

## FAMILY-OF-ORIGIN INFLUENCES UPON PERCEPTIONS OF CURRENT-FAMILY FUNCTIONING

Brian S. Canfield, Alan J. Hovestadt  
and David L. Fenell

### ABSTRACT

This study investigated the predictive relationship of nine family-of-origin and current-family factors upon perceived levels of current-family functioning. Results indicated that perceived level of health in the family of origin, current-family size, and level of family-of-origin socioeconomic status were significantly predictive of perceived levels of current-family functioning. Birth order, family-of-origin religious behavior, family-of-origin size, current-family religious behavior, divorce history, and level of current-family socioeconomic status were not found to be significantly predictive of perceived levels of current-family functioning. The findings suggested that higher levels of perceived family-of-origin experiences tended to accompany higher levels of perceived health in the current family of subjects.

Family experiences, perhaps more than any other set of experiences, influence the attitudes, perceptions, and values of an individual. Boszormenyi-Nagy and Spark (1973), Framo (1976), Bowen (1978), and Williamson (1978) have emphasized the intergenerational influences of the family upon its members. An individual acquires from early-family experiences a set of explicit and implicit expectations, values, attitudes, and beliefs which serve as points of reference for the evaluation of many subsequent interpersonal experiences. Interactions with the family of origin begin at birth and exert an influence throughout life (Boszormenyi-Nagy & Spark, 1973).

The ubiquitous nature of family-of-origin experiences appears to hold lifelong implications for spousal and future family relationships.

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Alan J. Hovestadt, Professor and Chair, Department of Counselor Education and Counseling Psychology, Western Michigan University, Kalamazoo, Michigan.

David L. Fenell, Associate Professor, Counseling and Human Services Program, University of Colorado, Colorado Springs, Colorado.

Reprint requests to Brian S. Canfield, Ed.D., Associate Professor, Marriage and Family Therapy Program, Northeast Louisiana University, Monroe, Louisiana 71209.

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In forming a new family, spouses combine their respective family-of-origin histories to create a new set of beliefs. These beliefs, in turn, become the foundation for the family-of-origin experiences of the couple's offspring.

Williamson (1978) noted that an individual's current behaviors are influenced by unresolved issues from the family of origin, stating that "relatively few people are aware of how they continue in their behavior by the unachieved goals and the unresolved problems of the parental and grandparental generations" (p. 94). A number of studies have examined the linkage between family-of-origin experiences and an individual's current personality and lifestyle. Although for the most part lacking broad empirical substantiation, these studies suggest that family-of-origin experiences influence current individual, marital, and family life to some degree. Some of the variables examined in these studies include: perceptions of marriage (Bowen, 1976); history of divorce in the family (Landis, 1960; Framo, 1981; Goetting, 1981); birth order (Adler, 1959; Toman, 1969; Kidwell, 1981); family size (Rainwater, 1965; McAllister, 1974; Kohn, 1968; Wilcoxon & Hovestadt, 1983); and religious behavior in the family (Zimmerman, 1974; Slater, 1978; Morgan, 1981).

While studies have examined the relationship of individual variables, the phenomenon of intergenerational transmission of psychological health via the family has gone largely unstudied. Despite the fact that the intergenerational process of psychopathology has been postulated and investigated, the premise that psychologically healthy families produce healthy offspring, for the most part, lacks empirical substantiation, even though a number of theoretical writings have suggested this to be the case (Boszormenyi-Nagy & Spark, 1973; Framo, 1976; Bowen, 1978; Williamson, 1978).

#### METHOD

The present study was undertaken to identify selected family-of-origin and current-family variables which, either singly or in combination, would significantly predict perceived levels of current-family functioning in subjects. Perceived levels of health in family-of-origin experiences were defined according to scores obtained from the Family-of-Origin Scale (FOS) (Hovestadt, Anderson, Piercy, Cochran, & Fine, 1985). Additionally, perceived levels of current-family functioning were defined and quantified according to scores obtained from the Healthy Family Functioning Scale (HFFS) (Sennott, 1981). The demographic variables of family size, divorce history of subjects, level

socioeconomic status, and religious behavior in the current family of subjects were obtained from information provided on the Personal Information Form (PIF).

Subjects' scores on the FOS were categorized into one of three groups according to perceived level of family-of-origin functioning: low (40-133), medium (134-168), and high (169-200). Subjects' raw scores ranged from 85 to 188, with a mean raw score of 133, a median raw score of 122, and a standard deviation of 29.95.

