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Knowledge of Spouses' Real and Ideal Family Concept and Family Adjustment

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KNOWLEDGE OF SPOUSE'S REAL
AND IDEAL FAMILY CONCEPT
AND FAMILY ADJUSTMENT

by

Patrick J. Kennelly

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of Loyola University of Chicago in Partial Fulfillment
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VITA

The author, Patrick J. Kennelly, is the oldest son of Robert and Mariann Kennelly. He was born May 7, 1951 in Chicago, Illinois.

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TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	ii
VITA	iii
LIST OF TABLES	iv
CONTENTS OF APPENDICES	v
 Chapter	
I. INTRODUCTION	1
II. REVIEW OF RELATED LITERATURE	6
Carl Rogers	6
Ferdinand van der Veen	20
Hypotheses	37
III. METHOD	39
Subjects	39
Materials	41
Procedures	42
IV. RESULTS	44
Results of First Hypothesis	44
Results of Second Hypothesis	44
Results of Third Hypothesis	47
Results of Fourth Hypothesis	47
Results of Fifth Hypothesis	47
Results of Sixth Hypothesis	48
V. DISCUSSION	49
Future Research	56
SUMMARY AND CONCLUSION	58
REFERENCE NOTES	61
REFERENCES	63
APPENDIX A	72
APPENDIX B	73

LIST OF TABLES

Table	Page
1. Measure of Family Adjustment for Clinic and Community Families	45
2. Family Concept Test Measures for Clinic and Community Groups	46

CONTENTS OF APPENDICES

	Page
Appendix A Instructions Used for Family Unit Inventory	72
Appendix B Family Unit Inventory	73

CHAPTER I

INTRODUCTION

The importance of the self concept has long been the subject of psychological research. With the dawning of the client-centered approach, Rogers and his colleagues investigated the role of the congruence between real and ideal self to psychological adjustment.

Upon conclusion of their research Rogers and his associates (Butler & Haigh, 1954; Dymond, 1954; Grummon & John, 1954; Rogers & Dymond, 1954; Rudikoff, 1954) determined that maladjusted individuals had less congruence between their real and ideal self, than normals.

Using this knowledge these researchers investigated the effect of client-centered therapy upon self concept and found that during therapy the real and ideal self became more congruent, thus resulting in further integration and adjustment. This effect was maintained even after therapy.

In more recent years, family therapy has become the preferred mode of treatment by many agencies. This trend seems to reflect the growing concern that psychotherapists, teachers, and parents have about the influence the family unit has on the psychological development and functioning of the family members.

As the result of this trend, the family concepts of

parents and children have become the focus of attention in a program of research initiated by Ferdinand van der Veen.

Van der Veen (van der Veen, Huebner, Jorgens, & Neja, 1964) defined the family concept as the image we all have of our families, of what they are and of what we want them to be. Analogous to the self concept, it is a cognitive-emotional "schema" that consists of the perceptions, feelings, attitudes, and expectations we have about the family unit in which we live or have lived. It is the sum total of our ways of viewing and feeling about our families. Some fundamental assumptions regarding the family concept are that it develops principally from interactions within the family over an extended period of time, that it exerts a potent and lasting influence on behavior, and that it is fluid and subject to change under a variety of conditions.

The Family Concept Test has been developed to obtain a quantifiable description of an individual's family concept. The test is described in the Method section.

In his initial studies using this test Ferdinand van der Veen (van der Veen et al., 1964; van der Veen, 1965) made several important findings which have been the basis for subsequent research. In these studies the adjustment of families was found to be a function of:

- 1) the amount of agreement between the real family concept of the parent and a professional concept of the ideal family (Family Effectiveness of Adjustment);
- 2) the agreement between the real and ideal family

concepts of the parent (Family Satisfaction);

3) the agreement between the real family concept of the mother and father (Real Family Congruence);

4) the agreement between the father and mother on their concepts of the ideal family (Ideal Family Congruence).

In more recent studies, van der Veen and Novak (1970; 1971; 1974) have addressed themselves to the fact that in their initial studies, the family concepts of disturbed adolescents showed lower family satisfaction and family adjustment and different content factors than the concepts of their normal siblings. The normal siblings did not differ from normal children in control families on family adjustment and satisfaction. Several authors have advanced the view that it is the child's perception of the family conditions, rather than the objective presence of such conditions, that is the determining factor in emotional adjustment.

Therefore, Novak and van der Veen hypothesized that emotional disturbance depends on the way in which family conditions are subjectively perceived by the family members.

In studies testing this hypothesis, Novak and van der Veen (1970) found that disturbed children were significantly lower than their siblings on perceived family adjustment and satisfaction; and (Novak & van der Veen, Note 1) that disturbed adolescents perceived lower parental attitudes (positive regard, empathic understanding, and genuineness) than were perceived by their normal siblings and normal

controls. As a result of these findings, the perception of family conditions became the focus of subsequent research.

Based on these findings, it is apparent that the perception of family conditions is an important contributing factor in the adjustment of the individual family members. Up until this time the studies on perception of family members have concentrated on the perception of the "disturbed" child and his siblings. Thus, in order to fully understand the importance of the perception of family conditions on family members' adjustment, further investigations need to be conducted studying the perceptions of children as well as parents.

A necessary first step in exploring the importance of perception in family functioning is to broaden the scope of previous studies. Therefore, this study proposes to investigate the role of the parents' perception in family adjustment. More specifically, this study hopes to confirm the previous findings of van der Veen (van der Veen et al., 1964; van der Veen, 1965) who have identified the importance of congruence in parental perception of the family conditions to family adjustment.

It can be concluded from these findings that it is important for parents to view the family basically the same way (Real Family Congruence); and to be working towards actualizing similar goals for the family (Ideal Family Congruence). In sum, parents need to have similar perceptions of family conditions and be working toward common goals and

values.

It therefore stands to reason that spouses who are basically congruent in their real and ideal family concepts should have more accurate knowledge of their spouse's real and family concepts than less adjusted spouses. This study proposes to test this assumption.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Just as the individual has been the subject of Psychological interest and research in the past, the family is the subject of interest and psychological research today. Just as Carl Rogers has studied the self concept of the individual in the past, Ferdinand van der Veen is studying the family concept of the family in the present. In this chapter I will review these two areas of research and relate them to each other. In order to accomplish this goal I will first review the work of Carl Rogers and subsequently relate it to the work of Ferdinand van der Veen. Finally, I will relate both of these men's work to the present study.

Carl Rogers

In this section of the review I will discuss the work of Carl Rogers as it pertains to the present work of Ferdinand van der Veen. Thus I will not review or explain all or even most of Rogers theory and work. One should refer to a Psychology: A Study of a Science (1959, v. 3) for a comprehensive explanation of Rogers' work.

Rogers began his work with the settled notion that the "self" was a vague, ambiguous, scientifically meaningless term which had gone out of the psychologist's vocabulary with the departure of the introspectionists. There seemed to be no

operational way of defining it at that point. Attitudes toward the self could be measured, however, and Raimy (1943, 1948) and a number of others began such research. Self attitudes were determined, operationally, by the categorizing of all self-referent terms in interviews preserved in verbatim form by electrical recording.

At about this time, Stephenson's Q technique (1953) opened up the possibility of an operational definition of the self concept. A large "universe" of self-descriptive statements were drawn from recorded interviews and other sources. Some typical statements were: "I don't trust my emotions"; "I feel relaxed and nothing bothers me"; "I am afraid of sex"; "I have an attractive personality." A random sample of a hundred of these, edited for clarity, were used in the instrument. A subject was asked to sort the statements to represent himself "as of now", placing the cards into nine piles from those most characteristic of himself to those least characteristic. In the same manner he was asked to sort them to represent himself as he would like to be, his ideal self. Under both directions, he was told to place a certain number of items in each pile so as to give an approximately normal distribution of the items. Rogers (Rogers & Dymond, 1954) thus had a detailed and objective representation of the client's self perception at various points, and his perception of his ideal self. He could therefore, begin researching his theoretical tenets which were the cornerstone of his client centered approach to therapy.

Following is a brief review of the most salient aspects of Rogers' theory as it applies to our present investigation.

Rogers (1951) characterizes his theory of personality in the following manner:

This theory is basically phenomenological in character and relies heavily upon the concept of self as an explanatory concept. It pictures the end-point of personality development as being a basic congruence between the phenomenal field of experience and the conceptual structure of the self---a situation which, if achieved, would represent freedom from potential strain; which would represent the maximum in realistically oriented adaptation; which would mean the establishment of an individualized value system having considerable identity with the value system of any other equally well-adjusted member of the human race (p. 532).

In explaining the development of the concept of the self Rogers (1959) commented:

Consequently, I was slow in recognizing that when clients were given the opportunity to express their problems and their attitudes in their own terms, without any guidance or interpretation, they tended to talk in terms of the self...It seemed clear...that the self was an important element in the experience of the client, and that in some odd sense his goal was to become his 'real self' (pp. 200-201).

Rogers (1959) defined the self as:

...the organized, consistent, conceptual gestalt composed of perceptions of the characteristics of the 'I' or 'me' and the perceptions of the relationships of the 'I' or 'me' to others and to various aspects of life, together with the values attached to these perceptions. It is a gestalt which is available to awareness though not necessarily in awareness. It is a fluid and changing gestalt, a process, but at any given moment it is a specific entity (p. 200).

In addition to the self as it is (the self structure), Rogers talked of the ideal self, defined as what the person

would like to be.

The basic significance of the structural concepts just discussed becomes clear in his discussion of congruence and incongruence between self (pattern of conscious perceptions and values) and the actual experience of the organism (the total individual). According to Rogers, when the symbolized experiences that constitute the self faithfully mirror the experiences of the organism, the person is said to be adjusted, mature, and fully functioning. Such a person does not feel anxious or vulnerable. Incongruence between self and organism makes the individual feel anxious and vulnerable. He therefore behaves defensively and his thinking becomes constricted and rigid.

Implicit in Rogers' theory are two other manifestations of congruence--incongruence. One is the congruence or lack of it between subjective reality (the phenomenal field) and external reality (the world as it is). The other, the one we are especially interested in, is the degree of correspondence between the self and ideal self. If the discrepancy between self and ideal self is large, the person is dissatisfied and maladjusted.

