Ecological Correlates of Family Functioning

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Guided by ecological theory, we empirically explored how parents’ psychological functioning, social relationships, and demographic characteristics related to family functioning. Our sample of 197 participants included both neglectful and control families. We found statistically significant associations between the predictor variables (i.e., maternal personal maturity, depression, stressful life events, social support, family of origin difficulties, education, income) and family functioning as rated by mothers, caseworkers familiar with the families, and observers who coded family interaction tasks. However, the exact pattern of significant associations differed as a function the rater of family health.

ECOLOGICAL CORRELATES OF FAMILY FUNCTIONING

Over the past several decades, theorists and researchers have proposed and explored models of family functioning (Mikesell, Lusterman, & McDaniel, 1995; Nichols, Pace-Nichols, Becvar, & Napier, 2000). Despite this wealth of descriptive information, relatively few investigators have examined the ways in which the characteristics of individual family members and the environmental context shape family dynamics.

Although originally conceived by Bronfenbrenner (1979) to account for variations in child development, ecological theory is a useful framework to understand how family processes can be influenced by the different envi-

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ronmental settings within which family members function. The model’s most basic unit of analysis is the microsystem, which refers to the immediate, perceived environment of the person (e.g., effects of an individual’s personality characteristics on family interactions). The next level of generalization is the mesosystem, which refers to the connections that exist between multiple microsystems (e.g., effects of spousal relationships on parent-child interactions). Microsystems and mesosystems are embedded within exosystems, which are settings that have indirect effects on family interactions (e.g., effects of a parent’s work patterns on relationships among family members). Finally, the macrosystem refers to the overarching economic, political, cultural, and social forces that influence individuals (e.g., effects of social and economic class on family functioning). This ecological perspective is congruent with systems theories that undergird the work of many family therapists. For instance, Minuchin (1974) emphasized that the organization and adaptive functioning of family subsystems (e.g., the marital subsystem, the parental subsystem) are intertwined with the emotional well-being of all family members.

Ecological theory has guided empirical investigations that explore how multiple psychosocial variables affect child development and parenting (e.g., Belsky, 1996; Meyers, 1999; Woodworth, Belsky, & Crnic, 1996). In the present study, we extend previous research by examining how parents’ psychological functioning, social relationships, and demographic characteristics relate to family functioning. Predictor variables included mothers’ personal maturity, depression, stressful life events, social support, family of origin difficulties, and socioeconomic status (SES). The following sections briefly summarize the literature regarding the relation between family functioning and each of these predictors.

Maternal Personality

Individuals’ personality traits have been associated with family system characteristics. For example, late adolescents’ sociability, inhibition, interpersonal sensitivity, sense of personal competence, and defense mechanism use correlate with self-rated family health and competence (Gontang & Erickson, 1996; Meyers et al., 1996). The relation between mothers’ personal functioning and family dynamics may be even more poignant. Without the psychological resources and maturity to understand and tolerate the daily demands of childrearing, a parent may have difficulty demonstrating the patience, sensitivity, and responsiveness that effective parenting and family relations require (Vondra & Belsky, 1993). Maternal personality traits in particular have been associated with the degree of warmth and sensitivity mothers exhibit toward their children (e.g., Goldstein, Diener, & Mangelsdorf, 1996), the quality of parent-child attachment (Vuchinich, Wood, & Vuchinich, 1994), and the emotional tone of family life (Fisher, Nakell, Terry, & Ransom, 1992).
Maternal Depression

A second variable that can affect family functioning is maternal depression. It is estimated that 8% of all mothers are clinically depressed, and that between 10 and 25% of women will experience at least one episode of major depression in their lifetimes (Downey & Coyne, 1990; Prince & Jacobson, 1995). Depression is not only a problem for the individual, but also for family members who interact with the depressed parent (Downey & Coyne, 1990). For example, maternal depression produces a range of symptoms (e.g., low self-esteem, a diminished sense of control, and grandiose expectations) that may influence the family (Cummings & Davies, 1994). Moreover, depressed mothers may not be able to display qualities necessary for effective parenting, such as warmth, patience, and effective limit-setting skills (e.g., Hubbs-Tait et al., 1996; Leadbeater, Bishop, & Raver, 1996). Maternal depression and concomitant negativity can promote disengagement, increase family conflict, and reduce overall family health (Cummings & Davies, 1994; Dickstein et al., 1998; Kaslow, Rehm, Pollack, & Siegel, 1990).

