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PANT-LEGS AND PATHOLOGY: THE MARRIAGE OF INDIVIDUAL AND FAMILY ASSESSMENT

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ABSTRACT: Bowen family systems theory suggests that individuals who report high levels of individual pathology will also report having been raised in families characterized by high conflict and low adaptability. Combining individual and family assessment measures, or using one type of measure to understand the results of the other may be possible through the application of systems theory. Therapeutic implications of the study reported here indicate that practitioners should consider the value of focusing on family of origin processes before a primary focus on isolated traumatic events guides the direction of therapy.

KEY WORDS: family therapy; assessment; Bowen theory; abuse.

This paper reports one way in which individual assessment measures may be utilized in conjunction with a family systems measure to help clinicians understand individual presenting problems, such as depression, within the context of the family system. This represents an attempt to blend two ways of conceptualizing human behavior and their consequent clinical applications. Bowen family systems theory, which addresses the individual as a system as well as the family sys-

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tem, guides this study. The concepts of chronic and acute anxiety from Bowen theory and how they relate to the variables selected for this study will be explained. Results and the implications for assessment and family therapy will then be discussed.

FAMILY AND INDIVIDUAL ASSESSMENT

Arguments have been made that humans live in a multi-systemic environment (Garbarino, 1982; Paolucci, 1977). Systems are found at the cellular level, the family level, and at broader levels such as the political systems in which families exist. One system that is consistently overlooked in family therapy is the individual as a system. Because most individual models and instruments seem to be steeped in psychoanalytic tradition or are pathology focused, many family therapists dismiss their use and utility. This is unfortunate because they have something valuable to offer. They hold the potential for helping a systems therapist understand both the individual's system as well as the family system. All of the models of family systems attempt to classify families according to objective and identifiable criteria with the goal of creating and defining a common language for family clinicians and researchers. These are the same goals for which individually oriented classification schemes strive.

No definitive studies exist which help clinicians identify family types and the particular concerns that an individual within that family may have. This paper attempts to combine an individually oriented assessment instrument (Brief Symptom Inventory; BSI; Deragotis & Spencer, 1982) with a family system instrument (Self-Report Family Inventory; Beavers & Hampson, 1990) to determine commonalities and connections between the two.

The Brief Symptom Inventory is a pen and paper instrument that classifies nine types of pathology/individual symptomatology with which clients may present in a clinical setting.

The Beavers model (Beavers & Hampson, 1990) classifies families along a continuum of family styles and a scale of health or competence (Figure 1). This schematic has been referred to as a "pant-leg" or "pair of pants" on which to plot family types. For family style, a family may be centripetal, centrifugal, or mixed. A centripetal (CP) family gathers strength from and looks to the family for fulfillment of emotional needs. A centrifugal (CF) family tends to interact more

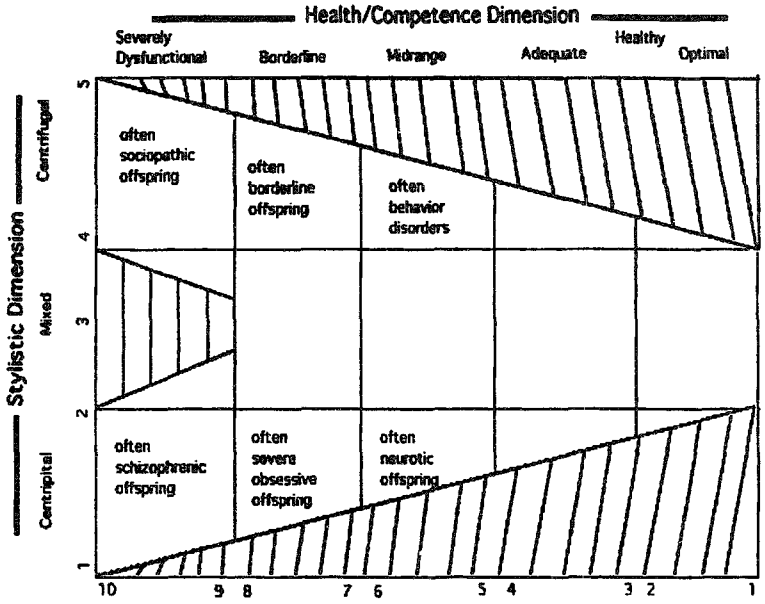

FIGURE 1

Beavers' Family Assessment Schema

with the extra-familial realm to fulfill emotional needs. A mixed family can shift between being a CP and a CF family. These families look within the family as well as outside of the family for fulfillment of emotional needs. They base the decision to shift on changing environmental factors as well as family life-cycle transitions. The other dimension measured by the Beavers model is the health or competence of the family. For this model, levels of health or competence range from optimal to dysfunctional. The following subscales make up this dimension, family health, conflict, cohesion, leadership, and expressiveness. In the Beavers model, health/competence and family style are used to identify different family types which may present in family therapy. The authors suggest that knowing the family type will point to the most appropriate therapeutic interventions for the family system (Beavers & Hampson, 1990).