How incongruence develops and how self and organism can be made more congruent are some of Roger's chief concerns which we will return to later. Now I would like to explicate a few more aspects of Rogers' theory.

Rogers believed further that the organism had one basic striving, and that was to actualize, maintain, and enhance

itself. He believed that this forward-moving tendency could only operate where choices were clearly perceived and adequately symbolized. In 1959 Rogers introduced a distinction between the actualizing tendency of the organism and a self-actualizing tendency.

Following the development of the self-structure, this general tendency toward actualization expresses itself also in the actualizing of that portion of the experience of the organism which is symbolized in the self. If the self and the total experience of the organism are relatively congruent, there the actualizing tendency remains relatively unified. If self and experience are incongruent, then the general tendency to actualize the organism may work at cross purposes with the subsystem of that motive, the tendency to actualize the self (pp. 196-197).

Organism and self, although they possess the inherent tendency to actualize themselves, are subject to strong influences from the environment and especially from the social environment. In this regard Rogers believes that if an individual should experience unconditional positive regard, then no conditions of worth would develop, self regard would be unconditional, the need for positive regard and self regard would never be at variance with organismic evaluation, and the individual would continue to be psychologically adjusted, and would be fully functioning.

But there is also another possibility. The organism and self may oppose each other. The organism may keep experiences from becoming conscious that are not consistent with the self, and the self has the power of selecting experiences that are inconsistent with its structure. There-

fore, under either of these conditions, any experience which is inconsistent with the structure of the self may be perceived as an anxiety-producing one. The self thus builds up defenses against anxiety-producing experiences by denying them to consciousness. As a result the self image becomes less congruent with organismic reality. Consequently more defenses are needed to maintain the false picture held by the self. The self loses contact with the actual experiences of the organism, and the increasing opposition between reality and self creates tension.

How can this breach between self and organism be healed? Rogers (1951) has proposed the following hypotheses:

Under certain conditions (positive regard, empathetic understanding, etc.) involving complete absence of any threat to the self structure, experiences which are inconsistent with it may be perceived, and examined, and the structure of self revised to assimilate and include such experiences (p. 517).

An important social benefit gained from the acceptance and assimilation of experiences that have been denied symbolization is that a person becomes more understanding and accepting of other people. This idea is presented in the next proposition.

When the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences, then he is necessarily more understanding of others and is more accepting of others as individuals (p. 520).

In his last proposition, Rogers (1951) points out how important it is to maintain a continuous examination of one's

values.

As the individual perceives and accepts into his self-structure more of his organic experiences, he finds that he is replacing his present value system---based so largely upon introjections which have been distortedly symbolized---with a continuing valuing process (p. 522).

For healthy, integrated adjustment one must constantly be evaluating his experiences to see whether they require a change in the value structure. Any fixed set of values will tend to prevent the person from reacting effectively to new experiences. One must be flexible in order to adjust appropriately to the changing conditions of life.

Based on his theory and beliefs Rogers pioneered investigations into self concept, counseling, and psychotherapy. Although several of the empirical studies undertaken by Rogers and his associates have been aimed primarily at understanding the nature of psychotherapy and its results, many of their findings bear on the self theory developed by Raimy (1943) and Rogers and interface with the present investigation on family concept.

Much of the research which bears on the present investigation was done at the Counseling Center of the University of Chicago by Rogers and his associates. This group studied changes in self perception, personality changes, attitude changes, and emotional maturity changes during therapy. I will presently review those studies which dealt with changes in self perception.

The hypotheses of these studies on self perception,

as outlined in Psychotherapy and Personality Change; Co-Ordinated Studies in the Client Centered Approach (1954), were based on the following assumptions: 1) the discrepancy between the self concept and the concept of the desired or valued (ideal) self reflects a sense of self-dissatisfaction, which in turn generates the motivation for coming into counseling; 2) self-ideal discrepancies in an individual are a product or outcome of experiences which indicate to him that his self-organization is unsatisfactory.

The basic hypothesis is that a reduction of self-ideal discrepancies is a consequence of the self concept and ideal concept coming to rest on a broader base of available experience than before. It is in this way that they become more consistent with each other.

The method used to study self perceptions in these studies was the previously mentioned Q-sort technique developed by Stephenson.

Butler and Haigh (1954) used an adaptation of this instrument in an extensive research project. They hypothesized that 1) client centered counseling results in a decrease of self ideal discrepancies and that 2) self-ideal discrepancies will be more clearly reduced in clients who have been judged, on experimentally independent criteria, as exhibiting definitive improvement. The second hypothesis is restricted to a subclass of clients evaluated as "successful."

Butler and Haigh use an experimental group (those

seeking counseling) and a control group (those not seeking counseling). The Q-sort items for this study were chosen at random from a number of therapeutic protocols. Prior to the beginning of counselling each client was asked to sort the statements in two ways, according to the following instructions:

Self-sort: Sort these cards to describe yourself as you see yourself today, from those that are least like you to those that are most like you.

Ideal sort: Now sort these cards to describe your ideal person---the person you would most like within yourself to be.

The findings of this study follow. In regards to the first hypothesis it showed that:

1. Both clients and controls exhibit significant individual differences at each point tested. The degree of self-ideal congruence has a wide range in each group.

2. The mean correlation of self and ideal in the client group at pre-counseling is $-.01$, which is not a significant degree of congruence.

3. The mean correlation of self and ideal in the client group at follow-up is $.31$, a significant relationship. This is a significant increase in self-ideal congruence, whether judged by the t-test or by the sign test.

4. The finding is similar at the post counseling point.

5. The mean correlation of self and ideal in the

equivalent-control group at pre-counseling is .58, a significant congruence.

6. The mean correlation for this group at follow-up is .59, indicating no significant change over time.

7. The own control group has a mean correlation of self and ideal of $-.01$ at pre-wait and $-.01$ at pre-counseling, indicating no change during the control period.

8. The change in the client group is significantly greater than the change found in the equivalent-control group or in clients in the own-control period. The difference is significant at the 2.5 percent level in terms of the t test and at better than the one percent level in terms of the sign test.

The following evidence was found in regard to the second hypothesis: 1) the group selected as definitely improved was found to exhibit a more marked increase in congruence of self and ideal than the total client group; 2) to exhibit a significantly greater increase in such congruence than the equivalent-control group; 3) to be significantly different from the less improved subgroup at the follow up point, though not at the pre-counseling point; and 4) to show no significant difference in magnitude of increases from the less improved subgroup.

Based on these results, Butler and Haigh (1954) concluded that low correlations between self and ideal are based on a low level of self esteem which is related to a relatively low adjustment level and that a consequence of

client centered counseling for clients in this study, on the average, is a rise in the level of self-esteem and of adjustment.

One of the questions that could be raised about Butler and Haigh's findings is that the changes reported are based entirely upon the subjects' own frame of reference. If, after therapy, they sort the statements to describe themselves and to describe their ideal self so that they correlate highly, they may be more comfortable with themselves, but can it be assumed that they are now "better adjusted?"

To answer this question Roger's group developed an adjustment score. The adjustment score is the agreement between a person's real self concept and a professional concept of an adjusted person. The adjustment criterion was developed by asking two judges (professional psychologists) to make two equal piles out of 74 Q-sort items; the first pile has 37 items that the well adjusted individual would say are like him and 37 he would say are unlike him. The composite picture of the self-description of the well-adjusted person was then tabulated as 37 positive indicators which should be on the "like me" side of the distribution of the well-adjusted person, and 37 negative indicators which should be on the "unlike me" side. Therefore, the optimal score that any one person could attain is 74 if he places 37 items indicating good adjustment on the "like me" side at scale positions and 37 items representing poor adjustment on the "unlike me" side. This tally of items is called the

"adjustment score."

In a study using the adjustment score Dymond (1954) showed that the group entering therapy had less well-adjusted self descriptions than the group that did not wish therapy. After the completion of therapy there was a significant improvement in the experimental group which did not occur in the control group. These therapy gains in adjustment were maintained over the follow-up period.

In another study Rudikoff (1954) studied the changes in the concepts of self, the ordinary person, and the ideal for eight people over a no therapy control period, therapy and follow-up. Her findings showed that the self-concept decreased in adjustment over the control period, improved significantly over therapy, and showed a slight loss over follow-up. The perceptions of the adjustment of the ordinary person revealed a slight decrement over the control period and gradual but not significant improvement over the therapy period. The concepts of self and of the ordinary person became more and more similar over each period. The ideal was raised somewhat over the control period, but during the therapy and follow-up period it was somewhat lowered in the direction of the self, thus becoming a more achievable type of goal.

These findings were found to be consistent with Horney's (1954) theory of the reciprocal relationship of the self-concept and the self-ideal in psychological disturbances and recovery. In essence, she proposed that the well-adjusted person accepts his real self on which he focuses and which

he tries to actualize, while envisioning an ideal toward which he realistically can move. This realistic ideal can be raised gradually as the individual approaches it. Lack of acceptance of the real self results in an unrealistic glorification of the idealized self. The individual then tends to focus on and tries to actualize this idealized self. Since the idealized self is unrealistic, such striving results in failure, causing still further rejection of the real self with even greater need for elevation of the ideal. Consequently, the self and the ideal become more and more disparate, and discomfort increases. As the self becomes better accepted there is less need for the glorified ideal, and it becomes more realistic. In sum, as disturbance increases, the self and ideal move away from each other; as such disturbance decreases, the self and ideal move toward each other.

In a further attempt to validate the Q sort as a measure of adjustment Dymond (1954) used the TAT in conjunction with the Q sort to measure self concept. This study used the TAT for three purposes: 1) to check whether the therapy group is initially less well adjusted than the control group; 2) to evaluate whether positive changes take place without treatment for those seeking therapy; and 3) to get a more objective measure of the degree of adjustment or maladjustment of these subjects at the various testing points.

The results confirmed the previous findings (Butler & Haigh, 1954; Dymond, 1954; Seeman, 1949) that clients are less well adjusted before therapy. In this study, as in the

aforementioned studies, the no-therapy control was again discovered to be significantly better adjusted than the client group before their therapy and not significantly different from them after their therapy had been completed. The TAT ratings agreed with the counselor's estimation of the success of the therapy, with the adjustment scoring of self-descriptive Q sorts in terms both of score and of degree of change in adjustment, and with the change in the correlation of their self and ideal sortings.

