

# THE RELATIONSHIP BETWEEN PERCEIVED FAMILY HEALTH AND PERSONALITY FUNCTIONING AMONG AUSTRALIAN ADOLESCENTS

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*The interrelationships between perceived family functioning, personality dimensions, life satisfaction, and self-concept were examined in 183 Australian adolescents. Moderate inverse relationships were obtained between Eysenck's Psychoticism dimension and perceived family health. Sociability was positively and moderately related to healthy family functioning. Eysenck's Neuroticism dimension demonstrated a significant, yet modest, relationship to a healthy balance of autonomy and intimacy in the family of origin. In comparison to Eysenck's personality dimensions, life satisfaction and self-esteem were much more strongly associated with perceived family functioning. These findings are discussed in the light of previous research, and some suggestions for future research are made.*

A growing body of research has linked adolescent adjustment, personality, and self-esteem to family functioning (Searight, et al., 1994). Psychological distress among adolescents has been found to be substantially greater in both conflictual and enmeshed families (Minuchin et al., 1978; Slater & Haber, 1984). While it has often been thought that family structure (i.e., intact, divorced, stepfamily) was a key determinant of well being among children and adolescents, recent investigations have concluded that family process variables are more important. Family dynamics such as conflict, cohesiveness, and support for age-appropriate independence

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appear to be more strongly related to individual psychological health than family structure (Borrine et al., 1991).

In contrast to the belief that parents become less influential while the adolescent peer group increases in salience, current views of adolescent development highlight a transformation of the parent-child relationship rather than a severing of ties (Youniss, 1983). For adolescents, an important family process is the ability to maintain a balance between autonomy and intimacy. Recent investigations suggest that families with psychologically healthy adolescents maintain emotional connectedness while simultaneously encouraging the adolescent's independence (Sroufe, 1991). Communication patterns between adolescents and parents were observed and systematically coded by Cooper, Grotevant, and Condon (1983). They also assessed adolescent ego identity from the perspectives of Marcia (1966) and Erickson (1968). The investigators found higher levels of adolescent ego identity, associated with active exploration of one's own experiences and needs, among families that provided emotional support while simultaneously encouraging teenagers' independence (Cooper et al., 1983). A similar pattern was found by Peterson (1987) among Australian adolescents and their families. Less sophisticated levels of identity development were found among adolescents who engaged in hostile fighting or who avoided communication with parents (Peterson, 1987).

While a balance between family autonomy and intimacy appears to play an important role in adolescent development, these concepts have been difficult to assess in an efficient, uncomplicated manner. However, a self-report measure, the Family-of-Origin Scale (FOS; Hovestadt et al., 1985), based upon these two concepts, has exhibited promise in family research with adolescents (Searight et al., 1994). The original FOS was developed as a retrospective tool to assess adults' perceptions of the family in which they were raised. This 10-subscale, 40-item instrument was adapted for use with adolescents by changing the wording of all items from the past to the present tense. The scale's conceptual foundation of a balance between autonomy and intimacy appears to be of particular relevance to adolescents.

Psychometrically, the adolescent FOS has demonstrated test-retest and internal consistency reliabilities of similar magnitude as the adult version (Manley et al., 1991). Construct validity is suggested by moderate to high correlations between the FOS and two other family assessment instruments (Manley et al., 1993), the Family Environment Scale (FES; Moos & Moos, 1986) and the Family Adaptability and Cohesion Evaluation Scales (FACES; Olson et al., 1984). Discriminant validity for the adolescent FOS is supported by studies in which the scale discriminated psychiatric inpatients and a nonclinical sample (Searight et al., 1992) and between adolescents receiving treatment for substance abuse and a nonclinical group (Searight et al., 1991).

