.06	.67
	11	.03	.22	.11	.97

Table 10
 Canonical Correlations for Subsets of
 Family Scapegoating Matrix

<u>Measure</u>	<u>Family Member Scapegoating</u>		
	<u>mother</u>	<u>father</u>	<u>siblings</u>
SE	.22*	.22*	.11
SYMP	.43***	.37***	.37***
DEL	.24	.27*	.22*
PRDEL	.20*	.25*	.16
Combined	.45***	.44***	.41**
	<u>Type of Conflict Scapegoated</u>		
	<u>sibling</u>	<u>parent-adolescent</u>	<u>marital</u>
SE	.20*	.19	.22
SYMP	.39***	.44***	.31***
DEL	.18	.21	.26
PRDEL	.17	.22*	.25*
Combined	.42***	.44***	.40**

* $p < .05$

** $p < .01$

*** $p < .001$

symptoms measures. Also, all subsets showed significant positive correlations with the combined measures. These patterns suggest that all dimensions of the scapegoating matrix have meaningful relationships with the outcome measures.

Another way of evaluating the relationship between subsets of the scapegoating matrix and the outcome measures is the use of multiple regression. Table 11 presents the results of a stepwise regression of scapegoating by family members on each outcome measure. Scapegoating by mother or father (or both) was the best predictor of outcome measures (none were related to peer delinquency). This finding is consistent with the canonical correlation results for scapegoating family members.

In Table 12, the results of a stepwise regression of scapegoating of each type of conflict on each outcome measure is presented. Reports of scapegoating of parent-adolescent and marital conflict were the best predictors of the outcome measures. These findings were not evident in the canonical correlations.

Multiple regression can also be used to evaluate the unique contribution of scapegoating in contrast to other factors in predicting outcome measures. When scapegoating is entered last into a multiple regression equation including social desirability, parental support and family conflict, symptoms is the only outcome measure to which scapegoating adds a unique contribution (see Table 13).

Table 11

Stepwise Regression of Scapegoating by Family Members on
Self-Esteem (SE), Symptoms (SYMP) and Delinquency (DEL)

Measures	Scapegoating By	Beta	T
SE	mother	-.18	-3.56***
$R^2 = .04$	father	.06	.89
$F(1, 362) = 12.6***$	sibling(s)	.07	1.22
SYMP	mother	.29	4.58***
$R^2 = .16$	father	.14	2.13*
$F(2, 349) = 32.6***$	sibling(s)	.03	.44
DEL	father	.10	1.97*
$R^2 = .01$	mother	.05	.74
$F(1, 354) = 3.9*$	sibling(s)	.01	.16

*p < .05

***p < .001

Table 12

Stepwise Regression of Scapegoated Family Conflict on
Self-Esteem (SE), Symptoms (SYMP), Delinquency (DEL)
and Peer Delinquency (PRDEL)

Measures	Conflict Scapegoated	Beta	T
SE	parent-adolescent	-.12	-2.21*
$R^2 = .01$	sibling	.04	-0.64
$F(1, 362) = 4.9^*$	marital	.04	-0.63
SYMP	parent-adolescent	.29	5.31***
$R^2 = .15$	marital	.14	2.52**
$F(2, 349) = 29.6^{***}$	sibling	.08	1.41
DEL	parent-adolescent	.14	2.57**
$R^2 = .02$	sibling	.07	-1.17
$F(1, 354) = 6.6^{**}$	marital	.05	.91
PRDEL	marital	.17	3.19**
$R^2 = .03$	sibling	.03	.48
$F(1, 349) = 10.2^{**}$	parent-adolescent	.01	.21

*p < .05

**p < .01

***p < .001

Table 13

Regression of Scapegoating (SG), Parental Support (PSUP),
Family Conflict (FAMCON) and Social Desirability (SOCDS)
on Symptoms

Symptoms ($R^2 = .25$, $F(4, 338) = 28.68^{***}$)

order of entry	variable	Beta	T
1	SOCDS	-.13	-2.65**
2	PSUP	.21	4.38***
3	FAMCON	.18	2.95**
4	SG	.22	3.56***

**p < .01

***p < .001

This finding mirrors the relatively high canonical correlations between scapegoating and symptoms.