From these and other studies (Grummon & John, 1954; Gordon & Cartwright, 1954) Rogers' investigative group concluded that the individual entering therapy has an incongruence between real self and ideal self which causes distress and maladjustment. During therapy the real and ideal self become more congruent, thus resulting in adjustment and integration. He thus alters his personal goal in a realistic and more achievable direction. During the period following therapy he may lose some of the gains in therapy, or he may continue in the directions he had begun during his interviews.

Neither the control groups nor the clients during the control period show significant changes in self-perception or in the perception of the self-ideal or other people. Unlike the group in therapy, their perceptions remain relatively constant. The significant differences between the therapy and no-therapy group seem to be attributable to the influence of the counseling hours.

Ferdinand van der Veen

As Rogers pursued research on self concept and individual therapy in the past, van der Veen is pursuing the family concept and family therapy in the present. Unlike Rogers, van der Veen does not have a total theory of family concept and family therapy. Despite this fact, in the following pages van der Veen's hypotheses and research will be outlined.

Van der Veen began his research several years ago in a clinical setting dealing with parents and children. In the past considerable attention had been paid to specific relationship pairs within the family, but much less attention had been paid to the family as a whole (Handel, 1965). Van der Veen observed that people have many strong feelings, expectations and attitudes about their families and therefore it is likely that these sets of feelings and ideas exert a strong influence on family relationships and life adjustment. If so, he concluded, this would have direct implication for assessing family functioning and working with families therapeutically.

Van der Veen, et al., (1964) termed the person's feelings, attitudes and expectations about his family his family concept. He was interested in characterizing these feelings, etc. into a potent, coherent, and interrelated set of psychological qualities. He assumed the family concept to have the following qualities:

- 1) It influences a person's behavior, particularly within the family, but outside of it as well.
- 2) It is subject to his own scrutiny and to the scrutiny of others.

It is accessible to him, he can refer to it, he can talk and think about it. He can also communicate it and share it with other persons. 3) It is fluid and changeable. It can change as a result of experiences with the family members themselves or with other significant persons. Also, some aspects of a person's family concept may change more readily than others, and certain situations may be more likely to bring about change than others (p. 46).

Objective reproducible evidence that persons have potent images of their families was not known at the time van der Veen began his research. There was evidence for such ideas about individual persons. In other areas of study, i.e., group dynamics, there was some evidence that members have ideas about the groups in which they function.

Scattered throughout other fields of study the ideas of family image had been put forward. In sociology Burgess (1926) suggested that the members' ideas about their family are essential for the existence of the family as a social institution and perhaps even for the existence of a particular family.

In psychiatry, Ackerman (1938) referred to the "family atmosphere" as an emotional climate that is a constant background for family events. Irene Joselyn (1935), in a statement which echoes van der Veen's views said: "the family is as much a part of the individual as the individual is part of the family, (p. 342)."

Hess and Handel (1959), two social psychologists, state that among a number of elements important in the family are the images the family members have---of themselves, of each other and of their family as a whole---and the congruence of these images.

Van der Veen sees the importance of the family concept in the role it plays in the members' definition and creation of their lives together as a family. The family is internally created by the members, both children and parents. He asserts that the family unit depends foremost on the members' ideas about it.

Van der Veen (van der Veen et al., 1964; van der Veen, 1965) formulated his ideas about the family concept based on his clinical experience. He noted that in family therapy differences in the significance and meaning of particular events obstruct mutual understanding and cooperation. It is the shared consciousness by the parents and children of their experience together that is the crux of the family concept idea.

An important aspect of the family concept idea is that it's essentially subjective in nature. Thus van der Veen assumes that behavior is principally determined by one's perception of one's experience, and by the meaning one attributes to that experience. This assumption is based on the client-centered approach, a distinctively phenomenological approach, which has shown productive research results. A clear and consistent finding of the client-centered approach, previously reported in this paper, has been that a person's reported self concept undergoes changes in psychotherapy that are not as large or frequent without psychotherapy. This has been found to be true for both time-limited and unlimited therapy (Rogers & Dymond, 1954). The question that naturally follows from these findings is

whether a person's concept of his family would show similar or related changes in therapeutic efforts with families.

Van der Veen became interested in the answers to the aforementioned questions, and consequently began to research them. The most pressing problem confronting van der Veen was the lack of instrumentation to study the family concept. Van der Veen, like Rogers, found the solution to his problem in the Q-sort. Thus the Family Concept Q Sort, which was modelled after the Self Concept Q Sort successfully used in studies on therapy for individuals, was developed (Butler & Haigh, 1954).

The Family Concept Q Sort consists of 80 items. Each item describes a social or emotional aspect of the family unit, e.g., "We can usually depend on each other"; "We tend to worry about many things"; "We are considerate of each other". Originally the Family Concept Q Sort was, as its name suggests, in the form of a Q sort. Subsequently multiple choice format, called the Family Concept Test, has been developed.

Several global scores have been derived from the item scores (van der Veen, Note 2). These were aimed at three kinds of questions concerning the functioning of the family concept. The first question was: Is a clinician's view of good family relationships relevant to the way a person perceives his family experience? Discrepancies between a person's family view and an expert view of how a family should be may indicate family conditions that are actually or

potentially disturbing or hindering the development of the family group. Also, van der Veen reasoned, since such discrepancies are based on the opinions of clinicians, they are likely to play an important role in their helping efforts. In order to construct a measure of the extent and nature of these discrepancies, clinicians were asked to describe an ideal family on the instrument. From these items which were of high consensus (48 of the 80 items) an index was constructed called the Family Adjustment Score or Family Effectiveness Score which shows the extent to which a person's item placements resemble the professional ideal. This score is akin to Rogers' adjustment score for individuals.

The second question dealt with the possible importance of the difference between the family views of its members on their ability to function and get along with each other. The question of divergence of view-points within a context of basic agreement arises here. Most likely members are going to differ somewhat in describing the social and emotional characteristics of their family. Yet a basic assumption of harmonious life is the presence of shared perceptions or interpretations of the actual events that occur.

The measures developed to tap this aspect of family functioning is the correlation of scores on the Family Concept Test of any two family members. Two such scores have been developed: for a description of the family as it is now, this correlation is called the Real Family Congruence Score; and for the description of the family as it should

ideally be, it is called the Ideal Family Congruence Score. Again, these scores are modeled after Rogers' work with individuals (real self and ideal self).

The third question asked by van der Veen concerned personal satisfaction. How much is satisfaction with the family associated with psychological well-being? One answer to this question is that if a family is functioning effectively for the individual, he is not likely to want it to be very different from how it is now. Based on these assumptions the measure called Family Satisfaction was developed. It is the amount of agreement between a person's view of his family as it is now and his view of how he would ideally like it to be. Quantitatively, it is the correlation between his real and ideal family concept scores.

As van der Veen (Note 3) stated it:

These three family concept variables---Family Adjustment (agreement with professional ideal), Congruence (inter-member agreement) and Satisfaction (agreement with own ideal)---were not intended merely to provide numerical indices, but to be directly relevant to the mutual efforts of the therapist and the family to deal with problems in the family. The clients' wishes, the clinician's judgements, and the compatibility between the views of family members provide valid and complementary goals for therapy with the family. Family satisfaction concerns the motivation of the client, the degree and direction of his efforts to bring about change; Family Adjustment reflects likely areas of concern of the clinician and the degree a direction of change that he might see as necessary; and Family Congruence indicates where the family members disagree, where conflict is likely to be generated and where family definition is obscure (p. 13).

Before proceeding with his research, van der Veen tested the reliability of his measure. Several studies have

investigated the reliability, in terms of stability over time, of the Q sort descriptions. In a pilot study (van der Veen & Ostrander, Note 2) the median test-re-test correlation for 10 clinic waiting-list parents over a four week time span was .71 and .80 for real and ideal family concepts, respectively. Ayers (1965) found median test-re-test correlations of .63 and .67 in a waiting list group (n=12), and .71 and .75 in a non-clinic group (n=16) for the real and ideal concepts, over a four month time span.

In another study (van der Veen, Howard, & Austria, Note 4) The Family Concept Test has been found to be reliable over long and short time intervals. For a Wait List group of 50 parents, the test-re-test correlations over a $3\frac{1}{2}$ month time span were .56 for the real and .66 for the ideal Family Q Sort forms of the test. The family concepts of a group of non-clinic parents (n=74) were found to have test-re-test correlations of .67 for the real family concept Q sort, and .71 for the ideal, over a period of 17 months.

The multiple choice format was found to have high reliability for college students over a four week retest period (van der Veen et al., Note 4). The correlations were .80 for the real test and .87 for the ideal test. The Q format had retest correlations of .69 and .74 for this population. Social desirability effects were negligible for the Q format and mild (correlations of .40 and .35 with test scores) for the multiple choice format for the student group (van der Veen et al., Note 4). There was also high

correlation between the Q sort and multiple choice formats on the Family Effectiveness and Family Satisfaction scores (.95 and .90 respectively).

The validity of the Family Concept Test will be reported in conjunction with other experimental findings.

Upon establishing that he had a viable instrument, van der Veen began investigating his first concern: what is the relationship between child adjustment and parental family concepts.

In one of his initial studies, Ferdinand van der Veen (van der Veen et al., 1964) compared two groups of families. Each group consisted of ten families. One showed clear evidence of difficulty in family functioning, and the other showed evidence of good family functioning. The former termed the lower adjustment group, consisted of families who had applied to the Dane County Guidance Center for help with a problem concerning one of their children, and who had completed the intake procedure and had been assigned for treatment at the Center. Problems concerning retardation, psychosis, and organic cerebral dysfunction were excluded. The kinds of problems ranged from ulcers and excessive shyness to stealing and truancy.

The better functioning group, termed the higher adjustment group, consisted of families selected from the community on the basis of having a child in school who was high in social and emotional adjustment, as indicated by the teacher and the school record. To control for factors

related to family composition, this group was matched to the lower adjustment group on the variables of size of family, the rank of the child in the family and the age and sex of the child.

Each parent completed the real and ideal sorts of the Family Concept Q Sort and a Family Semantic Test and a Marital Questionnaire.