While the adolescent FOS has demonstrated moderate correlations with measures of adjustment (Niedermeier et al., 1992; Piatt et al., 1993), the relationship between family functioning and basic personality dimensions or superfactors has not been well examined. A well-known superfactor

model is Eysenck's three factor model (Eysenck & Eysenck, 1985). Through factor analytic investigation, Eysenck identified three basic personality factors, Extraversion, Neuroticism and Psychoticism. There is some overlap between the Eysenckian model and others such as the Big Five model proposed by Costa and McCrae (1992) in that Psychoticism has been found to be significantly negatively related to Agreeableness (Eysenck, 1992).

There are suggestions that among adolescents the Eysenckian factors may also be related to family functioning. Heaven (1990) found that irrational beliefs about the family were related to Psychoticism. Greater levels of irrational family beliefs were associated with adolescents who exhibited a lack of sensitivity to others and little empathy. Heaven suggested that these irrational beliefs were "antisocial" and led to "escalating chains of reciprocally negative communication between parents and adolescents" (p. 15).

While Eysenck's model appears promising in understanding adolescent personality within the family, there have been few studies linking these three factors to family processes. In particular, the relationship between Psychoticism, Extraversion, and Neuroticism among adolescents and the balance of autonomy and intimacy in the family has not been systematically examined. The current study will focus upon the relationship between family climate as assessed by the adolescent version of the Family-of-Origin Scale (FOS) and personality structure as assessed by Eysenck's Personality Questionnaire. Additionally, the relationship between the FOS and self-esteem, as measured by the Rosenberg Self-Esteem Inventory (Rosenberg, 1979) and life satisfaction, as measured by the Satisfaction with Life Scale (Diener et al., 1985) were examined in an adolescent sample.

## METHOD

### *Participants*

Participants were 183 Australian adolescents with a mean age of 13.3 years (s.d. = .99). The sample was drawn from a public school in a medium-sized city (population approximately 50,000) in New South Wales, Australia. Questionnaires were distributed in the school. By gender, 66 participants were male and 117 were female. Parental marital status reported was as follows: married 86.6%; divorced 1.6%; separated 5%; never married 1.1%; stepparent in home 1.6%; widowed, 3.2%.

### *Instruments*

*Family-of-Origin Scale* (FOS; Hovestadt et al., 1985). The FOS is a 40-item face-valid Likert-type rating scale which assesses perceptions of the family in which the respondent was raised. The FOS is composed of 10 subscales, which are in turn grouped into two superordinate dimensions: Intimacy and Autonomy. The Intimacy dimension consists of five subscales: Range of Feelings, Mood and Tone, Conflict Resolution, Empathy, and Trust.

The Autonomy dimension is also composed of five subscales: Clarity of Expression, Responsibility, Respect for Others, Openness to Others, and Acceptance of Separation and Loss.

The FOS has demonstrated test-retest and internal consistency reliabilities of .90 and .92, respectively, within a young (mean age = 13.6) adolescent sample (Schudy et al., 1992). Validity support for the adolescent FOS comes from studies in which the scale discriminated between nonclinical adolescents and teenagers in substance abuse treatment (Searight et al., 1991) and in psychiatric hospitals (Searight et al., 1992). In addition, the FOS has demonstrated moderate correlations with measures of adolescent adjustment (Niedermeier et al., 1992) and higher correlations with other established family functioning measures (Manley et al., 1993).

*Eysenck Personality Questionnaire* (EPQ-R; Eysenck et al., 1985). The EPQ consists of three personality scales: Psychoticism (P), Extraversion (E), and Neuroticism (N). A Lie scale (L) aids in determining the validity of the profile. Test-retest reliabilities over a one-month interval are as follows: .78 (P), .89 (E), .86 (N), and .84 (L) (Eysenck & Eysenck, 1975). Internal consistency has been reported to be in the .70 range for P and in the .80 range for E, N, and L (Friedman, 1987). EPQ validity is supported by its ability to discriminate clinical from nonclinical samples and its correlations with behavioral, attentional, and other self-report personality scales (Friedman, 1987). On the present occasion, the short form of the revised EPQ was used.