Scapegoated and Non-Scapegoated Adolescents: An Extreme Group Comparison

A family scapegoating composite was constructed by adding responses to the nine objective scapegoating items. Two extreme groups were derived from this composite. The first group (n=18) were adolescents who, on the average, reported scapegoating for all types of family conflict greater than once per month. This first group is referred to as Scapegoated Adolescents (SA).

The second extreme group (n=88) was composed of adolescents that, on the average, reported scapegoating for all types of family conflict less than once a year. This group is referred to as Non-Scapegoated Adolescents (NSA). The Scapegoated and Non-Scapegoated adolescents are compared with respect to their mean responses to individual outcome measures. These comparisons suggest trends and provide descriptive information about the multivariate canonical correlations presented in the hypothesis section.

The mean differences between the SA and NSA groups on each outcome item are presented in Table 14, including the univariate analysis of variance results (note that scales are not strictly interval scales). The SA and NSA groups are not significantly different with respect to the set of self-esteem items (MANOVA adjusted for unequal N). However,

Table 14

Means and Univariate Analysis of Scapegoated (SA) and Non Scapegoated (NSA) Groups on Self-Esteem (SE), Symptoms (SYMP), Delinquency (DEL) and Peer Delinquency (PRDEL)

Outcome Measure	Item #	Group \bar{X}		F
		SA	NSA	
SE ^a	1	4.00	3.92	.14
	3	3.78	3.99	.72
	5	3.89	4.09	.87
	7	2.44	3.06	3.33
SYMP ^b	1	6.71	4.15	16.91***
	2	6.29	3.36	22.70***
	3	7.41	4.79	22.79***
	4	5.35	3.70	9.29**
	5	7.65	4.60	29.79***
	6	6.71	4.08	21.83***
DEL ^b	4	3.22	2.85	.02
	5	4.11	2.70	2.78
	6	3.94	2.64	3.59
	7	4.83	3.30	4.74*
	8	1.72	1.14	7.18**

Outcome Measure	Item #	Group \bar{X}		F
		SA	NSA	
PRDEL ^c	2	.40	.32	.29
	3	.19	.05	7.76**
	4	.75	.53	1.97
	5	.66	.40	3.87*
	6	.59	.34	6.49**

^a Scale:	^b Scale:	^c Scale:
1 = s. agree	1 = never	% of close
2 = agree	2 = \leq 1/yr	friends
3 = undecided	3 = 2-3/yr	
4 = disagree	4 = 6/yr	
5 = s. disagree	5 = 1/mo	
	6 = 2-3/mo	
	7 = 1/wk	
	8 = 2-3/wk	
	9 = every day	

*p < .05

**p < .01

***p < .001

the mean differences are in the predicted direction for three of the four self-esteem items.

Overall, the SA and NSA groups are significantly different on mean responses to symptom items (Wilks Lambda = .68, $F(6,97)=7.48$, $p \leq .001$). On the average, SA's reported symptoms about once a week, whereas NSA's reported symptoms about every other month. The groups were significantly different on all symptom items. With respect to sleep disorders (item 1), SA's reported almost one incident per week in comparison to NSA group average of every other month. In cases of no appetite (item 2), the SA group average was slightly more than 2 to 3 times per month in contrast to slightly more than 2 to 3 times a year for the NSA group. The SA group reported being tired all day (item 3) more than once per week, whereas the NSA group averaged slightly less than once per month. Physical problems (item 4) such as headaches represent the smallest difference between groups, with SA's reported mean incidence of more than once per month and NSA's reported mean incidence less than 6 times per year. The SA's reported having difficulty doing schoolwork (item 5) more than once a week and the NSA's only every other month. About three times a month, SA's reported feeling emotionally upset or depressed (item 6) in comparison to every other month for the NSA's

The SA and NSA groups were significantly different in reports of delinquent behavior (Wilks Lambda = .89, $F(5,98)=2.51$, $p \leq .05$). With respect to individual items, all mean

differences are in the predicted direction, with significant differences for reports of alcohol intoxication (item 7) and running away from home (item 8). The SA's reported being intoxicated almost once a month in contrast to NSA's mean of two to three times a year. The mean differences for running away from home were much smaller.

SA's were also more likely than NSA's to report peer delinquent activity (Wilks Lambda = .84, $F(5, 93) = 3.3$, $p < .01$). All mean differences on individual items were in the predicted direction, with running away from home (item 3), alcohol intoxication (item 5) and marijuana use (item 6) significantly different.