Stress

Another variable likely to affect maternal and family functioning is stress. Boss (1992) suggested that how families perceive and cope with stress affects overall family health. Stressful life events can strain the quality of family interactions and disrupt family routines (Conger et al., 1993; Reiss & Oliveri, 1991). Moreover, stressful life events that are not handled effectively may lead to coercive parenting, family conflict, and disengagement (Kaslow et al., 1990). Families may pull apart as family members look for refuge to escape the situation that faces them (Thompson, Gil, Burbach, Keith, & Kinney, 1993). Stressful life events may have especially insidious effects because of their co-occurrence. For example, the disruptiveness of divorce or marital separation on family interactions is compounded by related stressors, such as financial difficulties or the need to relocate (Compas & Williams, 1990).

Social Support

Social support can insulate parents against the deleterious influence of stressors that threaten optimal parenting and family functioning; support can enhance family well-being, alleviate family stress, nurture positive parental attitudes, and promote successful family adaptation (e.g., Dunst, Trivette, Hamby, & Pollack, 1990; Frey, Greenberg, & Fewell, 1989; Hanline & Daley, 1992). Most previous research in this area has addressed the ways in which social support enhances parents’ psychological well-being and parenting skills. For instance, Belsky (1984) suggested that social support is associated with maternal self-esteem, sensitivity, and patience. This, in turn, promotes family cohesion and allows optimal functioning (Goldstein et al., 1996). Al-
ternatively, those mothers who lack support are more likely to experience depressive symptoms and engage in negative parenting which strain family relations (Cumsille & Epstein, 1994; Simons, Lorenz, Wu, & Conger, 1993).

Family of Origin Difficulties

Ecological theory encourages researchers not only to examine individuals’ current social and emotional functioning as predictors of family health, but also stresses the importance of distal factors, such as parents’ developmental histories. Parents’ own family backgrounds have a pervasive effect on the quality of care that they provide for their children. One line of research that supports this assertion focuses on the intergenerational transmission of parenting styles (Simons, Whitbeck, Conger, & Wu, 1991). For instance, parents who were abused and neglected as children are more likely to maltreat their own children (Wolock & Horowitz, 1979). Similarly, adult attachment theorists emphasize that parents’ experiences with their own parents create internal working models which influence their interactions with their children years later (Bowlby, 1988). Securely attached mothers have been found to be more responsive, supportive, and successful when setting limits with their children compared to insecurely attached mothers (Crandell, Fitzgerald, & Whipple, 1997; Crowell & Feldman, 1988). However, studies have yet to examine how parents’ family of origin experiences affect broader family dynamics.

Socioeconomic Status

Finally, ecological theory underscores that macrosystem variables also affect individual and family functioning. Economic distress has pervasive effects on family members and family interactions. For example, economic hardship adversely impacts the physical and psychological well-being of both children and parents (e.g., Barling, 1990; McLoyd, 1990; Rank, 2000). Moreover, family dynamics vary as a function of family SES. Adams (1998) summarized that SES has been related to parental warmth, level of paternal involvement, methods of child discipline, and desired child traits. Some of these differences likely reflect that the adaptiveness of a particular parenting behavior or family interaction style is often determined by the nature of the broader social context. For instance, parents who perceive more danger in their neighborhoods tend to be stricter (Earls, McGuire, & Shay, 1994). However, other distinctions in family functioning underscore the deleterious impacts of the stresses associated with economic hardship, such as the higher rates of domestic violence and child abuse among poor families (Rank, 2000).

Aim and Contribution of the Current Study

Guided by ecological theory, we empirically explored how parents’ psychological functioning, social relationships, and demographic characteristics re-
late to family functioning. We sought to extend research in this area in several important ways. First, we adopted a multivariate framework to explicitly and simultaneously examine the association between several predictor variables (i.e., mothers' personal maturity, depression, stressful life events, social support, family of origin difficulties, education, income) and family competence/health. We expected that the predictor variables would be intercorrelated and would have significant, unique associations with family functioning. By using this analytic approach, we intended to build on the work of previous investigators who primarily have examined bivariate relations between these variables.