THEORY

For theory to guide this study it must attempt to describe characteristics of both individual and family systems. For example, it should offer a reasonable definition, or description of, individual symptomatology as well as identify family types or dynamics. Another criteria might be for this theory to have some clinical or intervention utility. By adding a clinical dimension, researchers and therapists can further test the usefulness of using both individual and family measurements together. Combining individual and family schools of thought might create the following hypothesis about change. Change occurs as a result of insight about individual dynamics combined with "doing something different" in the system. This way, "why is 'X' happening?" is answered for the individual/insight oriented side, and the question of "what is happening?" is satisfied for the systems theory side (Becvar & Becvar, 1988).

Bowen family systems theory is a suitable theory because, when applied correctly, it requires clients to think about and understand the "why" of their behaviors and to contribute to the "what" of changing family processes (Bowen, 1978; Kerr & Bowen, 1988). Specifically, clients who work with a Bowen therapist typically work one-on-one with the therapist and are required to think about concepts such as triangulation, fusion, reactivity, undifferentiated family ego mass, chronic and acute anxiety, and cut-off. After learning a new vocabulary for understanding why the family is the way it is, they are encouraged to do something different with their reactivity to emotional processes. For example, clients are encouraged to "sit with" their anxiety without reacting the way that they would have in the past. In this way, Bowen theory bridges a gap between individual and family systems. It requires individuals to know themselves and understand the processes of their family of origin.

Bowen family systems theory offers the hypothesis that every individual and family experience two types of "anxiety" throughout the course of life: Acute anxiety which "occurs in response to real threats and is experienced as time-limited," and chronic anxiety which "occurs in response to imagined threats and is not experienced as time-limited" (Kerr & Bowen, 1988, p. 113). Chronic anxiety is transmitted generationally (Bowen, 1978; Kerr & Bowen, 1988). In other words, an individual "gets" a certain level of chronic anxiety from being born into and raised in a certain family emotional environment. It is further suggested that this level of anxiety is directly related to the way

in which a person or family system is reactive or psychologically and emotionally expressive. "Chronic anxiety often strains or exceeds people's ability to adapt to it" (Kerr & Bowen, 1988, p. 113). Other proponents of Bowen theory have referred to chronic anxiety as an emptiness or hollowness that everyone has and learns to manage in some way (Fogarty, 1976a; 1976b).

Acute anxiety occurs when significant psychosocial stressors happen in the life of an individual or family system. An example of acute anxiety is the birth or death of a family member, a child leaving home to go to college, a life threatening event or some other experience which occurs within the system. Commenting about acute anxiety stressors or other traumatic events, Kerr suggests:

> Family systems theory assigns less importance to traumatic events in understanding an individual's emotional development than it does to ongoing family process. Events may highlight some aspects of the nature of the process, but the events are not the process (p. 209).

According to Bowen theory, these two types of anxiety make up the human experience and both need to be considered and understood in order to properly assess family and individual systems.

Assumptions

1. Because chronic anxiety is pervasive in the life of an individual it is assumed that it would be reflected in the "emotional climate" of the family of origin. For example, individuals who are more susceptible to emotional reactivity or psychological symptomatology (i.e., depression, hostility, etc.) would come from families where the emotional climate is one of high chronic anxiety.

2. Acute anxiety is something to which people can successfully adapt. Physical or sexual abuse can be manifestations of acute anxiety. Events that make up acute anxiety do not have as dramatic an effect on one's emotional reactivity compared to chronic anxiety, therefore . . .

3. Chronic anxiety in the family emotional system is a better predictor of an individual's reactivity or symptomatology than distinct traumatic events. This suggests that family and individually based interventions should encourage participants to pay more attention to the family emotional climate (i.e., manifestations of chronic anxiety)

than isolated traumatic events (i.e., acute anxiety) when looking for understanding of and answers to individual problems.