Summary. These extreme group comparisons give the reader descriptive trends, as well as substantive information about the canonical correlation results previously presented. All group differences are in the predicted direction except for one self-esteem item. The largest mean differences were for the symptom items, replicating the results for the canonical correlations. The mean differences between groups on the delinquency items suggest that the relationship between scapegoating and delinquency is clearer for the extreme groups than for the entire sample.

III. DISCUSSION

Limitations of Research

There are several factors that place the results in context, including the use of self-reports, the characteristics of the sample, and the problem of correlation in science. As previously discussed, the present study differed from previous research by using a self-report instrument and a large sample. The hypotheses and measures were general in order to assess the parameters of scapegoating in normal families. The results obtained have to be viewed as tentative, not conclusive, until replication studies and future research can be completed.

Issues involving the potential problems and shortcomings of research using self-reports include reliability, validity and social desirability. The reliability coefficients of the scapegoating items were relatively high, especially when compared to the reliability of the outcome measures adopted from other instruments (e.g., self-esteem). These reliability results are very important when one considers that this is the first use of the Family Scapegoating Index.

With respect to validity issues, one might argue that by taking the subjective view of the adolescent, the research has skirted the issue of whether or not the adolescent self-reports truly represent actual family scapegoating. Beyond the practical limitations of interviewing 400 families for an exploratory study, previously cited research has shown that negative family perceptions are associated with adolescent problems.

Another validity issue concerns the non-deliberate distortion involved in retrospective self-reports. Loftus (1979) and her associates have studied the limited accuracy of human memory. The present study asked subjects to recall events during the past year. The saliency of family and personal experience help to minimize the non-deliberate distortion of past experience.

Social desirability is another validity issue in self-reports. Except for self-esteem, subjects were less likely to report scapegoating, symptoms, delinquency and peer delinquency. This indicates that any self-reports of scapegoating probably are under-reported and that the correlational relationships are likely to be conservative. Therefore, social desirability did not inflate the results, but most likely did the opposite by reducing the variability in the self-reports.

The adolescent subjects in the present study do not represent the typical teenager in the United States. The sample cannot even claim to represent the typical New

Hampshire teenager. Beyond their state of residence, the main reason why the sample was more select than the ideal random sample was the low return rate of parent permission forms (estimated 16%). One can very easily speculate that the sample 'missed' many problem adolescents whose parents did not receive or would not sign the informed consent forms. This suggests that the sample was likely to consist of healthier, well-adjusted adolescents. This lends credibility to the results and may mean that scapegoating was under-estimated in the results.

There are three major ways that the sample was different from a stratified national sample of teenagers. First, the sample was predominately white. New Hampshire's total population is 99% white in comparison to the national average of 83% (US Bureau of Census). This is an important difference because white children are twice as likely to be living with both of their parents.

Second, the parents of the adolescents in the sample had higher level of educational attainment than the national average. For example, both mothers (25%) and fathers (41%) exceeded the national average (17%) for completing four years of college.

Third, no large urban areas were represented in the sample. Therefore, the sample was composed of only teenagers from small cities, towns or rural areas. This is important because people in urban areas are more likely to report psychological adjustment difficulties (Gurin, Veroff,

& Feld, 1960).

One statement with which all social scientists would probably agree is that correlation does not imply causation. One classic example is the high positive correlation between the number of firemen at a fire and the amount of fire damage. Even the statistically naive student would agree that the firemen did not cause the damage, but that a third factor, the severity of the fire, is the "real cause" of the amount of damage.

Since the present study used correlation to assess the relationship between family scapegoating and adolescent development, the question that comes to mind is what, if anything, can these correlations explain or predict. Eacker (1972) has discussed the problems of causation and explanation in psychology. Eacker (1972) reviewed the views of modern philosophers and psychologists and concluded that "All of these authors appear to agree that causation is correlation, but it is correlation with a difference. That is, it is not simply the relationship between two dependent variables, but rather the relationship between an independent and a dependent variable where the independent one may be prior to or contemporaneous with the dependent variable" (p. 563).

Thus far, we have assimilated that correlation does not necessarily imply causation, but that causation is a special case of correlation. While the particulars are beyond the scope of this study, the following is a summary of Eacker's

(1972) review that led to his cited conclusion that causation is a special case of correlation.

In an ultimate or metaphysical sense, it is impossible to determine (rationally or empirically) why a certain event 'x' occurs. What the scientist does, with the assumptions and tools of science, is to determine what are the relevant variables with respect to event 'x' and what is the relationship between these variables and event 'x'.