*Satisfaction with Life Scale* (SWLS; Diener et al., 1985). The SWLS is a five-item instrument designed to assess the respondents' global appraisal of their quality of life. In this study, the items were scored in a dichotomous yes-no manner. The internal consistency of the SWLS is reported to be .87 with a test-retest reliability of .82 over a two-month period. Validity is suggested by the scale's positive correlation with other measures of well-being and negative correlation with clinical symptom measures (Diener et al., 1985).

*Rosenberg Self-Esteem Scale* (RES; Rosenberg, 1979): This is a 10-item rating scale which provides a global appraisal of self-esteem. Test-retest and internal consistency reliabilities reported for the scale are .85 and .92, respectively (Corcoran & Fisher, 1987). The RES has been found to be significantly correlated with other measures of self-esteem such as the Coopersmith Self-Esteem Inventory (Cochran & Fisher, 1987).

### *Procedure*

All participants completed the measures in a school setting. For some of the measures, there were missing data within a particular protocol. If scores were obtainable for specific subscales for a given subject, those data were entered into the analysis.

## RESULTS

Means and standard deviations for all of the measures are presented in Table 1. Table 2 presents correlations between the Family-of-Origin Scale

TABLE 1  
Means and Standard Deviation for the Study Measures

	M	SD
<i>Family-of-Origin Scale</i>		
Total	144.44	23.87
Autonomy Subscales		
Clarity of Expression	3.40	.74
Responsibility	3.42	.72
Respect for Others	3.72	.77
Openness to Others	3.80	1.55
Acceptance of Separation and Loss	3.46	1.08
Intimacy Subscales		
Range of Feelings	3.82	.70
Mood and Tone	4.15	.85
Conflict Resolution	3.53	.82
Empathy	3.74	.79
Trust	3.58	.74
<i>Eysenck Personality Questionnaire</i>		
Psychoticism	3.35	2.48
Extraversion	9.05	3.00
Neuroticism	6.31	2.87
Lie Scale	3.73	2.56
<i>Satisfaction with Life Scale</i>	17.36	4.28
<i>Self-Esteem Scale</i>	7.86	2.16

and the three measures of psychological adjustment. In general, Life Satisfaction demonstrated the strongest relationship with perceived family functioning. Self-Esteem was moderately correlated with the total FOS score and with most of the individual FOS subscales. Among the Eysenckian dimensions, Psychoticism demonstrated the most pronounced inverse relationship to family health. Neuroticism was less strongly related to family health. Extraversion exhibited a pattern of positive, generally moderate, correlations with the FOS. Most of the Correlations between the FOS subscales and Lie scale were not significant. Significant correlations were observed between Lie and Responsibility, Empathy and Trust.

## DISCUSSION

Within this sample of young adolescents, there were significant and moderate correlations between global ratings of family health and Eysenck's Psychoticism and Extraversion dimensions. More modest relationships were exhibited between the Neuroticism scale and perceived family functioning. In comparison with the Eysenckian dimensions, perceived family health was more strongly associated with life satisfaction and self-esteem.

The pattern of inverse relationships between Psychoticism and healthy family functioning provides further support for the linkage between anti-social behavior among adolescents and disharmonious family environments. Of particular interest is that of the specific FOS dimensions, poor

TABLE 2  
Family-of-Origin, Eysenck, Self Esteem, and Life Satisfaction Scales:  
Correlation Matrix

