

ABSTRACT

Title of Thesis: FAMILY STRUCTURE AND ADOLESCENT WELL-BEING:
THE MEDIATING EFFECTS OF FAMILY COHESION AND
PARENTAL LEADERSHIP

Lauren Ann Messina, Master of Science, 2010

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Research comparing single-parent households to two-parent households suggests better outcomes for adolescents of two-parent households. Much of this research has narrowly focused on assessing the benefits of family structure. The current study explores the family processes of family cohesion and parental leadership as mediators of child well-being in single and two-parent families. Child well-being is assessed through using adolescent self reports of attachment style. Findings indicate no relationship between the proposed mediators, family structure, and adolescent secure attachment. Family structure did not have an impact on the potential mediating variables so mediation could not be established. The possible meaning of the lack of relationship in this sample is discussed.

FAMILY STRUCTURE AND ADOLESCENT WELL-BEING:
THE MEDIATING EFFECTS OF FAMILY COHESION
AND PARENTAL LEADERSHIP

by

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Chapter I: Introduction

Statement of the Problem

Research comparing single-parent households to two-parent households suggests better outcomes for adolescents of two-parent households, which are thought to provide more stability and less stress for children (Brown, 2004; Popenoe, 1993). Growing up in a two-parent family has been linked to more advantageous health and behavior outcomes in children (Wen, 2008). Research on single-parenthood found single parents to be less supportive and encouraging towards children, less involved in school affairs, and to exhibit lower levels of control and influence within the family (McLanahan & Sandefur, 1994). Comparing single-parent families that formed as a result of a divorce, Nair and Murray (2005) reported that mothers from two-parent families were more nurturing and exercised more positive parenting styles when evaluated against their divorced counterparts.

While the benefits of being raised in a two-parent household have been explored extensively, much of the emphasis in this area has been narrowly focused on family structure, and not enough attention has been paid to the traits of these families, or the family processes, that contribute to child and adolescent well-being. It is possible that single-parent families' capacity to raise well adjusted children has been underestimated (Demo, 1992). The lack of attention to the strengths of single-parent families may be due, in part, to a societal emphasis that deems the two-parent family as ideal and views other family structures as flawed (Richards & Schmiede, 1993). The positive aspects of families of varied structures are potentially underestimated and overlooked.

Thus, some researchers have tried to overcome this limited focus on family structure by examining family processes and how it relates to child and adolescent well-being. Demo (1992) researched parental support, involvement, and discipline in single-parent and divorced parent family structures and found children to be more profoundly affected by these family processes than by the family structure. Demo and Acock (1996) studied mother-adolescent relationships and found them to be the strongest predictor of child well-being across divorced, stepfamilies, continuously single, and first marriage families. Specifically studying families who underwent a divorce compared to those who did not, children whose parents were in a high conflict relationship (married or not) fared worse across measures of behavioral and interpersonal well-being (Vanderwater & Langsford, 1998). Such studies provide support for exploring the impact processes have on families.

Two family process variables that have been found to be related to child and adolescent well-being in two-parent families but are less well studied in single-parent families are family cohesion and parental leadership. Cohesion within a family is a measure of family closeness, satisfaction received from inside the family, and time spent together as a family unit (Beavers & Hampson, 2000). Family cohesion has been linked to constructive parenting practices like active listening, warmth, and approachability (Behnke, MacDermid, Parke, Duffy, & Widaman, 2008). Conversely, Owen, Thompson, Shaffer, Jackson, & Kaslow (2009) found that children who reported high levels of family conflict, regardless of family structure, appeared to be less connected to the family and therefore experienced lower levels of family cohesion.

Leadership is a measure of parental directiveness and the level of control exercised in the family (Beavers & Hampson, 2000). Parents who exercise healthy leadership, or parental authority, establish rules with firm control and also are open to discussing the child's views. This parenting process has been linked to healthy child adjustment (Kaufmann, Gesten, Santa Lucia, Rendina-Gobioff, & Gadd, 2000). Research indicates that parental leadership may have a strong impact on children's academic performance (Dornbusch, Ritter, Leiderman, Roberts, & Froleigh, 1987) and on adolescents' autonomy development (Pardeck & Pardeck, 1990).

The characteristics of family cohesion and parental leadership within a family may be especially challenging for single-parents to develop and maintain. Baer (1999) explored cohesion in Euro-American, Mexican-American, and African-American families and found that across all three ethnic groups, single-parent families experienced more conflict, less positive communication, and lower levels of family cohesion when compared to their two-parent family counterparts. In addition, establishing healthy levels of cohesion in single-parent families is complicated by cumbersome decision making processes that are less apparent in two-parent families (Cohen, 1994). Establishing leadership within a single-parent family may be strained as single-parent families often struggle to maintain authority and keep clear boundaries between parents and adolescents (Lazar, Guttman, & Abas, 2009). Maintaining a hierarchical relationship can be more challenging for single-parent families, which further impedes the parents' ability to establish himself or herself as a leadership figure within the family (Glenwick & Mowrey, 1986; Lazar et al., 2009).

When examining the differences between two-parent and single-parent families on child and adolescent well-being, the concept of well-being has been operationalized in many different ways. Assessing children's mental health has been explored through determining levels of internalizing and externalizing behaviors (Maikovich, Jaffee, Odgers, & Gallop, 2008) as well as instances of depression, anxiety, and loneliness in children (Bifulco, Moran, Jacobs, & Bunn, 2009; de Minzi, 2006). Child well-being has also been measured by assessing adjustment outcomes and academic achievement of school-aged children (Demo & Acock, 1996). While these measures of well-being are valid, one commonly overlooked measure of adolescent well-being is attachment style.

Attachment, as classically coined by Bowlby (1978), is the desire of humans to forge strong affectional bonds with others. Exhibiting behaviors intended to engage in active communication and to maintain proximity to another individual suggests an attachment bond has been formed (Stevenson-Hinde, 1990). When attachments are formed or disrupted, emotions are affected, as "the organization of an individual's attachment behavior is closely related to the development and expression of emotions" (Stevenson-Hinde, 1990, p. 220). Attachment style, as studied by Bartholomew & Horowitz (1991), is a combination of a person's dependence on, and avoidance of, others. In their study, Bartholomew and Horowitz (1991) utilized a four-category model to assess the attachment styles of young adults: secure, preoccupied, dismissing, and fearful. The four attachment styles are described as follows. Securely attached persons are comfortable with intimacy and autonomy. Insecure attachment is described as preoccupied, dismissing, or fearful. Those with preoccupied attachment view the self as distressed and others as supportive. People with dismissing attachment dismiss intimacy;

they view the self as undistressed and others as unsupportive. Fearful attachment is characterized as being afraid of interpersonal relationships and socially avoidant.

Utilizing the concept of attachment as an indicator of adolescent well-being speaks to the importance of adolescents being able to engage in healthy interpersonal relationships as a necessary part of future healthy development. Attachment has been widely studied across many populations (e.g., parents attachment and offspring disorder (Bifulco et al., 2009); preschool children's attachment security across varied family structures (Nair & Murray, 2005); adult attachment and its relationship to marital well-being and parenting style (Volling, Notaro, & Larsen, 2001)), and the benefits of developing a secure attachment style are well understood. For example, Nair and Murray (2005) found that children who are securely attached are less emotionally dependent on others. Conversely, adolescents who manifest insecure attachments are more prone to experiencing behavior and academic problems and are at increased risk for experiencing long term negative outcomes (Nair & Murray, 2005).

Much research is still needed to clarify what family process characteristics contribute to positive child outcomes in single-parent families. It is possible that the ability of single-parent families to maintain high levels of family cohesion and parental leadership when compared to two-parent families would result in the adolescents of these families experiencing comparable levels of healthy well-being. However, there is a lack of research about the degree to which single-parent families exercise leadership and cohesion and the effect these have on adolescent attachment style. Consequently, the current study sought to address this gap in knowledge.

Chapter II: Review of Literature

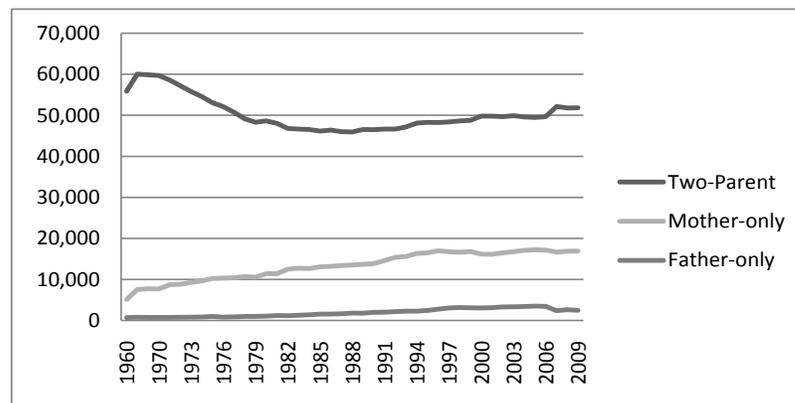
A Rise in Single-Parent Families

While the two-parent family structure, consisting of a heterosexual couple and their biological children, is prevalent in the United States, there is significant diversity in the demographic structure of families (Fields, 2004). Although the United States saw a surge in marriage rates towards the end of World War II, the structure of families has undergone many changes since the 1940s (Teachman, 2000). Modern day families may take the form of single-parent families, cohabitating couples, intergenerational families residing in one household, kinship networks that act as families, step-families, gay and lesbian couple relationships, and so on (Teachman, 2000). Changes in the age composition of the population, trends of cohabitation, divorce, fertility, mortality, and shifts in social norms, laws, and the economy have all influenced the presence of alternative family structures in the United States (Fields, 2004). The rise in single-parent families is also largely due to an increase in the non-marital birth rate for females and the increase and eventual plateau of the divorce rate in America (Cherlin, 2005; Ventura & Bachrach, 2000). The influence these two factors have had on rates of single-parent families is further discussed below.

