A Model of the Relationship of Perceived Mental and Emotional Problems in the Family-of-Origin on Marital Satisfaction of Adult Offspring

Benjamin Oviatt Weinheimer

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A Model of the Relationship of Perceived Mental and Emotional Problems in the Family-of-Origin on Marital Satisfaction of Adult Offspring

by

Benjamin Oviatt Weinheimer

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Master of Science

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of a thesis submitted by

Benjamin Oviatt Weinheimer

This thesis has been read by each member of the following graduate committee and by majority vote has been found to be satisfactory.

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ABSTRACT

THE RELATIONSHIP OF MENTAL OR EMOTIONAL PROBLEMS IN THE FAMILY-OF-ORIGIN ON MARITAL SATISFACTION OF ADULT OFFSPRING

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The effects of perceived mental/emotional problems (psychopathology) in the family-of-origin on adult offspring marital satisfaction was tested in a model considering the mediating variables of parental marital satisfaction, mother-child relationship quality, father-child relationship quality, and resolution of issues from the family-of-origin. The nationally representative sample \( n = 802 \) drawn from the RELATionship Evaluation (RELATE) database included mostly college educated, lower-middle-class individuals in their first marriage. This sample was used to test a structural equation model that results showed fit the data well.

Results showed that historical (distal) factors (such as psychopathology in the family-of-origin) explain only a small portion of the variance in adult offspring marital satisfaction and suggest that more contemporary (proximal) factors (such as individual characteristics) have a stronger relationship to adult offspring marital satisfaction. Results showed that 56% of the variance in achieving resolution of issues from the
family-of-origin was explained by the other variables in the model with the best predictor being parental marital satisfaction. Direct, indirect, and total effects of each of the independent variables were examined. Results showed no direct effect of perceived mental/emotional problems (psychopathology) in the family-of-origin on adult offspring marital satisfaction. Only the mother-child relationship quality had a direct effect on adult offspring marital satisfaction.

Clinical implications for practitioners are discussed. This study helps practitioners know how to help a client find resolution to issues stemming from perceived family-of-origin mental/emotional problems. This study also shows that focusing on current interpersonal processes and skills that may be part of achieving resolution is more likely to help a couple with marital problems than focusing on negative effects from the family-of-origin. Future research should focus on exploring the applicability of this model to different variables such as gender, race, income levels, etc. Future research models should also incorporate both historical and contemporary factors to help determine the direct effects of these variables on adult offspring relationship satisfaction.
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Figure 3: Full Structural Equation Model of the Hypothesized Relationships Between Perceived Mental/Emotional Problems in the Family-of-Origin and Adult Offspring Marital Satisfaction
Family systems theory proposes the idea that all people in a family are part of a family system composed of individuals and subsystems. The behaviors of any individual or subsystem in a family have both direct and indirect effects on the behaviors and mental states of the other members of a system (Broderick, 1990). Furthermore, when children leave the family-of-origin and begin to form their own new family systems through marriage, they take with them those things that they have learned both in their family system and subsystems; these includes attachment style, values, attitudes, social competency, self-esteem, beliefs and expectations about marriage, etc. (Holman & Associates, 2001).

Mental/emotional problems in a family member in the family-of-origin (FOO) can be especially strong in shaping the emotional health of the offspring as well as the health of offspring’s future relationships. Although many studies have focused on the effects of mental/emotional problems on marital satisfaction and functioning (Johnson and Jacob, 1997; Kelly and Conley, 1987; Papp, Goeke-Morey & Cummings, 2004; Whisman, Uebelacker, and Weinstock, 2004), as well as how mental/emotional problems in parents may affect the offspring (Connell & Goodman, 2002; Dierker, Merikangas, & Szatmari, 1999; Weissman, Warner, Wickramaratne, Moreau, & Olfson, 1997), there is a paucity of research regarding how mental/emotional problems in members of the family-of-origin affects the marital satisfaction of the adult offspring those families. Similarly, few studies have been done regarding how mental/emotional problems of any member in the
family-of-origin relates to parental marital satisfaction or to the quality of the parent-child relationship of normal offspring, specifically in how damage to the parental marriage or parent-child relationship may affect the offspring’s adult romantic relationships.

Thus, the purpose of this study was to test a theoretical model of how mental/emotional problems in the family may affect offspring’s marital satisfaction directly and through the mediating variables of the quality of parental marital satisfaction and the parent-child relationship. I also investigated how the resolution of issues from the family-of-origin such as mental/emotional problems in a family member may mediate the effects of parental marital satisfaction and the quality of the parent-child relationship on adult offspring marital satisfaction. The results of this study have important implications for clinicians who treat families with members with mental/emotional problems who may be able to help the offspring resolve some of their issues before they become adults and get married.
Chapter 2
Theoretical Framework, Review of Literature, and Model to be Tested

*Family Systems Theory as a Framework for this Study*

Family systems theory and associated family therapy theories describe how individuals function as part of systems including marriage, family, and society. Family systems theory comes from the application of family theory to the organismic view of systems proposed by Bertanlaffy (1968). Early family therapists (including Ackerman, Bowen, and Minuchin) and family therapist groups (including the Bateson group, the Palo Alto group, and the Milan group) introduced systemic thinking into the practice of therapy, and the idea that individuals and families are embedded in a larger network of social systems (i.e., suprasystems) also can be seen in life-span theories, ecological theories, and Lewin’s psychological field theory (Cox and Paley, 1997).

Minuchin (1985, 1988) asserts that the primary principles of family systems theory are wholeness, organization, and circularity; the interdependence of system elements; homeostasis and change; and subsystem boundaries and interactions. Cox and Paley (1997) describe those principles using the terms wholeness and order, hierarchical structure, adaptive self-stabilization, and adaptive self-organization. Though called by different names these terms describe the same principles, and I will outline them briefly.

*Wholeness.* The concept of wholeness describes the idea that a system is ‘greater than the sum of its parts,’ or, in other words, that the system as a whole exhibits properties that cannot be adequately explained solely on an understanding of the combined characteristics of the separate entities that compose the system. For example,
Dierker, Merikangas, & Szatmari (1999) found that there was a direct relationship between the magnitude of psychopathology in children and the number of parents with substance abuse or anxiety/affective disorders. Examining a child from one of these families individually might not adequately explain the origins of psychopathology in the child, but understanding the characteristic patterns of interaction of the family (not just of the individual) might more fully explain how stresses from that family environment might increase the chances of the development of psychopathology in a child (i.e., the diathesis-stress model of psychopathology).

**Organization.** Organization, hierarchy, and structure are also useful in understanding family systems. These points help illustrate that each systems does not stand alone, but is both embedded in suprasystems (e.g., a family is part of an extended family, lives in a larger community, and goes to a church) and is composed of by subsystems (e.g., a family contains a parental dyad subsystem and a sibling subsystem). Each of these subsystems has different roles, responsibilities, characteristics, and power. For example, the parental dyad has decision-making power that exceeds that of the children subsystem, as well as the responsibility to provide for those children. Problems that may affect normal development in families where psychopathology is present deal with hierarchy, structure, and organization. For example, a child whose mother frequently deals with debilitating symptoms of psychopathology (e.g., depression) may be of necessity elevated from the child subsystem and into the role of the caretaker for younger siblings. This restructuring of the normal family power hierarchy can create a ‘parentified child,’ and this child can experience problems in later relationships if they lack the normal developmental experiences that will help them relate to others in a

Circular causality. It is important to understand that family systems are governed by processes that are circular. Circular causality (also called reciprocal interaction) implies that cause-and-effect in families is not linear; discrete events cannot be adequately explained as being caused by the immediately observable precipitants. For example, a parent with psychopathology may complain to a therapist that they cannot understand why their child is rebelling against family rules or not getting along well with peers, but further exploration shows that the parent spends most of his/her mental and emotional resources combating the effects of the mental disorder, which leaves the child feeling neglected, which leads the child to seek any attention (even negative attention), which exacerbates the symptoms for the afflicted parent, which leads to fewer emotional resources to care for the child, which leads to more negative behavior, etc. In other words, the child’s negative behavior was not a direct result of one observable incident (i.e., linear cause-and-effect), but can only be adequately explained in the context of a cycle of escalating events between individuals within the system. Steinglass (1987) writes, “hence the suggestion, for example, that acting out behavior on the part of an adolescent is the product of or is made possible because of system-level incongruities or regulatory mechanism failures, rather than the product of personality or conduct disorder in the individual herself or himself” (p. 36).

Family rules. Implicit and explicit rules govern much of these cyclic patterns of communication and behavior. Children from families with members with psychopathology may be told explicitly, “Leave Daddy alone today because he is feeling depressed today and so he can’t play with you or help you with your homework.” In this
way children may learn explicit rules about when the father is available to help a child, but the child may also learn implicit rules about when their own needs are able to be considered (or neglected) and how the family expects psychopathology to effect interactions and family functioning. The child may take away from instances like this the impression that someone who is feeling depressed, for example, has the right to put their own needs ahead of the usual parental or marital duties, and this may effect the quality of the adult child’s relationships with spouse and children later in life. Larson, Taggart-Reedy, and Wilson (2001) write that “dysfunctional family rules may be activated in the context of relationship development in young adulthood…family rules usually remain hidden but are transmitted at unconscious levels when the appropriate context [e.g., marriage] is presented in which these rules are called forth” (pp. 504-505).

*People are products of context.* Nichols and Schwartz (2006) argue that the fundamental premise of family systems theory is that individuals are products of their context, which means that individual behavior is strongly influenced by interactions with other members of the family system. In essence, what happens to one member of a system happens to everyone else in the system. This concept is called complementarity (Nichols & Schwartz, 2006). Minuchin (1988) calls this same idea “the interdependence of system elements” (p. 8), and adds that this interdependence explains that every element (or individual or subsystem) of a system contributes to the formation of interaction patterns. Understanding complementarity and the interdependence of system elements aids in understanding how psychopathology in a member of the family of origin can affect the future relationships of the offspring. The effects of dealing with psychopathology are not felt only by the afflicted person, but by everyone in the family.
As family members devote emotional and physical resources to help the afflicted person and redistribute responsibilities to assure continued family functioning, development of other family members or subsystems may be hindered.

*Morphogenesis and homeostasis.* The ability of families to deal with difficult new situations, like the development of psychopathology in a family member, illustrates what Cox and Paley (1997) call “adaptive self-stabilization” (p. 245). Systems must both embrace and resist change in order to be functional. The ability of families to change to accommodate new situations is called morphogenesis, such as when a family redistributes household chores to accommodate the mental illness of one member. However, systems must not embrace change so much that members of the system lose the safety of knowing what to expect: “families should resist change—even change that to outsiders may seem beneficial—until it's clear that the consequences of those changes are safe” (Nichols and Schwartz, p. 107). Homeostasis describes the ability of a system to maintain an acceptable equilibrium. It is important to note that ‘acceptable equilibrium’ means ‘accepted by the members of the system’ without regard to the functionality of the equilibrium—even if this acceptance is tacit or evidenced by the fact that the system maintains the equilibrium. For example, a mood disorder in a family member may lead to self-destructive behavior, enabling, fighting, and a host of other dysfunctional interaction patterns, but the members of the family may resist efforts of those both inside and outside the family to effect change. Individual members of the family, friends, extended family, clergy, therapists, or others may meet resistance from the family system in trying to identify and find solutions for problem behaviors. In dysfunctional families it is common that requests to begin family therapy by one member are met with resistance
by other members, who may suggest that ‘dirty laundry shouldn’t be aired’ and ‘we can
fix this on our own.’