METHODS

Sample

Participants in this study were clients of a marriage and family therapy training clinic at a northeastern university between 1990 and 1993. Due to the university location, the sample (n = 255) included a large portion of university students. Therefore, most of the sample (95%) had a high school diploma or some college education. Eighty-eight percent of the sample were white, two percent African-American, two percent Asian, four percent Hispanic, and four percent claimed some other ethnic identity. Women comprised 65% of the sample. The mean age of the sample was 29.2 years with a range of 16–62 years.

Procedure

The sample was obtained through routine data collection at the clinic. Clients are offered the opportunity to participate in research upon first contact with a therapist. During the first session, a number of assessment instruments are administered. Clients can withdraw their name from the research pool at anytime without prejudice to the therapeutic services offered. For this study, all participants, except children, in the clinic's 1993 data pool were used. Children under 16 were excluded due to the relatively small amount of data regarding them.

Measures

Measures for this study were selected according to Bowen theory's concepts of chronic and acute anxiety as well as reactivity. Three measures were selected to represent manifestations of chronic anxiety. The dimensions of family conflict, adaptability, and style, measured by the Self-Report Family Inventory (SFI, Beavers & Hampson, 1990) parallel Bowen's concept of chronic anxiety. Specifically, these dimensions describe and represent possible characteristics of a family's everyday functioning. Because Beavers and Hampson do not declare that their instruments measure chronic anxiety, this statement

cannot be made with 100% surety. However, it may be safe to assume that the characteristics of a family's conflict, adaptability, and style represent reactions to chronic anxiety in the family emotional system. It is difficult to substantiate this claim because Bowen never developed an instrument to measure chronic anxiety or operationalized the concepts germane to his theory. A measure of acute anxiety was taken from the participants' self reported experiences of physical or sexual abuse. Finally, several subscales of the Brief Symptom Inventory (interpersonal sensitivity, depression, anxiety, hostility, and psychoticism) were selected as measures of individual reactivity.

Independent variables: Chronic anxiety. The conflict subscale from the Self-Report Family Inventory (Beavers & Hampson, 1990) provides one measure of family type and an assessment of chronic anxiety. Scores on this subscale range from 12 to 60. A score of 12 to 30 would classify an individual's family of origin in the "healthy" category, 31 to 41 in the "midrange" category, and scores of 42 and above would be included in the "dysfunctional" category (Beavers & Hampson, 1990). It is assumed that a high score on this scale would represent a high level of chronic anxiety and consequently a high level of emotional reactivity for the family system in which the individual was raised. Factor stability for the conflict subscale has been tested at an average of .54 ($p<.01$) (Beavers & Hampson, 1990).

The adaptability scale used in this analysis was created by combining nine questions from the health subscale of the SFI. Responses to questions are rated on a five point Likert-type scale; answers ranged from, "Yes, fits my family well" to "No, does not fit my family." Items in this scale included questions such as: "We usually blame one person in our family when things aren't going right" or "One person controls and leads our family." Scores on this scale range from nine to 45. A score of nine to 23 would classify an individual's family of origin in the healthy category, 24 to 31 would be midrange, and 32 to 45 would classify a family as dysfunctional. Reliability tests for this scale yielded a Chronbach's alpha of .84. Adaptability in a family system is a good indicator of differentiation and emotional reactivity, consequently it is a suitable measure for chronic anxiety. Families with low adaptability would be assumed to have higher levels of chronic anxiety (Kerr & Bowen, 1988).

Another measure of chronic anxiety from the SFI is the style subscale. This subscale classifies families as centripetal, centrifugal, or mixed, depending on how the family interfaces with larger systems.

The families who were rated in the extreme areas, CP or CF, represent families with higher chronic anxiety or reactivity. For purposes of analysis the extreme categories were grouped together. This grouping resembles the postulate of Bowen theory that people are reactive in many ways. People can act "out" or act "in." The person who acts "out" in response to chronic anxiety limits relationships with others (emotional cut-off), while the person who acts "in" does not limit the relationships with others (fusion). The direction of the individual' s reactivity is not as important as the fact that the action is done as a result of emotional reactivity and is not a conscious choice.