The presence of single-parent families as a dominant component of the way families are structured in the current society cannot be overlooked. In 2004, an estimated 19.3 million children lived in single-parent families, 88 percent of which lived with their mother (U.S. Bureau of the Census, 2008). Furthermore, as of 2006, the Census reported there were approximately 12.9 million single-parent families in the United States (U.S. Bureau of the Census, 2007). This trend, of an increasing number of single-parent

families, has been in the making for several years. In the early 1970's, about 90 percent of Caucasian children lived with two-parents; this percentage decreased through the 1980s and 1990s and in 1994, less than 80 percent of Caucasian children lived in two-parent households (Demo, 1992; Teachman, 2000). When looking specifically at African American children, the percentage of children living with two-parents decreased by about half, from 60 percent in 1970 to 33 percent in 1994 (Teachman, 2000). Single-parent families are typically headed by females, yet the rate of single father families is rapidly growing; the percentage of children living in father-only families increasing from 1 percent to 5 percent between 1980 and 2006 (Child Trends Databank, 2008). Trends in the living arrangements for children under 18 years old can be seen in Figure 1 (U.S. Bureau of the Census, 2010). With single-parent families comprising an increasing portion of the population, more research is needed to explore what factors contribute to the successful outcomes of these families. Research efforts examining this family structure have largely been focused on the pitfalls of being raised in a single-parent family, as discussed later, and the factors that contribute to the increase of this family constellation in society.

*Figure 1, Living Arrangements of Children under 18 years old: 1960-2009
(Numbers in thousands)*



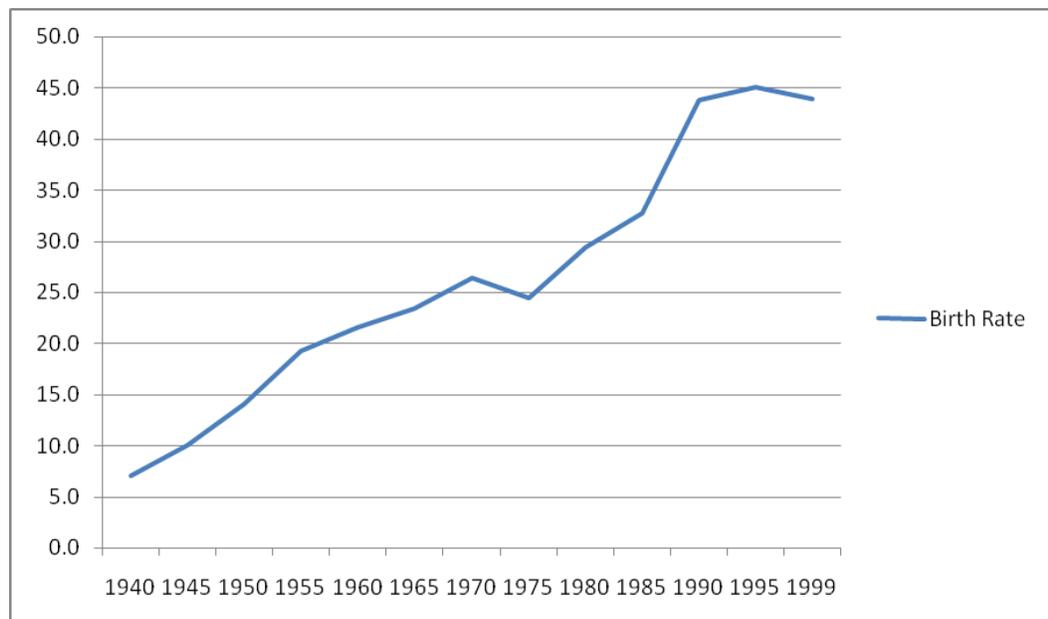
Note. Data from the U.S. Census Bureau: Families and Living Arrangements, 2010

The rise in single-parent families has been attributed to several factors. Economic and cultural trends are thought to contribute to an increase in single-parent families through the years. Women have been participating in the labor force at steadily increasing rates over the past 40 years, which has helped them establish economic independence (Teachman, 2000). This, in turn, may reduce the necessity to marry or remain married in order to obtain financial security. In addition, a steady decline in job opportunities for working class and minority males in the 1980s and early 1990s has been linked to these men being less attractive candidates for marriage (Duncan, Boisjoly, & Smeeding, 1996; Teachman, 2000). Culturally, individualism is thought to contribute to an attitude of not needing to engage in a long term, committed relationship (Teachman, 2000). In exploring reasons why young men choose not to marry, attachment to their peer groups and potential future constraints to their personal freedom were cited (South, 1993). Such circumstances also contributed to increases in both the divorce rate and the non-marital birth rate.

Increase in non-marital births. Additionally, the increase in single-parent families can be attributed to an increase in non-marital fertility rates in the United States. The birth rate for unmarried women increased more than six times from 1940 to 2000, as seen in Figure 2 (Ventura & Bachrach, 2000), with the most significant increase occurring in the late 1970s through the 1980s. During this time period the rate of births to unmarried women increased approximately four percent per year (Ventura & Bachrach, 2000). Between 1970 and 1996, the percentage of children living with one parent

increased from 12 percent to 28 percent (Child Trends Databank, 2008). Specifically within the 1990s, the number of births to unmarried women increased from 1.17 to 1.30 million (Ventura & Bachrach, 2000). There is some variation in non-marital birth rates by race and ethnicity. In 1998, the birth rate for unmarried African American women was 73 per 1,000 births, for white women it was 38 per 1,000. The rate of births to unmarried women of Hispanic descent is the highest when compared to any other race or ethnic group, which reached its peak in 1994 at 101 per 1,000 births (Ventura & Bachrach, 2000).

Figure 2, Birth Rate per 1,000 Unmarried Women Ages 15-44 from 1940-1999



Note: Data from Nonmarital Childbearing in the United States, 1940-1999

Several factors are thought to contribute to the rise in non-marital birth rates in the United States. Economic factors, such as a decrease in economic prospects for young men, particularly in the inner city, as well as attitudinal changes, such as an increased emphasis on autonomy in relationships, are two possible components resulting in increased non-marital births (Schoen & Tufis, 2003; Teachman, 2000; White & Rogers,

2000). Ventura and Bachrach (2000) also cite an increase in the number of unmarried women of childbearing age (defined as 15 -44 years) as a factor to take into consideration. In exploring noneconomic motivations for non-marital fertility, Schoen and Tufis (2003) found that women who view children as having a high social resource value were more likely to have a child out of wedlock. Within this study, social capital is understood as 'a resource of individuals that emerges from their social ties' (Schoen & Tufis, 2003, p. 1032). Becoming a parent is thought to bring on the status of adulthood and may also increase one's supportive social network.

Increase in divorce rates. A notable characteristic of the past several decades that has contributed to changes in family structure is the divorce rate in the United States. In 2004 it was estimated that there were approximately 2.2 million children living with a mother who was divorced or widowed (U.S. Bureau of the Census, 2008). The rate of marriages ending in divorce at the beginning of the twentieth century was approximately 10 percent; this figure steadily rose into the 1950s to about one-third. In the 1960s and 1970s, the divorce rate sharply increased and since the 1980s the rate has held relatively stable or slightly decreased to 48 percent of American marriages ending in divorce (Cherlin, 2005).

The incidence and acceptance of divorce has become common (Popenoe, 1993), especially in marriages that involve children. Societal risk factors that may contribute to the high divorce rate in the U.S. are no-fault divorce legislation, cultural encouragement to obtain a level of self fulfillment and leave relationships where this is not present, and employment opportunities for men and women (Nakonezny, Shull, & Rodgers, 1995; White & Rogers, 2000). Individual risk factors also contribute to the likelihood of a

person experiencing a divorce. When comparing ethnic groups and using data collected between 1987 and 1994, it was found that 55 percent of African American women, 33 percent of Non-Hispanic White women, and 25 percent of Hispanic women were likely to have their first union disrupted within the first five years of formation (Raley & Bumpass, 2003). Divorce rates coupled with the growth of the non-marital birth rates have both notably contributed to the ascending level of single-parent families in the United States. Much of the work in this area has overlooked the components of single-parent families that can contribute to successful outcomes. Rather, there is a substantial body of work on the adverse effects that being raised in a single-parent family has on children and adolescents.

Concerns for Adolescent Well-Being

Given the assumption of superiority of the heterosexual, two biological parent family for childrearing, changes to the demographic structure of families over time have increased concerns for adolescent well-being. Across many fields (i.e., social psychology, developmental psychology, and sociology), being raised by two biological parents is thought to provide the optimal environment for healthy child development (Demo & Acock, 1996). According to Popenoe (1993), changes in family structure have led family members to become more autonomous and to consider themselves less a part of the (family) group. Popenoe (1993) discusses the decline of the American family as a two-parent married unit and sees the breakdown in this type of family structure as producing alternative family structures that are less effective in carrying out traditional social functions. For example, alternative family structures are seen as less cohesive units who are less able and/or willing to socialize children and work on building companionship

between members. Single-parent families are particularly at a disadvantage in terms of the economic resources these parents have as well as the amount of disposable time they have to spend with their children (Thomson, Hanson, & McLanahan, 1994); the impact this has on child and adolescent well-being has become a cause for concern.