_Boundaries_. These two hypothetical arguments against seeing a therapist to help
resolve problems illustrate the boundaries that exist around systems. A boundary is a
metaphorical barrier that regulates the amount of contact those within the system have
with those outside the system (Nichols and Schwartz, 2006) and are often spoken of in
terms of their permeability (i.e., how easily information, influence, and others are able to
enter or exit the system). The organismic view of systems (including family systems)
asserts that systems are open, meaning they are “continuously interacting with [their]
environment” (Nichols and Schwartz, 2006, p. 93). Psychopathology in the family can
alter this interaction with the environment. For example, children coming from families
with a depressed parent often report isolation from peers and less peer contact (Dudek,
Zieba, Jawor, Szymaczek, & Wróbel, 1999). This, in turn, may inhibit their own social
development.

Not only does a family have boundaries, but subsystems of that family do also.
Perhaps the most important for the purposes of this study have to do with the boundary
around the subsystem of ‘self’ in relation to the family. For a child who is raised in a
family with members with psychopathology, in order to have success in their later
marriage it would seem that they need to be resilient to possible negative effects. A
strong sense of personal identity is necessary in order to have resilience (Roberto-
Forman, 2002, p. 178). This strong sense of personal identity is called ‘differentiation,’
and it “includes a sense of personal goals and direction, self-knowledge, self-guidance. It
These qualities, especially personal problem-solving and change, seem essential to being able to overcome negative interaction patterns learned in a dysfunctional home environment and avoid bringing them into a new adult relationship like marriage.

*Equipotentiality and equifinality.* It is important to emphasize that not all families with members who suffer from psychopathology will experience the same detrimental effects and develop dysfunctional interaction patterns. The concept of equipotentiality indicates that even systems starting at similar points may not later find themselves to be similar. This may be due to resilience or the ability of individuals to later come to terms with negative experiences and learn more positive ways of interacting in future relationships. However, the concept of equifinality explains how families starting with different sets of challenges can become similar over time, such that families coping with mood disorders can develop similarly dysfunctional patterns as families coping with substance abuse or other forms of psychopathology.

Research into both mental disorders and substance abuse disorders shows that processes that happen in the families of alcoholics are similar to those that happen in the families of those who have a family member with other Axis 1 diagnoses. Families dealing with either emotional disorders or substance abuse disorders, or both, may experience many negative side effects such as emotional strain and negative emotions (worry, shame, guilt, and anger), family conflict, isolation, low self-esteem, a diminishment of the quality of life and hopefulness of family members, negative effects on the normal growth and development of other children, and a worse family economic situation or financial strain (Dudek, Zieba, Jawor, Szymaczek, & Wróbel, 1999; Townsend, Biegel, Ishler, Wieder & Rini, 2006). It is reasonable to assume that
similarities may therefore exist between the family environment created by living with a substance abuser and living with someone with other types of psychopathology. Research into alcoholism, for example, finds that family members often suffer anxiety due to feelings of hostility, isolation, inadequacy, and helplessness, and that an atmosphere of conflict, tension, and emotional abuse is often present (Larson & Thayne, 1998); “Thus…the…family is an unlikely place for individual members to achieve a stable, secure, environment required for healthy emotional growth and preparation for future…relationships” (Larson & Thayne, 1998, p. 63). Williams and Corrigan (1992) found that adult children of mentally ill parents had lower self-esteem, higher social anxiety, more depression, and higher trait anxiety than adult children of alcoholics. Perhaps then, regardless of the nature of the Axis I-related diagnoses and related stressors in a family-of-origin, it appears that the family-of-origin environment has a lasting effect on the behaviors, attitudes, and mental states of the children when they become adults. It follows logically that whatever affects the adult offspring of the original family-of-origin will affect the systems of which they become a part as adults, especially marriage. Whenever a family lacks the key characteristics needed for relationship development (such as caring, affection, and positive personal interactions), offspring will have difficulty in forming and maintaining later intimate relationships (Larson, Taggart-Reedy & Wilson, 2001).

In summary, family systems concepts help explain how psychopathology in the family-of-origin may affect the marital satisfaction of adult offspring through the processes and interaction patterns that are cultivated in these families.
Review of Literature

Transmission of psychopathology. Psychopathology is defined as “the manifestations of mental disorders” and involves impairment, distress, and deviance (Maxmen & Ward, 1995). The measurement item used in this study asks respondents about their perception of mental/emotional problems such as severe depression and anxiety. For the purpose of this study I consider psychopathology to be the same thing as serious emotional and/or mental problems and thus include the answers respondents gave regarding perceived “mental/emotional problems.” The perception of psychopathology in one’s family-of-origin even in the absence of an objective diagnosis is valid. Whether or not an objective diagnosis of psychopathology was given to a member of one’s immediate family, Hovestadt, Anderson, Piercy, Cochran, & Fine, (1985) assert that “perceived reality is reality” (i.e., one’s perceptions of the family-of-origin experiences are at least as important and more accessible than the objective reality). Also, in the intergenerational model the respondent’s construction of the family-of-origin dynamics is the unit of analysis rather than the objective reality of the actual patterns of family behavior (Larson, Taggart-Reedy, & Wilson, 2001; Sabatelli & Mazor, 1985).

Psychopathology in the family-of-origin may lead directly to psychopathology in the individual, either through genetic inheritance or environment or both. As early as 1914 Emerson described how psychopathological interactions in the family lead to psychopathological reactions in the individual. Johnson and Jacob (1997) found that psychopathology is not just expressed in the individual, but systemwide. Associations exist between psychopathology in the family-of-origin and psychopathology in the individual, especially when it is one or both parents who suffer from psychopathology
(Brennan, Hammen, Katz, & Le Brocque, 2002). One study found that adult children of mentally ill parents had lower self-esteem, higher social anxiety, more depression, and higher trait anxiety than adult children of alcoholics (Williams and Corrigan, 1992). Research has shown psychopathology in the individual negatively affects marital quality (Johnson and Jacob, 1997; Kelly and Conley, 1987; Papp, Goeke-Morey & Cummings, 2004; Whisman, Uebelacker, and Weinstock, 2004).

**Prevalence of psychopathology in the family.** The prevalence of psychopathology in the family may be relatively high when considering the average married couple family household consists of 4-5 individuals (U.S. Census Bureau, 2004). The Diagnostic and Statistical Manual of Mental Disorders (APA, 2000) states that the lifetime risk for adults developing major depressive disorder may be up to 25% of women and 12% of men. Other mood disorders may impact another 9% of the population during their lifetime. Anxiety disorders also may affect a significant portion of the population. The lifetime prevalence rate for Generalized Anxiety Disorder may be as high as 5%. Panic Disorder has a lifetime prevalence of about 2%, but such individuals may make up 10% of people referred for mental health consultation. From this data it is obvious that mental disorders affect a significant portion of the population, and yet the degree to which they affect the marital satisfaction of the offspring when they reach adulthood is still undetermined.

**Psychopathology and marital dysfunction.** Psychopathology in children may result not only from a direct genetic predisposition toward mental illness inherited from parents or as a reaction to parental psychopathology, but may also be associated with parental marital dysfunction resulting from the psychopathology (Amato and Booth, 1991; Feldman, Fisher, and Seitel, 1997; Fishman and Meyers, 2000; Perren, Von Wyl,
Simoni, Stadlmayr, Bürgin, & Von Klitzing, 2003). The likelihood of parental marital dysfunction is greater when one or both parents or a child in the family suffers from psychopathology. Whisman, Sheldon, and Goering (2000) found that one’s own psychopathology, such as generalized anxiety disorder, major depression, and panic disorders, all had strong associations with one’s own marital dysfunction. They said, “These findings suggest that marital dissatisfaction is a broad social correlate of psychiatric disorders, which does not appear to be limited to any one or few disorders” (p. 806). Whisman, Uebelacker, and Weinstock (2004) found that there were no gender differences for this finding. Both parental psychopathology and marital problems are likely to negatively affect the children (Papp, Goeke-Morey & Cummings, 2004).

However, in his study of fathers Vaillant (1978) found that the father’s mental health was more related to a child’s good mental adjustment than the parents’ marital quality. Peisah, Brodaty, Luscombe, and Anstey (2005) found systemic interactions between family relationships and parental and child psychopathology.

_Parental psychopathology, marital satisfaction, and the parent-child relationship._

Other studies have found that both paternal and maternal psychopathology associated not only with psychopathology in the offspring, but also with marital dysfunction and negative parent-child relationships (Kane and Garber, 2004; Tarullo, DeMulder, Ronsaville, & Brown, 1995). Fishman and Meyers (2000) assert that the tone of the parents’ marriage may “spill over” into the parent-child relationship. Many studies have shown that there are associations between parental marital satisfaction and the parent-child relationship (Booth and Amato, 1994; Inman-Amos, Hendrick, and Hendrick, 1994; Holman & Associates, 2001; Jenkins, Rasbash, and O’Connor, 2003; Kitzmann, 2000).
Kaslow, Warner, John, and Brown (1992) found that psychopathology in parents led to both more dysfunction in parent-child bonding and lower levels of marital satisfaction in parents of families with one or more depressed parents. Both the parent-child relationship and parental marital satisfaction are key learning environments from which children learn to model their future relationship attitudes and behaviors. Minuchin (1988) asserts that, for children, watching parents interact as a parenting subsystem shapes the offspring’s perceptions about how conflict or disagreements are resolved both within the parental dyad and in the parent-child relationship.

**Effects of family psychopathology on adult offspring marital satisfaction.**

Psychopathology in the family-of-origin may effect the marital satisfaction in adult offspring through direct means (Vaillant, 1978). Vaillant found that men with poor marital satisfaction were 2.65 times more likely to have a parent with mental illness than men with high marital satisfaction. Holman and Associates (2001) suggested that “interventions that specifically improve…the parents’ mental health and/or dysfunctional behavior will tend to lead to the most improvement in the probability of adult children’s marital success” (p. 195). Even young adults who do not develop their own psychopathology may still be negatively affected by growing up under the influence of psychopathology in the family-of-origin, especially parental depression. Dudek et al. (1999) found that adult children of parents with depression were negatively affected by such things as family conflict, a worse family economic or material situation, less peer contact, isolation, emotional hypersensitivity, low self-esteem, and more negative emotional reactions in the children. The researchers also found unhappiness in the marriages of the adult offspring. The presence of negative impacts in the various areas of
the lives of offspring, in the absence of their own individual psychopathology, indicates that a systemic approach may help explain how psychopathology in the family-of-origin may associate with lower marital satisfaction in the adult offspring.

Larson, Taggart-Reedy, and Wilson (2001) describe both direct and indirect connections between family-of-origin functioning and relationship satisfaction for young adults. They describe how historical (distal) influences (things from one’s past, like family-of-origin processes) and contemporary (proximal) influences (things from more recent times, like current level of self-esteem, personality traits, and dating experiences) interact to affect young adult relationship satisfaction. They write that historical (distal) factors from the family-of-origin factors have significant direct effects on the development of relationships, and also likely have indirect effects on relationship development in the way that historical (distal) factors influence contemporary (proximal) factors.

There are direct associations between family-or-origin functioning and adult offspring marital satisfaction. One study asserted that family-of-origin functioning (which includes parent-child relationship functioning and parental marital satisfaction) had a positive association with offspring marital satisfaction (Campbell, Masters, and Johnson, 1998). The most recent and comprehensive examination of family-of-origin factors on adult offspring marital satisfaction was done by Holman and Associates (2001). They found that family-of-origin experiences such as the quality of family interactions and the home environment are the most important premarital predictors of offspring marital quality. Of the family-of-origin variables, they found the quality of the parent-child relationship to be the strongest predictor of later marital satisfaction.
However, family-of-origin influences are not the strongest predictors of adult offspring marital satisfaction; although family-of-origin variables are influential in predicting adult offspring marital satisfaction, their influence is only moderate and thus only helpful in who is likely to end up highly-satisfied in their marriage. Contemporary (proximal) factors like self-esteem, attitudes on adult relationships, and the recent history of relationship experiences are much more helpful to determine relationship satisfaction (Busby, Gardner, & Taniguchi, 2005, Wamboldt & Reiss, 1989).