The results of this study showed: 1) the family adjustment scores of the higher adjustment group were significantly higher than the scores of the lower adjustment group, 2) the degree of correlation between a parents real and ideal family Q sort was found to be significantly higher for the higher adjustment group than for the lower adjustment group, 3) the agreement between the family concepts of the father and the mother was found to be greater for the higher adjustment families, and 4) the Marital Adjustment Test correlated significantly with each of the three scores derived from the Family Concept Q sort.

A later study by van der Veen (1965) confirmed this set of findings. In sum his initial studies encouraged further research. In these studies (van der Veen et al., 1964; van der Veen, 1965) the adjustment of families was found to be a function of: 1) the amount of agreement between the real family concept of the parent and a professional concept of the ideal family (Family Effectiveness or Adjustment); 2) the agreement between the real and ideal family concepts of the parent (Family Satisfaction); 3) the agreement

between the real family concepts of the mother and father (Real Family Congruence); and 4) the agreement between the father and mother on their concepts of the ideal family (Ideal Family Congruence).

Other investigators have studied parental congruence and its relation to marital adjustments. In one such study parental congruence was greater in the case of withdrawn children as contrasted with aggressive ones (Janzen, Note 5; Kimmel, Note 6).

In a study which is consistent with van der Veen's findings Ferguson and Allen (1978) found that a congruence in parents' perceptions of the child was highly correlated with the child's adjustment. Martin (1975) found marital adjustment to be highly related to the degree of value convergence between spouses. He concluded that it is important that couples agree on their goals for living and even more crucial, on modes of behavior. Monaghan (1976) found that the amount of satisfaction in marriage is related to the degree that actual and ideal communication are relatively close. Upon completion of his initial studies, van der Veen turned his attention to the adolescent's adjustment in relation to the family concept.

In one of the first studies dealing exclusively with adolescents, Novak and van der Veen (Note 7) found that the adolescent's family satisfaction and adjustment were clearly related to the father's family adjustment and satisfaction, but this was not found for the mother. As has been

found in other studies, (van der Veen et al., 1964; van der Veen, 1965; Novak & van der Veen, 1970) agreement between the mother and father on their view of the family was related to the child's adjustment and satisfaction scores, as were the agreement between the child and each parent, on both the real and ideal family concepts.

Van der Veen and Harbeland (1971) in contrast to Novak and van der Veen (Note 7) found adolescent satisfaction to be strongly correlated to both father-child and mother-child real congruence, and also, although less strongly with their ideal congruence. The adolescent's satisfaction was also related to the real congruence structure between the father and mother.

In subsequent studies van der Veen and others have addressed themselves to the fact that in their initial studies, the family concepts of disturbed adolescents showed lower family satisfaction and family adjustment and different content factors than the concepts of their normal siblings. The normal siblings did not differ from normal children in control families on family adjustment and satisfaction. Several authors have advanced the view that it is the child's perception of the family condition, rather than the objective presence of such conditions, that is the determining factor in his emotional adjustment. Therefore, Novak and van der Veen (1970) hypothesized that emotional disturbance depends on the way in which family conditions are subjectively perceived by the family members. These authors found that

disturbed adolescents did perceive lower parental attitudes (positive regard, empathetic understanding, and genuineness---this was not found for unconditional regard) than are perceived by their normal siblings and normal controls; that normal siblings do not differ from normal controls on these variables; that levels of perceived attitudes are positively related to family concept measures of adjustment and satisfaction; and that attitudes perceived in one parent are positively associated with those perceived in the other. In another study by Novak and van der Veen (1971) these findings were substantially confirmed.

In two other studies, results consistent with Novak and van der Veen's (1970, 1971) findings are reported. Maxwell (1967) found that for lower class adolescent males family adjustment was significantly related to self concept. Subjects who perceived their own family relations to be warm and accepting had more positive self concepts than those who experienced hostility and rejection in their intra-family relations. Matteson (1973) found that adolescents with low self esteem viewed communication with parents as less facilitative than did adolescents with high self esteem. Parents of adolescents with low self esteem perceived their communication with their spouses as less facilitative, and rated their marriages as less satisfying, than did parents in the high self esteem group. There was a lack of congruence between the perception of adolescents with low self esteem and those of their parents.

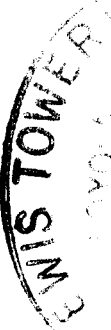
These results lend credence to the importance of the way family life is viewed by both the parents and the child for the presence or absence of emotional disturbance in the child. It seems that in the family behavior and attitudes influence and modify each other in a continual interplay in which both are critically important. The modification of either could lead to a cycle of beneficial or detrimental change. The findings of these studies are consistent with theoretical expectations: the "patient's" family experience is most disturbed, that his immediate family relations are not experiencing as much disturbance (although it may be significant) but are influenced by and influencing his disturbance, and that well-adjusted families are relatively free of perceived stress.

The pattern of these findings suggests that there may be three broad levels of family functioning reflected in the family concept measures. The lowest level is shown by is shown by maladjusted members. Their family views show the greatest maladjustment and dissatisfaction. A middle range of satisfaction and adjustment is shown by the immediate relatives of the identified patient. While they function more adequately than the patient, they do show some stress in their family views. The highest level of satisfaction and adjustment are found in the non-clinic families with a well adjusted child. This group shows a consistent picture of low stress and high satisfaction. These associations between family views and disturbances are consistent with van der

Veen's theoretical expectation and clinical experience i.e., that the patient's family experience is most disturbed, that his immediate family relations are not experiencing as much disturbance but are influenced by and influencing his disturbance, and that well adjusted families are relatively free of perceived stress.

With respect to the parents' family concepts, the higher family satisfaction and adjustment of the non-clinic parents are in accord with previous findings (van der Veen 1965; Hurley & Silvert, 1966). They lend weight to the role played by these variables in fostering and/or maintaining the child's emotional difficulties. The factor analysis of parents' family concepts suggests that the family concept of the fathers and mothers in non-disturbed families are complementary. The focus on adequate family organization by the father complements the concern with closeness and enjoyment by the mothers. On the other hand, the views of the clinic mothers and fathers are not complementary. The clinic fathers stress family involvement, while the mothers are concerned about sociability both in and out of the family. Both see the family as unrelaxed. Thus, the disturbed child is in a family where parents perceive involvement and sociability but not an effective or interpersonally satisfying social unit.

It can be concluded from both the studies on adolescents (van der Veen, 1967; Novak & van der Veen, 1970, 1971; Matteson, 1973) and children (van der Veen et al., 1964;



van der Veen, 1965; and Ferguson & Allen, 1978) that agreement or congruence between both parents on their perception of the family (real and ideal) and agreement on their perception of their children is highly correlated with marital satisfaction, marital adjustment, and their children's adjustment.

Other investigators have specifically addressed themselves to the importance of the congruence of spouse's perceptions, on marital adjustment.

Several of these studies confirm van der Veen's findings and expectations. Sorenson (1974) comparing clinic to community families found a significantly greater amount of congruity in the perception of the behavior in their marital relationship for non-clinic spouses. Christensen (1976) in investigating the ability of maritally adjusted couples vs. unadjusted couples to predict rewarding effects of their behavior on their spouse found that the maritally adjusted group was always more accurate in their predictions.

In other studies comparing maladjusted to adjusted families, Shapiro (1975) and Welsh (1977) found a significant degree of congruity in interpersonal perceptions for adjusted couples. Kotlar (1961) found that self perception and perceptions by their spouse were more disparate for unadjusted than for adjusted couples. He also concluded that both adjusted and unadjusted spouses had very similar conceptualization of ideal marital roles, but that the adjusted husbands and wives perceived their mates as approaching their ideal

at a significantly higher degree than did the unadjusted spouses. In a later study, Kotlar (1965) compared a group of maritally adjusted vs. maladjusted couples to discover the relationship between role perception and marital happiness. He found the two groups could be differentiated with respect to both self perception and mate perception on the dominance-submission and hostility-affectual dimensions. Congruence of perception was significantly related to the husbands and couples' marital adjustment score, but not to the wives adjustment score. Adjusted couples perceived themselves as having similar role attitudes which were in conformity with cultural norms and ideals.

In a series of studies on marital satisfaction and its association with congruence of perception Luckey (1960a, 1960b, 1960c) measured satisfied and unsatisfied couples on self---other concepts. She found that satisfied couples reported greater agreement of perception on self and of self by other, of self and parent of the same sex, of spouse and parent of the opposite sex and one's ideal self and one's spouse. In a later study Luckey (1964) studied the relationship of marriage satisfaction to personality variables used in describing self and spouse. She found that phrases of "skeptical-distrustful" and "blunt-aggressive" were most often associated with lack of satisfaction in marriage. Phrases denoting warmth, generosity, cooperativeness were associated with satisfaction. This finding is consistent with Berkowitz (1963) finding that clinic parents were more likely to per-

ceive conflict and to feel a greater inability to deal with their difficulties than adjusted parents and that adjusted parents saw their families as warm and supportive and free of problems.

It can be concluded from these studies on the role of perception in marriage relationships, that agreement or similarity in perception between husband and wife is a key ingredient in marital adjustment. This review of the literature indicates that marital adjustment is the function of agreement on real and ideal family concepts of the spouses and their children; of the amount of agreement by spouses in the perception of warmth, support, generosity, and cooperativeness in the family; of the congruence in self perception and perception of their spouse; of agreement on ideal marital roles; on the ability to know what behaviors are rewarding to their spouse; of the perceived amount and quality of communication between spouses; and the amount of agreement on values between each spouse.

Based on this literature the present study hypothesized that an accurate perception of one's spouse's view of the family is an important factor in family adjustment. Conversely, a lack of understanding of the perception of one's spouse's view of the family is an indication of poor family adjustment. Up until this time no studies have addressed themselves to the question of whether a knowledge and understanding of one's spouse's perception of the family (both as it is and ideally should be) is a necessary and sufficient condition in family

adjustment. This study proposes to answer that question.

Hypotheses

The specific hypotheses, in terms of the instruments and measures of the study, were:

1) The real family concepts of parents of clinic families have lower family adjustment scores than the real family concepts of parents of community families.

Thus, the family concept of a parent of a clinic family was predicted to show significantly fewer elements considered by professional persons to be important for a well-functioning family.