Research exploring the differences between two-parent and single-parent families has repeatedly shown marriage between the parents of a child to be the ideal family structure (Brown, 2004; Thomas et al., 1994) and the reference point against which alternatively structured families are judged (Demo, 1992). Research in this area (Harknett, 2007; Karasu, 2007) has highlighted the wide-spread positive benefits of being in a family where the parents are married, both for the couple and for the children. Specifically, in the overview of marriage as seen through a historic, anthropological, legal, and sociological lens, Karasu (2007) states that married couples are more likely to be financially secure and to be physically and psychologically healthier, all of which are protective factors in maintaining healthy well-being for the children of these married couples. Children of married parents experience higher levels of stability and consistency; couples that are married engage in more effective parenting strategies and are able to supervise their children more adequately than their single counterparts (Harknett, 2007).

In examining the effects of family structure on child mental health, several studies support the association of positive child mental health with being raised in a two-parent family (Bramlett & Blumberg, 2007; Sweden, Jablonska & Lindberg, 2007). Using data from the 2003 National Survey of Children's Health, Bramlett and Blumberg (2007) found that 11.4 percent of single mother families reported a child having moderate to

severe difficulty with emotions, concentration, behavior, and getting along with peers, as compared to 6.5 percent of children in two-parent families. The same study found that 9.9 percent of children in single mother families and 9.8 percent of children in single father families had at one point been labeled as having depression/anxiety, as compared to only 2.7 percent of children in two-parent families.

Additional studies exploring the interaction between family structure and child well-being found that children who grew up in single-parent families and step-families expressed lower levels of family satisfaction (Antaramian, Huebner, & Valois, 2008). Life satisfaction was measured by the Multidimensional Students' Life Satisfaction Scale (MSLSS; Hueber, 1994) which assesses students' satisfaction with their family, friends, living environment, school, and self (Antaramian et al., 2008). This study assessed family structure as either being intact, defined as living with both parents, or non-intact, defined as being single-parent families, reconstituted stepparent families, or other non-parent adults. It was found that living with both biological parents was associated with a greater amount of positive feelings about one's family.

Karasu's (2007) review of literature on the topic of marriage concluded that children of married spouses are less likely to be involved in criminal activity, risky behaviors such as drug and alcohol use, and accidents, deaths, and suicides. Adolescents growing up in single-parent families are at higher risk for using alcohol and illicit drugs and for smoking (Flewelling & Bauman, 1990; Jablonska & Lindberg, 2007). Drug use in adolescents across two-parent and single-parent households was explored by Hollist and McBroom (2006). In a needs assessment prevention survey in a large Midwestern state in the U.S., 8th, 10th and 12th graders completed anonymous self-administered

questionnaires. The study found that adolescents living with both biological parents reported much lower rates of using marijuana compared to adolescents living with one parent. Furthermore, the students from two-parent households also reported significantly lower levels of association with friends who engage in marijuana use and having siblings who use marijuana.

In a review of literature on the family influences of adolescent pregnancy, Miller, Benson, and Galbraith (2001) found that research consistently concludes that adolescents from single-parent families engage in sexual intercourse at younger ages. Using longitudinal data of over 2,000 adolescents from southeastern United States, Flewelling and Bauman (1990) found that 23 percent of adolescents from single mother families and 27.2 percent from single father families reported engaging in sexual activity, compared to only 11.4 percent from intact families (married two-parent households who were both the biological parents of the child). Likewise, a longitudinal study of the sexual activity of youths aged 12 to 17 in a large west coast city found similar results (Upchurch, Aneshensel, Sucoff, & Levy-Storms, 1999). Through asking adolescents about their first sexual encounter, the researchers determined that being raised by two biological parents was linked to having the lowest risk of early sexual activity and living in other family structures increased the risk that adolescents will become sexually active at a younger age (Upchurch et al., 1999).

Furthermore, research exploring differences in academic success conclude that children raised in two-parent households achieve higher standards compared to those raised in single-parent households. In a longitudinal study on the benefits of being raised in a two-parent household, academic achievement, in terms of reading and math scores,

were assessed (Shaff, Wolfinger, Kowaleski-Jones, & Smith, 2008). It was found that adolescents who remained in unmarried families, either due to divorce or non-marital fertility, obtained lower achievement test scores when compared to adolescents in continuously married families (Shaff et al., 2008). Comparing high school graduation rates, McLanahan and Sandefur (1994) found 87 percent of children growing up in two-parent families receive a high school diploma by age 20, compared to 68 percent of children from single-parent families. Teacher referrals to school counselors across varied demographics of school aged children (i.e., family structure, gender, race), also indicate that children who grow up in single-parent or divorced families were more likely to be referred to a counselor for classroom behavior problems (Adams, Benshoff, & Harrington, 2007).

In summary, research on child and adolescent well-being between single and two-parent families has largely been focused on assessing the relationship between family structure and outcome. Such research has examined the consequences of family structure across the areas of adolescent risk behaviors, academic success, and mental health. However, this singular focus on structure has been seriously called into question and many limitations have been identified (Demo, 1992; Lansford, Ceballo, Abbey, & Stewart, 2001). Missing from this work is a clear understanding of what it is about the family structure that produces positive outcomes. The contextual factors that contribute to the stability of a two-parent family are often overlooked and not fully explored. Further, there is a lack of consideration paid to the extenuating conditions that coincide with being raised in a single-parent family. Much of this research fails to consider the implications of differences in the availability of resources, such as income, across one and two-parent

families. Overlooking the structural components of the way society is built shortchanges single-parent families by holding them solely accountable for any well-being differences that may exist in the children and adolescents of these families.

In addition to a failure to look at the structural difference in single and two-parent families, the previous research fails to examine the relationships themselves. The message conveyed is that simply by virtue of having married parents, children and adolescents will fare better in the world. This ignores the question of whether or not family interaction and dynamics vary in these families. A growing number of critics of the “structure only” approach to studying single and two-parent families argue that a much stronger understanding of child outcomes can be obtained by looking at the processes that occur in the parent-child relationships in these families (Demo & Acock, 1996, Salem, Zimmerman, & Notaro, 1998). The impact that family processes have on positive child development and well-being is only beginning to be integrated into this research.

Family Structure versus Family Process

While the emphasis of much of the literature relating child and adolescent well-being to families has focused on structure, there has been a notable shift towards examining family process. Family process is understood as the nature and quality of family relationships and dynamics (Salem et al., 1998). Demo (1992) argued that there has been an exaggeration of the negative consequences of single-parent families because of inattention to process. He concluded that “although certainly affected by divorce and single- parent family structure, [children] are more profoundly influenced by

socioeconomic resources and by the degree of involvement, support, and discipline provided by their parents” (Demo, 1992, p. 111).

Family processes were studied by Lansford, Ceballo, Abbey, and Stewart (2001), who utilized data from the National Survey of Families and Households and compared family processes across five different family structures. Parent well-being, child adjustment and well-being, family relationships, and family climate were assessed as well as mothers’ depression, self esteem, and life satisfaction. In addition general family life satisfaction, time with children, family cohesion, and relationship with one’s spouse were also explored. While single mothers scored slightly lower on well-being scales, no consistent differences between the groups were found. In addition, the study found that fathers from different family structures did not differ in reports of their own well-being, the child’s well-being, the child’s school grades, or the child’s friendships. Furthermore, there were no differences across the family structures in reports of well-being from the perspective of the children which supported the study’s conclusion that “processes occurring in all types of families are more important than family structure in predicting well-being and relationship outcomes” (Lansford et al., 2001).

Demo and Acock (1996) also examined adolescent well-being across varied family structures (divorced, continuously single, stepfamilies, first marriage families). Their research found that the most consistent predictor of adolescent well-being was the type of the relationship between the adolescent and his or her mother, not family structure. This relationship was assessed by determining the frequency of open disagreements between the mother-adolescent pairs. Measures of socioemotional adjustment, academic performance, and global well-being were assessed as well as

mother-child relations, interparental relations, family resources, mother's resources, and the gender and age of the child. Mother-adolescent relations were found to be stronger predictors of successful adolescents' outcomes in terms of academic performance and global well-being. Willetts and Maroules (2005) hypothesized parental reports of adolescent well-being in cohabitating stepfamilies would be lower compared to adolescents in married stepfamilies. The hypothesis was not supported; the data showed no differences in parental reports of adolescent psychological well-being across the two family structures. Rather, the quality of the parenting (assessed through questioning the parenting style, parental involvement, and family stress) was a stronger predictor of parental reports of adolescent psychological well-being.

Research exploring the effects of parental conflict and family structure in divorced and non-divorced families on child well-being determined that high levels of family conflict are more detrimental to child well-being regardless of structure (Vanderwater & Langsford, 1998). The Child Behavior Checklist (CBCL; Achenbach & McConaughy, 1987) measure was given to parents to assess for internalizing behaviors, externalizing behaviors, and trouble with peers. Parents in the high conflict group, which included divorced and non-divorced families, reported more child behavior problems. Parental warmth was found to mediate the relationship between parental conflict and well-being.

Focusing specifically on the experiences of African American adolescents, Salem et al., (1998) explored youth outcomes across varied forms of family constellations. Over 600 ninth grade African American students took part in face-to-face interviews for the study, during which they were asked to report on several topics including their family

structure, behavior problems, and psychological well-being. The study concluded that family structure was not related to psychosocial outcomes. Rather, high levels of parental support and parental monitoring, and low levels of family conflict were all positively related to adolescent development across both male and female samples. This finding supports the argument that it is the quality of the family relationship that contributes to positive child and adolescent well-being. The weak relationship between family structure and psychosocial outcomes in this study stands in contrast to the previously discussed work of Bramlett and Blumberg (2007) and Jablonska and Lindberg (2007), who found a significant relationship between family structure and positive psychological well-being of children.