Direct associations have been observed between parent-child relationships in the family-of-origin and marital satisfaction of adult offspring (Amato and Booth, 2000; Conger, Cui, Bryant, & Elder, 2000; Holman & Associates, 2001; Möller and Stattin, 2001; Schumacher, Stöbel-Richter, and Brähler, 2002; Topham, Larson, and Holman, 2005). Likewise, direct associations between parental marital satisfaction and the marital satisfaction of adult offspring have also been observed (Amato and Booth, 2001; Amato and Booth, 2000; Guth, 1995). These direct relationships between parental marital satisfaction or the parent-child relationship and adult offspring marital satisfaction may be explained through the results of two studies that describe how both behaviors learned in the family-of-origin either contribute to or mitigate marital satisfaction. Conger, Cui, Bryant, and Elder (2000) showed that both positive parental marital affect and a positive parent-child relationship were associated with adult offspring behaviors that were warm, supportive, and low in hostility toward their romantic partners. These positive behaviors were positively associated with relationship quality for the early adult couple. Conversely, Amato and Booth (2001) found that parental marital dissatisfaction and associated behaviors like jealousy, being domineering, getting angry easily, being critical,
being moody, and not talking to the spouse were negatively associated with offspring marital harmony, suggesting that such negative behaviors may be learned and used in later relationships. Family systems theory explains how this transmission happens. Cox and Paley (1997) point out that it is likely that parents serve as models for their offspring of both male-female relationships and of other adult relationships; in other words, the marriage of the parents is a type of “blueprint” for the marriage of a young adult (Larson, Taggart-Reedy & Wilson, 2001). This is accomplished because the child learns “a set of procedures for normal marital (or relationship) practice, complete with a vision of model problems and their typical solutions” (Marks, 1986, p. 13), which serves a model for later relationship interactions and functioning. From these studies it is evident that although there may be direct associations between family psychopathology and marital satisfaction of adult offspring, there may also be mediating variables as well. Both parental marital dysfunction and poor parent-child relationships may be mediating variables between psychopathology in the family-of-origin and adult offspring marital satisfaction.

The struggle to cope with psychopathology in the family. No study has addressed exactly why mental illness in a family member may affect marital quality of adult offspring, but at least one explanation is possible. If parents have psychopathology they might spend significant time and energy trying to cope with their own psychopathology and less time might be spent in activities, exchanges, or emotional investment with children that could lead to positive bonding between parents and children. Similar effects might be seen if it were a sibling with psychopathology instead of a parent. Godress, Ozgul, Owen, and Foley-Evans (2005) found that parents of a child diagnosed with mental illness experienced grief, avoidance, and difficulties adapting to reminders of the
mental illness. They also had lower psychological well-being and health, as well as a more negative affective parent-child relationship. Parents of a child with a mental disorder likely spend much of their time and energy in helping the child with psychopathology deal with the disorder (or indeed, the parents might spend time and energy dealing with the disorder themselves), and this would in turn take away time, attention, and bonding with the other siblings. In any case, a lack of meaningful activities, exchanges, or emotional investment and attachment with parents, whether because the parent had a disorder or because a sibling did, might lead a child to perceive that the parent is unavailable to help meet the child’s needs.

Four studies support this idea. Henderson, Hetherington, Mekos, and Reiss (1996) asserted that:

Parents have a finite amount of resources in terms of time, attention, patience and support to give their children. In families in which most of these resources are devoted to coping with...stress, depression and/or marital conflict, parents may become less consciously or intentionally equitable and more driven by preferences or child characteristics in their childrearing efforts” (p. 47).

Fishman and Meyers (2000) offer a more full explanation of this association between parental marital satisfaction, the parent-child relationship, and individual psychological well-being of the offspring because their analysis indicated “mothers who experienced marital dissatisfaction were less involved with their children which in turn was associated with greater child psychological distress” (p. 437). Vaillant (1978) found that fathers
with poor marital adjustment were 63% more likely to be distant from their own children and 83% more likely to be distant from their own family of origin. Booth and Amato (1994) also suggest that poor marital quality leads to less emotional support for children when they are young.

Attachment Theory as an Explanation

Attachment theory helps explain how adult offspring marital satisfaction might be negatively affected if their parents are less involved or if there is less emotional support. Holman and Associates (2001) describe that attachment theory and research provide compelling support for a relationship between adult offspring’s marital quality and parent-child interaction. The premise of attachment theory is that as infants children form styles of attaching to their parents based on the perceived availability of the parents to meet their needs. Children develop secure or insecure attachment patterns based on early experiences. Bowlby posited that attachment behavior characterizes humans during the whole life cycle (Bowlby, 1977). He argued that attachment representations that children internalize “tend to persist relatively unchanged into and throughout adult life” (Bowlby, 1977, p. 209). Martinson (2006) explains that adult romantic relationships are attachment processes and therefore attachment theory can be helpful in understanding emotional bonds that one creates in relationships even beyond infancy (Ainsworth, 1989; Shaver, Hazan, & Bradshaw, 1988). These attachment patterns formed in infancy with parents are carried forward into future relationships. Hazan and Shaver (1987) found that current attachment behaviors with romantic partners were consistent with remembered attachment to parents, and others have found similar results (Collins & Read, 1990). Holman and Associates (2001) write that Bowlby’s concept of representational models
(also called working models) provides a mechanism by which childhood experiences may influence later relationships. Bowlby (1988) defined these representational models as being a cognitive structure a child forms based on the way parents communicate and behave with offspring. This cognitive model governs a number of factors which Holman and Associates (2001) assert influence later relationships, such as the offspring’s self-esteem and self-concept, how the offspring expects people to treat him/her, and what type of behavior the offspring plans to use with others.

Martinson (2006) further explains that these attachment patterns affect personality formation (and thus future relationships) through their effects on shaping important beliefs about self-concept, and how they help the child to form notions of the nature of adult relationships and the child’s capacity to create affectional bonds (Bowlby, 1979; Collins & Read, 1990; Searight, 1997). She concludes that “one learns how to be in relationships by being in relationships (Sroufe & Fleeson, 1986)” (p. 18).

*Resolution of family issues as a mediator.* Several family-of-origin processes associated with marital satisfaction of adult offspring have been discussed, but a final factor that needs to be addressed is the degree to which a client has come to terms with (i.e., resolved) problems that may have existed in the family-of-origin and how that resolution may act as a mediating variable to the negative experiences related to the other mediating variables of parental marital dissatisfaction or poor parent-child relationships. McGoldrick and Carter (2003) state that the primary task of young adulthood is that the offspring come to terms with issues from the family of origin. They also state that the family-of-origin is a powerful influence affecting the reality of the offspring and affects whether the offspring will marry; if he/she does marry, the family-of-origin also
influences who, when, and how the offspring will marry. McGoldrick and Carter also assert that the degree to which young adults can differentiate themselves from their family-of-origin directly relates to their ability to assure that fewer stressors, such as family patterns of relating and functioning, follow them into their new marriage.

Martinson (2006) asserts that resolution of past issues is achieved when the offspring are able to put negative experiences in perspective, grow from them, and not let early painful experiences affect current relationships. In short, new meanings are associated with past negative events and relationships. For example, instead of continuing to resent or act out the parental marital conflict experienced when one was a child, the adult offspring can learn to see that improvement is possible in their own marriage when he or she realizes that his or her parents improved greatly on the examples of violent, alcohol-fueled arguments witnessed in the marriages of the grandparents when the parents were children. Instead of seeing dysfunction, one can instead learn to see stages of improvement despite bad modeling in childhood. Martinson’s results showed that those who find resolution with negative family-of-origin experiences have higher marital satisfaction than those who do not achieve such resolution. In fact, Vaillant (1978) said, “In many men marriage served as a means of mastering unhappy childhoods,” so perhaps resolution and happy marriages are reciprocal instead of directional. However, unresolved emotional issues will likely become hindrances in future intimate relationships (McGoldrick & Carter, 2003).

Importance of the Present Study

This study attempts to help us understand how psychopathology in the family-of-origin influences the relationship satisfaction of the adult offspring while considering the
mediating variables of the parent-child relationship and parental marital satisfaction, and the moderating variable of coming to terms with problems.

While the literature reviewed above attempts to establish a connection between family-of-origin psychopathology and the marital outcomes of adult offspring, none have addressed this connection directly and indirectly through the mediators of parental marital satisfaction and quality of parent-child relationship and with resolution of issues as a moderator. Vaillant (1978) examined the association between parental psychopathology and the relationship outcomes of adult offspring. He addressed a continuum of mental illnesses ranging from no psychopathology to schizophrenia, but it appears that few in nearly 30 years have attempted to investigate the direct connection between family-of-origin psychopathology of the more commonly occurring chronic types like depression and anxiety and the marital satisfaction of adult offspring. In light of the high rates of lifetime prevalence of mood and anxiety disorders cited earlier (APA, 2000), it is likely that many children in the U.S. are being raised in families where one or more family members suffers from emotional problems like mood or anxiety disorders. Therefore, it seems important to know how their relationship satisfaction may be affected as they mature and form intimate relationships.

Establishing the degree to which family-of-origin mental health disorders may affect the adult offspring in their later marriages is important to clinicians because of the current understanding of family systems theory which posits that mental disorders affect not only the individual but the family in which the person lives. With the proper understanding of how common mental disorders influence offspring in their intimate relationships later in life clinicians can be trained to help prevent later marital
dissatisfaction in those children of the families they currently treat where a family
member has a common mental disorder. This study is also unique in that I examine how
resolution of problems in the family-of-origin may affect marital outcomes which may
give clinicians ideas of how to intervene to help clients cognitively and emotionally
resolve problems in their families of origin that may affect their marital satisfaction.
However, because I am analyzing only distal factors from the family-of-origin I don’t
expect that this model will explain a large portion of the variance in adult offspring
marital satisfaction (Busby, Gardner, & Taniguchi, 2005).

Theoretical Model to Test and Hypotheses

Figure 1 is a visual representation of the proposed relationships that were
hypothesized to exist between the independent variable of psychopathology in the family-
of-origin and the dependent variable of adult offspring marital satisfaction through the
mediating variables of the parent-child relationships and parental marital satisfaction and
the moderating variable of resolution of issues. Psychopathology in this figure is defined
here as a mental/emotional problem. The hypotheses are illustrated in the figure. That is,
the model to be tested was as follows:

1. I hypothesize that the existence of perceived mental/emotional problems
   (psychopathology) in the family-of-origin will have a direct negative relationship
to adult offspring marital satisfaction.

2. I hypothesize that the perceived existence of mental/emotional problems
   (psychopathology) in the family-of-origin will have an indirect relationship to
   adult offspring marital satisfaction through the mediating variables of mother-
   child relationship quality, father-child relationship quality, and parental marital

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satisfaction.

3. I hypothesize that the mother-child relationship, father-child relationship, and parental marital satisfaction will have direct positive effects on adult offspring marital satisfaction.

4. I hypothesize that parental marital satisfaction will have positive relationships with both mother-child and father-child relationship quality.

5. I hypothesize that mother-child and father-child relationship quality will have a positive relationship with each other.

6. I hypothesize that the resolution of issues from the family-of-origin will mediate relationships between adult offspring marital satisfaction and mental/emotional problems in the family-of-origin, mother-child relationship quality, father-child relationship quality, and parental marital satisfaction.