In a more pragmatic vein, the 'scientific' tools used in 'special case of correlation' to determine the relationship between the variable and event 'x,' are experimental and statistical control. Since the reader is well versed in experimental control and the present study is not an experiment, only statistical control will be discussed.

In studies using correlation, certain procedures such as partial correlation can be employed to more precisely assess the relationship between a set of variables and event 'x'. However, Kerlinger and Pedhazur (1973) point out a striking difference between how an insurance executive and a scientist would approach statistical control. Let us define event 'x' as female longevity and the set of variables as factors, such as cigarette smoking, that are correlated with female longevity.

The insurance executive would want to combine the factors in a regression equation in such a way as to maximize the variance accounted for by this set of

variables. In other words, the executive would want to have the best prediction of female longevity in order to set premium costs. The executive would not be concerned with what factors would be entered into the equation, so long as the equation provides the best prediction possible.

A scientist interested in behavioral medicine would also be interested in the set of variables associated with female longevity. However, the crucial difference between the scientist and the executive is that the scientist would want to combine the factors in a meaningful way. In other words, for the scientist explanation has priority over prediction. For example, the scientist may have a theory that he tests with a path analysis modeled after the theory. Kerlinger and Pedhazer (1973) are quick to point out that the ideal explanation is one that allows prediction.

Therefore, the task at hand for the author, is to discuss the descriptive and correlational data on family scapegoating in a meaningful way. While the exploratory nature of this study does not allow a "special case of correlation", for the purpose of discussion, scapegoating is considered a criterion or predictor variable and adolescent measures are classified as outcome variables.

Scapegoating as a Normal Family Process

If normative is defined as any event experienced by 50% of the sample, some scapegoating for sibling and parent-adolescent conflict is normative for most families. Scapegoating for marital conflict, however, provides a strong contrast because more than two-thirds of the adolescents report never experiencing this form of family scapegoating. In fact, the factor analysis results suggest that scapegoating for marital conflict is not just an escalation of the scapegoating of sibling and parent-adolescent conflict, but an added dimension of family scapegoating beyond the more normative forms of family scapegoating.

Overall, there is relatively little variability in scapegoating behavior of individual family members except that fathers are slightly less likely to engage in scapegoating. Most of the variability between family members was in the scapegoating of sibling conflict. As previously discussed, siblings are the most active scapegoaters of sibling conflict, followed by mothers and fathers respectively. The difference between parents is most likely due to the fact mothers are more active than fathers in child care, and therefore mothers have more 'opportunities' to scapegoat. For parent-adolescent and marital conflict, family members are very similar in their frequency of scapegoating. The author was somewhat

surprised to see the magnitude of sibling involvement in the scapegoating these family conflict issues that were less likely to directly involve them. In addition, there is a relatively high correspondence between parents was substantially greater.

With respect to the frequency of self-reports of scapegoating, these findings suggest that siblings should be included in any systematic analysis of family scapegoating. The participation of siblings in the scapegoating process is at least the equal of parental involvement in all the forms of scapegoating investigated in this study.

Scapegoating and Adolescent Development

The relationship between reports of family scapegoating and measures of adolescent development was assessed by two multivariate statistical techniques: canonical correlation and multiple regression. Canonical correlation is a more liberal analysis than multiple regression because it maximizes the relationship between two variable sets. Multiple regression only maximizes the set of predictor variables and thus is a more conservative analysis.

In both the canonical and regression results, self-reports of scapegoating were related to reports of symptoms of adjustment problems. This relationship accounted for the highest canonical correlation and was the only outcome that scapegoating accounted for a significant

amount of variance in a multiple regression where other factors such as parental support were already present in the equation. Therefore, reports of symptoms is the outcome measure that is most associated with family scapegoating. There was also a trend in the more liberal canonical correlations for parental scapegoating reports to be related to low self-esteem, delinquency and peer delinquency.

With respect to the family member scapegoating the respondent, the canonical correlations were relatively equal in accounting for similar amounts of variance in the outcome measures. However, if the canonical correlations are evaluated with respect to statistical significance, scapegoating by parents (individually and conjointly) was the most destructive form of scapegoating by particular family members. The frequency of sibling involvement was equal to parental involvement, but was not as destructive. This trend was replicated in the regression results where scapegoating by mother or father was a better predictor of the outcome measures than scapegoating by siblings.