In sum, there has been a noteworthy shift in research towards examining the implications family processes have on child and adolescent well-being outcomes. This research indicates how processes such as mother-adolescent relationships (Demo & Acock, 1996) and the quality of parenting (Willetts & Maroules, 2005) have a greater impact on child outcomes when compared to family structure. Additionally, when negative processes, such as parental conflict, are present, the effects of these unconstructive processes are detrimental to children and adolescents across varied family structures (Vanderwater & Langsford, 1998), which calls into question the notion that family structure is a protective factor for children.

Family Characteristics of Cohesion and Leadership

In considering the importance of family process, two process characteristics that have not been fully explored are family cohesion and parental leadership. These processes have been found to contribute to the well-being of children in two-parent

families but have not been extensively explored in single-parent families. Additionally, studies addressing cohesion and leadership in families, where the two-parent family was not the focus, commonly overlook assessing variations of levels of these two processes across diverse family structures.

Cohesion. Family cohesion refers to family members' satisfaction with and connection to the family unit. It is typically measured as time spent as a family and closeness felt between the family members (Beavers & Hampson, 2000). The ways in which cohesion relates to family environment were studied by Behnke et al. (2008), who assessed cohesion levels in families where both biological parents lived together with the child. Based on the Family Stress Framework, the study utilized observational and self-report data collected as part of a larger longitudinal study. The study found that family cohesion was strongly related to nurturing behaviors of parents. Across different ethnic and gender groups, when cohesion was high in a family, nurturing acceptance by parents was also high, while hostile control and inconsistent discipline by parents was low (Behnke et al., 2008).

Vandeleur and colleagues (2009) studied cohesion in two-parent families in Switzerland by using the Family Self-Monitoring System- revised version (FASEM-C; Perrez, Schoebi, & Wilhelm, 2000) questionnaire and the Family Life Scale (FLS) based on the Coping and Stress Profile (CSP; Olson & Stewart, 1991). Adolescent emotional well-being was measured by asking the youths to record their feelings six times a day over an eight day period. They were also asked to indicate the social setting they were in at the time of rating their feeling. In addition, the children used the FLS scale to rate their satisfaction with family functioning across the subscales of cohesion, adaptability, and

communication. The study reported that higher levels of family cohesion and the experience of being satisfied with one's family bonds contributed to the emotional well-being of the adolescents in the study.

The concept of cohesion was also studied by Lucia and Breslaw (2006), who utilized mothers' self reports to explore a relationship between cohesion and children's behavior problems. Longitudinal data was utilized in this study, which assessed cohesion through the use of the Family Environment Scale (FES; Moos & Moos, 1986) and family structure was not taken into account. Children's behavior was rated by the parents and the teachers at two separate times, when the children were six years old and eleven years old. The results demonstrated that children in families that had higher cohesion had fewer internalizing and attention problems. Conversely, when mothers reported lower cohesion levels and higher conflict levels, children also had more externalizing behavior problems.

Furthermore, Fang and colleagues (2009) researched levels of cohesion within a family as an indicator of the family environment. Family structure was also not assessed in this study. The sample for this study was recruited from six clinical centers across the United States. Family cohesion was measured by utilizing a nine item subscale of the FES (Moos & Moos, 1986). The study concluded that high family cohesion is a protective factor with respect to delinquent behaviors and low cohesion in a family was linked to aggressive behaviors in adolescent girls.

The relationship between family cohesion and resiliency in depressed adolescents was studied by Carbonell, Reinherz, and Giaconia (1998). Family cohesion was measured by the cohesion subscale of the Family Adaptability and Cohesion Evaluation Scales III (FACES III; Olson, Portner & Lavee, 1985). Adolescents were divided into three

categories: those who met the DSM-III-R criteria for depression, those who were not depressed but met the criteria for another DMS-III-R diagnosis, and those who did not meet any mental health disorder criteria. The study determined that late adolescents at risk for emotional problems had an increased capacity for resiliency when there were high levels of family cohesion present. An increased occurrence of positive family cohesion was thought to be associated with greater social support and an atmosphere of acceptance; this combination may have contributed to the experience of resiliency in the families studied.

Leadership. Leadership, as described by Beavers and Hampson (2000), is the directiveness and control asserted in the family. Lazar and colleagues (2009) expand upon the idea of leadership within a family utilizing similar components of the Beavers and Hampson definition; here the concepts of leadership and authority overlap. Parental authority is defined as the “socially sanctioned ability of the parent to force his or her child to be (or not to do) something against the child’s wish, which the parent deems is to the child’s benefit (or detriment)” (Lazar et al., 2009, p. 357). Leadership within a family is also a major tenet of Minuchin’s Structural Family Therapy theory model. This model advocates for the hierarchical structure of a family where the parents occupy the position of leader (Nichols & Schwartz, 2006). It is believed that establishing leadership within the family system lessens family conflict and places the responsibility of decision making on the parents, which paves the way for better outcomes for children (Nichols & Schwartz, 2006).

Parents who establish themselves as leaders within their families employ a healthy level of control and power over their children. Parental leadership in the context

of behavioral control and psychological control were studied independently by Galambos, Barker, and Almeida (2003) in a longitudinal study of white, two-parent families, in which both parents were employed. The Child's Report of Parental Behavior Inventory (CRPBI; Burger & Armentrout, 1971; Schaefer, 1965) was administered to assess the mothers' and fathers' perceptions of their own psychological and behavior control and support of their child. The study found that adolescents demonstrated higher levels of internalizing and externalizing behavior problems when there were low levels of behavior control by the parents. Therefore, exerting a healthy level of control over the children was associated with better child well-being outcomes. Furthermore, Ferrari and Olivette (1993) studied indecision in female college aged students in relation to parental control and indecisiveness. The Decisional Procrastination Scale (Mann, 1982) and the Parental Authority Questionnaire (Buri, 1991) were completed by the students. It was found that students who reported having parents who were overcontrolling and inflexible in authority had a higher incidence of indecision and procrastination than students whose parents were more flexible.

Furthermore, in their study of middle school aged Italian students, Vieno, Nation, Pastore, and Santinello (2009) explored concepts of parental control and closeness in relation to antisocial behavior of school aged students. The sample consisted of 91.4 percent of students who came from two-parent families, 4.1 percent of students who lived in step families, and 4.5 percent who lived with one parent. Parental control was assessed to determine the extent to which parents, rather than the adolescent him or herself, made decisions about the adolescent's life. Questionnaires were completed by both the parents and the students; one parent from each family responded and family structure, although

assessed, was not taken into account as a variable that contributed to the results. The study found that maternal control was positively related to early adolescents' self-disclosure. The more control the mothers exercised over the children, the more their children confided in them. These mothers were also more knowledgeable about their children's antisocial behaviors compared to mothers who exercised low levels of parental control.

Parental control has also been linked to positive child development and lower levels of problem behaviors (Oliver, Guerin, & Coffman, 2009). In this study, three subscales of the Parent Child Relationship Inventory (PCRI; Gerard, 1994) were utilized to assess for warmth and control aspects of parenting. This study assessed the parenting practices of mothers and fathers within the same family. Establishing parental leadership through setting healthy limits was supported by this research, which determined that when mothers and fathers employed limit setting with ease, teenagers had less externalizing problems. Missing from this research was an exploration of how parental leadership varied across families of different structures.

Likewise, positive parental leadership and control have also been linked to better school performance outcomes for adolescents without taking into account family structure (Dornbusch, Ritter, Leiderman, Roberts, & Froleigh, 1987). Inquiring about parental authority from the perspective of high school students gave insight into the relationship between school performance and parents assuming the role of leader in the family. Students' school performance was measured by asking the adolescents to self-report their grades and by acquiring grade point averages when available. The study

found that children who described their parents as exercising very high levels of authority or very high levels of permissiveness tended to receive lower grades.

Exercising parental authority in a healthy way has also been linked to normative child adjustment and the development of autonomy in children. Kaufmann et al., (2000) explored parental leadership and parenting styles in families with children in first through fifth grade. The Child Rearing Practices Report (CRPR; Block, 1965) measured child rearing attitudes and values, and it was found that parents who reported parenting in alignment with an authoritative parenting style had children with less emotional and behavioral problems.

As this research demonstrates, family cohesion and parental leadership are important processes that have a significant impact on the family environment and child outcomes. High levels of cohesion in families has been linked to positive nurturing behaviors by parents (Behnke et al., 2008) and greater family life satisfaction for adolescents (Vandeleur et al., 2009). Healthy levels of parental leadership have been linked to positive normative development in adolescents (Oliver, Guerin, & Coffman, 2009) and successful academic performance (Dornbusch et al., 1987). Cohesion and leadership have both been found to be protective factors against delinquent behavior (Lucia & Breslaw, 2006) and depression (Carbonell et al., 1998) as well as negative internalized and externalized behaviors (Oliver et al., 2009). Yet, research on these two processes has narrowly been focused on either looking at cohesion and leadership in two-parent families or neglecting to account for varied family structures. The ability of single-parent families to engage in healthy levels of family cohesion and parental leadership is

not fully understood, yet there is evidence that suggests these processes may be particularly challenging for this family structure.