Second, we obtained multiple ratings of family functioning. More specifically, we supplemented mothers' self-reported characterizations of family health with those provided by both caseworkers who were familiar with the participating families and observers who coded family interaction tasks. This strategy appreciates the differences that emerge between insider and outsider ratings of family interaction (cf. Jacob & Tennenbaum, 1988).

Finally, our study examined family functioning within both neglectful and control families. Families in which neglect occurs are often chaotic; they experience greater negative affect as well as lower levels of organization, verbal expression, and positive affect (Gaudin, Polansky, Kilpatrick, & Shilton, 1996). We sought to extend this comparative research and determine whether neglectful and control families had different patterns of association with regard to our study variables.

**METHOD**

**Participants**

The present research used secondary data from the study “Family Structure and Functioning in Neglectful Families,” which was made available through the National Archive on Child Abuse and Neglect (Gaudin et al., 1996).

Data for the original study were collected between 1990 and 1993 from 205 families living in urban and rural areas of Georgia. The sample consisted of both neglectful families and similarly situated but non-neglectful families. Physical, medical, emotional, or educational neglect was reported, investigated, and ultimately verified by child protective service workers in the case of the neglect families. Control families were recruited from Aid to Families with Dependent Children (AFDC) employment preparation programs and Head Start programs. They were matched in terms of income, single parent status, and race. All families had at least one child between the ages of five and 17 years living in the home. Data were collected by: (a) trained interviewers, including experienced practitioners and graduate students who conducted in-home interviews to obtain self-report data; (b) caseworkers in the agencies who were familiar with the families and were trained to use the
measurement tools to rate participating families; and (c) trained videotape raters who were practitioners and social work doctoral students.

We excluded eight families that did not include mothers as a primary care provider; thus, our sample consisted of 96 neglectful and 101 control families. Thirty-two mothers were married, 87 were single, 47 were divorced, 4 were widowed, and 26 were separated. Mothers ranged in age from 17 to 51 years (M = 30.43 years, SD = 6.13) and completed an average of 11.15 years of education (SD = 2.10). Moreover, mothers participating in this study had diverse racial backgrounds: 35.5% were Caucasian, 64.0% African American, and 0.5% Hispanic. Only 29 fathers resided in these families (M age = 30.00 years, SD = 7.74; M education = 10.96 years, SD = 2.46); therefore, we did not analyze any additional data gathered from these men.

Measures

DEMOGRAPHIC INFORMATION

Caseworkers who were familiar with the families provided information regarding participants' age, sex, racial background, education, marital status, and total family gross income. Caseworkers also indicated the number of stressful life events that participants experienced during the past year. These 11 items assessed major stressors such as job loss, divorce or separation, homelessness, and serious illnesses or injury.

MATERNAL CHARACTERISTICS SCALE (MCS)

Caseworkers rated mothers' personal maturity using the MCS (Polansky, Gaudin, & Kilpatrick, 1992), which presents respondents with 35 statements that describe an observed pattern of maternal attitudes or behaviors. Items are rated either yes (1) or no (0). The MCS yields four scales: (a) relatedness (e.g., “curious about others' feelings”); (b) impulse control (e.g., “controls own behavior”); (c) confidence (e.g., “usually states opinion reasonably directly”); and (d) verbal accessibility (e.g., “answers with single words”). Polansky et al. reported Cronbach’s alphas ranging between .63 and .88 for these subscales. They also documented that MCS scores relate to children’s well-being and differentiate between neglectful and non-neglectful mothers. In the present study, we combined the four MCS scales using principal components factor analysis; we used this unidimensional index, labeled personal maturity, in subsequent analyses.