Subjects' scores on the HFFS were categorized into one of three groups according to perceived level of family-of-origin functioning: low (71-280), medium (281-370), and high (371-468). Subjects' raw scores ranged from 224 to 405, with a mean raw score of 351, a median raw score of 359, and a standard deviation of 40.97.

Data collected from the FOS and PIF comprised the predictor variables of the study. Through utilization of multiple regression analysis, the predictor variables of perceived family-of-origin health, family-of-origin size, family-of-origin socioeconomic status, family-of-origin religious behavior, birth order, current-family size, current-family socioeconomic status, current-family religious behavior, and divorce history of subjects were analyzed, singly and in combination, to determine predictive significance in relation to the criterion variable of perceived level of functioning in the current family.

### *Sample*

Participants were recruited through a search-and-referral format which entailed an initial group of subjects selected from several sources in Dallas County, Texas, including church members and students from three area colleges. Usable data were collected from a sample of 171 subjects. The ages of subjects ranged from 24 to 58, with a mean age of 35.6 and a median age of 41.0 years. Reported family income of subjects ranged from \$13,000 to \$100,000, with a mean family income of \$32,000 and a median family income of \$36,000. The number of children residing in the family household of subjects ranged from 1 to 6, with a mean of 2.1. While all subjects included in the study were married, 41% reported a prior marriage and subsequent divorce.

### RESULTS

The independent variables of family-of-origin size, birth order, level of current-family socioeconomic status, family-of-origin religious behavior, divorce history of subjects, and current-family religious behavior did not significantly correlate with HFFS scores and, therefore,

Table 1

Multiple Regression Analysis for All Subjects: Significant Independent Variables for Predicting Scores on the Healthy Family Functioning Scale for the Total Sample

Step	Variable entered	Beta in	Multiple R	R <sup>2</sup>	F(EQU)	df
1	Family-of-origin Scale (FOS) score level	0.48	0.48	0.23	51.4*	168
2	Current family size	-0.22	0.53	0.28	32.5*	167
3	Family-of-origin level of socioeconomic status	-0.19	0.56	0.32	25.7*	166

\* $p < .05$

failed to meet the necessary criterion for inclusion in the multiple regression equation. It was concluded that those variables were not predictive of a subject's perceptions of current-family functioning.

Three variables were selected for inclusion in the multiple regression equation. Perceived level of health in the family of origin, current-family size, and level of family-of-origin socioeconomic status were identified as being statistically significant ( $p < .05$ ) in predicting perceptions of current-family functioning.

The combination of FOS scores, current-family size, and level of family-of-origin socioeconomic status provided the strongest predictive equation (see Table 1). However, when gender differences were calculated, only FOS scores predicted all subjects' HFFS scores. The major finding of this study supports the hypothesis that higher levels of perceived health in the family of origin tend to accompany higher levels of perceived health in the current family.

#### DISCUSSION

The findings of this study appear to provide support for several theoretical positions regarding family-of-origin experiences and the inter-

generational transmission of various aspects of early-family experiences (Boszormenyi-Nagy & Spark, 1973; Framo, 1976; Bowen, 1978; Williamson, 1978). In particular, the findings suggest that perceptions of family-of-origin experiences are related to later-life perceptions of current-family functioning.

While current-family size was found to be predictive of perceived levels of current-family functioning, it exhibited a somewhat weak correlation. The combined variables of family-of-origin socioeconomic status, current-family size, and perceived level of family-of-origin health were most predictive of perceived levels of current-family functioning.

The results of the present study support the view that factors relating to psychological health are transmitted intergenerationally from the family of origin to the individual and, subsequently, to the individual's current family. These findings are consistent with those of Fine and Hovestadt (1984), who noted that positive perceptions of marriage and higher rationality tended to accompany high levels of perceived health in the family of origin.

Thus, it would appear that an individual's present perceptions of the current family are more influenced by perceptions of the past than by objective realities such as family structure or environment. This supports the basic cognitive premise of many family-of-origin clinical interventions. While family therapy, or any other type of therapeutic intervention, cannot undo past occurrences, therapy can assist the client in perceiving historical issues more objectively, thereby reducing perceptual dissonance and emotional enmeshment with the family of origin.

In conclusion, the empirical relationship found here between aspects of the family of origin and perceived levels of current-family functioning tends to support the emphasis on family-of-origin experiences as a focus of therapeutic interventions.

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