2) The real and ideal family concepts of parents of clinic families are less alike than they are for parents of community families.

The comparison of real and ideal family concepts is an indication of the degree of satisfaction a person feels about his family as he perceives it. The further the family concept is from the ideal, the greater the dissatisfaction, and the more pervasive the conflicts within the family.

3) The agreement between the real family concepts of the fathers and mothers of clinic families will be in less agreement than those of the community families.

4) The agreement between the ideal family concepts of the fathers and mothers of clinic families will be in less agreement than those of the community families.

5) Parents of clinic families will have less real spouse perceptual congruence than community families.

Real spouse perceptual congruence refers to the ability of one spouse (e.g., husband) to know the real family concept of the other spouse (e.g., wife). Thus it was predicted that the parents of the clinic families have less knowledge of their spouse's view of their family than community parents do.

6) Parents of clinic families will have less ideal spouse perceptual congruence than community families.

Ideal spouse perceptual congruence refers to the ability of one spouse (e.g., husband) to know the ideal family concept of the other spouse (e.g., wife). Thus it was predicted that the parents of the clinic families have less knowledge of their spouse's view of their family than community parents do.

CHAPTER III

METHOD

Subjects

Two groups of families were used in this study. The clinic (experimental) group consisted of 14 families, seven of whom were seeking counseling at the Loyola Child Guidance Center and eight of whom were seeking counseling at the Family Consultation Division of Catholic Charities. These were two-parent families who had at least one grammar school aged child. The fathers of the families had an average of 38.8 years of age and 13.4 years of education. The mothers in these families had an average of 36.6 years of age and 13.5 years of schooling. The parents of these families were married an average of 13.3 years. These families had an average of 2.4 children.

The subjects were selected through the following process. First, each family who was seeking counseling at these centers received a letter by mail about the research project. At their next therapy session the therapist asked the parents if they were willing to participate in the study. If they were willing to participate, then the therapist gave them the materials for the study which they completed at home. Families in which one or more members were psychotic or had an organic pathology were excluded from the

study.

The non-clinic group consisted of 10 families, four of which were recruited through a local PTA and six of which were recruited through a local church. These families were two-parent families who had at least one grammar school aged child. The fathers of these families had an average of 36.9 years of age and 16 years of education. The mothers in these families had an average of 35.1 years of age and 14.9 years of schooling. The parents of these families were married an average of 11.7 years. These families had an average of three children.

The control subjects were selected through the following process. A local PTA leader and a local priest informed parents of the research project at their respective school meetings. Those parents that wished to participate picked up the instructions and materials from the PTA leader or priest.

Later the control group, like the experimental group, filled out the materials in their home. Families who had been involved in marital or child guidance counseling previously were excluded from the study.

It should be noted that the experimental and control groups did not differ significantly on age, number of years of marriage, and number of children. The groups did differ significantly in education. This difference was due to the discrepancy in the number of years of education for the fathers of these families.

Materials

The measure used in this study is called the Family Concept Q Sort (van der Veen, 1960). It is composed of 80 items that describe various social-emotional aspects of the entire family group (e.g., we are an affectionate family; we do not like each other's friends). As can be seen by these examples, the items describe the entire family unit and not individual relationships within the family. In the multiple choice version to be used in this study, (refer to Appendix B) the 80 items are listed in a test booklet with each item rated from zero (least like) to eight (most like). The family member circles the appropriate rating.

Five family concept indexes were used in this study.

a) The Family Adjustment or Effectiveness Score is a count of the placement of 48 items according to a professional ideal index. The 48 items were ones on which there was very high agreement among professional clinicians in their descriptions of "the ideal family."

b) The Family Satisfaction score is the product-moment correlation between S's real and ideal ratings. It provides an estimate of how closely the family, as one views it, resembles the way one ideally wants it to be.

c) The Real Family Congruence Score is the correlation between the real family concept of two family members. It indicates the degree of agreement between the real family concepts of these two members.

d) The Ideal Family Congruence Score, is the

correlation between the ideal family concepts of two family members. It indicates the degree of agreement between the ideal family concept of these two members.

e) The fifth score has been newly developed for this study. It is called the Real Spouse Perceptual Congruence Score. This score is either the correlation between a husband's real family concept and his wife's perception of his real family concept or the correlation between the wife's real family concept and her husband's perception of her real family concept.

f) The sixth score has also been newly developed. It is called the Ideal Spouse Perceptual Congruence Score. This score is either the correlation between a husband's ideal family concept and his wife's perception of his ideal family concept or the correlation between the wife's ideal family concept and her husband's perception of her ideal family concept.

Procedures

As stated in the Method section the Family Concept Test was used to obtain the data of this study. For both the experimental and control groups the same procedure was followed.

After receiving the materials which included a subject data sheet, instructions, and four copies of the Family Concept Test, (refer to Appendix A and B) and reviewing them, each couple was instructed to fill them out independently of their spouse at home.

All couples filled out the four Family Concept Tests in the order listed below:

1) For each item circle the number that shows how you view the family as it is now.

2) For each item circle the number that shows how you believe your spouse views the family now.

3) For each item circle the member that shows how you would ideally like your family to be.

4) For each item circle the number that shows how you believe your spouse would ideally like your family to be.

Upon completion of the inventories, the couples returned them to their respective contact (i.e., therapist, PTA leader, or priest).

CHAPTER IV

RESULTS

Results of the First Hypothesis:

The results of the first hypothesis are presented in Table I. The null hypothesis that there is no difference between the control and experimental groups in family adjustment can be rejected. The family adjustment scores of the control group were significantly higher than the scores of the experimental group ($t = -7.52$, $df\ 47$, $p < .000$). This finding supports the first hypothesis that parents of families seeking therapy vs. parents of "normal" families perceive fewer qualities professional clinicians consider important for effective family functioning.

Results of the Second Hypothesis:

The scores for the second and all subsequent hypotheses are presented in Table 2. The null hypothesis that there is no difference between the control and experimental group in family satisfaction can be rejected. The degree of correlation between a parent's real and ideal Family Concept was found to be significantly higher for the community families than for the clinic families (mean correlations of .74 and .35 respectively) at less than $p < .01$ using the Mann-Whitney U Test.

Table 1

Measure of Family Adjustment for Clinic and
Community Families

	N of Cases	Mean	T Value	Degrees of Freedom	2 Tail Probability
Clinic Group	28	25.6			
			-5.44	20	$p < .000$
Experimental Group	20	40.0			

Table 2

Family Concept Test Measures for Clinic vs. Community Groups

	Group Means		Ranges		N		Sig. Level
	E*	C*	E	C	E	C	
Parent's Real-Ideal Correlation (Family Satisfaction)	.35	.74	.02-.79	.50-.90	28	20	p < .01
Father-Mother Real Correlation (Real Family Congruence)	.46	.76	.17-.74	.44-.88	14	10	p < .01
Father-Mother Ideal Correlation (Ideal Family Congruence)	.69	.82	.07-.88	.70-.96	14	10	n.s.
Father-Mother Predicted Spouse Correlation (Real Spouse Perceptual Congruence)	.42	.71	.02-.74	.60-.89	28	20	p < .01
Father-Mother Predicted Ideal Spouse Correlation (Ideal Spouse Perceptual Congruence)	.68	.83	.01-.95	.58-.95	28	20	n.s.

*Experimental Group

*Control Group

In sum, the parents in the community group saw their families as being more like they want them to be than did the clinic parents.

Results of the Third Hypothesis:

The null hypothesis that there is no difference between the control and experimental groups in real family congruence can be rejected. The degree of agreement between the family concepts of the father and mother in the community families was significantly greater than the degree of agreement for clinic families (mean correlations of .76 and .46 respectively) at $p < .01$ using the Mann-Whitney U Test. This result supports the hypothesis that one important ingredient to family satisfaction is the amount of agreement between the father and the mother on the way the family is perceived.

Results of the Fourth Hypothesis:

The null hypothesis that there is no difference between the control and experimental groups in ideal family congruence can not be rejected. The degree of agreement between the father and mother in the community families was not significantly greater than the degree of agreement for clinic families (mean correlations of .82 and .69 respectively) using the Mann-Whitney U Test.

Results of the Fifth Hypothesis:

The null hypothesis that there is no difference between the control and experimental groups in real spouse perceptual congruence can be rejected. The ability of the control parents to know the real family concept of their

spouse was significantly greater than this ability for the clinic parents (mean correlations of .71 and .42 respectively) at the $p < .01$ using the Mann-Whitney U Test. This result supports the hypothesis that the knowledge of one's spouses perception of the family is an important factor in adjusted family functioning.

Results of the Sixth Hypothesis:

The null hypothesis that there is no difference between the control and experimental groups in ideal spouse perceptual congruence cannot be rejected. The ability of control parent to know the real family concept of their spouses was not significantly different than this ability for the clinic parents (mean correlations of .83 and .68 respectively) using the Mann-Whitney U Test.

CHAPTER V

DISCUSSION

The purpose of this study was to reproduce the previous findings of Ferdinand van der Veen and to formulate and confirm new hypotheses based on former discoveries. More specifically this study proposed to determine whether family adjustment (community vs. clinic families) is a function of the amount of agreement between the family concept of the parents and a professional ideal; real-ideal family concept agreement for each parent; agreement between real family concepts of the mother and father; agreement between ideal family concepts of mother and father; and finally, the ability to know the real or ideal family concept of one's spouse.

The results of the first hypothesis confirm the belief that community families perceive more qualities believed to be essential for effective family functioning as determined by mental health professionals than do families seeking therapy. In sum, the family concepts of the hypothesized better adjusted group were more like the professional concept of ideal family functioning than the less well adjusted group. As has been stated by van der Veen, et al., (1964) a person's family concept can, therefore, reflect

the actual functioning of the family, with more adequate functioning associated with a family concept that shows greater adjustment. Furthermore, the areas of possible growth and development in family functioning for the less adjusted families can possibly be determined.

The results of the second hypothesis confirm the belief that the parents of families seeking therapy are less satisfied with their family's functioning than community families. The parents of the less adjusted families view their family functioning as being less than they wish it to be. This result indicates that as family disturbance increases, the real family concept and ideal family concept move away from each other; and for non-disturbed families the real family concept and ideal family concept remain relatively close.