Independent variables: Acute anxiety. Another independent variable in this study measured acute anxiety and was taken from a simple demographic question. The following question is asked of every client at the clinic: At times sexual activities occur in families such as touching children in inappropriate places or performing sexual acts with children. How often did these things happen to you while you were growing up? Responses range from very often (more than 20 times) to never. For the purpose of this study responses were classified as to the presence or absence of sexual abuse. The physical abuse question on the demographic measure reads: While you grew up, how often did conflicts which led to physical acts like kicking, hitting hard with fists, beatings, or hitting with objects happen to you in your home? Responses range from very often (more than 20 times) to never. Responses were grouped according to the presence or absence of physical abuse. According to Bowen theory, both physical and sexual abuse can be considered forms of acute anxiety. These two categories have therefore been grouped together and used as one independent variable under the heading of "abuse."

Dependent variables: Individual emotional reactivity. Five of the nine BSI subscales were used to provide a profile of individual reactivity. The subscales included the following: Depression, interpersonal sensitivity, anxiety, hostility, and psychoticism. These scales were selected because they were believed to most closely represent the types of reactivity individuals exhibit in response to a family's emotional climate (chronic anxiety). Test-Retest reliabilities on the BSI range from .78 on the psychoticism subscale to .85 on the interpersonal sensitivity subscale (Deragotis & Spencer, 1982). Higher scores on each of the subscales represent higher emotional reactivity within the individual.

These indicators of individual psychological symptomatology are suitable for this study because many people are not "driven" into therapy so much to increase the health of the family as they are concerned with reducing symptoms (Watzlawick, Weakland, & Fisch, 1974; Aylmer, 1986). Therefore measures of individual symptomatology (i.e., those assessed by the BSI) coupled with family measures can be used to understand how family dynamics and individual behaviors are related.

It could be argued that physical or sexual abuse can also be "symptoms" of familial reactivity. In fact, some have hypothesized that physical or sexual abuse are formative events that could affect the symptomatology of an individual (Bass & Davis, 1988; Engal, 1989). According to Bowen theory, physical and sexual abuse may be more closely related to the concept of acute anxiety which is time-limited, and to which one can adapt or recover. This would mean that physical or sexual abuse would not necessarily be related to individual measures of emotional reactivity/symptomatology and may not be as formative as previously hypothesized. Data analysis will test this theory.

Data Analysis

Three MANOVAs were calculated using the five subscales of the BSI as dependent variables (individual symptomatology/reactivity). Although each MANOVA differed in the way chronic anxiety was assessed, each analyzed the effects of chronic anxiety by acute anxiety on the dependent variables. The independent variables, for the first MANOVA were family conflict (chronic anxiety) by abuse (acute anxiety). The second MANOVA used family adaptability by abuse for independent measures. The third MANOVA used a measure of family style, either mixed or extreme based on Beavers' CP, CF, and mixed family types, by abuse as independent variables. For purposes of this analysis family conflict and adaptability were categorized into three levels: Healthy, midrange, and dysfunctional. Acute anxiety stressors, physical and sexual abuse, were categorized by their reported presence or absence.

RESULTS

Results from two of the MANOVA procedures supported Bowen's theory about chronic anxiety. The first MANOVA used conflict as a measure of chronic anxiety in the family of origin. There was no sig-

nificant interaction effect for the family's level of conflict and the presence of abuse on the dependent variables. However, a significant multivariate effect was found for the level of conflict in the family of origin and the measures of individual reactivity ($p<.001$). Univariate tests of significance revealed that every dependent variable from the BSI except for the individual's anxiety were significantly influenced by the level of conflict in the family of origin (Table 1). Univariate F-tests showed that the presence of physical or sexual abuse in the individual's life did not have a significant influence on the dependent variables (Table 2).

The second MANOVA, which used family adaptability as an independent measure, revealed similar results. While there was no interaction effect for family adaptability and the presence of abuse on the dependent variables, multivariate analysis showed a significant effect for family adaptability, alone, on the dependent variables ($p<.05$). Univariate analysis of the dependent measures revealed that three of the dependent measures, depression, hostility, and psychoticism were significantly affected by the family's adaptability (Table 1).

The final MANOVA, which used family style as an independent variable, yielded no significant multivariate or univariate effects (Tables 1 and 2). This seems to resemble some of the research that Beavers conducted using the SFI. Beavers suggests, ". . . that neither the SFI nor any of the self-report scales we have incorporated in our studies measures family style particularly well" (p. 60)." This particular measurement of family style may not be attainable through a self-report instrument (Beavers & Hampson, 1988).