GENERALIZED CONTENTMENT SCALE (GCS)

Mothers rated their symptoms of depression using the GCS (Hudson & Proctor, 1977). Trained interviewers read the 25 items of this questionnaire to mothers, who answered using a five-point Likert scale (rarely or none of the time to most or all of the time). Sample items include: “I feel blue” and “I feel
that my situation is hopeless.” Scores above 30 indicate clinically significant depression. Hudson (1982) reported an internal reliability coefficient of .90 and presented evidence of good content, concurrent, discriminant, and construct validity.

SOCIAL NETWORK ASSESSMENT GUIDE (SNAG)

Trained interviewers orally administered a modified version of the SNAG (Tracy & Whittaker, 1990) to mothers. Mothers rated the overall frequency of social support that they received from family and friends, using a scale of 0 (never) to 4 (daily). Using a scale of 0 (never) to 3 (almost always), mothers also indicated levels of emotional support, tangible aid, socializing, and advice/guidance that they received. We combined these five indices of social support using a principle components factor analysis and used this unidimensional score in subsequent analyses.

FAMILY OF ORIGIN QUESTIONNAIRE

Mothers indicated the presence or absence of 6 difficulties in their early relationships with their parents (e.g., harsh discipline, feeling wanted as a child, extended parental separations) and 18 serious problems (e.g., poverty, mental illness, sexual abuse) that they or their immediate family members experienced during their childhood. We calculated the total number of family of origin difficulties that each participant endorsed.

BEAVERS SELF-REPORT FAMILY INVENTORY, VERSION II (SFI)

The SFI (Beavers & Hampson, 1990) is a 36-item questionnaire completed by the participants during an in-home interview. Using a scale ranging from 1 (yes, fits my family very well) to 5 (no, does not fit our family), participants rated their family health, conflict, cohesion, leadership, and emotional expressiveness. Items were recoded such that higher scores implied optimal family functioning. We used the 19-item family health scale in the present study. This is the largest scale of the SFI and corresponds with global competence ratings from Beavers’ observational scales. Themes addressed in this index include family happiness, problem-solving skills, strength of parental coalitions, and autonomy. The SFI displays adequate test-retest reliability, criterion validity, and convergent validity with both observer-rated and self-rated family functioning (Beavers & Hampson, 1990).

FAMILY EVALUATION MEASURE (FEM)

The FEM (Gaudin et al., 1996) is an adapted version of the SFI in which all items are rated by the caseworker with regard to the family. We used the 19-item family health scale; higher scores imply optimal family functioning.
BEAVERS INTERACTIONAL COMPETENCE SCALE (BICS)

Interviewers videotaped families for 15 to 20 minutes while they completed three assigned tasks in their homes: (a) planning an activity, (b) solving a current family problem, and (c) playing a game together. These videotaped interactions were coded using the BICS (Beavers & Hampson, 1990). An overall family health score was calculated by aggregating the ratings for the following 11 dimensions: (a) overt power, (b) parental coalitions; (c) closeness, (d) goal directed negotiation, (e) clarity of expression, (f) responsibility, (g) boundary permeability, (h) range of feelings expressed, (i) mood and tone, (j) unresolvable conflict, and (k) empathy. Items were rated on a nine-point scale, scored in a non-optimal to optimal progression. The scale has a high degree of internal consistency, interrater reliability, and concurrent validity with self-reported family functioning (Beavers & Hampson, 1990; Beavers, Hulgus, & Hampson, 1988).

Each videotape was coded by one of two experienced social work doctoral students, both of whom were uninformed about all other information regarding the participants. These raters were trained until they achieved an agreement rate between 85 and 95%. The correlation between the coders’ ratings of family competence was .90. Notably, 12 of the neglect and 6 of the control families were not videotaped because the young age of some of the children precluded completion of the three assigned tasks.

RESULTS

First, we determined whether neglectful and control families had different patterns of association with regard to the study variables. We computed two separate correlation matrices and compared the corresponding correlations using the \( z \)-statistic to assess whether the coefficients were significantly different (cf. Steel, Torrie, & Dickey, 1997). Because this process involved 45 separate comparisons, we used a \( p \)-value of .01 to reduce the risk of Type I error. Only two associations differed as a function of neglect vs. control group status. Mothers’ personal maturity had a stronger association with caseworkers’ ratings of family health for neglectful mothers than for control mothers (\( z = 4.80, p < .01 \)). In addition, family of origin difficulties were inversely related to maternal education only for control families (\( z = 3.05, p < .01 \)). We therefore combined the subsamples in all remaining analyses because of the general lack of statistically significant differences among these correlations. Using data from the entire sample (\( N = 197 \)), we present the means, standard deviations, and Cronbach’s alphas for study variables as well as their intercorrelations in Table 1.