The results of the third hypothesis indicate that agreement between the real family concepts of the fathers and mothers in the community group showed more congruence than the amount of agreement for the clinic group. This result confirms previous findings and supports the belief that higher family functioning is associated with agreement on the perception of the family by the parents.

The basic assumption that a healthy family life is associated with shared perceptions and interpretations of events which occur is upheld. As van der Veen (1964) states it:

A shared language and common axioms about behavior and feelings are probably essential for sensible communication and for the simultaneous satisfaction of many needs in one setting, not the least of which is the need to have one's experience comprehended by another. They are also essential for a coherent family identity (pp. 11-12).

Contrary to previous research findings the results of the fourth hypothesis indicate that the community and clinic group did not differ significantly on the amount of ideal family concept agreement. It should be noted that the community group had a greater agreement between father and mother on ideal family concept (.82 community; .69 clinic) but this difference was not statistically significant.

The lack of significant difference between the clinic and community groups on ideal family concept is contrary to the previous findings of van der Veen, et al., (1964) and van der Veen (1965) but supports the findings of Kotlar (1961) whose results showed that adjusted and unadjusted spouses had very similar conceptualizations of their ideal marital roles, while adjusted husbands and wives perceived their spouses as approaching their ideal mate at a significantly higher degree than did the unadjusted spouses.

The results of the third and fourth hypotheses taken together seem to indicate that parents of less adjusted families agree to a greater degree on what they would ideally like their families to be than how their family is presently functioning.

The fifth hypothesis concerned the ability to know one's spouse's real family concept, a variable which hasn't

been studied up until this time. As expected the parents of the better adjusted group were more accurate in perceiving their spouse's view of the family than the parents of the less adjusted group. This finding is consistent with the belief of van der Veen and his associates (van der Veen et al., 1964; van der Veen, 1965; Novak & van der Veen, 1970; 1971) that the perception of family conditions is an important factor in determining family adjustment.

This result is a finding of importance since it taps a more fundamental problem than simply noting that less adjusted families agree less, are less satisfied, and are less effective. It points to the fact that parents of less adjusted families lack a basic understanding of how their spouse actually views the family. There appears to be a fundamental unwillingness and/or inability to "empathize" with the other's reference point.

This lack of understanding may have several sources: lack of communication, a chaotic and unclear family structure, a projection onto the spouse of one's point of view. Whatever the cause, parents of clinic families are less accurate in their perception of their spouse's view of the family. This is an added source of misunderstanding and division within the family. Future research needs to address itself to the causes of this lack of accurate perception which could have implications for the treatment of families seeking therapy.

The sixth hypothesis that parents of the community

group would be more accurate in knowing their spouse's ideal family concept than parents of the clinic group was not confirmed. Again it should be noted that the community group accuracy in prediction was greater than that of the clinic group (.83 and .68 respectively) but this difference was not statistically significant.

This finding coupled with the results of the fourth hypothesis indicate that the ideal family concept is a somewhat homogenous one. In this study the ideal family concept failed to differentiate the community from clinic group for either agreement or prediction conditions. Thus, despite the level of adjustment within their families, many couples share a similar ideal concept.

Upon reflection this finding is not surprising. The ideal represents what we wish were true, what we hope for. By definition the ideal is something most can agree upon, e.g., most men desire peace in the world. The ideal is removed from the present reality and, therefore, lends itself to being extreme. In terms of the Family Concept Test a subject is more likely to respond at the "Least Like" and "Most Like" ends of the scale when talking about their ideal. This type of "response set" lends itself to a more uniform or linear pattern of responding.

In sum, three points regarding the ideal family concept should be noted: 1) both community and clinic groups demonstrated a high degree of agreement on their ideal family concept (.82 and .69 respectively); 2) both community and

clinic groups demonstrated an ability to predict their spouse's ideal family concept (.83 and .68 respectively); and 3) therefore, the ideal family concept is a point of general agreement for both better and less adjusted families.

In short, the results of this study support several of the research formulations of van der Veen: 1) that parents of clinic families perceive less of what is considered ideal family functioning by professionals than do parents of community families; 2) that parents of clinic families are less satisfied with their family functioning than parents of community families; and 3) that parents of clinic families have less agreement on the perception of the family than parents of the community families.

In contrast to van der Veen's previous findings the parents of the clinic group in this study did not demonstrate significantly less agreement on their ideal family concept than parents of community families.

The new findings of this study were: 1) parents of clinic families possess less knowledge of how their spouse perceives the family than parents of community families; 2) parents of clinic families did not demonstrate significantly less knowledge of their spouse's ideal family concept than parents of community families.

These results suggest that the ideal family concept may be a more homogeneous concept than van der Veen has suggested. There appears to be a great amount of agreement on what an ideal family is for both clinic and community

families. Future research should be conducted to determine the answer to these contradictory results.

Due to the limitations in design and difficulties encountered in conducting the research, the following comments should be noted for both those interpreting the results and those planning similar research.

First, the number of families in each group was small, thus limiting the generalizability of the findings. The researcher would have liked to have a greater N in each group, but finding families who met the research criteria and who were able to participate was difficult. Further researchers using families should ensure themselves, as best they can, of a "captive" population before preceeding. This will save several hours of work and allow for a tighter experiment.

Secondly, due to the aforementioned difficulty in finding two parent families in treatment, the experimental groups in this study were at various stages of therapy. Some of the families in this group had attended only a few sessions while others had attended several. This variable could not be adequately controlled or assessed in this study since this information was not available for all the couples used.

The fact that the experimental couples differed in the number of therapy sessions allows for at least two sources of confounding effects: history and maturation. Both of these factors make the internal validity of this study questionable. Future researchers could improve greatly on

the design of this experiment by controlling this variable. In the present study, the differences that were found between the groups (which is unlikely since therapy, at least theoretically, should lessen these differences) or the lack of difference between the groups in ideal family concept could be due to these confounds.

Thirdly, the experimental and control groups differed significantly in education. This difference is another confounding variable and provides another rival hypothesis to the ones outlined in this study. Therefore, future researchers should attempt to test comparable groups. It should be noted that in such "real-life" research this is difficult since the groups in this study did not differ significantly on any other variable.

Lastly, it should be noted that although all families participated in this research on a voluntary basis, there may have been a selection bias for the control group. This is the result of two facts: 1) that the parents of the community families responded to a request to participate in the study through community leaders (priest, PTA member) and 2) that those who volunteered are likely not to have had family difficulties.

Future Research

It has been established by van der Veen through his series of research that the perception of family conditions is an important factor to an individual adjustment within the family. This study gives evidence that parents of less

adjusted families have a lack of knowledge and/or understanding of their spouse's view of the family. Following this line of research it would be useful to know if parents of adjusted families are better able to predict their children's view of the family than parents of less adjusted families. Likewise, it would be important to know how accurately the children in clinic vs. community families are able to predict their parents view of the family.

Following van der Veen and Nowak's studies (1970; 1971) comparing disturbed adolescents, their normal siblings, and adolescents of adjusted families on their family concepts, future researchers could compare these groups on their knowledge and understanding of their parents as well as their siblings family concepts.

Through this line of research it could be established if members of less adjusted families lack knowledge of how their family members view the family. Research could subsequently be directed to determine the cause of this lack in understanding, which as noted previously, could have implications for the treatment of families seeking therapy.

Finally, based on the studies with individuals, (Butler & Haigh, 1954; Dymond, 1954; Grummon & John, 1954; Gordon & Cartwright, 1954) research could be conducted using a pre-post therapy design to determine if families who have completed therapy have significantly improved in family adjustment and family member self esteem.

SUMMARY

The purpose of this research was to determine whether an accurate perception of one's spouse's view of the family is an important factor in family adjustment. The findings of this research suggest the following conclusions:

1. As van der Veen (1965) has reported, a person's perception of his family unit is significantly related to the family's actual adjustment.
2. Parents of less adjusted families perceive fewer qualities in their families judged important by mental health professionals for effective family functioning than parents of better adjusted families.
3. Parents of less adjusted families see their families as less than what they want them to be when compared to parents of better adjusted families. Parents of less adjusted families are more dissatisfied with their family functioning and believe their families are not meeting their hopes and expectations.
4. The parents of less adjusted families agree less on how they view the family than parents of better adjusted families.
5. The parents of less adjusted families do not differ significantly from parents of better adjusted families on how they ideally would like their families to be.

6. The parents of less adjusted families have less knowledge of how their spouse views the family than parents of better adjusted families.

7. The parents of less adjusted families do not differ significantly from parents of better adjusted families on their knowledge of how their spouse ideally wants the family to be.

In conclusion, it is apparent that these findings have important implications for the treatment of families. The parents of clinic families are likely to disagree on how they perceive family functioning, be dissatisfied with their families, have little understanding of how their spouse views the family, but share a common ideal for family functioning.

Therefore, in order to ameliorate the difficulties in the troubled family, the therapist needs to direct attention to areas of deficit the Family Concept Test has "discovered" within the less adjusted families. The lack of family congruence, as van der Veen (1965) outlines it, indicated where the family members disagree, where conflict is likely to be generated and where family definition is obscure.

The discrepancy between real and ideal family concept indicates the possible degree of maturation of the client and the direction of change to be taken. The mutual lack of understanding between the spouses on how the family is viewed provides the therapist with an important area to bridge through the modelling of empathy and other interpersonal

skills. Finally, the shared ideal of the couple can be used as the common goal for the couple and therapist alike.

In sum, as van der Veen (van der Veen et al., 1964) stated it:

Psychotherapy, and especially family therapy, can deal directly with misinterpretations and differences in perceptions in the family, and can bring about more sharing and mutual understanding of family experiences (p. 54).

REFERENCE NOTES

1. Novak, A.L. & van der Veen, F. Perceived parental relationships as a factor in the emotional adjustment of adolescents. 77th Annual Convention Proceedings. Washington, D.C.: American Psychological Association, 1969, 563-364.
2. van der Veen, F., & Ostrander, K. Development and initial use of a family concept Q Sort with clinicians and clients of the Dane County Guidance Center. University of Wisconsin, Madison, Wisconsin, Unpublished Master's Thesis, 1961.
3. van der Veen, F. Family psychotherapy and a person's concept of his family: some clinical and research formulations. Unpublished paper, 1970.
4. van der Veen, F., Howard, K.I., & Austria, A.M. Stability and equivalence of scores based on three different response formats. Proceedings: 78th Annual Meeting of the American Psychological Association, Washington, D.C., 1970, pp. 99-100.
5. Kimmel, D.C. Interacting family components: an analysis of the inter-relationships between child behavior, marital adjustment and family perceptions. Unpublished doctoral dissertation, University of Chicago, 1970.
7. Novak, A. & van der Veen, F. Differences in the family

perceptions of disturbed adolescents, their normal siblings, and normal controls. Proceedings of the 76th Annual Convention of the American Psychological Association, Washington, D.C., 1968, 481-482.