TABLE 1
Univariate F-Tests of Significance: Chronic Anxiety Measures

	Manova #1 Conflict df (2,179)	*Manova #2 Adaptability df (2,190)*	*Manova #3 Style df (2,210)*
Interpersonal Sensitivity	4.995**	1.130(ns)	0.407(ns)
Depression	10.090***	5.495**	0.958(ns)
Anxiety	2.354(ns)	2.366(ns)	0.045(ns)
Hostility	10.066***	5.322**	1.016(ns)
Psychoticism	12.105***	5.409**	0.842(ns)

**p< .01 ***p< .001

TABLE 2
Univariate F-Tests of Significance: Acute Anxiety Measures

	Manova #1 Abuse df(1,179)	*Manova #2 Abuse df(1,190)*	*Manova #3 Abuse df(1,210)*
Interpersonal Sensitivity	1.213(ns)	0.994(ns)	0.932(ns)
Depression	2.124(ns)	1.954(ns)	1.670(ns)
Anxiety	2.320(ns)	2.980(ns)	0.185(ns)
Hostility	2.415(ns)	2.291(ns)	0.856(ns)
Psychoticism	6.286(ns)	4.461(ns)	6.115(ns)

**p<.01 ***p<.001

Multivariate analysis revealed that the presence of acute anxiety in the form of either physical or sexual abuse did not have any effect on the dependent measures. An evaluation of the means and standard deviations of dependent variable scores suggests that as families become less adaptable, moving from healthy to dysfunctional family types, individual symptomatology increases. The same trend holds true for increased conflict in the family. The more a family experiences conflict, the more an individual will manifest individual psychological symptomatology.

IMPLICATIONS

This study started out with one purpose, to determine if there was utility in combining individual assessment with family assessment in marriage and family therapy. Because results of this study point to both clinical assessment and therapeutic interventions the implications section will be written in two parts.

Assessment

According to Bowen theory, this study has supported the utility of using family assessment instruments to point to individual symptomatology. The results also suggest that individual symptoms may point to levels of family conflict and adaptability. For example, if an individual is scoring high on a scale of individual reactivity (depression, hostility, psychoticism, etc.) it may be common to find that the

individual's family of origin was an environment of high chronic anxiety. Likewise, if a family is assessed to have low adaptability or high conflict, the individuals in the family may be more susceptible to individual emotional reactivity in the areas of interpersonal sensitivity, depression, hostility, or psychoticism. Assessment for family style, according to the Beavers model, is a less valuable predictor of an individual's reactivity. Whether an individual acts "in" (fusion) or acts "out" (emotional cut-off) may not be useful concepts when combining the assessment of individual and family systems.

Assessment focused on manifestations of acute anxiety (such as noting the presence of physical or sexual abuse) may not give a complete understanding of how individual and family dynamics are related. It may be tempting for professionals to focus on events such as physical or sexual abuse as formative events. This research suggests that physical and sexual abuse are secondary events which can happen within families but do not constitute family dynamics. Many primary processes and manifestations of chronic anxiety within families are overlooked in current literature. The recent focus is on events that resemble acute anxiety; tangible threatening experiences which are experienced as time-limited. To effectively move between family and individual systems assessment it may be more beneficial to focus on chronic anxiety within the family system, because measures of chronic anxiety seem to more accurately point to individual symptomatology.

Therapeutic

This study supports some of the basic tenets of Bowen theory. There seems to be a link between an individual's level of reactivity and his or her family of origin. This link has been shown to be statistically significant while the link between an individual's reactivity and past abusive experiences was not significant.

It is possible that a client's perception of his or her family of origin is more directly related to their current symptoms than whether or not they had experienced some form of physical or sexual abuse. This might indicate that interventions aimed at helping the client understand family dynamics is more important than an intense focus on past incidences of abuse. This hypothesis is somewhat upheld by studies comparing children who witnessed abuse, experienced abuse directly, or came from a distressed family, which suggest that it is the distress in the family, not necessarily the abusive experience that

contributes to the development of symptoms (Jaffe, Wolfe, Wilson, & Zak, 1986; Wolfe & Mosk, 1983; Wolfe, Jaffe, Wilson, & Zak, 1985; Wolfe, Zak, Wilson, & Jaffe, 1986). Ignoring trauma, or at least not making it a primary focus of therapy may run contrary to theoretical approaches specifically concerned with helping "survivors" of abuse. Future research comparing therapy with a focus on traumatic experiences and therapy with a family process focus could be conducted to explore this hypothesis further. Additionally, clinicians might consider asking their clients whether they feel it is more expedient to focus on the family's emotional climate or on the abusive experiences. It is also possible that a focus on family dynamics and chronic anxiety might reveal specific incidences of abuse. These than can be discussed under the umbrella of family processes which contribute to an individual's symptomatology and emotional well being.