The relative importance of reports of scapegoating of a particular type of conflict was unclear in the canonical correlations. However, in the multiple regression analysis, scapegoating of parent-respondent conflict was the best predictor of outcome measures. Marital scapegoating was also a significant factor in predicting reports of symptoms.

Vogel and Bell Revisited

Vogel and Bell (1960) have the most developed theory of the origin and development of family scapegoating and the author thought it would be interesting to reevaluate the theory with respect to the findings of this study. First, Vogel and Bell posit that the young child is most likely to be chosen as family scapegoat because the child's personality is "flexible" and more easily "molded" into the scapegoat role. While the present study used an adolescent sample, the stability of scapegoating reports across age in adolescence may indicate that scapegoating is a well-established pattern of family interaction by adolescence. One may infer that the scapegoated adolescent was also a scapegoated child. This is indirect and speculative support that children are frequently chosen as scapegoats.

Second, a weak link in Vogel and Bell's theory is their explanation of why a particular child is chosen a family scapegoat. Vogel and Bell speculate that an analogous process to dream symbolization occurs whereby the child has some characteristic that symbolizes the family's problem. Hypothesis 5 speculated that perhaps redundant children because they have less defined role in the family, would serve as an "inkbolt" for other family members to project blame. However, it was the oldest child that was more likely to be scapegoated, not the redundant child. There

were no other characteristics of adolescents that were associated with being chosen as family scapegoat.

Third, Vogel and Bell state that the child is maintained in the scapegoat role by inconsistent parenting. The present study has no data to support or disconfirm this assertion.

Fourth, Vogel and Bell maintain the child internalizes his/her scapegoating role. The results tend more to support, than not support this claim. There is a small tendency for scapegoated adolescents to have low self-esteem - especially if they are scapegoated by parent. This difference is small enough, that one may speculate that there is a small subsample of scapegoated adolescents that externally attribute the scapegoating to their parent rather than themselves.

Fifth, Vogel and Bell state that while scapegoating is a function for the family as a whole, it has destructive consequences for the scapegoated child. The statement assumes that scapegoating both causes problem behavior and that scapegoating always leads to negative outcomes for all children. The findings support that family scapegoating, in all its forms, is related to adjustment problems (i.e. "symptoms") for adolescents. Results also suggest scapegoating is more likely to lead to adjustment problems, rather than delinquency.

Sixth, Vogel and Bell maintain that the "vicious cycle" of scapegoating is initiated by parents. This "chicken and egg" question of which comes first, the child's problem behavior or the scapegoating, is indirectly addressed by the present study. The results suggest that the problems associated with the scapegoat are more likely to be problems of adjustment, rather than 'acting out,' delinquent behavior. It appears that a scapegoated child is more likely to be depressed than to shoplift. In addition, social desirability is related more to the symptom than the delinquency measures. So, it is not the case that scapegoated adolescents are more willing to admit they are depressed, than admit to committing a delinquent act. This finding suggests that the problems associated with scapegoating are more personal and less social/interpersonal. While it is easy to conceive of a delinquent adolescent as a 'deserving' scapegoat, it is difficult to conceive of a depressed adolescent as a deserving scapegoat. Although indirect and inferential, this finding suggests that for the typical scapegoated adolescent does not report displaying the quantity of delinquent behavior to warrant concluding that scapegoating is elicited by the problem behavior. At this juncture of limited knowledge of scapegoating, the findings suggest that scapegoating is initiated by something other than problem or acting-out behavior on the part of the child. An alternate explanation is that the scapegoat is more withdrawn and

maladjusted than other siblings before scapegoating begins.

Seventh, Vogel and Bell described scapegoating as reducing family conflict at the expense of the scapegoat. However, the relatively high correlation between family conflict and scapegoating makes this point debatable. The author would speculate that Vogel and Bell would interpret the high correlation as indication that family conflict increases scapegoating, not that scapegoating increases family conflict. Whatever one's interpretation of this correlation, one would be hard pressed to argue that scapegoating eliminated family conflict. In other words, a psychoanalytic view of scapegoating as a family defense mechanism that reduces family conflict is not supported by this study.