Our analyses indicated that the predictor variables were intercorrelated. More specifically, we found significant associations among measures of mothers’ current psychological and social functioning (e.g., maternal de-
<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>α</th>
<th>M</th>
<th>SD</th>
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<td></td>
<td></td>
<td>.90</td>
<td>0.03</td>
<td>0.99</td>
</tr>
<tr>
<td>Depression</td>
<td>—</td>
<td>—</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>.88</td>
<td>30.42</td>
<td>15.32</td>
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<td>Stressful life events</td>
<td>—</td>
<td>—</td>
<td>.29**</td>
<td>—</td>
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<td></td>
<td></td>
<td>.71</td>
<td>2.18</td>
<td>2.05</td>
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<tr>
<td>Social support</td>
<td>.21**</td>
<td>—</td>
<td>—</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>.96</td>
<td>128.45</td>
<td>48.95</td>
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<td>Family of origin difficulties</td>
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<td>.73</td>
<td>3.52</td>
<td>3.59</td>
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<td>Monthly family income</td>
<td>.04</td>
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<td>—</td>
<td>—</td>
<td>.06</td>
<td>.14*</td>
<td>.05</td>
<td></td>
<td></td>
<td></td>
<td>—</td>
<td>606.42</td>
</tr>
<tr>
<td>Mothers’ highest grade level</td>
<td>.34**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>.17*</td>
<td>.18**</td>
<td>—</td>
<td></td>
<td></td>
<td>—</td>
<td>11.15</td>
</tr>
<tr>
<td>SFI Family Health</td>
<td>.17*</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>.27**</td>
<td>.19**</td>
<td>—</td>
<td>—</td>
<td></td>
<td></td>
<td>1.95</td>
</tr>
<tr>
<td>FEM Family Health</td>
<td>.80**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>—</td>
<td>.32**</td>
<td>—</td>
<td>—</td>
<td></td>
<td></td>
<td>.94</td>
</tr>
<tr>
<td>BIGS Family Competence</td>
<td>.33**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>.34**</td>
<td>.93</td>
<td>5.02</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01.
### TABLE 2. Summary of Regression Analyses for Variables Predicting Family Functioning

<table>
<thead>
<tr>
<th>Predictors</th>
<th>SFI (self report)</th>
<th>FEM (caseworker ratings)</th>
<th>BICS (coder ratings)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( B )</td>
<td>( \beta )</td>
<td>( R^2 )</td>
</tr>
<tr>
<td>Personal maturity</td>
<td>(-.06)</td>
<td>(-.06)</td>
<td>(.73)</td>
</tr>
<tr>
<td>Depression</td>
<td>(-.50)</td>
<td>(-.50^{**})</td>
<td>(-.08)</td>
</tr>
<tr>
<td>Stressful life events</td>
<td>(-.18)</td>
<td>(-.17^{**})</td>
<td>(-.05)</td>
</tr>
<tr>
<td>Social support</td>
<td>(.09)</td>
<td>(.09)</td>
<td>(.04)</td>
</tr>
<tr>
<td>Family of origin difficulties</td>
<td>(-.04)</td>
<td>(-.04)</td>
<td>(-.04)</td>
</tr>
<tr>
<td>Monthly family income</td>
<td>(.00)</td>
<td>(-.07)</td>
<td>(.00)</td>
</tr>
<tr>
<td>Highest grade level</td>
<td>(-.04)</td>
<td>(-.09)</td>
<td>(.00)</td>
</tr>
<tr>
<td>All predictors</td>
<td>(.33^{**})</td>
<td>(.65^{**})</td>
<td>(.21^{**})</td>
</tr>
</tbody>
</table>

* \( p < .05 \). ** \( p < .01 \).
pression, stressful life events, personal maturity, and social support). In addition, maternal education was significantly related to participants’ psychosocial functioning, although family income was not.