7. I hypothesize that resolution of issues from the family-of-origin will have direct positive effects on adult offspring marital satisfaction.
Figure 1: Hypothesized model of the relationships between perceived mental/emotional problems in the family-of-origin and adult offspring marital satisfaction

Colors are for ease of reading only. The positive or negative sign in the parentheses indicates the hypothesized influence as positive or negative.
Chapter 3

Methods

Description of Sample

Participants were chosen from the RELATE database of approximately 70,000 individuals. From this large sample I first eliminated those who had been married more than once or who have been divorced. Those in this study were married but the responses are not necessarily taken from paired couples. I also eliminated anyone in the sample who failed to answer all questions.

This study made use of quota sampling (Cozby, 2007) to control for the overrepresentation of Caucasians in the RELATE database. A quota sample is made by selecting respondents from underrepresented (minority) groups and adding a random sample from the Caucasian respondents until the different percentages of racial groups were as close as possible to the national population. Since about 90% of RELATE respondents are Caucasian I first sorted out all Caucasians and retained a representative sample of African/Black, Asian, and Latino respondents. Due to the small total sample of African/Black respondents in the RELATE database, all those who fit the criteria of the study were retained. A random sample of the Latino and Asian respondents who fit the criteria was selected. Recent U.S. Census data indicate that African-Americans make up 12.3% of the population of the United States, Hispanics make up 12.5%, and Asians make up 3.6% (Grieco & Cassidy, 2001). So, the final sample size for this study contained African/Black respondents, Latino, and Asian respondents representative of national percentages (see Table 1).
Table 1: Participants by race

<table>
<thead>
<tr>
<th>Race</th>
<th>Total Participants (n=802)</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>African/Black</td>
<td>99</td>
<td>12.3%</td>
</tr>
<tr>
<td>Latino</td>
<td>101</td>
<td>12.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>29</td>
<td>3.6%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>573</td>
<td>71.6%</td>
</tr>
</tbody>
</table>

A random sample of Caucasian respondents was then selected and added to the retained minority respondent groups. The final sample was 42.3% male and 57.7% female.

Since the RELATE database frequencies for religious affiliation differ from the U.S. population demographic frequencies (31.1% are Mormons in the RELATE data set), I selected a sample to make sure that a much lower percentage of the respondents in the total sample indicated that they are “Latter Day Saint/Mormon” (about 4%). Table 2 shows that other religions are represented in ratios approximately similar to national estimates (Kosmin, Mayer, & Keysar, 2001).

Table 2: Comparison of religious affiliation for participants

<table>
<thead>
<tr>
<th>Denomination</th>
<th>National estimates</th>
<th>My sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Christian</td>
<td>76.5%</td>
<td>68.2%</td>
</tr>
<tr>
<td>Catholic</td>
<td>24.5%</td>
<td>20.7%</td>
</tr>
<tr>
<td>Protestant</td>
<td>55.2%</td>
<td>43.1%</td>
</tr>
<tr>
<td>Mormon</td>
<td>1.3%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Jewish</td>
<td>1.3%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Islamic</td>
<td>0.5%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Buddhist</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Hindu</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>No religion</td>
<td>14.1%</td>
<td>16.8%</td>
</tr>
</tbody>
</table>

Since some studies have found associations between adult marital satisfaction and parental education, income, and socioeconomic status (Burgess & Wallin, 1953; Skolnick, 1981; Whyte, 1990), as well as finding associations between family income and negative parent-child interactions (Jenkins, Rasbash, & O’Connor, 2003) I controlled for parental income and parental education levels as others have done (Amato & Booth,
Table 3 shows both the highest levels of education attained for both parents and respondents.

Table 3: Educational attainment for participants

<table>
<thead>
<tr>
<th></th>
<th>Fathers</th>
<th>Mothers</th>
<th>Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>12.7%</td>
<td>11.3%</td>
<td>0.7%</td>
</tr>
<tr>
<td>High school equivalency (GED)</td>
<td>4.1%</td>
<td>3.7%</td>
<td>1.2%</td>
</tr>
<tr>
<td>High school diploma</td>
<td>24.8%</td>
<td>29.3%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Some college, not currently enrolled</td>
<td>14.8%</td>
<td>17.6%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Some college, currently enrolled</td>
<td>0.5%</td>
<td>0.7%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>4.2%</td>
<td>7.6%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>18.2%</td>
<td>15.1%</td>
<td>20.9%</td>
</tr>
<tr>
<td>Graduate or professional degree, not completed</td>
<td>2.0%</td>
<td>1.7%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Graduate or professional degree, completed</td>
<td>18.6%</td>
<td>12.8%</td>
<td>20.4%</td>
</tr>
</tbody>
</table>

Table 4 shows both parental and respondent income levels for the sample.

Table 4: Sample income levels for participants

<table>
<thead>
<tr>
<th></th>
<th>Fathers</th>
<th>Mothers</th>
<th>Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/Not Applicable</td>
<td>17.1%</td>
<td>26.9%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Under $5,000</td>
<td>1.1%</td>
<td>4.0%</td>
<td>5.0%</td>
</tr>
<tr>
<td>$5,000 - $14,999</td>
<td>3.0%</td>
<td>9.1%</td>
<td>10.8%</td>
</tr>
<tr>
<td>$15,000 - $24,999</td>
<td>5.6%</td>
<td>12.5%</td>
<td>13.0%</td>
</tr>
<tr>
<td>$25,000 - $29,999</td>
<td>5.5%</td>
<td>9.9%</td>
<td>8.1%</td>
</tr>
<tr>
<td>$30,000 - $39,999</td>
<td>9.1%</td>
<td>10.8%</td>
<td>13.6%</td>
</tr>
<tr>
<td>$40,000 - $49,999</td>
<td>10.5%</td>
<td>7.0%</td>
<td>11.9%</td>
</tr>
<tr>
<td>$50,000 - $74,999</td>
<td>20.2%</td>
<td>8.0%</td>
<td>12.0%</td>
</tr>
<tr>
<td>$75,000 - $100,000</td>
<td>7.5%</td>
<td>1.8%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>9.8%</td>
<td>1.4%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Median income</td>
<td>$50,000 - $74,999</td>
<td>$25,000 - $29,999</td>
<td>$25,000 - $29,999</td>
</tr>
</tbody>
</table>

Tables 3 and 4 also show that the respondents were mostly college educated or in college, from lower middle class families, and earned less than $30,000 per year.

The average length of marriage for most respondents was around 3-5 years (16.7%), with 80.9% having been married at least one year (see Table 5).
<table>
<thead>
<tr>
<th>Response Category</th>
<th>Length of Marriage</th>
<th>% of Total</th>
<th>Categorical Mean</th>
<th>St. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0-3 months</td>
<td>5.5%</td>
<td>Categorical Mean = 5.14</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>4-6 months</td>
<td>5.1%</td>
<td>St. Deviation = 1.957</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>7-12 months</td>
<td>8.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1-2 years</td>
<td>18.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>3-5 years</td>
<td>16.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>6-10 years</td>
<td>16.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>11-20 years</td>
<td>16.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>21-30 years</td>
<td>13.1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Measures**

The RELATionship Evaluation (RELATE) (Holman, Busby, Doxey, Klein, & Loyer-Carlson, 1997) is a relationship assessment questionnaire developed by the RELATE Institute, a group of mental health professionals and researchers dedicated to the goals of strengthening and understanding premarital and marital relationships (Busby, Holman, & Taniguchi, 2001). RELATE is intended to help clinicians and educators understand the complex interplay of premarital factors that may contribute to marital satisfaction. Thousands of individuals have taken RELATE either as part of counseling, a class, or for personal interest. In the past this survey was taken in paper form, but in more recent years RELATE has been made available online. The sample pool for this study was drawn from people who have taken the survey on a computer (approximately 2001-present).

RELATE has been shown to be both valid and reliable (alpha test and test-retest). Busby, Holman, and Taniguchi (2001) showed that the reliability (alpha) for most of the scales in RELATE range from .70 to .90. The specific scales I used in this study have alpha values between .63 and .94. Validity analyses showed that 92% of the items loaded exclusively on the proper subscale.
The specific subscales within RELATE used in the current study were the measure of the existence of family-of-origin psychopathology, the measure of the perception of the adult offspring about their parents’ marital satisfaction, the measure of the perception of adult offspring about the quality of each parent-child relationship (mother-child/father-child) in the family-of-origin, the measure of the degree to which respondents have come to terms with any family problems, and the measure of the current relationship satisfaction for the adult offspring. Each of these measures is a subscale from the RELATE.

*Family psychopathology.* Once a sample representative of the U.S. current demographics was obtained I used answers to Question #104 on RELATE as a continuous variable to measure perceived psychopathology in the family (see Table 6). The majority of respondents described mental/emotional problems in their family-of-origin as present “Rarely” on average, with a minority describing the existence of mental/emotional problems “Often” or “Very Often”.

Table 6: Measure of perceived mental/emotional problems in the family-of-origin

<table>
<thead>
<tr>
<th>1 item scale, scores range from 1-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>- There were family members who experienced emotional problems such as: severe depression, anxiety attacks, eating disorders, or other mental/ emotional problems.</td>
</tr>
<tr>
<td>Never (1) = 45.1% Mean = 2.13</td>
</tr>
<tr>
<td>Rarely (2) = 18.8% St. Dev. = 1.244</td>
</tr>
<tr>
<td>Sometimes (3) = 19.3%</td>
</tr>
<tr>
<td>Often (4) = 11.7%</td>
</tr>
<tr>
<td>Very Often (5) = 5.0%</td>
</tr>
</tbody>
</table>

*Adult offspring marital satisfaction.* The measure of current marital satisfaction for the adult offspring was measured by the Relationship Satisfaction subscale (see Table
7). Higher scores reflected greater adult offspring marital satisfaction.

Table 7: Measure of adult offspring marital satisfaction

<table>
<thead>
<tr>
<th>6 item scale, averaged scores range from 1-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>In your relationship, how satisfied are you with the following?:</td>
</tr>
<tr>
<td>• The physical intimacy you experience.</td>
</tr>
<tr>
<td>• The love you experience.</td>
</tr>
<tr>
<td>• How conflicts are resolved.</td>
</tr>
<tr>
<td>• The amount of relationship equality you experience.</td>
</tr>
<tr>
<td>• The quality of your communication.</td>
</tr>
<tr>
<td>• The overall relationship with your partner.</td>
</tr>
<tr>
<td>Very Dissatisfied (1) = 9.0% Mean = 3.487</td>
</tr>
<tr>
<td>Dissatisfied (2) = 18.2% St. Dev. = 1.009</td>
</tr>
<tr>
<td>Neutral (3) = 31.8%</td>
</tr>
<tr>
<td>Satisfied (4) = 36.9%</td>
</tr>
<tr>
<td>Very Satisfied (5) = 4.1%</td>
</tr>
</tbody>
</table>

Parental marital satisfaction. The perception of the adult offspring about their parents’ marital satisfaction was measured with the Parents’ Marriage subscale (see Table 8). Higher scores reflected a more positive perception of parental marital satisfaction. On average people reported a positive perception of their parents’ marital satisfaction (and the degree to which respondents would like to emulate it).