REFERENCES

- Ackerman, N.W. The unity of the family. Archives of Pediatrics, 1938, 55, 51-61.
- Berkowitz, N. Perceived family relationships in families differing in adjustment level. Unpublished master's thesis. University of Wisconsin, 1963.
- Burgess, E.W. The family as a unity of interacting personalities. Families, 1926, 7, 3-9.
- Butler, J.M. Self ideal congruence in psychotherapy. Psychotherapy: theory, research and practice, 1968, 5(1), 13-17.
- Butler, J.M., & Haigh, G.V. Changes in the relation between self-concepts and ideal concepts consequent upon client-centered counselling. In C.K. Rogers and R.F. Dymond (Eds.). Psychotherapy and personality change; coordinated studies in the client-centered approach. Chicago: University of Chicago Press, 1954, 55-76.
- Christensen, L., & Wallace, L. Perceptual accuracy as a variable in marital adjustment. Journal of Sex and Marital Therapy, 1976, 2(2), 130-136
- Cohn, A.R. Self concept and role perceptions as correlates of marital satisfaction. Dissertation Abstracts International, 1976, 36(7-B), 3569.
- Dymond, R.F. Adjustment changes over therapy from Thematic

- Apperception Test ratings. In C.R. Rogers and R.F. Dymond (Eds.). Psychotherapy and personality change: co-ordinated studies in the client-centered approach. Chicago: University of Chicago Press, 1954, 109-120.
- Elliot, M.W. A study of communication and empathy in marital adjustment. Dissertation Abstracts International, 1975, 35(12-B), 5972.
- Ferguson, L., & Allen, D. Congruence of parental perception, marital satisfaction, and child adjustment. Journal of Consulting and Clinical Psychology, 1978, 46(2), 346.
- Gordon, T., & Cartwright, D. The effect of psychotherapy upon certain attitudes toward others. In C.R. Rogers and R.F. Dymond (Eds.). Psychotherapy and personality change: co-ordinated studies in the client-centered approach. Chicago: University of Chicago Press, 1954, 167-195.
- Grummon, D.L., & John, E.S. Changes over client-centered therapy evaluated on psychoanalytically based Thematic Apperception Test scales. In C.R. Rogers and R.F. Dymond (Eds.). Psychotherapy and personality change: co-ordinated studies in the client-centered approach. Chicago: University of Chicago Press, 1954, 121-144.
- Hall, I.A., & Taylor, S.E. When love is blind: maintaining idealized images of one's spouse. Human Relations, 1976, 29(8), 751-761.
- Handel, G. Psychological study of whole families. Psychological Bulletin, 1965, 63, 19-41.

- Hess, R., & Handel, G. Family Worlds. Chicago: University of Chicago Press, 1959.
- Horney, K. Our inner conflicts, a constructive theory of neurosis. New York: W.W. Norton Co., 1945.
- Hurley, J.R., & Silvert, D.M. Mate-image congruity and marital adjustment. Annual Convention Proceedings. Washington, D.C. American Psychological Association, 1966, 219-220.
- Joselyn, I. The family as a psychological unit. Social Casework, 1953, 34, 336-343.
- Karp, E.S. Jackson, J.N., & Lester, D. Ideal self fulfillment in mate selection; a corollary to the complementary need theory of mate selection. Journal of Marriage and the Family, 1970, 32(2), 269-272.
- Kennedy, B.C. A comparison of the effects of parent counseling and non-parent counseling on selected groups of seventh grade pupils self, ideal self congruence, academic grades, and citizenship marks. Dissertation Abstracts International, 1972, 32(8A), 4353.
- Kotlar, S.L. Middle class marital roles: Ideal and perceived in relation to adjustment in marriage. Dissertation Abstracts International, 1961, 22(5), 1734.
- Kotlar, S.L. Middle class marital role perceptions and marital adjustment. Sociology and Social Research, 1965, 49(2), 281-294.
- Larson, L.E. Multilevel family interpersonal perception of

- ideal marital roles: An exploratory study. Journal of Comparative Family Studies, 1975, 6(2), 223-237.
- Lenthall, G. Marital satisfaction and marital stability. Journal of Marriage and Family Counseling, 1977, 3(4), 25-32.
- Luckey, P. Self consistency: a theory of personality. New York: Island Press, 1945.
- Luckey, E.B. Implications for marriage counseling of self perceptions and spouse perceptions. Journal of Counseling Psychology, 1960, 7, 3-9.
- Luckey, E.B. Marital satisfaction and congruent self-spouse concepts. Social Forces, 1960, 39, 153-157.
- Luckey, E.B. Marital satisfaction and its association with congruence of perception. Marriage and Family Living, 1960, 22, 49-54.
- Luckey, E.B. Marital satisfaction and its concomitant perceptions of self and spouse. Journal of Counseling Psychology, 1964, 11(2), 136-145.
- Martin, J.D. Value congruence as it relates to marital adjustment of twenty-five well adjusted and twenty-five maladjusted couples in Southeast Massachusetts. Dissertation Abstracts International, 1975, 35(7-B), 3560.
- Matteson, R.F. Adolescent self esteem, family communication, and marital satisfaction. Dissertation Abstracts International, 1973, 33(7-B), 3315.
- Maxwell, J.W. Jr. The relationship of family adjustment

to self concept of lower-class adolescent males.

Dissertation Abstracts International, 1967, 28, (5-A),
1915-1916.

McCahan, G.R. The relationship between self concept and marital satisfaction. Dissertation Abstracts International, 1973, 34(1-A), 173.

Mitchell, J.V. Jr. Self-family perceptions related to self-acceptance, manifest anxiety, and neuroticism. Journal of Educational Research, 1963, 56(5), 236-242.

Monaghan, M.R. Actual and ideal communication in married couples. Dissertation Abstracts International, 1976, 36(11-B), 5811-5812.

Murstein, B.I. Self and ideal self discrepancy and the choice of marital partner. Proceedings of the Annual Convention of the American Psychological Association, 1970, 5(Pt. 1), 459-460.

Nakinsky, I.P. The self-ideal correlation as a measure of generalized self satisfaction. Psychological Record, 1966, 16(1), 55-64.

Nashero, S. Influence of levels of behavior on Q-sort measures of congruence of real and ideal self. Dissertation Abstracts International, 1977, 32(8-A), 4355-4356.

Navran, L. Communication and adjustment in marriage. Family Process, 1967, 6(2), 173-184.

Novak, A.L., & van der Veen, F. Family concepts and emotional disturbance in the families of disturbed adolescents

- with normal siblings. Family Process, 1970, 9, 157-171.
- Quarter, J., Kennedy, D., & Laxer, R. Effect of order and form in the Q-sort. Psychological Reports, 1967, 20, (3, Pt. 1), 893-894.
- Raimy, V.C. The self-concept as a factor in counseling and personality organization. Unpublished doctor's dissertation, Ohio State University, 1943.
- Raimy, V.C. Self-reference in counseling interviews. Journal of Consulting Psychology, 1948, 12, 153-163.
- Reznikoff, M., & Toomey, L.C. The weighted Q-sort: A procedure for quantitatively estimating emotional disturbance and personality change. Journal of Consulting Psychology, 1958, 22, 187-190.
- Rogers, C.R. Counseling and psychotherapy: newer concepts in practice. Boston: Houghton Mifflin, 1942.
- Rogers, C.R. Client-centered therapy: its current practice, implications, and theory. Boston: Houghton Mifflin, 1951.
- Rogers, C.R. A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.). Psychology: a study of a science. Vol. 3. New York: McGraw-Hill, 1959, 184-256.
- Rogers, C.R. On becoming a person. Boston: Houghton-Mifflin, 1961.
- Rogers, L.S. Marital stability, mental health, and marital satisfaction. Journal of Consulting and Clinical

Psychology, 1970, 35(3), 342-348.

Rogers, L.R., & Dymond, R.F. (Eds.). Psychotherapy and personality change; co-ordinated studies in the client-centered approach. Chicago: University of Chicago Press, 1954.

Rudikoff, E.C. A comparative study of the changes in the concepts of the self, the ordinary person, and the ideal in eight cases. In C.R. Rogers and R.F. Dymond (Eds.). Psychotherapy and personality change; co-ordinated studies in the client-centered approach. Chicago: University of Chicago Press, 1954, 85-98.

Seeman, J.A. A study of the process of non-directive therapy. Journal of Consulting Psychology, 1949, 13, 157-168.

Shapiro, R.B. Short term family therapy outcome study: Interpersonal perception and communication patterns. Dissertation Abstracts International, 1975, 36, (3-B), 1459.

Sorenson, D.L. The relationship of perceptual incongruity and defensive style and marital discord. Dissertation Abstracts International, 1974, 35(6-B), 3037-3038.

Stephenson, W. The study of behavior: Q-technique and its methodology. Chicago: University of Chicago Press, 1953.

Turner, R., & Vanderlippe, R. Self-ideal congruence as an index of adjustment. Journal of Abnormal and Social Psychology, 1958, 57, 202-206.

- Udry, J.R. The influence of the ideal mate image on mate selection and mate perception. Journal of Marriage and the Family, 1965, 27(4), 477-482.
- van der Veen, F. The parent's concept of the family unit and child adjustment. Journal of Counseling Psychology, 1965, 12, 196-200.
- van der Veen, F. Family psychotherapy and a person's concept of his family: Some clinical and research formulations. Mimeographed manuscript, Chicago: Institute for Juvenile Research, 1969.
- van der Veen, F. Family interaction and congruence of family concepts among adolescents and their parents. Proceedings: Annual Conference of the National Council on Family Relations, St. Louis, 1974.
- van der Veen, F. Perception and interaction in the family. Unpublished manuscript, Chicago: Institute for Juvenile Research, 1976.
- van der Veen, F., Huebner, B., Jorgens, B., & Neja, P., Jr. Relationships between the parent's concept of the family and family adjustment. American Journal of Orthopsychiatry, 1964, 34, 45-55.
- van der Veen, F., Howard, K.I., O'Mahoney, M.T. Dimensions of the family concept in relation to emotional disorder and family position. Proceedings: 79th Annual Meeting of the American Psychological Association, Washington, D.C., 1971, pp. 451-452.