Furthermore, consistent and statistically significant associations emerged between the predictor variables and family functioning. However, the exact pattern of associations differed as a function of who rated family health. Mothers’ self-reported family functioning displayed the fewest number of statistically significant correlations in this regard; SFI scores were significantly associated with mothers’ current psychosocial functioning, but not their demographic traits or problems in their family of origin. Mothers’ education as well as their current psychological and interpersonal characteristics related to caseworkers’ ratings of family health. Notably, all maternal psychosocial and demographic variables correlated with coders’ ratings of family functioning at statistically significant levels.

Finally, we conducted three regression analyses to determine how parents’ psychological characteristics, social relationships, and demographics related to family functioning when all other variables are controlled. More specifically, we regressed the seven predictor variables on the three measures of family health in separate equations (see Table 2). In each analysis, the predictor variables as a set accounted for a significant amount of variance associated with family functioning. However, the relative salience of the individual predictor variables varied as a function of the rater of family health.

Mothers’ self-reported family health as indicated on the SFI was uniquely and significantly related to their level of depression and stressful life events that occurred during the past year, $R^2 = .33$, $F(7, 177) = 9.09$, $p < .01$. Caseworkers’ perceptions of family health as measured by the FEM were significantly associated with their assessments of maternal personal maturity when other variables were controlled, $R^2 = .65$, $F(7, 177) = 17.21$, $p < .01$. Finally, coders’ ratings using the BIGS were significantly and uniquely predicted by maternal personal maturity, family of origin difficulties, mothers’ education level, and family income, $R^2 = .21$, $F(7, 160) = 5.09$, $p < .01$.

**DISCUSSION**

Using an ecological framework, we documented that parents’ psychological functioning, social relationships, and demographic characteristics are associated with family functioning. First, our results indicated that the proposed predictors of family health (i.e., maternal personal maturity, depression, stressful life events, social support, family of origin difficulties, education, income) are generally intercorrelated at statistically significant levels. This finding is consistent with Bronfenbrenner’s (1979) assertion that environmental influences which shape child and family outcomes are interrelated (i.e.,
microsystems, mesosystems, exosystems, and macrosystems affect each other in a reciprocal and dynamic manner). Moreover, these results suggest that stresses tend to co-occur across different domains and likely pose a collective impediment to harmonious family relations.

Second, all of the ecological variables that we examined had significant bivariate correlations with family functioning in the expected directions. These findings extend previous research documenting that parents’ psychosocial and demographic characteristics are related to their parenting behavior. For instance, Meyers (1999) reported that mothers’ authoritative parenting was significantly correlated with their retrospective attachment security, social support, marital satisfaction, and SES. Similarly, in a longitudinal investigation Woodworth et al. (1996) found that fathers’ parenting was predicted by their personal characteristics (i.e., paternal self-esteem, extroversion, and neuroticism) and aspects of the social context (i.e., SES, marital relationship quality, and social support). Our results indicated that ecological theory similarly provides a useful framework for determining the correlates or predictors of system-level family dynamics.

Moreover, previous research in this area has traditionally conceptualized family functioning as a predictor of individual adjustment rather than as an outcome variable. For example, early writings emphasized that family interactions and communication were important determinants of schizophrenia (Bateson, Jackson, Haley, & Weakland, 1956; Bowen, 1960). More recently, family functioning has been shown to affect the physical, psychological, and social well-being of family members (e.g., Farrell & Barnes, 1993; Franks, Campbell, & Shields, 1992). We suggest that these relations are in fact bidirectional, and conversely emphasize that family dynamics reflect the psychosocial characteristics of family members. However, this assertion is tempered by the fact that we used cross-sectional data in our analyses; longitudinal studies are needed to establish patterns of cause and effect.

Furthermore, we found that unique associations existed between certain maternal psychosocial and demographic variables and family functioning. In other words, even though the independent variables shared a significant amount of variance, several measures assessing parents’ psychological functioning, social relationships, and demographic characteristics remained significant predictors of family functioning when all other variables were controlled. Notably, the pattern of significant associations in these multivariate analyses differed as a function of the rater of family health.