This study has obvious limitations. Drawing on a theory that is not grounded in empirical evidence may compromise the quality of the research as the assumptions cannot be validated. Furthermore, the experiences of acute anxiety in this study were limited to the presence or absence of physical or sexual abuse. This does not account for other experiences that could qualify as experiences of acute anxiety. It is also possible that the measures of abuse in this study may not be valid measures. They do not necessarily account for specific types, frequency, or duration of abusive events, all of which are important considerations. Future work with additional measures of abuse and family dynamics should be conducted to validate these findings.

CONCLUSION

This study suggests that there is some utility in conducting both individual and family assessment. The results have indicated that when levels of family adaptability are high and levels of family conflict are low, an individual seems to present with less severe psychological symptomatology. It is beneficial to know that when individual assessment measures are the only measures available, they may hold some utility in pointing to chronic anxiety or the emotional climate of the individual's family of origin.

This study further suggests that focusing exclusively on traumatic events may not always be the most beneficial use of intervention strategies. Family processes seem to have a greater impact on indi-

vidual symptomatology than specific events. Given the recent wave of self-help books and support groups which promote the "working through" of issues such as physical and sexual abuse this research suggests some new directions. This research advocates the understanding of family emotional processes as major forces in the lives of all humans and that these processes help one understand individual symptomatology.

Clearly, more research is necessary to declare these findings with any confidence. Any correlations between individual pathology and family processes should be carefully considered. Recently much attention has been given to the idea that relational diagnoses be included in our way of understanding psychopathology (Kaslow, 1996). The current project shows one way of linking individual and family diagnostic criteria together. Despite its limitations, this project may be helpful in expanding the dialogue concerned with understanding the interrelationship between individual and relational diagnostic criteria.

REFERENCES

Aylmer, R. C. (1986). Bowen family systems marital therapy. In N. S. Jacobson & A. S. Gurman (Eds.), *Clinical handbook of marital therapy* (pp. 107–148). New York: Guilford Press.

Bass, E., & Davis, L. (1988). *The courage to heal: A guide for women survivors of child sexual abuse*. New York: Harper & Row.

Beavers, W. R. & Hampson, R. B. (1990). *Successful families: Assessment and intervention*. New York: Norton.

Becvar, D. S., & Becvar, R. J. (1988). *Family therapy: A systemic integration*. Boston: Allyn and Bacon.

Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.

Deragotis, L. R., & Spencer, P. M. (1982). *Administration & procedures: BSI manual-I*. Towson MD: Clinical Psychometric Research.

Engal, B. (1989). *The right to innocence: Healing the trauma of childhood sexual abuse*. New York: Ballantine Books.

Fogarty, T. F. (1976a). On emptiness and closeness: Part I. *The Family, 3*, 3–12.

Fogarty, T. F. (1976b). On emptiness and closeness: Part II. *The Family, 3*, 47–56.

Garbarino, J. (1982). The ecology of human development. In J. Garbarino with R. H. Abramowitz, *Children and families in the social environment* (pp. 12–30). New York: Aldine.

Jaffe, P., Wolfe, D., Wilson, S., & Zak, L. (1986). Similarities in behavior and social maladjustment among child victims and witnesses to family violence. *American Journal of Orthopsychiatry. 56*, 142–146.

Kaslow, F. W. (Ed.) (1996). *Handbook of relational diagnosis and dysfunctional family patterns*. New York: John Wiley & Sons.

Kerr, M., & Bowen, M. (1988). *Family evaluation*. New York: Norton.

Paolucci, B. (1977). Components of the family ecosystem. In B. Paolucci, *Family decision making: An ecosystem approach* (pp. 15–26). New York: John Wiley & Sons.

Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York: Norton.

Wolfe, D. A., & Mosk, M. D. (1983). Behavioral comparison of children from abused and distressed families. *Journal of Consulting and Clinical Psychology, 51,* 702–708.

Wolfe, D. A., Jaffe, P., Wilson, S. K., & Zak, L. (1985). Children of battered women: The relations of child behavior to family violence and maternal stress. *Journal of Consulting and Clinical Psychology. 53,* 657–665.

Wolfe, D. A., Zak, L., Wilson, S. K., & Jaffe, P. (1986). Child witnesses to violence between parents: Critical issues in behavioral and social adjustment. *Journal of Abnormal Child Psychology. 14,* 95–104.