Cohesion and Leadership in Single-Parent Families

While cohesion and leadership seem to be associated with positive outcomes for children in two-parent families, single-parent families may be disadvantaged. Single-parents face the challenge of establishing these processes in their families on their own, with no partner to share the responsibility. The ability of single-parents to establish healthy levels of cohesion was studied by Baer (1999), who looked at the concept of cohesion across three ethnic groups: Euro-American, Mexican-American, and African-American and across single-parent and two-parent families. Data was collected from over 7,000 sixth, seventh, and eighth graders and family cohesion was measured utilizing a ten question subscale of the Family Adaptability and Cohesion Scales (FACES III; Olson, Portner & Lavee, 1985). Single-parent families were found to experience more conflict, less positive communication, and lower levels of family cohesion across the three ethnic groups when compared to their two-parent family counterparts. Lower levels of cohesion in the single-parent families was attributed, in part, to diminished and/or disruptive parenting while two-parent families demonstrated higher levels of dyadic communication with their children.

Comparing divorced families to intact, married families also reveals the difficulty of establishing cohesion in newly formed single-parent families. Exploring cohesion among single father headed households, single mother headed households, and two-parent families in Israel, Cohen (1994) conceptualized cohesion as “boundaries, coalitions, time, a process of decision-making, interests, and recreational activities”

(Cohen, 1994, p. 41). Cohesion was assessed through using the FACES II measure (Olson, Sprenkle, & Russell, 1979); the study found that cohesion in two-parent families was higher ($M=65.36$) than in single-parent families ($M=61.63$). Cohen determined that decision making is more cumbersome for single-parent divorced families. In these families children communicated with each parent separately, which contributed to decreased cohesion in the family. Cohesion levels in these families were found to be affected by unclear boundaries between the parental subsystem and the child subsystem.

Family cohesion as a protective factor against behavioral problems in children was studied by Andreas and Watson (2009). Within this study, cohesion was explored as a contributing factor to a positive family environment and was measured utilizing the cohesion subscale of the FES (Moos & Moos, 1986). This subscale measures cohesion by gauging respondents' perspectives on statements such as "Family members help support one another" and "There is a feeling of togetherness in our family". The study categorized mothers' relationships as either being married, never married, or other (divorced, widowed, or separated). It was determined that when high levels of family cohesion were present, the overall family environment was more positive and there was reduced aggression reported in at-risk children. Additionally, children at age six with married mothers were less aggressive than children of mothers who were divorced, widowed, and separated.

A parent acting as an authority figure in a family has been determined to be beneficial for children, yet it may be a struggle for single-parent families to establish this role for themselves (Glenwick & Mowrey, 1986). In comparing the discipline practices of divorced mothers and mothers from intact families', mothers from single-parent families

were found to struggle with maintaining authority over their children more than mothers from two-parent families (Lazar et al., 2009). Eighty-six mother-child dyads were interviewed for the study and themes of conflict and authority exercised by the parents were assessed. In addition to exerting less authority when compared to married mothers, the single-parents in the study also expressed less clear intergenerational boundaries between the parents and the children.

Maintaining appropriate boundaries between the parent and child may also be a greater struggle for single-parent families and may contribute to a diminished ability to establish the parent as leader in the family. Single-parents run the risk of treating their adolescents as their peers, which has been determined to be anxiety producing in adolescents (Glenwick & Mowrey, 1986). In exploring this dynamic among a non-clinical sample of mothers and adolescent daughters, it was found that recently divorced mothers often disclose information on sensitive topics to their daughters (Koerner, Jacobs, & Raymond, 2000). Topics discussed between the dyads were often about financial concerns and negative emotions towards the father of the adolescent. While it was determined that information about these topics was told to the daughters in an attempt to manage the adolescents' impression of their fathers and to provide guidance for future financial concerns, such reports by the mothers were significant and positively associated with daughter psychological distress.

In sum, research has suggested that family cohesion and parental leadership can be challenging processes to maintain in single-parent families. The empirical exploration of cohesion and leadership across varied family structures has been limited. While there may be an assumption in place that it is harder for single parents to uphold these

processes, the benefits of doing so are evident in research that links positive child well-being to cohesion and leadership in two-parent families. Therefore, further investigation into the presence of cohesion and leadership across varied family structures and how these processes benefit children is warranted.

Measures of Well-Being in Children and Adolescents

The well-being of children has been the focus of much of the research on single-parent families. However, it is important to place it in the general context of studying child well-being. In this larger research area, child well-being has been evaluated in a variety of ways. Internalizing behaviors and externalizing behaviors are common measures of child well-being used in a variety of studies (Galambos et al., 2003; Maikovich, et al., 2008). Externalizing behaviors are delinquent and aggressive behaviors and are typically measured using the Child Behavior Checklist (CBC; Achenbach, 1991; Maikovich et al., 2008). Externalizing behaviors are also measured by asking adolescents about their disobedience towards their parents, school misconduct, substance use, and antisocial behavior (Galambos et al, 2003). Internalizing behaviors are apparent when a child expresses being anxious, depressed, or withdrawn (Maikovich et al., 2008). Internalizing behaviors have been measured utilizing the Self-Image Questionnaire for Young Adolescents (Petersen, Schulenberg, Abramowitz, Offer, & Jarcho, 1984), which measures depressive and anxious affect (Galambos et al., 2003).

Brown (2004) utilized data from the 1999 National Survey of America's Families to determine child well-being on a two tiered scale. Parents' perceptions of the behavioral and emotional problems of the children were assessed through asking parents questions such as if the child does not get along well with other kids or if they cannot concentrate

for long periods of time (Brown, 2004). Other questions included if the parent believes the child feels worthless, has trouble sleeping, or lies and cheats. The second level of assessment in this study determined the adolescents' school engagement by asking "the degree to which the child cares about doing well in school, only works on school when forced, does just enough schoolwork to get by, and always does homework" (Brown, 2004, p. 356). Willetts and Maroules (2005) explored adolescent psychological well-being by measuring the frequency of adolescents having trouble sleeping, lying or cheating, not getting along with peers, not being able to concentrate, or is sad/depressed. The 'Most Knowledgeable Adult' rated the frequencies of these events on a one to three scale, 1 being often and 3 being never.

An alternative way of measuring child well-being was proposed by Demo and Acock (1996), who looked at well-being across three spheres of adjustment. In their study, socioemotional adjustment was measured by gauging adolescents' "willingness to try new things, keeping busy, being cheerful, obeying, getting along well with others, and doing responsibilities" (Demo & Acock, 1996, p. 464). The second measure used to assess well-being monitored the youths' academic performance by asking mothers about the grades their child most often received. Lastly, a measure of global well-being was utilized by asking mothers one question about how the child's life is going; possible responses ranged from very well to not well at all. A similar approach was used by Guttman and Rosenberg (2003), who assessed child well-being by measuring emotional, academic, and social adjustment levels. Academic achievement was measured by acquiring the children's' grades given on their last report cards for three subjects.

Assessing children's experiences of care and abuse as well as their mental health is an alternative way to measure child well-being. In an intergenerational study, Bifulco et al. (2009) interviewed both mothers and their children to assess these areas. Interviews with mothers explored parental mental health disorders, parent attachment style, and belief in one's own ability to be an effective parent. The Childhood Experience of Care and Abuse (CECA; Bifulco, Brown, & Harris, 1994) measure was implemented when interviewing the children to assess for neglect, physical abuse, and antipathy from the mother. Adolescents engaged in detailed interviews exploring their experiences of abuse and care in their childhood, such as a mother's involvement in feeding, clothing, and providing medical care for the child, and frequency of hitting a child. An additional part of the child well-being assessment aimed at exploring major depression and anxiety symptoms according to the DSM-IV criteria. Clinical questioning occurred to determine if the children had any experiences of agoraphobia, panic or social phobia, or depression in the 12 months prior to the interview.

Attachment and Adolescent Well-Being

One less commonly used measure of well-being in adolescents is attachment style. Attachment, as conceptualized by Bowlby (1978), is the ability of humans to engage in affectional bonds with one another, with the primary initial bond being between parent and child. The benefits of developing a secure attachment style have been explored in many ways. Parent-child relationships that demonstrate love, consistency, and responsiveness contribute to healthy attachment development in children. Relationships between parents and child that are inconsistent and rejecting lead to insecure attachment manifestations (Woodward, 2000). The formation of secure

attachment bonds enables children to develop self-control and self-regulation skills (de Minzi, 2006). Kochanska, Barry, Stellern, and O'Bleness' (2009) longitudinal study on early childhood attachment targeted two-parent families and assessed the relationship between parental control, discipline, attachment security of the children, and the children's oppositional, antisocial behaviors. The findings of this study included evidence that insecurity in post-infancy years is correlated with antisocial child outcomes, beginning with diminished trust that weakens bonds of affection between parents and children.

Insecurely attached individuals have difficulty engaging in interpersonal relationships with others. In children insecure attachment at a young age is seen as a precursor to mental health problems into adolescents and adulthood (Bowlby, 2007). Children who experience insecure attachment demonstrate more distress when separated from adult figures. As they grow up, insecurely attached children have more behavioral problems and weaker academic achievements when compared to their securely attached equivalents. Factors that contribute to the development of insecure attachment include growing up in poverty, having parents who are depressed or suffer from mental disorders, living in an abusive or neglectful situation, or being exposed to violence (Bowlby, 2007).

Expanding the concept of attachment style to adults, Bartholomew and Horowitz (1991) proposed a four category model of attachment styles. People who are securely attached are comfortable with intimacy and autonomy. Those who manifest preoccupied attachment see themselves as distressed and see other people as supportive in interpersonal relationships. Dismissive attachment style is characterized by dismissing intimacy and believing others are unsupportive. Lastly, fearful attachment is explained as

being fearful of intimacy and socially avoidant (Bartholomew & Horowitz, 1991). This study uses attachment as an outcome measure to gauge the level of secure attachment. In other words, this study will assess the adolescents comfort with intimacy, autonomy, and interpersonal relationships as an indicator of their healthy well-being.