More specifically, self-reported family functioning was best predicted by maternal depression and stress in our regression analyses. Thus, personal and proximal factors (i.e., influences in the immediate context) were more salient correlates of mothers’ perceptions of family health than more distal variables, which are those influences that are farther removed from day-to-day interactions (cf. Rogosch, Mowbray, & Bogat, 1992). Self-reported personal stress and distress not only relate to mothers’ perceptions of family
relations in actuality, but these associations are likely accentuated by the perceptual bias of depressed individuals. Depressive symptomatology is often associated with the tendency to appraise situations in a negative or less favorable light; this outlook may similarly affect or distort depressed mothers’ judgments about family interactions and consequently may have increased the congruence across these domains (Prince & Jacobson, 1995; Querido, Eyberg, & Boggs, 2001).

Maternal personal maturity, another proximal factor, emerged as the only significant correlate of caseworkers’ ratings of family health when other variables were controlled. Notably, personal maturity was assessed by the caseworkers as well. These measures contain common sources of method variance, which inflates the significance of the association. However, we assert that mothers’ personal maturity is not only an important correlate of family functioning, but it also may serve as a pervasive organizational heuristic that caseworkers use to evaluate mothers and families. That is, participants’ ability to connect with others, control their impulses, display confidence, and express themselves in a clear and caring manner may not only influence caseworkers’ ratings about mothers’ personality, but also may implicitly shape their assessments regarding their families because of the salience of this construct.

In contrast, both proximal and distal factors had significant relations with trained coders’ ratings of family functioning which were based on videotaped interactions. Mothers’ current psychosocial functioning, difficulties with their family of origin, income, and education uniquely predicted family health in this analysis. Sessa, Avenevoli, Steinberg, and Morris (2001) similarly found that mothers’ level of education was significantly related to observers’ ratings of parenting behavior; however, this significant association disappeared when they used mothers’ perceptions of parenting as a measure of this construct. It is possible that the association between SES and family functioning is accentuated when videotaped ratings are employed because coders’ judgments may be particularly influenced by parents’ verbal fluency or their appraisals may be more sensitive to social class prejudice.

In sum, the source of information when assessing family processes had an obvious impact on the outcome of the results. This highlights the need to include multiple informants when conducting empirical research on family functioning. Certain significant associations likely emerged because some report sources have greater access to particular kinds of information. For example, family members are better suited than external observers to describe their own affective experiences (Melby & Lorenz, 1996); this probably contributed to the significant relation between self-reported depression and family health. Ecological theory emphasizes the importance of individuals’ appraisals of events as critical determinants of their behavior (Bronfenbrenner, 1979); as such, we would expect a certain amount of consistency between how individuals describe personal and family functioning. Nevertheless, we
also documented a series of significant associations between constructs that were evaluated by different raters. Thus, obtaining information about family functioning from multiple sources reduced multicollinearity among concepts, corrected for single-rater biases, and provided a richer view of family relations.

Future researchers can extend our findings by examining the relations between ecological variables and family functioning using different samples. Although we found that neglect status did not moderate the relations between family health and parents’ psychological functioning, social relationships, and demographic characteristics, other factors may nevertheless be salient in this regard. Future studies can include and explicitly examine patterns of associations that exist for different family structures (e.g., single parent families, step families, two-parent households), different stages of family development, or families representing a wider spectrum of racial and socioeconomic backgrounds. This approach would likely require larger samples than used in the present investigation to ensure adequate statistical power for such additional analyses. Moreover, future investigators can examine the ecological correlates of the functioning of subsystems within the family; this would provide a greater understanding of alliances, coalitions, and problematic relationships within the family unit. Our exclusive focus on the whole family may have allowed our findings to be unduly influenced by one conflictual relationship within the family (Cook, 1994). Finally, future researchers may develop complex scores of family functioning by aggregating individuals’ reports (Jacob & Tennenbaum, 1988) or by using a latent variables approach (Cook & Goldstein, 1993). Although these methods do not explicitly allow comparisons between different raters’ perceptions of family functioning as in the present study, they reduce the number of correlations to interpret and help isolate true score variance.

REFERENCES