Finally, Vogel and Bell proposed that marital problems are the type of family problem most likely to be scapegoated. While marital problems may be involved in clinical cases of scapegoating, marital problems are the least likely to be scapegoated in this study. However, the results do suggest that scapegoating by parents is the most damaging form of scapegoating. It may be that the degree of parental involvement in scapegoating, rather than the type of problem scapegoated, is the crucial factor in determining how destructive scapegoating is for the child or adolescent.

To summarize, the findings support Vogel and Bell in several indirect and somewhat speculative ways. Scapegoating is stable across age during adolescence which

may suggest that scapegoating originated during childhood. Parental scapegoating is related to low self-esteem and symptoms of adjustment problems, which suggests the scapegoat may internalize his/her negative family role. Scapegoating may be initiated by parents because scapegoating is not systematically related to adolescent delinquency. This may imply the the scapegoated adolescent does not have a behavior repertoire deserving of the role of scapegoat.

In contrast, there is no support that scapegoating reduces family conflict. Also, there is no support that marital problems are most likely to be scapegoated.

The findings have several implications for family therapy. When a therapist suspects the scapegoating of a child, sibling and parent-child conflict are two possible areas that could be explored to make a better assessment of family scapegoating. If the child or adolescent is scapegoated, the therapist should be alert for adjustment problems, even depression, affecting the scapegoat.

Future Research

The findings of the present study have not addressed all of the scapegoating unknowns discussed earlier in the paper. The FSI has potential for future research. Within the clinical setting, the FSI could be given to adolescents referred for clinical treatment and the results could be

compared with the normal adolescent sample. Also, independent, blind ratings of scapegoating could be made from videotapes of family therapy sessions and compared to self-reports on the FSI. In this way, subjective perceptions could be compared objective observations.

The FSI could also be employed to study the relationship between scapegoating and social psychological constructs such as locus of control and attribution. It would be interesting to see if scapegoated adolescents make attributions differently than non-scapegoated adolescents or if scapegoated adolescents have an internal or external locus of control.

The study of possible problems associated with scapegoating needs to be expanded. It would be interesting to assess whether or not scapegoated adolescents were more likely to be physically abused as children. Depression and family scapegoating also need to be studied further.

There are many aspects of the scapegoating process that the FSI alone cannot address. Are there other characteristics, other than birth order, that may make a child more likely to be scapegoated? Although scapegoating appears to be stable during adolescence, the stability of scapegoating during childhood is unknown. A related issue is whether or not other siblings are excluded from family scapegoating once one family scapegoat has been chosen.

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APPENDIX

FAMILY SURVEY

Dear Student:

We designed this survey in order to increase our understanding of family experience and young people your age. The following questions will ask you about your relationships with family and friends, as well as your personal experiences during the past year.

Please answer all of the questions as completely and as honestly as you can. There are no right or wrong answers, so just answer whatever is most true for you in your own experience. Do not put your name on the survey. Only circle or write in an answer for each question. Your answers will be kept confidential and no record of your name will be kept whatsoever.

Take your time with the questions and try not to rush. Please raise your hand if you have any questions.

Thank you for your cooperation.

PRACTICE QUESTIONS:

Practice question 1) Do you have a brother? (circle 1 or 2)
1 = no
2 = yes

Practice question 2) How often do you go to the movies? (only circle one answer)
1 = never
2 = once a year or less
3 = 2 to 3 times a year
4 = about every other month
5 = about once a month
6 = 2 to 3 times a month
7 = about once a week

Part A

CIRCLE THE ANSWER OR FILL IN THE BLANK FOR EACH QUESTION

1. Your sex:
1 = male
2 = female
2. Your age: _____ (years old)
3. At this time, are your parents (circle all that apply):
1 = both living together
2 = separated
3 = divorced
4 = father is no longer living
5 = mother is no longer living
6 = father is remarried
7 = mother is remarried
4. At the present time, with whom are you living?
1 = with your natural mother & father
2 = with your mother only
3 = with your father only
4 = with your mother & stepfather
5 = with your father & stepmother
6 = with none of the above
5. Your mother's highest level of education?
1 = did not complete high school
2 = completed high school
3 = some college or technical school
4 = completed college
5 = advanced degree beyond college
6. Your father's highest level of education?
1 = did not complete high school
2 = completed high school
3 = some high school or technical school
4 = completed college
5 = advanced degree beyond college
7. Describe what type of work your father does for a living. For example, does he fix cars, teach school, sell furniture, build house etc. . Do not put down the place he works.