- van der Veen, F., & Novak, A.L. Perceived parental attitudes and family concepts of disturbed adolescents, normal siblings and normal controls. Family Process, 1971, 10, 327-343.
- van der Veen, F., & Novak, A.L. The family concept of the disturbed child: A replication study. American Journal of Orthopsychiatry, 1974, 44, 763-772.
- van der Veen, F., & Ostrander, K. Development and initial use of a family concept Q-sort with clinicians and clients of the Dane County Guidance Center. Unpublished master's thesis, University of Wisconsin, 1961.
- Wattie, B. Evaluating short-term casework in a family agency. Social Casework, 1973, 54, 609-616.
- Wittenborn, J.R. Contributions and current status of Q-methodology. Psychology Bulletin, 1961, 58, 132-142.
- Welsh, E. Counseling and self-help: The effect of three treatment modes on interpersonal perception and marital adjustment. Dissertation Abstracts International, 1977, 3(2-A), 643.

APPENDIX A

FAMILY UNIT INVENTORY

Instructions:

Contained in this packet are four copies of the Family Unit Inventory. Listed below are the four ways you are to fill out these inventories. Please fill them out in the order listed below:

- 1) For each item circle the number that shows how you view the family as it is now.
- 2) For each item circle the number that shows how you believe your spouse views the family now.
- 3) For each item circle the number that shows how you would ideally like your family to be.
- 4) For each item circle the number that shows how you believe your spouse would ideally like your family to be.

In answering according to the different formats, use the various numbers in all of the positions, whichever best fits your answer from "0", completely false, to "8", very true. For example, if you are answering according to format 1, and you view your family as very active, you would score the sample in this way:

Sample: We are an active family.

Least like												Most like
0	1	2	3	4	5	6	7	8				

If you view your family as not at all active, you would have circled the "0". If it is neither active nor inactive, you would have circled the "4".

Please ask any questions if it is not clear what to do. If you have no further questions, please fill out the information requested on the next page. All of the information gathered and data from the questionnaires will be kept in complete confidence.

Upon completion of the information sheet, please fill out the questionnaire.

Thank you for your cooperation.

APPENDIX B

FAMILY UNIT INVENTORY

	Least like									Most like
1. We like to do new and different things.	0	1	2	3	4	5	6	7	8	
2. We can usually depend on each other.	0	1	2	3	4	5	6	7	8	
3. We have a number of close friends.	0	1	2	3	4	5	6	7	8	
4. We often do not agree on important matters.	0	1	2	3	4	5	6	7	8	
5. Each of us tries to be the kind of person the others will like.	0	1	2	3	4	5	6	7	8	
6. Good manners and proper behavior are very important to us.	0	1	2	3	4	5	6	7	8	
7. We feel secure (safe) when we are with each other.	0	1	2	3	4	5	6	7	8	
8. We want help with our problems.	0	1	2	3	4	5	6	7	8	
9. We do many things together.	0	1	2	3	4	5	6	7	8	
10. Each of us wants to tell the others what to do.	0	1	2	3	4	5	6	7	8	
11. There are serious differences in our beliefs about what is right and important.	0	1	2	3	4	5	6	7	8	
12. We feel free to express any thought or feeling to each other.	0	1	2	3	4	5	6	7	8	

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Ferdinand van der Veen, Ph.D., 1969. Family Research Program, Institute for Juvenile Research, Chicago, Illinois.

	Least like								Most like
13. Our home is the center of our activities.	0	1	2	3	4	5	6	7	8
14. We are an affectionate family (show our love for each other.)	0	1	2	3	4	5	6	7	8
15. The difficulties that we have in the family are not our fault.	0	1	2	3	4	5	6	7	8
16. Little problems often become big ones for us.	0	1	2	3	4	5	6	7	8
17. We do not understand each other.	0	1	2	3	4	5	6	7	8
18. We get along very well in the community.	0	1	2	3	4	5	6	7	8
19. We often praise or compliment each other.	0	1	2	3	4	5	6	7	8
20. We avoid talking about sexual matters.	0	1	2	3	4	5	6	7	8
21. We get along much better with persons outside the family than with each other.	0	1	2	3	4	5	6	7	8
22. If we had more money most of our present problems would be gone.	0	1	2	3	4	5	6	7	8
23. We are proud of our family.	0	1	2	3	4	5	6	7	8
24. We do not like each other's friends.	0	1	2	3	4	5	6	7	8
25. There are many conflicts (disagreements) in our family.	0	1	2	3	4	5	6	7	8
26. We are usually calm and relaxed when we are together.	0	1	2	3	4	5	6	7	8

(continue to next page)

Least
likeMost
like

	Least like								Most like
27. We are not a talkative family.	0	1	2	3	4	5	6	7	8
28. We respect each other's privacy.	0	1	2	3	4	5	6	7	8
29. Accomplishing (actually getting done) what we want to do seems to be difficult for us.	0	1	2	3	4	5	6	7	8
30. We tend to worry about many things.	0	1	2	3	4	5	6	7	8
31. We often upset each other without meaning to.	0	1	2	3	4	5	6	7	8
32. Nothing exciting ever seems to happen to us.	0	1	2	3	4	5	6	7	8
33. We are a religious family.	0	1	2	3	4	5	6	7	8
34. We are continually getting to know each other better.	0	1	2	3	4	5	6	7	8
35. We need each other.	0	1	2	3	4	5	6	7	8
36. We do not spend enough time together.	0	1	2	3	4	5	6	7	8
37. We do not understand what is causing our difficulties.	0	1	2	3	4	5	6	7	8
38. Success and reputation are very important to us.	0	1	2	3	4	5	6	7	8
39. We encourage each other to develop in his or her own individual way.	0	1	2	3	4	5	6	7	8
40. We are ashamed of some things about our family.	0	1	2	3	4	5	6	7	8
41. We have warm, close relationships with each other.	0	1	2	3	4	5	6	7	8
42. There are some things we avoid talking about.	0	1	2	3	4	5	6	7	8

(continue to next page)

Least
likeMost
like

	Least like									Most like
	0	1	2	3	4	5	6	7	8	
43. Together we can overcome almost any difficulty.	0	1	2	3	4	5	6	7	8	
44. We really do trust and confide in each other.	0	1	2	3	4	5	6	7	8	
45. We make many demands on each other.	0	1	2	3	4	5	6	7	8	
46. We take care of each other.	0	1	2	3	4	5	6	7	8	
47. Our activities together are usually planned and organized.	0	1	2	3	4	5	6	7	8	
48. The family has always been very important to us.	0	1	2	3	4	5	6	7	8	
49. It is hard for us to please each other.	0	1	2	3	4	5	6	7	8	
50. We are considerate of each other.	0	1	2	3	4	5	6	7	8	
51. We can stand up for our rights if necessary.	0	1	2	3	4	5	6	7	8	
52. We are all responsible for family problems.	0	1	2	3	4	5	6	7	8	
53. There is not enough discipline in our family.	0	1	2	3	4	5	6	7	8	
54. We have very good times together.	0	1	2	3	4	5	6	7	8	
55. We are sometimes frightened of each others.	0	1	2	3	4	5	6	7	8	
56. We often become angry at each other.	0	1	2	3	4	5	6	7	8	
57. We live largely by other people's standards and values (what is right and important).	0	1	2	3	4	5	6	7	8	

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Least
likeMost
like

	Least like									Most like
58. We are not as happy together as we might be.	0	1	2	3	4	5	6	7	8	
59. We are critical of each other.	0	1	2	3	4	5	6	7	8	
60. We are satisfied with the way in which we now live.	0	1	2	3	4	5	6	7	8	
61. Usually each of us goes his own separate way.	0	1	2	3	4	5	6	7	8	
62. We resent each other's outside activities.	0	1	2	3	4	5	6	7	8	
63. We have respect for each other's feelings and opinions even when we differ strongly.	0	1	2	3	4	5	6	7	8	
64. We sometimes wish we could be an entirely different family.	0	1	2	3	4	5	6	7	8	
65. We are sociable and really enjoy being with people.	0	1	2	3	4	5	6	7	8	
66. We are a disorganized (mixed up) family.	0	1	2	3	4	5	6	7	8	
67. It is important to us to know how we appear to others.	0	1	2	3	4	5	6	7	8	
68. Our decisions are not our own, but are forced upon us by things beyond our control.	0	1	2	3	4	5	6	7	8	
69. We have little fondness for each other.	0	1	2	3	4	5	6	7	8	
70. We are a strong, competent (able) family.	0	1	2	3	4	5	6	7	8	
71. We avoid telling each other our real feelings.	0	1	2	3	4	5	6	7	8	
72. We are not satisfied with anything short of perfection.	0	1	2	3	4	5	6	7	8	

(continue to next page)

Least
likeMost
like

	Least like								Most like
73. We forgive each other easily.	0	1	2	3	4	5	6	7	8
74. We are usually somewhat reserved with each other.	0	1	2	3	4	5	6	7	8
75. We hardly ever hurt each other's feelings.	0	1	2	3	4	5	6	7	8
76. We like the same things.	0	1	2	3	4	5	6	7	8
77. We usually reach decisions by talking it over and some give and take.	0	1	2	3	4	5	6	7	8
78. We can adjust well to new situations.	0	1	2	3	4	5	6	7	8
79. We are liked by most people who know us.	0	1	2	3	4	5	6	7	8
80. We are full of life and good spirits.	0	1	2	3	4	5	6	7	8

APPROVAL SHEET

The thesis submitted by Patrick J. Kennelly has been read and approved by the following committee:

Dr. Michael O'Brien, Director
Professor, Psychology, Loyola

Dr. Cliff Kaspar
Associate Professor, Psychology, Loyola

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

12/13/79
Date

Michael O'Brien
Director's Signature