Literature Summary

Given the prevalence of varied types of family structures and the host of research supporting two-parent families as ideal, there is a lack of knowledge regarding the processes in families that may contribute to possible differences in healthy child well-being in single and two-parent families. Research suggests that family structure is significantly related to children's mental health (Bramlett & Blumberg, 2007), adolescent risk behaviors (Flewelling & Bauman, 1990), and academic success (Shaff et al., 2008). Yet, whether or not it is strictly the family structure that produces secure attachment schemas in adolescents is not clearly understood. An exploration of the impact of family processes, when compared to family structure, suggest that processes such as mother-child relationship (Demo & Acock, 1996) and the quality of parenting (Willetts & Maroules, 2005) have a stronger relationship to positive child well-being. The importance of the family processes of cohesion and leadership in two-parent families has been moderately explored (Behnke et al., 2008; Fang et al., 2009; Lucia & Breslaw, 2006), but in single-parent families these processes have been previously overlooked. Child well-being has been assessed in a variety of ways, including looking at internalizing and externalizing behaviors (Maikovich et al., 2008), emotional problems (Brown, 2004), and socioemotional adjustment (Demo & Acock, 1996). Attachment style as an indicator of child well-being has been less explored, yet secure attachment style has been strongly

linked to the development of self-control and self-regulation skills (de Minzi, 2006), and insecure attachment has been associated with increased antisocial behaviors (Kochanska et al., 2009) and weaker academic achievement (Bowlby, 2007).

Purpose

The current study explored the relationship between the family characteristics of family cohesion and parental leadership and child well-being outcomes, as indicated by attachment style reports. The primary purpose of this study was to address a gap in literature regarding positive traits that single and two-parent families can both equally manifest that may promote healthy outcomes for the children of these families. The study examined the mediating effects of cohesion and parental leadership on the previously established relationship between family structure and adolescent well-being.

Hypotheses

This study examined the relationship between the independent variable of family structure, the dependent variables of attachment style, and the possible mediating effect of cohesion and leadership. The following hypotheses were tested:

H1: The level of cohesion in the family mediates the relationship between family structure and the presence of a secure attachment style in the adolescent.

H2: The level of parental leadership in the family mediates the relationship between family structure and the presence of a secure attachment style in the adolescent.

Possible Secondary Analysis

If the initial relationship between family structure and adolescent well-being, measured through secure attachment style, is inconclusive, exploring the relationship

between cohesion and leadership as moderators of secure attachment development across different family structures was explored.

Figure 3, Mediation Model 1

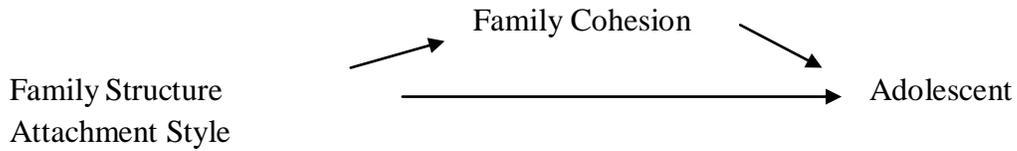


Figure 4, Mediation Model 2

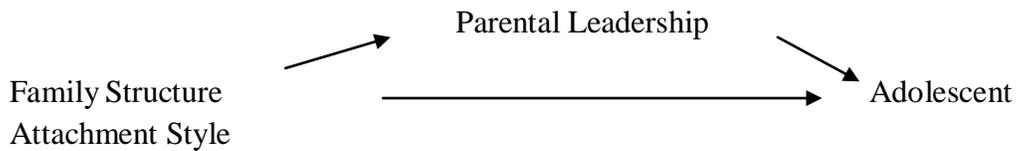


Figure 5, Moderation Model 1

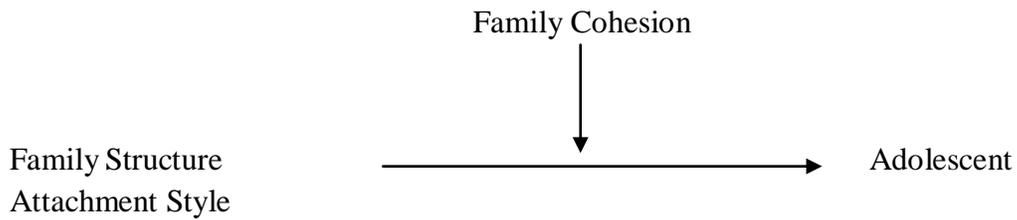
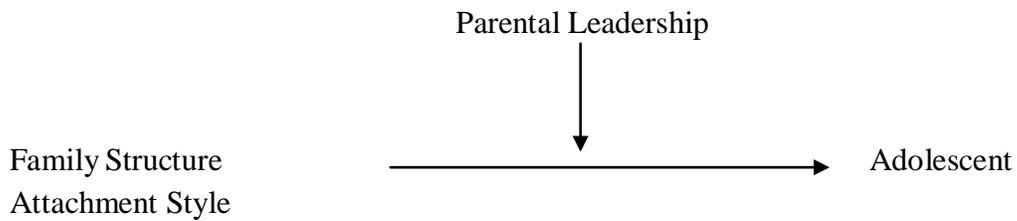


Figure 6, Moderation Model 2



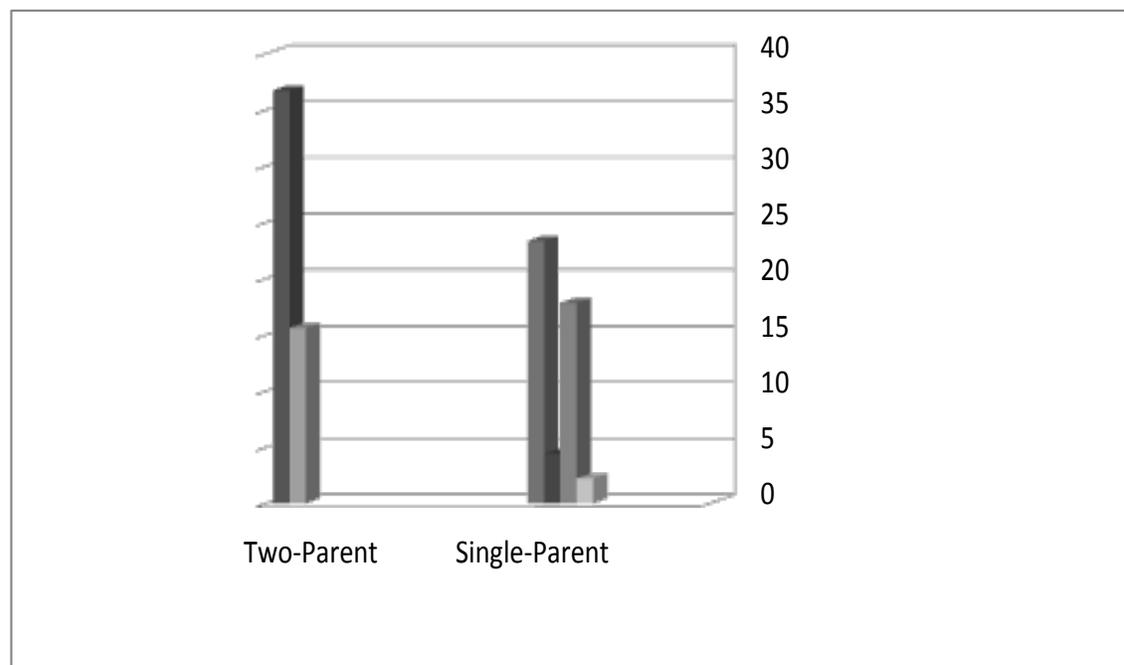
Chapter III: Methodology

Sample

The present study used a sample from pre-existing data set at the Center for Healthy Families that consisted of 90 mother-child pairs who sought treatment between 2001 and 2009. The Center for Healthy Families is a therapy clinic located at the University of Maryland, College Park, an ethnically diverse area of Prince George's County, Maryland. The Center is staffed by advanced graduate students who are en route to obtaining their Masters of Science in Couple and Family Therapy. The therapy clinic serves a diverse population of clients from the greater metropolitan area of the District of Columbia. The facility operates on a sliding fee scale to be able to provide therapeutic services to lower income families. Families, couples, and individuals seek the services of the clinic to address a variety of interpersonal and mental health concerns. Upon seeking therapy at the Center for Healthy Families, new clients are required to complete a battery of assessment materials which include the Family/Individual Information Sheet, the Beavers Family Inventory (BFI) and the Relationship Questionnaire (RQ); these measures were used in the present study and are described in detail in the Measures section.

Only data from families where the relationship status of the mother was reported were used in this study. With regards to mothers who were considered to be a part of a two-parent family ($n=47$), 36.7% reported being currently married, living together and 15.6% reported living together, not married. The relationships status of mothers who were considered single-parent families ($n=43$) was 23.3% were divorced, 17.8% were single, 4.4% were dating, not living together, and 2.2% were widowed (see Figure 7).

Figure 7, Relationship Status of Single and Two-Parent Mothers by Group



The age range for mothers in the study spanned from 29 to 55 years old.

Considering two-parent and single-parent families together, the mean age of the mothers was 41 years old. The ages of the adolescents ranged from 12 to 18 years old, with the largest representation being 15 year olds (25.6%), followed by 16 year olds (21.2%), and 14 year olds (18.9%). Thirteen and 17 year olds each represented 14.4% of the population, followed 12 year olds (4.4%) and 18 year olds (1.1%).