8. Describe what type of work your mother does for a living. For example, does she remain at home, teach school, etc.

9. Your father's religious preference?
1 = Roman Catholic
2 = Protestant
3 = Jewish
4 = Eastern Orthodox
5 = none of the above
10. Your mother's religious preference?
1 = Roman Catholic
2 = Protestant
3 = Jewish
4 = Eastern Orthodox
5 = none of the above
11. Your religious preference?
1 = Roman Catholic
2 = Protestant
3 = Jewish
4 = Eastern Orthodox
5 = none of the above
12. List the ages of your:
Brothers: & Sisters
- | | | |
|-----------|--|-----------|
| 1 = _____ | | 1 = _____ |
| 2 = _____ | | 2 = _____ |
| 3 = _____ | | 3 = _____ |
| 4 = _____ | | 4 = _____ |
| 5 = _____ | | 5 = _____ |

Part B

THE FOLLOWING QUESTIONS ASK YOU TO THINK ABOUT WHAT OTHER PEOPLE, SUCH AS THE MEMBERS YOUR FAMILY, YOUR FRIENDS AND YOUR TEACHERS THINK ABOUT YOU. FOR EACH QUESTION, CIRC THE BEST ANSWER.

HOW OFTEN DO OTHER PEOPLE NOTICE THINGS THAT YOU DO WELL (schoolwork, sports, hobbies, etc.)?

1. Your mother:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

2. Your father:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

3. Your friends:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

4. Your teachers:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

5. Your sister(s):

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

6. Your brother(s):

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

HOW OFTEN DO OTHER PEOPLE SHOW YOU THAT THEY CARE FOR YOU BY WHAT THEY SAY OR THEY ACT TOWARD YOU?

7. Your mother:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

8. Your father:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

9. Your friends:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

10. Your teachers:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

11. Your sister(s):

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

12. Your brother(s):

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

HOW OFTEN DO OTHER PEOPLE SEE YOU AS A YOUNG PERSON WITH MORE PROBLEMS THAN MOST OTHER YOUNG PEOPLE YOUR AGE?

13. Your mother:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

14. Your father:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

15. Your friends:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

16. Your teachers:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

17. Your sister(s):

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

18. Your brother(s):

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

HOW OFTEN DO YOU TALK TO OTHER PEOPLE WHEN YOU HAVE A PERSONAL PROBLEM CONCERNING SCHOOL, FAMILY, FRIENDS OR OTHER PROBLEMS THAT ARE IMPORTANT TO YOU?

19. Your mother:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

20. Your father:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

21. Your friends:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

22. Your teachers:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

23. Your sister(s):

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

24. Your brother(s):

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

ALL FAMILIES HAVE DISAGREEMENTS AND ARGUMENTS IN THEIR DAY TO DAY LIVES. GIVEN THAT ALL FAMILIES HAVE THESE PROBLEMS, CIRCLE THE ANSWER THAT IS MOST TRUE FOR YOUR FAMILY EXPERIENCE.

1. How often do you have disagreements or arguments with your sister(s) and/or brother(s)?

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

HOW OFTEN HAVE OTHER FAMILY MEMBERS BLAMED YOU FOR CAUSING THESE DISAGREEMENTS WITH YOUR SISTER(S) OR BROTHER(S) WHEN IT WAS NOT YOUR FAULT?

2. Your mother:

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

3. Your father:

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

4. Your sister(s) and/or brother(s):

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

5. How often do you and your parents have disagreements or arguments?

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

HOW OFTEN HAVE OTHER FAMILY MEMBERS BLAMED YOU FOR CAUSING THESE DISAGREEMENTS WITH YOUR PARENTS WHEN IT WAS NOT YOUR FAULT?

6. Your mother:

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

7. Your father:

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

8. Your sister(s) and/or brother(s):

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

9. How often do your parents have disagreements or arguments with each other?

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

HOW OFTEN HAVE OTHER FAMILY MEMBERS BLAMED YOU FOR CAUSING THESE DISAGREEMENTS BETWEEN YOUR PARENTS WHEN IT WAS NOT YOUR FAULT?

10. Your mother:

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

11. Your father:

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

12. Your sister(s) and/or brother(s):

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

IN GENERAL. HOW OFTEN HAVE OTHER FAMILY MEMBERS BLAMED YOU FOR CAUSING PROBLEMS YOUR FAMILY WHEN IT WAS NOT YOUR FAULT?