Table 8: Measure of parental marital satisfaction

<table>
<thead>
<tr>
<th>3 item scale, averaged scores range from 1-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• My father was happy in his marriage.</td>
</tr>
<tr>
<td>• My mother was happy in her marriage.</td>
</tr>
<tr>
<td>• I would like my marriage to be like my parents’ marriage.</td>
</tr>
<tr>
<td>Never (1) = 20.1% Mean = 3.145</td>
</tr>
<tr>
<td>Rarely (2) = 21.5% St. Dev. = 1.238</td>
</tr>
<tr>
<td>Sometimes (3) = 23.1%</td>
</tr>
<tr>
<td>Often (4) = 25.9%</td>
</tr>
<tr>
<td>Very Often (5) = 9.4%</td>
</tr>
</tbody>
</table>

Parent-child relationship quality. The perception of adult offspring about the
quality of the parent-child relationship in the family-of-origin was measured using both the Mother-Child Relationship and the Father-Child Relationship subscales (see Table 9 and Table 10, respectively). Higher scores reflected perceptions of higher quality of the parent-child relationship. People reported their parent-child relationships as more positive than negative, with mother-child relationships reported to be slightly more positive (mean score of 3.694) than father-child relationships (mean score of 3.273).

Table 9: Measure of mother-child relationship quality

<table>
<thead>
<tr>
<th>3 item scale, averaged scores range from 1-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• My mother showed physical affection to me by appropriate hugging and/or kissing.</td>
</tr>
<tr>
<td>• My mother participated in enjoyable activities with me.</td>
</tr>
<tr>
<td>• My mother and I were able to share our feelings on just about any topic without embarrassment or fear of hurt feelings.</td>
</tr>
<tr>
<td>Never (1)</td>
</tr>
<tr>
<td>Rarely (2)</td>
</tr>
<tr>
<td>Sometimes (3)</td>
</tr>
<tr>
<td>Often (4)</td>
</tr>
<tr>
<td>Very Often (5)</td>
</tr>
</tbody>
</table>

Table 10: Measure of father-child relationship quality

<table>
<thead>
<tr>
<th>3 item scale, averaged scores range from 1-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• My father showed physical affection to me by appropriate hugging and/or kissing.</td>
</tr>
<tr>
<td>• My father participated in enjoyable activities with me.</td>
</tr>
<tr>
<td>• My father and I were able to share our feelings on just about any topic without embarrassment or fear of hurt feelings.</td>
</tr>
<tr>
<td>Never (1)</td>
</tr>
<tr>
<td>Rarely (2)</td>
</tr>
<tr>
<td>Sometimes (3)</td>
</tr>
<tr>
<td>Often (4)</td>
</tr>
<tr>
<td>Very Often (5)</td>
</tr>
</tbody>
</table>

Resolution of issues from the family-of-origin. The Family Impact subscale was
used to measure the degree to which respondents have resolved problems in their families-of-origin (see Table 11). Higher scores reflected greater resolution of issues from the family-of-origin. A minority reported being unresolved on these issues.

Table 11: Measure of resolution of issues from the family-of-origin

<table>
<thead>
<tr>
<th>4 item scale, averaged scores range from 1-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• From what I experienced in my family, I think family relationships are safe, secure, rewarding, worth being in, and a source of comfort.</td>
</tr>
<tr>
<td>• From what I experienced in my family, I think family relationships are confusing, unfair, anxiety-provoking, inconsistent, and unpredictable. **</td>
</tr>
<tr>
<td>• There are matters from my family experience that I’m still having trouble dealing with or coming to terms with. **</td>
</tr>
<tr>
<td>• There are matters from my family experience that negatively affect my ability to form close relationships. **</td>
</tr>
<tr>
<td>** = reverse-scored</td>
</tr>
</tbody>
</table>

Strongly Disagree (1) = 5.2%  Mean = 3.72
Disagree (2) = 15.5%  St. Dev. = 0.999
It Depends (3) = 28.8%
Agree (4) = 36.5%
Strongly Agree (5) = 14.0%
Chapter 4

Results

Statistical Analyses

To determine the relationships, if any, among the variables of family-of-origin psychopathology, parent-child relationship quality in the family-of-origin, parental marital satisfaction, coming to terms with family-of-origin problems, and adult offspring marital satisfaction, this study used structural equation modeling (SEM) (Jöreskog, 1973; Wiley, 1973). Additionally, “SEM is more flexible and comprehensive than [ANOVA and multiple regression analysis], providing means of controlling not only for extraneous or confounding variables but for measurement error as well” (Hoyle, 1995, p.10). For the purposes of examining the model in this study, the SEM approach is an improvement over other types of analyses because it allows the researcher to more fully evaluate path models while controlling for measurement errors and evaluating model fit.

Steps of SEM. Volk and Flori (1996) describe the steps of structural equation modeling. First one must specify the model. This involves beginning with a theoretical model to test using path diagramming conventions. Too many relationships should not be estimated because that reduces the degrees of freedom in the model. Second, one must estimate the model. This is done by finding a source of data, then examining the distributions to determine if the data are normally distributed or not. Non-normal distributions require larger samples. One must also determine what indicators of fit will be used and at what level of measurement. In this model the variables are from interval scales, which allow only comparisons within the model, not to others. Next, one tests the
model and considers the fit of the model, using both global indicators and indicators for specific variables.

The third step is to consider alternative models with the goal of parsimony in mind. Competing models (if any) should be tested with the same data in order to compare fit between models. The fourth step is to consider modifying the model in such a way that meaningful modifications (instead of random changes) might lead to a better fit with the data. The fifth, and final, step is to validate the modified model using a new sample. The authors acknowledge that this is rarely done with most model testing. In this study a new sample was not possible to obtain because although there were enough Caucasian/White respondents to select a new random sample, there were not enough African/Black or Latino respondents with which to repeat the analysis using a new sample.

**Indicators of fit.** Hoyle and Panter (1995) recommend using both absolute and incremental fit indexes; although one absolute indicator may be sufficient, they also recommend that researchers report two types of incremental fit indexes. Absolute fit indices directly assess how well an a priori model reproduces the sample data (Hu and Bentler, 1995). In contrast, incremental fit indices assess the degree to which a model is superior to an alternative model in reproducing the observed covariances. Alternative models (i.e., the “null” or independence model) usually specify no covariances among variables (Hoyle and Panter, 1995). This model fit the data satisfactorily, with $\chi^2 = 17.443$, df = 16, p = .358, AGFI = .987, TLI = .998, CFI = .999, RMSEA < .001.

The $\chi^2$ statistic is essentially a “badness of fit” indicator with lower values indicating better fit, and zero indicating a perfect fit (Hoyle and Panter, 1995, p. 165)
because the $\chi^2$ test simultaneously tests the extent to which all the residuals differ between the unrestricted sample covariance matrix and the restricted covariance matrix (Byrne, 2001); a difference of zero means the fit is perfect. In order for a model to be considered a good fit, a low $\chi^2$ statistic and a corresponding high (nonsignificant) $p$-value for the $\chi^2$ statistic are necessary to show that the proposed model implies the covariance matrix, indicating a good fit. If the $p$-value for the $\chi^2$ statistic were significant ($p < .001$, for example) this would indicate that the hypothesized model represented an event that was likely to occur less than one time in a thousand under the null hypothesis, and should therefore be rejected because it was a bad fit (Byrne, 2001). In this study the low $\chi^2$ value and the nonsignificant $p$-value for $\chi^2$ ($p < .358$) indicate that the model implies the covariance matrix and thus shows that the model fits the data well.

The AGFI (Jöreskog and Sörbom, 1984) is an absolute fit index that was “developed to adjust for the bias of fit indexes resulting from model complexity” (Hu and Bentler, 1995, p. 97) and “it also addresses the issue of parsimony by incorporating a penalty for the inclusion of additional parameters” (Byrne, 2001, p. 82). I used the AGFI because the goodness-of-fit for a complex model tends to be greater than for a simple model because of fewer degrees of freedom associated with a more complex model (Hu and Bentler, 1995).

The CFI, (Comparative Fit Index, also known as the FI, BFI, and RNI [Hoyle & Panter, 1995]) shows the proportion of the improvement of the overall fit of the estimated model compared with an independence model in which variables have no specified relations. The TLI (Tucker-Lewis Index, also called the NNFI [Hoyle & Panter, 1995]) is similar to the CFI but is less affected by sample size because it adjusts for model
complexity. Both the TLI/NNFI and the CFI yield values ranging from zero to 1.00, with values of .95 or above considered to be indicative of good fit (Byrne, 2001). As with the AGFI, for both TLI and CFI, whether the latent variates are dependent or independent, a sample size greater than 500 is recommended (Hu and Bentler, 1995) and therefore my sample \( (n = 802) \) was sufficiently large.

The root mean square error of approximation (RMSEA) is one of the most informative criteria in SEM and takes into account the error of approximation in the population (Byrne, 2001). A value below .05 indicates good fit. Byrne (2001) also suggests testing for closeness-of-fit, meaning that the RMSEA value should be less than .05 and the \( p \)-value for the closeness-of-fit test should be greater than .50. The closeness-of-fit \( p \)-value for this study was .999 indicating that the model fits well.

Table 12 shows the correlations of the independent and dependent variables in the model. The majority of the significant variables have \( p \)-values of less than .001.
Table 12: Correlation matrix for the variables in the model

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Prob.</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marr. Satis.</td>
<td>-.022</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resol. Issues</td>
<td>-.481***</td>
<td>.176***</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent Marr.</td>
<td>-.397***</td>
<td>.158***</td>
<td>.672***</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father-Child</td>
<td>-.238***</td>
<td>.153***</td>
<td>.533***</td>
<td>.559***</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother-Child</td>
<td>-.254***</td>
<td>.177***</td>
<td>.467***</td>
<td>.397***</td>
<td>.429***</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father Educ.</td>
<td>.013</td>
<td>.056</td>
<td>.091*</td>
<td>.136***</td>
<td>.141***</td>
<td>.131***</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother Educ.</td>
<td>-.002</td>
<td>.060</td>
<td>.045</td>
<td>.096**</td>
<td>.100**</td>
<td>.126***</td>
<td>.546***</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Length Marr.</td>
<td>-.017</td>
<td>-.218***</td>
<td>-.087*</td>
<td>-.077*</td>
<td>-.175***</td>
<td>-.179***</td>
<td>-.124***</td>
<td>-.141***</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Perceived mental/emotional problems in the family-of-origin did not have a significant correlation with adult offspring marital satisfaction. Nor did it have a significant correlation to the education levels of the parents or the length that the adult offspring have been married. However, there was a very strong negative correlation (-.481) between mental/emotional problems in the family-of-origin and the resolution of issues from the family-of-origin, suggesting that the presence of mental/emotional problems in the family-of-origin corresponds with more difficulty in finding resolution with experiences in the family-of-origin when one is an adult. There was also a strong negative correlation (-.397) between perceived mental/emotional problems in the family-of-origin and the marital satisfaction of the parents in that family, suggesting that the more mental/emotional problems are present in a family the less the marital satisfaction for the parents will be. The strong negative correlations between mental/emotional
problems in the family-of-origin and the respective parent-child relationships (.238 for fathers and .254 for mothers) suggest that mental or emotional problems in the family do detract from the parent-child relationship quality.

All four mediating variables (father-child relationship, mother-child relationship, parental marital satisfaction, and resolution of issues) had significant positive correlations with adult offspring marital satisfaction, though Table 12 shows these relationships to be more moderate (with Pearson correlation values ranging from .153 to .177). These correlations indicate that adult offspring marital satisfaction is likely positively influenced by the parents’ example of being happily married, the quality of the parent-child relationships in childhood and adolescence, and the resolution of any issues that might have been present in the family-of-origin. The only negative correlation with marital satisfaction was the length of time the respondents had been married (-.218), suggesting that the longer the respondents had been married the less satisfied they were with their marriages; this negative correlation is similar to results found in other studies (Karney & Bradbury, 1997; Kurdek, 1999).