When considering the sample as a whole, the mean income was \$33,006. The majority of the sample (74.4%) reported being employed full time, whereas 10% were employed part time, 7.8% were homemakers, and 5.5% reported being either unemployed, retired, or disabled. The education levels of the mothers varied somewhat,

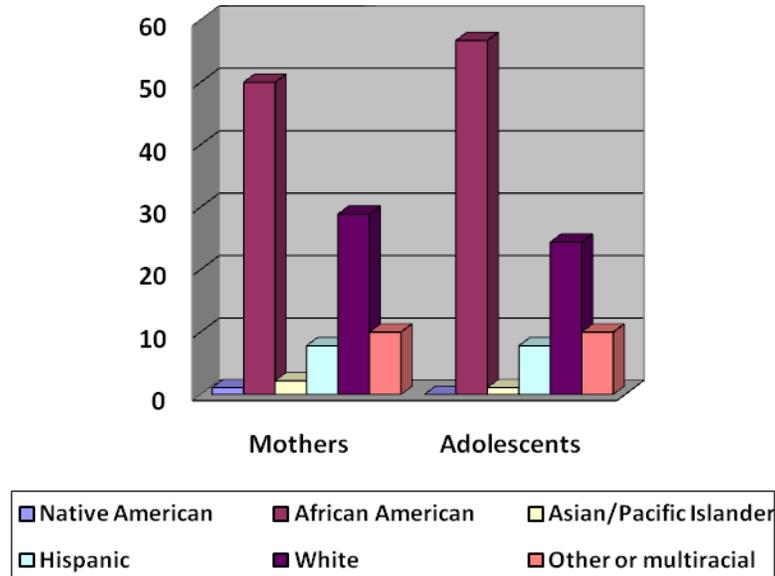
with one third reporting having obtained some college education.. Mothers who completed either an associates or bachelor’s degree comprised approximately one quarter of the sample ; one quarter of the mothers either had some high school education or a high school diploma. Mothers who achieved either a master’s or doctoral degree made up 7.8% of the population; 4.4% had some graduation education, and 6.7% attended trade school. Differences between the single-parent and two-parent groups are provided in Table 1.

Table 1, Means of Demographic Variables for Single and Two-Parent Families

Demographic Variables	Single-Parent Families	Two-Parent Families
Mean age of Mothers	41.5	42.3
Mean income of Mothers	\$34,769.50	\$31,447.91
Percentage of Mothers with “some college”	39.5%	27.6%
Mean age of Adolescents	14.9	14.9

As seen in Figure 2, the majority of the sample identified as being African American (50% of the mothers and 56.7% of the adolescents). The second largest racial group represented in the study was those who identified as being White (mothers: 28.9%, adolescents: 24.4%). Ten percent of both adolescents and mothers identified as “other or multiracial.” Lastly, both 7.8% of mothers and adolescents reported being Hispanic, 1.1% of adolescents and 2.2% of mothers were Asian/Pacific Islander, and 1.1% of mothers were Native American. No adolescents responded that they were Native American.

Figure 8, Race/Ethnicity Composition of Mothers and Adolescent Groups



Variables and Measures

Independent variable: Family structure. Family structure was determined using the Family/Individual Information & Instructions sheet, which is administered to new clients at the Center for Healthy Families (See Appendix A). Question number nine on this form asks for a report on one’s Relationship Status. The possible answers are (1) Currently married, living together, (2) Currently married, separated, but not divorced, (3) Divorced, legal action is complete, (4) Living together, not married, (5) Separated, not married, (6) Dating, not living together, (7) Single, (8) Widowed/Widower, (9) Domestic Partnership. For the purpose of this study, the relationship status of the parents was understood to either be *two-parent family* or *single-parent family*. The *two-parent family* group included respondents who answered as (1) Currently married, living together, (4) Living together, not married, and (9) Domestic partnership. The domestic partnership

status was subsequently dropped from the study; no respondents classified themselves as identifying with this relationship status.

To be consistent with previous literature exploring family structure, a *two-parent family* was understood as a family within which the parents demonstrate a commitment to their relationship with one another by living together in one household. While the literature suggests differences in child well-being outcomes for cohabitating parents versus married parents (Popenoe, 2009), this study combined these two family structures into one. The nature of the assessment materials used in this study does not allow for respondents to specify the biological nature of the parent-child relationship. Without such information, a focus on the number of adults present in the household was utilized as an indicator of family structure. The *single-parent family* group included respondents who report being (3) Divorced, legal action is complete, (6) Dating, not living together (7) Single, and (8) Widowed/Widower. The inclusion of these statuses in the *single-parent family* group was based on the number of adults living in the house and the absence of a committed relationship (i.e., not living with a partner) for the parent. As this research explored family characteristics and family structure, the two groups were divided in such a way that the number of parents living in the household and a commitment to one another expressed by living together was a key determinant. The relationship statuses of (2) Currently married, separated, but not divorced and (5) Separated, not married were not included in the study due to the ambiguity of whether these families could be considering one or two-parent families.

Dependent variable: Attachment style. As a measure of child well-being, the attachment style of the adolescents was taken from the adolescents' response on the RQ

(Bartholomew & Horowitz, 1991) measure, which is given to all families members age 13 and up seeking therapy at the Center for Healthy Families. The RQ consists of two parts. Part one of the RQ asks the respondent to select which one of four brief paragraphs best or most closely describes his or her perspective of the way he or she functions in interpersonal relationships. The four paragraphs describe attachment styles (one Secure style, and three Insecure styles; Dismissing, Preoccupied, and Fearful). Part two of the RQ asks respondents to rate how much each paragraph describes themselves on a one to seven scale with 1 being “Not at all like me” and 7 being “Very much like me”.

This study utilized part two of the RQ, which is a continuous measure that asks respondents to scale their own identification with the four attachment styles. This section of the RQ was utilized as it allowed for more variation of responses to be reported by respondents, as opposed to part one, which simply asks for the categorical response of choosing one of the four attachment styles. Bartholomew and Horowitz (1991) assessed the RQ continuous ratings of secure and fearful attachment through both self and friend reports and found the ratings to be negatively correlated ($r_s = -.65$ and $-.69$ respectively, $p_s < .001$). In addition, it was found that the preoccupied and dismissing ratings were also negatively correlated ($r_s = -.37$ and $-.41$, $p_s < .001$). The validity of the four category attachment style model was not tested directly, but was tested indirectly through the use of the four categories to create a two-dimension model (self- model and other model) (Griffin & Bartholomew, 1994). The validity of the two-dimension model was tested by administering a three-tiered assessment of attachment style, which included a Family Attachment Interview, a Peer Attachment Interview, and the Relationship Questionnaire. The study found that the RQ measure was moderately correlated within each attachment

dimension across methods (average of 0.43) which indicated convergent validity (Griffin & Bartholomew, 1994). Discriminant validity was demonstrated by a weak correlation between attachment dimension within method (an average of -0.09) (Griffin & Bartholomew, 1994).

For the purpose of this study, only the rating of the secure attachment indices will be used. The development of a secure attachment style, as previously indicated, has been strongly related to the development of self control and self regulation skills (de Minzi, 2006) and those who are securely attached have a positive view of self and others (Bartholomew & Horowitz, 1991). Therefore, focusing attention on the strength of the adolescents' secure attachment will provide a strong indication of their well-being.

Mediating variables: Cohesion and leadership. The Beavers Family Inventory (BFI; Beavers & Hampson, 2000), also called the Self Report Family Inventory, is a 36-question instrument that measures several domains of family health: emotional expressiveness, leadership, health/competence, conflict, and cohesion. Beavers and his colleagues state that as a self-report measure, it provides an insider's view into the family environment. All questions utilize a five-point Likert response scale ranging from 1 ("Fits our family well") to 5 ("Does not fit our family"). For the purposes of this study, the BFI cohesion and leadership subscales were utilized. The cohesion subscale is made up of "five content items dealing with family togetherness, satisfaction received from inside the family versus outside, and spending time together" (Beavers & Hampson, 2000, p. 136). The subscale is composed of the questions numbered 2, 15, 19, 27, and 36. (see Appendix B). The leadership subscale is composed of "three content items involving parental leadership, directiveness, and degree of rigidity of control" (Beavers & Hampson, 2000,

p. 136). The leadership subscale is composed of questions number 8, 16, and 32 (see Appendix B).

It was important to assess the parents’ perspectives of their actions in these areas as this provided the greatest insight into what interactions in the family look like. Gaining this information from the parent’s perspective also allowed parents to evaluate their own leadership role in the family and to gauge how much of an authority figure they assert themselves to be within their families. The cohesiveness of the family was also reported by the parents, who presumably responded based on their experiences as a member of the family unit. The subscale of cohesion in the BFI allows for a score range of 5 to 25. The subscale of leadership allows for a score range of 3 to 15. Lower scores indicate greater competency in this measure.

Overall, the BFI has demonstrated high internal consistency. The BFI has Cronbach’s alphas between 0.84 and 0.93 (Beavers & Hampson, 2000). The cohesion subscale specifically is correlated ($r=0.67$) with the cohesion subscale from the FACES III (Beavers, Hampson, Hulgus, 1985; Beavers & Hampson). Beavers and colleagues reported the test-retest reliability coefficients (for 30 to 90 days) which ranged from .84 to .87 for Family Health/Competence, .50 to .59 for Conflict, .50 to .70 for Cohesion, .79 to .89 for Expressiveness, and .41 to .49 for Directive Leadership (as cited in Hunter et al., 2003).