Family of Origin Scale	Eysenck Scale					
	Neuroticism	Psychoticism	Extraversion	Lie	Self-Esteem	Life Satisfaction
Family-of-Origin						
Total	-.24**	-.39**	.36**	.09	.54**	.64**
Clarity	-.19**	-.27**	.30**	.03	.37**	.44**
Responsibility	-.13*	-.29**	.19**	.13*	.34**	.53**
Respect	-.20**	-.31**	.29**	.02	.44**	.53**
Openness	-.27**	-.29**	.34**	.04	.17*	.39**
Acceptance	-.09	-.29**	.30**	.09	.24**	.39*
Range of Feelings	-.14*	-.25**	.25**	.04	.35**	.49**
Mood	-.15*	-.37**	.33**	.11	.48**	.59**
Conflict	-.15*	-.37**	.22**	.07	.34**	.49**
Empathy	-.18*	-.33**	.39**	.14*	.48**	.55**
Trust	-.30**	-.31**	.20**	.23*	.52**	.47**

\*\* $p < .01$

\* $p < .05$

management of conflict and an adverse affective climate were most strongly related to a personality style characterized by a sense of alienation, little empathy for others, and sensation seeking (Eysenck & Eysenck, 1985). Heaven (1993) has noted that Psychoticism is an important predictor of delinquent behavior. The current findings suggest that family environments which promote individuality while simultaneously conveying warmth and support are important for preventing delinquency and possible later antisocial behavior (Rigby, 1990).

High scorers on the Extraversion factor are described as being sociable, easy going, and having many friends (Eysenck & Eysenck, 1975). This dimension was positively associated with overall perceived family health. Of the specific dimensions of family functioning, persons high on sociability perceived family members as being sensitive to one another. In addition, sociability is associated with a family climate that is experienced as warm and supportive.

Neuroticism was more independent of family climate than the other two Eysenckian dimensions. This factor appears to assess nonpsychotic psychological distress with symptoms of anxiety and depression predominating and with secondary psychophysiological symptoms. The general magnitude and pattern of the relationship between this factor and family functioning is similar to that obtained with the Langner Symptom Survey (Langner, 1962) in an earlier FOS study with African American adolescents (Piatt et al., 1993). In the current study, families perceived as being more cynical and less supportive in their social outlook were associated with adolescents who experienced greater anxiety and depression.

The relatively strong relationship between adolescent self-esteem and family functioning has been described elsewhere (Baumrind, 1978, 1991). The "authoritative" parent who combines respect for the teenager's individuality with clear limits in a warm supportive context is likely to have offspring with greater self-esteem and self-confidence (Baumrind, 1978,

1991). Life satisfaction also demonstrated consistently strong-to-moderate relationships with the various dimensions of family functioning. Among adolescents, family processes appear to be more important in their impact on these subjective experiences of well-being than upon the personality dimensions assessed by the EPQ.

From a methodological perspective, self-reports of family functioning have been extensively relied upon in many investigations. A pattern of disagreement has emerged between parents and adolescents on specific dimensions of family functioning (Noller & Patton, 1990). Adolescents generally perceive the family more negatively than parents (Noller & Callan, 1986). Specifically, parents view the family as more cohesive and adaptable than adolescents. It has been suggested that parents may be more emotionally invested in the family, while adolescents, as they move toward greater independence, may perceive the family more objectively (Noller & Patton, 1990). Thus, self-reports of family functioning by adolescents may conceivably be more objective than those of their parents.

Since the current relationships between adolescent personality and family climate were obtained from a cross-sectional, correlational design, it is not possible to make statements about the relative importance of adolescent temperament and the balance between familial autonomy and intimacy as determinants of either family health or adolescent personality. Current views of adolescent-parent relationships suggest a reciprocal pattern of mutual interactions whereby parents and children "shape" one another. Further investigations based on established personality models would be valuable to further delineate how parental and adolescent personality contribute to healthy versus unhealthy family climates. A further step in family research would be to include direct observation of family processes as well as self-report measures. It would be valuable to determine the degree of agreement between the FOS and ratings of communication promoting autonomy and intimacy such as those developed by Grotevant & Cooper (1985).

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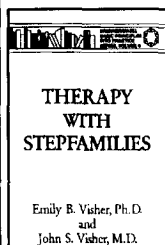
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