13. Your mother:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

14. Your father:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

15. Your sister(s):

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

16. Your brother(s):

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

17. Your relatives:

- 1 = never or almost never
- 2 = occasionally
- 3 = about 1/2 of the time
- 4 = often
- 5 = always or almost always

THE FOLLOWING QUESTIONS ASK YOU TO EVALUATE HOW YOU FEEL ABOUT YOURSELF AND YOUR FAMILY. CIRCLE THE ANSWER THAT BEST DESCRIBES HOW MUCH YOU AGREE OR DISAGREE WITH EACH STATEMENT.

- | | |
|---|---|
| <p>1. I feel I have a number of good qualities.</p> <p>1 = strongly agree
2 = agree
3 = undecided
4 = disagree
5 = strongly disagree</p> <p>2. I always tell the truth to my parents.</p> <p>1 = strongly agree
2 = agree
3 = undecided
4 = disagree
5 = strongly disagree</p> <p>3. I feel I do not have much to be proud of.</p> <p>1 = strongly agree
2 = agree
3 = undecided
4 = disagree
5 = strongly disagree</p> <p>4. There have been times I felt like rebelling against my parents even though I knew they were right.</p> <p>1 = strongly agree
2 = agree
3 = undecided
4 = disagree
5 = strongly disagree</p> | <p>5. I am able to do things as well as most other people.</p> <p>1 = strongly agree
2 = agree
3 = undecided
4 = disagree
5 = strongly disagree</p> <p>6. There have been times I wanted my own way when I had a disagreement with someone in my family.</p> <p>1 = strongly agree
2 = agree
3 = undecided
4 = disagree
5 = strongly disagree</p> <p>7. Sometimes I think I am no good at a</p> <p>1 = strongly agree
2 = agree
3 = undecided
4 = disagree
5 = strongly disagree</p> <p>8. I like all of my relatives equally.</p> <p>1 = strongly agree
2 = agree
3 = undecided
4 = disagree
5 = strongly disagree</p> |
|---|---|

Part E

HOW OFTEN DID YOU HAVE THE FOLLOWING EXPERIENCES DURING THE PAST YEAR:

1. trouble sleeping at night?

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

2. no appetite?

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

3. being tired all day?

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

4. having headaches, upset stomachs, or constipation?

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

5. difficulty doing schoolwork?

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

6. feeling emotionally upset or depre

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

Part F

THE FOLLOWING QUESTIONS ARE ABOUT THINGS YOU DID IN THE PAST YEAR.

HOW OFTEN DID YOU (on the average):

1. go to school events (games, dances)?

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

2. have friends over to your home?

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

3. work on schoolwork at home?

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

4. skip school without your parent's knowledge?

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

5. take something that did not belong to

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

6. smoke pot?

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

7. get drunk ?

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

8. run away from home?

- 1 = never
- 2 = once a year or less
- 3 = 2 to 3 times a year
- 4 = about every other month
- 5 = about once a month
- 6 = 2 to 3 times a month
- 7 = about once a week
- 8 = more than once a week
- 9 = every day

Part G

1. How many close friends do you have?

0 = none	4 = 4	8 = 8
1 = 1	5 = 5	9 = 9
2 = 2	6 = 6	10 = 10
3 = 3	7 = 7	11 = 11

HOW MANY OF YOUR CLOSE FRIENDS DID THESE THINGS IN THE PAST YEAR?

2. skipped school without their parent's knowledge?

0 = none	4 = 4	8 = 8
1 = 1	5 = 5	9 = 9
2 = 2	6 = 6	10 = 10
3 = 3	7 = 7	11 = 11

3. ran away from home?

0 = none	4 = 4	8 = 8
1 = 1	5 = 5	9 = 9
2 = 2	6 = 6	10 = 10
3 = 3	7 = 7	11 = 11

4. got drunk?

0 = none	4 = 4	8 = 8
1 = 1	5 = 5	9 = 9
2 = 2	6 = 6	10 = 10
3 = 3	7 = 7	11 = 11

5. smoked pot?

0 = none	4 = 4	8 = 8
1 = 1	5 = 5	9 = 9
2 = 2	6 = 6	10 = 10
3 = 3	7 = 7	11 = 11

6. took something that did not belong to them?

0 = none	4 = 4	8 = 8
1 = 1	5 = 5	9 = 9
2 = 2	6 = 6	10 = 10
3 = 3	7 = 7	11 = 11