*Structural Equation Modeling Results*

Figure 2 shows the reduced model of the relationships between mental/emotional problems in the family-of-origin and the adult offspring marital satisfaction with the mediatrs, moderator, and control variables.
Figure 2: SEM model for perceived mental/emotional problems in the family of origin and adult offspring marital satisfaction.

* = p < .05    ** = p < .01    *** = p < .001  
Bolded figures in the upper-right corner of the variables represent the squared multiple correlation value (similar to $R^2$).
The reduced model showed no significant direct relationship between mental/emotional problems in the family-of-origin and adult offspring marital satisfaction. However, in the full model that was first calculated (see Appendix A), this relationship was marginally significant ($p < .051$), though the standardized regression weight value of .08 indicated that the relationship was a weak one. When the nonsignificant pathways were taken out of the full model (for parsimony) to emphasize the paths that were more relevant the standardized regression weight (also called the standardized path coefficient) of the direct relationship between mental/emotional problems in the family-of-origin and adult offspring marital satisfaction decreased slightly to .07 and the associated $p$-value of that regression weight increased to nonsignificance ($p < .068$); although the $p$-value for the path in the reduced model was nonsignificant it was still relatively close to being significant and was in the same direction as the full model (i.e., mental/emotional problems in the family-of-origin have a negative but weak impact on adult offspring marital satisfaction).

Contrary to Hypotheses 1 in this study, perceived mental/emotional problems in the family-of-origin did not have a significant relationship with adult offspring marital satisfaction. Nor did it have a significant relationship to the education levels of the parents or the length that the adult offspring have been married.

Hypothesis 2 was partially supported by the results. Mental/emotional problems in the family-of-origin did have moderate to strong negative relationships with both of the parent-child relationships, indicating that the greater the degree of mental illness in the family, the worse the parent-child relationships are likely to be. Mental/emotional problems in the family-of-origin also had a strong negative relationship with perceived
parental marital satisfaction.

Perceived mental/emotional problems in the family-of-origin did have an indirect effect on adult offspring marital satisfaction through the mediating variable of the mother-child relationship quality. Of the mediating variables, only the mother-child relationship and resolution of issues had a direct, positive relationships with adult offspring marital satisfaction (although both were weak), confirming some of the findings of other research that has found correlations between parent-child relationships and adult offspring marital satisfaction (Conger, Cui, Bryant, & Elder, 2000; Schumacher, Stöbel-Richter, and Brähler, 2002; Topham, Larson, and Holman, 2005) and resolution of issues and adult offspring marital satisfaction (Martinson, 2006). The father-child relationship quality and parental marital satisfaction did not mediate the relationship between perceived mental/emotional problems in the family-of-origin and adult offspring marital satisfaction because neither the father-child relationship quality nor parental marital satisfaction had a significant relationship with adult offspring marital satisfaction.

Since neither the father-child relationship quality nor parental marital satisfaction had a significant relationship with adult offspring marital satisfaction Hypothesis 3 was only partially supported. Only the quality of the mother-child relationship had a direct positive relationship with adult offspring marital satisfaction. However, Hypothesis 6 was confirmed because resolution of issues was a mediating variable in the relationship between adult offspring marital satisfaction and perceived mental/emotional problems in the family-of-origin, mother-child relationship quality, father-child relationship quality, and parental marital satisfaction. Both the mother-child and father-child relationships had a weak to moderate relationship with resolution of issues from the family-of-origin,
but parental marital satisfaction had a very strong relationship. These three variables in combination with the variable measuring mental/emotional problems in the family-of-origin predicted 56% of the variance in the resolution of issues, as indicated by the squared multiple correlation value (.56). The squared multiple correlation value is similar to the $R^2$ value found in multiple regression but differs in that $R^2$ describes a model as a whole while the squared multiple correlation value measures each variable individually. In the illustrated model of results (fig. 2) the squared multiple correlation value can be found just above the upper right-hand corner of each variable.

Both Hypothesis 4 and Hypothesis 5 were supported by the results. There were strong positive relationships between the mother-child relationship, the father-child relationship, and the parental marital satisfaction. Parental marital satisfaction did have positive relationships with both mother-child and father-child relationship quality, and mother-child and father-child relationship quality both had a positive relationship with each other.

Hypothesis 7 was also supported by the results. Resolution of issues from the family-of-origin had a weak but positive relationship with adult offspring marital satisfaction. The squared multiple correlation value ($R^2$) for adult offspring marital satisfaction (.08) indicated that only 8% of the variance in adult offspring marital satisfaction could be explained by the variables in this model, suggesting that historical (distal) factors such as dynamics from the family-of-origin have much less influence over marital satisfaction in adults than contemporary (proximal) factors.

Although not included in the hypothesized model or in the review of literature some of the control variables had interesting and significant relationships with other
variables. For example, father’s education level had a positive but weak relationship with both parent-child relationships and parental marital satisfaction. There was a very strong positive relationship between the education levels of the mother and father. The length of the marriage of the adult offspring had a weak to moderate negative relationship with adult offspring marital satisfaction, indicating that the longer one is married the less satisfaction they are likely to report.

**Direct, Indirect, and Total Effects**

Structural equation modeling analyzes the relationships among endogenous variables and represents the statistical estimations of direct effects through path coefficients. For variables in the middle of the illustrated model (such as the mother-child relationship quality in this model) there is the possibility of being both a predictor and a criterion. These intervening variables transmit some of the effects of prior variables onto subsequent variables and have indirect effects (also called mediator effects). An example of a mediator relationship in this model is how mental/emotional problems in the family-of-origin affect adult offspring marital satisfaction through mother-child relationship quality. Structural equation modeling can not only estimate direct and indirect effects and can control for correlations but can be viewed as a way to “decompose” observed relationships into their constitute parts (Kline, 1998). The decomposition of the constitute parts of the relationships is presented using a decomposition table.

A decomposition table with direct, indirect, and total effects of each variable on adult offspring marital satisfaction is presented in Table 13. Table 13 demonstrates that perceived mental/emotional problems in the family-of-origin negatively effects adult
offspring marital satisfaction only indirectly (-.090). For the purpose of interpreting the data this means that due to the indirect (mediated) effect of mental/emotional problems in the family-of-origin on adult offspring marital satisfaction, when perceived mental/emotional problems in the family-of-origin increases by one standard deviation, adult offspring marital satisfaction decreases by .09 standard deviations.

The mother-child relationship has both direct and indirect positive effects on adult offspring marital satisfaction. Both the father-child relationship and parental marital satisfaction have only indirect positive effects on adult offspring marital satisfaction, showing that the mother-child relationship is a stronger predictor of adult offspring marital satisfaction. Resolution of issues from the family-of-origin has only direct positive effects. The length of the marriage has only direct negative effects on adult offspring marital satisfaction.

Table 13: Decomposition of standardized effects on adult offspring marital satisfaction

<table>
<thead>
<tr>
<th>Source</th>
<th>Direct Effect</th>
<th>Indirect Effect</th>
<th>Total Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental/Emotional Problems in the FOO</td>
<td>.000</td>
<td>-.090</td>
<td>-.090</td>
</tr>
<tr>
<td>Mother-Child Relationship</td>
<td>.087</td>
<td>.042</td>
<td>.129</td>
</tr>
<tr>
<td>Father-Child Relationship</td>
<td>.000</td>
<td>.042</td>
<td>.042</td>
</tr>
<tr>
<td>Parental Marital Satisfaction</td>
<td>.000</td>
<td>.049</td>
<td>.049</td>
</tr>
<tr>
<td>Resolution of Issues from the FOO</td>
<td>.118</td>
<td>.000</td>
<td>.118</td>
</tr>
<tr>
<td>Length of Marriage</td>
<td>-.192</td>
<td>.000</td>
<td>-.192</td>
</tr>
<tr>
<td>Mother’s Education Level</td>
<td>.000</td>
<td>.022</td>
<td>.022</td>
</tr>
<tr>
<td>Father’s Education Level</td>
<td>.000</td>
<td>.030</td>
<td>.030</td>
</tr>
</tbody>
</table>

Table 14 shows a decomposition table with direct, indirect, and total effects of
each variable on the resolution of issues from the family-of-origin. This table shows that every increase of one standard deviation in mental/emotional problems in the family-of-origin is related to a decrease of .482 standard deviations in the resolution of issues from the family-of-origin through both direct and indirect effects. Mother-child and father-child relationship quality and parental marital satisfaction have only positive direct effects on resolution but have a smaller effect than parental marital satisfaction. For every one standard deviation increase in parental marital satisfaction there is an increase of .416 standard deviations in the resolution of issues from the family-of-origin. The length of marriage of the adult offspring and the mother’s education level have no effects at all on resolution. Interestingly the father’s education level has an indirect positive effect on adult offspring marital satisfaction. The results from the structural equation model indicate that father’s education has a small positive relationship with both parent-child relationships and parental marital satisfaction and the Decomposition table indicates these variables all have direct effects on resolution.

Table 14: Decomposition of standardized effects on resolution of issues from the family of-origin

<table>
<thead>
<tr>
<th>Source</th>
<th>Direct Effect</th>
<th>Indirect Effect</th>
<th>Total Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental/Emotional Problems in the FOO</td>
<td>-.232</td>
<td>-.250</td>
<td>-.482</td>
</tr>
<tr>
<td>Mother-Child Relationship</td>
<td>.169</td>
<td>.000</td>
<td>.169</td>
</tr>
<tr>
<td>Father-Child Relationship</td>
<td>.172</td>
<td>.000</td>
<td>.172</td>
</tr>
<tr>
<td>Parental Marital Satisfaction</td>
<td>.416</td>
<td>.000</td>
<td>.416</td>
</tr>
<tr>
<td>Length of Marriage</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>Mother’s Education Level</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>Father’s Education Level</td>
<td>.000</td>
<td>.106</td>
<td>.106</td>
</tr>
</tbody>
</table>
As mentioned previously, only one study has looked at the direct connection between mental illness in the family of origin and the offspring marital satisfaction (Vaillant, 1978). Unlike Vaillant I did not find a significant direct relationship between mental/emotional problems in the family-of-origin and adult offspring marital satisfaction. This may be due to methodological differences between the studies.

Like Vaillant I controlled for the child’s SES by accounting for parent education and parental occupation, and had measurement items for both parent-child relationships and marital satisfaction in the adult offspring. However, one explanation for the difference in findings may be explained by the fact that although I calculated my model using a continuum of responses Vaillant presented his results by comparing the data only of those in his sample that had the highest ratings with those who had the lowest ratings. Another difference between our studies is that Vaillant based his findings on a longitudinal analysis in which his subjects had been married at least 20 years. This may indicate that the effects of the family-of-origin on adult offspring marital satisfaction may be greater later in marriage. This may be due to changes that take place as couples move through the developmental life cycle of their relationship and enter later stages that somehow spur a regression to dealing with previous issues; for example, it is possible that after all the distractions and pressures of establishing one’s professional life and raising kids are gone individuals are faced with dealing with issues from the family-of-origin. My sample had a length of marriage on a continuum from 0 months to more than 47 years.
20 years and this may have caused a difference. Also, my model contains the variable measuring resolution of issues from the family-of-origin as a mediating influence on adult offspring marital satisfaction and Vaillant’s study did not.

The lack of specificity of the measurement item for family mental/emotional problems does not allow this study to directly support past research that links parental psychopathology with poor parent-child relationships for both fathers (Kane and Garber, 2004) and mothers (Tarullo, DeMulder, Ronsaville, & Brown, 1995) but this research did point in the same direction by suggesting that mental/emotional problems in the family of origin had a negative relationship with the parent-child relationship. Similarly, the phrasing of the measurement item also makes it impossible to specifically link parental mental/emotional problems in the family-of-origin to parental marital satisfaction, but the results in this study also seem to point in the same direction as research that asserts that parental psychopathology has a negative relationship with parental marital satisfaction (Fishman and Meyers, 2000; Papp, Goeke-Morey & Cummings, 2004; Whisman, Sheldon, & Goering, 2000).

However, even with the lack of specificity in the measurement of mental/emotional problems in the family-of-origin the results of this study show that a general sense of psychopathology in the family, regardless of where, has a strong effect on the interpretation of the issues that an individual does or does not from the family.

Previous studies have focused almost exclusively on the parental dyad and the negative effects that psychopathology in the parental dyad has on the rest of the family. The lack of a significant direct relationship between mental/emotional problems in the family-of-origin and adult offspring marital satisfaction in this study may be partly due to
the fact that I attempted to account for psychopathology in any member of the family. Psychopathology or other mental/emotional problems in siblings may not be as related to adult offspring marital satisfaction as parental psychopathology; the parental dyad is usually the most powerful subsystem in a family and therefore a parent with psychopathology would likely have an even greater negative effect on the rest of the family. Since the measurement item in this study not only asks about parents but also about siblings from the family-of-origin I may have obscured the direct effects that parental psychopathology may have had. The presence of strong relationships and correlations among the variables of this study speaks to the power of the effects that mental/emotional problems in the family-of-origin have since assessing for psychopathology in all family members (even if it were just a sibling) should have undermined the power of the relationship between mental/emotional problems in a parent and adult offspring marital satisfaction. Future research should delineate between psychopathology in parents and psychopathology in siblings. Knowing which member of the family had a problem and which psychopathology that problem might be would help future researchers be able to confirm previous findings relating to parents and also to add to the literature regarding how siblings with mental/emotional problems might affect their parents’ marriage and the parent-child relationships of the other siblings.

There appears to be no research that examines how mental/emotional problems in the family-of-origin are related to resolution, but in my study I found there was a significant negative relationship between the two (the path coefficient was -.23 with p < .001). Although the nature of this model does not allow the researcher to suggest causal pathways it appears that the more there are mental/emotional problems in the family-of-
origin, the less the likelihood of resolution of these issues.

I found that both the father-child and mother-child relationships were significantly related to the quality of the parents’ marriage. This research supports past research that found relationships between the parent-child relationships and parental marital satisfaction (Booth & Amato, 1994; Busby, Garner, & Taniguchi, 2005; Inman-Amos, Hendrick, and Hendrick, 1994) but differed from previous findings in that this relationship was only significant for the mother-child relationship (Fishman and Meyers, 2000). Like previous research (Booth & Amato, 1994; Busby, Garner, & Taniguchi, 2005) I found a stronger relationship between parental marital satisfaction and the father-child relationship than with the mother-child relationship.

Amato and Booth (2001) found a direct relationship between the marital quality of parents and the marital quality of their adult offspring that was not mediated by factors such as retrospective measures of parent-child relationships and psychological distress. My results were not consistent with the findings with Amato and Booth. One reason for this difference might be that my measurement items were based on the perception of the adult children about their parents’ marriage, whereas Amato and Booth asked the parents about their marital relationship directly. Also, they used a more extensive measurement scale with subscales measuring happiness, interaction, conflict, problems, and instability and presented their results on marital satisfaction by splitting their categories into marital harmony and marital discord. The differing methodologies between our studies in determining marital satisfaction may help explain the differences in our findings.

I found that the mother-child relationship had a direct association with marital satisfaction in adult offspring which is contrary to the findings of Amato and Booth
(2001) and Holman and Associates (2001) that both parent-child relationships are
associated with marital satisfaction in adult offspring. One reason for the differences in
our findings is that Booth and Amato and Holman and Associates calculated their results
by combining mother-child and father-child scores into the same measurement scale and
therefore any differences between the relationship quality with the mother and the father
were not seen because they were not measured. Another difference is that Amato and
Booth combined retrospective responses from both the offspring and their parents to
measure the parent-child relationship whereas I only used the responses of the adult
offspring. This might make my measurement more subject to the bias of current
psychopathology influencing recollections of earlier events (as mentioned earlier) but it
also more accurately reflects how the child perceives their family-of-origin dynamics and
Larson, Taggart-Reedy, and Wilson (2001) assert that an individual’s subjective
perception of their family-of-origin dynamics is at least as important as the objective
reality of the family-of-origin situation.

Busby, Gardner, and Taniguchi (2005) calculated mother-child and father-child
relationships separately and found that the individual relationships with both parents were
significant in the way that they were related to perceived family-of-origin influences on
adult relationships. However, the perception of family-of-origin influences stops short of
the scope of my study which analyzes the direct effects of the parent-child relationship on
adult offspring marital satisfaction; Busby, Gardner, and Taniguchi write that the
influence of their scales on predicting marital satisfaction is only moderate and thus their
study is only helpful in predicting what might possibly happen with adult offspring
marital satisfaction.
By looking at the direct relationship between parent-child relationships to adult offspring marital satisfaction and by calculating the influence of the mother-child and father-child relationships separately for each respondent my study goes one step further than previous research. It is possible that mother-child relationships are closer and more influential than father-child relationships in general because even in a society where both parents are wage-earners mothers more often spend time caretaking. Motherhood has been found to be a more salient role for women than fatherhood is for men and thus father-child relationships might be more vulnerable (Booth & Amato, 1994). “Mothers are obviously helping many children develop good attitudes about future adult relationships by showing consistent caring and communication with their children” (Busby, Gardner, & Taniguchi, 2005, p. 262). Mothers appear to be better than fathers at not allowing marital conflict to affect the parent-child relationship (Booth & Amato, 1994; Busby, Gardner, & Taniguchi, 2005).

There was a strong positive relationship between parental marital satisfaction and the resolution of issues from the family-of-origin. This is consistent with Martinson’s (2006) findings though the correlation coefficients in my study indicated a slightly stronger relationship. It is possible that parental marital satisfaction positively influences resolution because children that come from families with a greater parental marital satisfaction have fewer issues to resolve either because the parent-child relationships were better or because they learned a better “blueprint” for their own marriage. Like Martinson (2006) I also found a positive relationship between the parent-child relationship quality and the resolution of issues from the family-of-origin though my correlation coefficients were slightly higher. We both found that the correlation
coefficients for the father-child relationship were slightly greater than for the mother-child relationship. This would seem to indicate resolution from the family of origin may be slightly more affected by the father-child relationship than by the mother-child relationship. This might be because father-child relationships, being more vulnerable (Booth & Amato, 1994), are more likely to have more opportunities to cause hurt to the child when things are not good and so a more positive relationship with the father indicates fewer issues for which to achieve resolution.

Like Martinson (2006) I found a small but direct relationship between the resolution of issues from the family-of-origin and adult offspring marital satisfaction though my correlation coefficient for this relationship was slightly smaller than hers. Although our studies are different, we both used many of the same subscales from RELATE as measurement items and that may explain similar findings. Greater resolution may lead to greater marital satisfaction because individuals who can spend less time resolving issues from the family-of-origin can spend more time investing in their marriages. It is also possible that those who have resolved issues are those who have spent time developing more beneficial and adaptive proximal skills such as self-esteem, positive attitudes, and effective communication before marrying and these positive proximal skills lead to greater marital satisfaction.

*The Need to Examine Both Historical and Contemporary Factors.*

There may be several explanations that also help explain why my some of my findings were different from the hypothesized model and previous studies. Holman and Associates (2001) state, “we suggest the rather modest relationship between some of the family-of-origin variables and marital quality results from *indirect* rather than direct
relationship to marital quality” (p. 85). Holman and Associates also write that family-of-origin factors are more likely to have an indirect influence on adult offspring marital satisfaction through their influence on individual characteristics like personality characteristics and psychological well-being.

Larson, Taggart-Reedy, and Wilson (2001) describe how historical (distal) influences (things from one’s past, like family-of-origin processes) and contemporary (proximal) influences (things from more recent times, like current level of self-esteem, personality traits, and dating experiences) interact to affect young adult relationship satisfaction. They also write that historical (distal) factors likely have indirect effects on relationship development in the way that historical factors influence contemporary (proximal) factors. This helps to explain research such as that by Dudek et al. (1999), who found not only unhappiness in the marriages of adult offspring of parents who were depressed but the offspring also had emotional hypersensitivity and low self-esteem, which are contemporary (proximal) factors.

Holman and Associates (2001) found that contemporary factors such as conflict resolution, communication, physical intimacy, and equality are significantly related to marital satisfaction. It is possible that the way in which historical (distal) factors affect contemporary (proximal) factors is something like a chain. In other words, mental/emotional problems in my family-of-origin may affect my family relationships, which may affect how I interact with peers, which may affect my personality characteristics such as low-self esteem, poor communication, poor conflict resolution, and emotional hypersensitivity, all of which in turn may directly influence my marital relationship and satisfaction. Feldman, Fisher, and Seitel (1997) found that parents’
marital quality continues to affect the internalizing of symptoms in children even through young adulthood and it is reasonable to expect these symptoms to affect the contemporary (proximal) factors related to the marital satisfaction of these young adults. Wamboldt and Reiss (1989) found a direct relationship between the family environment and adult offspring marital satisfaction but they also suggested that the ability to reach consensus concerning important interpersonal relationships (a contemporary factor) seemed to be an important mediator between the two.

My model shows that the distal factors I highlighted (mental/emotional problems in the family-of-origin, parental marital satisfaction, mother-child relationship, father-child relationship, and resolution of family-of-origin issues) explain very little of the variance in adult offspring marital satisfaction (only 8%). Including both historical (distal) and contemporary (proximal) factors in future research will allow researchers not only to determine how much variance in adult offspring marital satisfaction can be explained by contemporary factors but also how much of the variance in the contemporary factors can be explained by the historical factors.

Another explanation for differences between my findings and those of previous studies may also be available. Larson, Taggart-Reedy, and Wilson (2001) and Holman and Associates (2001) describe both direct and indirect connections between family-of-origin functioning and relationship satisfaction for young adults. They assert that historical (distal) factors from the family-of-origin factors have significant direct effects on the development of relationships and also likely have indirect effects on relationship development in the way that historical (distal) factors influence contemporary (proximal) factors. One possible reason for the difference in my findings from those of previous
studies may hinge on the word *development*. It is possible that the influences of mental/emotional problems in the family-of-origin may be felt directly in the marriages of adult offspring not so much on a daily basis that significantly impacts marital satisfaction but indirectly in the way that they influence the *development* of the relationship. For example having a mother with depression in one’s family-of-origin during one’s childhood may not directly cause problems on a daily basis in that offspring’s marriage, but the depression may have affected the way that the adult child and the spouse developed their relationship and thus affects the day-to-day marital interactions, which in turn affects marital satisfaction. In some sense then the development of the relationship might be a contemporary (proximal) factor, though I do not believe any research has focused on this idea specifically. My model only attempted to measure the direct relationship between family-of-origin factors and marital satisfaction, but did not attempt to measure the way in which direct effects may be influencing the adult offspring’s marriage (such as historical factors influencing the development of the relationship which influences the day to day interactions). Future research could be informative if the development of the relationship were defined, measured, and considered as part of a model containing contemporary (proximal) and historical (distal) factors.

Perhaps the direct effects of the family-of-origin on adult offspring marital satisfaction are felt either earlier or later than the majority of respondents in my sample. The influence of the family-of-origin on marriage may be stronger at different stages in the life cycle, hinting at a curvilinear relationship. Future researchers ought to explore this possibility. Regarding family-of-origin effects early in the marriage Wamboldt and
Reiss (1989) wrote that during the phase where a couple is adjusting to marriage, they have to struggle with the dual tasks of defining themselves in relation to the families-of-origin and also in relation to each other; in other words, they have to define both what they will emulate or change from the family-of-origin, as well as how they combine two individuals to create a new marital system. Family systems theory also supports the idea of the ability to form more complete boundaries around the marital subsystem over time, which leads to more loyalty to partner and accepting less influence from the family-of-origin (Roberto-Forman, 2002). Some (McGoldrick & Carter, 2003) also assert that family-of-origin influences may be felt later in the marriage due to stressors like developmental transitions (e.g., when couples become parents).

Limitations of the Study

There were several limitations related to the use of the RELATE data set. First, this study was cross-sectional survey research. As such it is not an experimental or quasi-experimental design because I am not applying a treatment to a control group or an experimental group. Nor is it a longitudinal design. Limitations of this approach include the inability to establish cause-and-effect relationships between variables. Also, as survey data gathered from self-selected volunteers, the individuals from the RELATE database are not representative of the population of the United States. The other factors that place limitations on the study include race, gender, education, income, and other factors.

Although the sample was representative of the relative proportions of the major ethnic groups in America I was not able to have a completely random sample due to the small number of minority respondents. It was possible with the Asian and Caucasian
respondents to randomly sample but the African/Black and Latino respondents were so small in number that no random sampling could be done.

In this study I did not control for gender as other studies have done (Busby, Gardner, & Taniguchi, 2005; Holman & Associates, 2001) because there was no compelling reason to believe that either gender would have more mental/emotional problems in the family-of-origin than the other. Also, there are many variables in addition to gender which could be considered and future researchers may want to explore the applicability of this model to different factors such gender, different races, different income levels, etc.

Another limitation was that the RELATE database contains respondents with parents who are reported to be more educated than the national average. The reported education of the fathers of respondents was 38.8% with a bachelor’s degree or more, as compared to a national average of 28.9% for men (Stoops, 2004). The reported education for mothers of respondents was 29.6% with a bachelor’s degree or more, whereas the national average for women is 25.7% (Stoops, 2004). Relating to education, a higher percentage of RELATE respondents are currently in school compared to the national average. This may be part of the reason that the median income of the respondents is lower than the national median income. The national median income is $48,201 (DeNavas-Walt, Proctor, & Smith, 2007) but the median income for my sample was reported as being in the range of $25,000-$29,999.

As self-selected volunteers the RELATE respondents are likely to be people who are interested enough in their own marriages to want to take an inventory of it, either to help fix problems or to prevent them. Those who are not interested in taking an
inventory are therefore excluded. It is also possible that only happier people (individuals and couples) are taking RELATE. This might be because those who are depressed, anxious, overworked, economically stressed, or feeling hopeless about life or marriage are those who may be less likely to invest time in taking a survey such as RELATE. It is possible that those people who might have a demonstrable and direct relationship between experiences from their family-of-origin and their marital satisfaction are those who are not taking RELATE. Similarly, my sample only included those who were currently married and in their first marriage. It is possible as well that those whose relationships are most directly and negatively affected by family-of-origin experiences are those who have not married, have separated, or have divorced and thus were excluded from my sample.

In addition to the sampling factors that cause difficulty in generalizing the results to the population of the United States, there are also limitations with the measurements. There are weaknesses inherent in measuring psychopathology with one question that asks “There were family members who experienced emotional problems such as: severe depression, anxiety attacks, eating disorders, or other mental/emotional problems.” First, RELATE does not have objective measures of the dynamics that existed in the family-of-origin during childhood and the subjective measure is answered with a single item. As the item in RELATE is currently phrased the researcher cannot determine what type of psychopathology may have been present, if an official diagnosis was ever given by a mental health care provider, which family member(s) had the mental/emotional problem, if the disorder was acute or chronic, at what point in the child’s development the disordered family member was most affected, if treatment was received, and what the
prognosis of the disorder was (e.g., did it improve or get worse as the child got older).

These are questions that need to be answered in future research. The lack of such a scale in RELATE or lack of such a measurement instrument in social science in general highlights the need for future research to focus on constructing a measurement instruments with which either objective or subjective measures (or both) of psychopathology in the family-of-origin can be obtained. The electronic version of RELATE could perhaps be expanded to help researchers answer these questions by adding a drop-down menu to this item that would clarify the questions mentioned above. In the absence of an official diagnosis a set of symptoms could be listed for the respondent to mark that might help the researcher determine what psychopathology might have been present. With specific information the researcher could focus more narrowly on specific topics (e.g., how anxiety in fathers with pre-teens affects that child’s marital satisfaction as an adult).

Also, although Larson, Taggart-Reedy, and Wilson (2001) assert that an individual’s subjective perception of their family-of-origin dynamics is at least as important as the objective reality of the family-of-origin situation, the presence of psychopathology in the respondent may have affected or be affecting their perceptions of their early childhood. For example, depressed individuals tend to remember negative memories far more easily than positive ones (Lyobomirsky, Caldwell, & Nolen-Hoeksema, 1998; Nandrino, Pezard, Posté, Réveillère, & Beaune, 2002) and this might affect the responses to the family-of-origin questions in RELATE; other family members might disagree with the responses given by the RELATE respondents in this sample. This may be a valuable issue to explore in future research.
Implications for Future Research

One of the most interesting findings to come out of this study is that any direct relationship between mental/emotional problems in the family-of-origin and the marital satisfaction of adult offspring was small and only marginally significant at best. However, since the relationship between these two variables was still close to significance, future research should focus on models that not only include historical factors (like influences from the family-of-origin) but also on more contemporary factors such as the positive or negative history of adult relationships, attitudes on marriage, communication styles, attachment style, resilience, conflict styles, and a variety of other factors. Busby, Gardner, and Taniguchi (2005) explain that the recent history of relationship experiences and attitudes about marriage may overcome negative family-of-origin experiences. Attachment style and subsequent behaviors are also likely to affect adult romantic relationships (Hazan & Shaver, 1987; Holman & Associates, 2001). Communication and conflict styles have strong effects on relationship satisfaction (Gottman, 1999).

Future research should also include research on the differential effects of gender. Many studies have considered how males and females are differentially influenced by a variety of factors. Feng, Giarrusso, Bengston, and Frye (2004) found that gender of both parents and children moderated the transmission of marital quality between generations. Busby, Gardner, and Taniguchi (2005) found that males are more strongly influenced by the mother-child relationship than the quality of their parents’ marriage and females are more strongly influenced by parental marital quality than by the mother-child relationship. It would be informative to see what if any gender differences might affect
the direct relationship between mental/emotional problems in the family-of-origin and adult offspring relationship satisfaction.

Another area to explore is how parental rearing affects the subjective report of parent-child relationship quality. Many studies focus on recalled parental rearing behavior and romantic relationship outcomes (Conger, Cui, Bryant, & Elder, 2000; Schumacher, Stöbel-Richter, and Brähler, 2002), and on parent-child relationships and relationship satisfaction (Amato & Booth, 2001; Holman & Associates, 2001) but not on how parenting influences parent-child relationships. The two are not the same. For example, if a child feels like they can tell their parents anything (which might lend itself to a subjective report from the child of a good parent-child relationship) but the parent does not discipline the child to help them develop the interpersonal skills of a mature adult (poor parenting style) the marital outcomes for that immature young adult might be less successful. It is possible that parenting style is more important than the perceived quality of the parent-child relationship because of the way it might influence contemporary (proximal) factors such as maturity and responsibility that are necessary for a successful marriage. Future research clarifying this issue would help clinicians to make more sense of these two as yet unlinked concepts.

A final area of research that would be beneficial to clinicians should include studies of how people reach resolution with past negative events in their family-of-origin. Busby, Gardner, and Taniguchi (2005) note that it is not enough to know if certain events or processes occurred in the family-of-origin; it is as important or more important to know how those individuals were influenced or affected by these events and how they were able to overcome them to develop healthy attitudes about adult relationships.
Research into this area would be of great value to clinicians as they help individuals with unresolved issues. Some ways that people might attempt to deal with problems in the family-of-origin may affect their marital satisfaction. These mechanisms might include suppressing or ignoring those issues from the family-of-origin, using or abusing substances, creating close relationships with siblings or people outside the family-of-origin, developing a deeper spirituality or religious practices like prayer, etc.

Clinical Implications

The knowledge that contemporary (proximal) factors are more likely to affect relationship satisfaction is particularly important for clinicians. Story, Karney, Lawrence, and Bradbury (2004) write, “Negative interpersonal processes appear to be a vehicle by which experiences in the family of origin are carried forward into the next generation of relationships” (p. 519). When an individual who comes from a family-of-origin with significant mental/emotional problems presents with marital dissatisfaction a clinician may be tempted to first treat the individual in processing those negative childhood experiences. This research shows that the clinician is more likely to help the couple with their marital problems by focusing on how they resolved their family-of-origin issues and how that relates to the present situation rather than the past as it relates to the family-of-origin. It appears that focusing on interpersonal processes and skills that may be part of resolution is more likely to help a couple with marital problems than focusing on any negative effects from the family-of-origin.

This does not mean however that as clinicians we should ignore the family-of-origin influences on marital satisfaction. Although these family-of-origin experiences have happened in the past they are not immutable if one considers that their effects are
still felt in the present. Some therapeutic models including narrative therapy (Freedman & Combs, 2002), transgenerational therapy (Framo, 1992; Roberto-Forman, 2002), and cognitive-behavioral therapy (Baucom, Epstein, & LaTaillade, 2002) emphasize that meaning is made not from the objective facts of past events but in the way individuals make sense those experiences and therefore the past is still both “alive” and changeable” (Framo, 1992; Holman & Associates, 2001; Martinson, 2006).

The results of this study make this point salient for clinicians. This model showed that 56% of the variance in the achievement of resolution of issues from the family-of-origin can be explained by mental/emotional problems in the family-of-origin, the quality of the parent’s marriage, the parent-child relationships. If a client presents with a lack of resolution about negative experiences from the family-of-origin including psychopathology in a family member, a clinician would be well advised to begin helping the client by focusing on the parent-child relationships, any negative experiences related to mental or emotional problems in the family, and the quality of the parents’ marriage.

Findings from other studies suggest how a clinician can teach a client to help them to find resolution if they have not already. Martinson (2006) suggests using cognitive, emotional, relational, spiritual, and individual approaches. For example, cognitively a client can change the meaning attached to past negative experiences or can imagine a confrontation without ever engaging in it. A client might find resolution emotionally through “venting” or discussing their emotions with a clinician. Both Martinson (2006) and Busby, Gardner, and Taniguchi (2005) suggest relational approaches that involve having good relational experiences in the present and using those to overcome past negative experiences. Framo (1992) suggests addressing and resolving
past relationship conflicts in therapy with the family-of-origin present. Spiritual approaches may involve asking God for help, prayer, and exploring forgiveness for members of the family-of-origin in order to “let go.” Finally, Martinson (2006) found that more resilient individuals had interpersonal skills and character strengths and this suggests that experiences that will help the client strengthen individual characteristics like self-esteem or interpersonal skills may be helpful in reaching resolution. The relationship between resolution and adult offspring marital satisfaction also indicates that as the client better “comes to terms” (Martinson, 2006) with their negative family-of-origin influences they will likely also experience greater satisfaction in their own marriage.
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Appendix A:

Full Structural Equation Model of the Hypothesized Relationships Between Perceived Mental/Emotional Problems in the Family-of-Origin and Adult Offspring Marital Satisfaction
Appendix A

Figure 3: Full structural equation model of the hypothesized relationships between perceived mental/emotional problems in the family-of-origin and adult offspring marital satisfaction.