Table 2, Variables and Operational Definitions

Variables	Operational Definitions
Independent Variable: Family Structure (dichotomous)	Question (#9) regarding relationship status on demographic questionnaire (See Appendix A.)

<p>Mediating Variable Family Cohesion</p> <p>(continuous, 1-5)</p>	<p>Cohesion subscale score on the Beavers Family Inventory</p> <p>(Questions # 2, 15, 19, 27, 36, see Appendix B.)</p> <p>1= Fits our family very well 3= Fits our family some 5= Does not fit our family</p> <p>Score range – 5 to 25</p>
<p>Mediating Variable Parental Leadership</p> <p>(continuous, 1-5)</p>	<p>Leadership subscale on the Beavers Family Inventory</p> <p>(Questions # 8, 16, 32, see previous.)</p> <p>1= Fits our family well 3= Fits our Family Somewhat 5= Doesn't fit our family at all</p> <p>Score range – 3 to 15</p>
<p>Dependent Variable Adolescent Attachment Style</p> <p>(continuous, 1-7)</p>	<p>Question 2 of the Relationship Questionnaire</p> <p>(Rating of the Secure attachment indices; see Appendix C.)</p>

Procedure

The sample of families in this study was clients of the Center for Healthy Families. New clients are typically referred to the Center by schools, the court system, or other local therapy agencies. A family member voluntarily calls the Center seeking therapy, upon which time they complete a phone Intake Interview. From there, the intake is assigned to a student therapy intern within the University of Maryland Couple and Family Therapy program during a clinic staff meeting, and the therapist schedules the first session. All clients at the Center for Healthy Families are required to complete a battery of measures during a pre-therapy assessment session, which is free of charge. Prior to completing this paperwork, the new clients review and sign an Informed Consent

form and a Fee Agreement form. Next, the student therapy intern explains the procedure for completing the assessment materials. The family is left alone in a therapy room to complete the paperwork at their own pace with periodic returns of the interns to answer questions, if needed.

After completion, the measures are coded with numerical case numbers by students at the clinic. An auditing procedure verifies the complete nature of the materials, at which time the assessments are recoded with an alphabetical sequence to ensure the anonymity of the responses. Lastly, the measures are entered into a statistical program, Statistical Package for the Social Sciences (SPSS; Version 17, SPSS, Inc., 2008), by student workers. To clean and check the data, frequencies are run to verify that entries for all variables fall within the appropriate range. Discrepancies are checked against the original assessment materials.

Chapter IV: Results

The present study was designed to examine the mediating effects of family cohesion and parental leadership on adolescent attachment in single and two-parent families. The following hypotheses were tested:

1. The level of cohesion in the family mediates the relationship between family structure and the presence of a secure attachment style in the adolescent.
2. The level of parental leadership in the family mediates the relationship between family structure and the presence of a secure attachment style in the adolescent.

However, prior to testing the hypotheses, the distribution of the score on the mediating and dependent variables were examined for the mothers in single and two parent families. The description statistics for these variables can be found in Table 3.

Table 3, Descriptive Information of Variables

	Single-Parent Families	Two-Parent Families
BFI – Cohesion Range of scores Mean, SD	5-25 14.6, 4.2	7-25 15.7, 4.7
BFI - Leadership Range of scores Mean, SD	3-13 7.1, 3.2	3-14 7.9, 2.4
Attachment Range of scores Mean, SD	1-6 4.4, 2.0	1-6 4.7, 2.1

Primary Analysis

A test for mediation was performed to explore the hypotheses. Baron and Kenny (1986) offer one of the earliest and most significant explanations of how to appropriately

test for mediation. They suggest the following sequential series of estimated regression models: (a) regress the mediator on the independent variable, (b) regress the dependent variable on the independent variable, and (c) regress the dependent variable on both the mediator and the independent variable. Baron and Kenny's model for testing mediation is contingent upon several conditions holding true; these are (a) the independent variable must affect the mediator in the first regression, (b) the independent variable must affect the dependent variable in the second regression, and (c) the mediator must affect the dependent variable in the last equation. As outlined by Baron and Kenny, the first equation in the series must be significant for the subsequent tests to also be conducted. In relation to the current study, for mediation to be established, family structure must affect the family process variables of cohesion and leadership. This study explored the impact of two separate mediators on the relationship between family structure and attachment style. Therefore, two independent regressions were initially run to examine how these potential mediators are associated with the independent variables, exclusive of one another. The initial regression of cohesion (the potential mediator) and its relationship to family structure indicated no difference between single and two-parent families on cohesion $t(1, 88) = 1.18, p = .24 (\beta=0.125)$. The initial regression of leadership (the potential mediator) and its relationship to family structure (the independent variable) also indicated no difference between single and two-parent families $t(1, 88) = 1.42, p = .16 (\beta=0.149)$.

The test for mediation is conditional upon the independent variable having an impact on the mediator. In this study, since neither of these initial equations was

significant, the variables of cohesion and leadership could not act as mediators, and no additional tests were appropriate.

Secondary Analysis

As initially proposed, since the variables did not meet the requirements for a test of mediation, a test for moderation was performed. In accordance with the approach suggested by Baron and Kenny (1986), a moderation variable was created to explore the interaction of the family process variables and family structure. The moderators (cohesion and leadership) explored in this study were continuous variables and the independent variable (family structure) was dichotomous. Therefore, as Baron and Kenny outline, a new interaction variable was created by multiplying the independent variable by the moderator. This variable could then be added to the regression equation. For this study, two separate interaction variables were calculated, one for cohesion and one for leadership. Two separate regression analysis were run. In each case attachment was the dependent variable and family structure, the family process variable (either cohesion or leadership) and the interaction term were entered into the equation. For each regression model no predictors were significant. ($F=0.604$, $p= 0.614$ for cohesion and $F=0.269$, $p=0.847$ for leadership). The summary of the regression coefficients can be found in Table 4 below.

Table 4, Summary of Regression Coefficients

Model	t	B	df1	df2	Sig
One or Two Parents Cohesion Total	.854	1.435	3	84	.396
Moderator - Cohesion	.340	.062			.735
	-.645	-.070			.521
One or Two Parents Leadership Total	.032	.044	3	84	.975
Moderator - Leadership	.015	.004			.988
	.175	.030			.862

Since the test of both moderator variables yielded insignificant results, moderation could not be established. From this study, cohesion and leadership were not found to moderate the relationship between family structure and adolescent attachment style.

Chapter V: Discussion

The primary purpose of this study was to gain a greater understanding of the family processes that contribute to positive adolescent well-being across both single and two-parent families. Previous studies seeking to explore the factors that contribute to the well-being of children and adolescents have narrowly focused on the benefits of being raised in a two-parent household (Brown, 2004; Popenoe, 1993; Wen, 2008).

Furthermore, research exploring family processes has failed to consider the processes of family cohesion and parental leadership and their impact on children across varied family structures. Additionally, research on this topic has overlooked attachment style as a valid outcome measure of child well-being. The goal of this research project was to contribute to the growing pool of knowledge about family processes that influence positive outcomes for children and adolescents. Specifically, this research also sought to examine whether outcomes attributed to family structure could be better explained by the family processes. It was hypothesized that the processes of family cohesion and parental leadership mediate the relationship between family structure and the presence of a secure attachment style in adolescents. The test for mediation sought to challenge the notion of a direct causal relationship between family structure and positive child well-being by exploring the mediational model that the independent variable (family structure) causes the mediator (cohesion or leadership) which in turn causes the dependent variable (secure attachment).

Summary of Results

The findings indicate that no significant relationship exists between the family process variables of family cohesion and parental leadership and family structure. Since

the initial necessary relationship between the potential mediator (cohesion or leadership) and the independent variable, family structure, was not significant, mediation could not be established. A secondary test for moderation was performed to explore the family processes as potential moderators of the relationship between family structure and adolescent secure attachment. In other words, analyses were conducted to determine if the relationship between family structure and adolescent attachment might vary as a function of level of family cohesion and parental leadership. Again, the regression analyses for both cohesion and leadership yielded no significant results. Therefore, family cohesion and parental leadership played no role in the relationship between family structure and attachment in adolescents.

Discussion of Findings

The findings indicate that the family process variables of family cohesion and parental leadership are not mediators or moderators of the relationship between family structure and secure attachment in adolescents within the current sample. While it would be easy to assume from these analyses that family cohesion and parental leadership are of little importance in examining the impact of family structure on child well-being, there are several factors which may have influenced these findings. The characteristics of the sample, the psychometric properties of the measures, and the lack of difference in the single and two-parent families in this sample may have contributed to the lack of significant findings of this research.

First, it is possible that the characteristics of the sample affected the results on several levels. There was a lack of clarity within the current sample that potentially influenced the outcome of this study. The Family/Individual Information assessment

form, which was used to determine the family structure of the sample, only asked respondents to report their current relationship status according to the provided categories. A question measuring the amount of time the mothers have been in their current relationship status. Knowing the duration of time the mothers spent in their relationship status would provide insight into whether or not the current family structure is the structure the adolescents grew up in. For example, the lack of information on this topic meant that there could be a mother-child pair in the sample that was recorded as a two-parent family because the mother recently got married, yet the adolescent may have spent the majority of his or her formative years in a single-parent family. The lack of access to such information means the two groups of one and two-parent families may not be as exclusive as needed to accurately test the hypotheses.

An additional implication of the lack of information regarding relationship length led to a significant portion of the sample being dropped from the study. Mothers who reported their current relationship status to be *separated, but not legally divorced* were not included due to a lack of knowledge about the length of the separation. By living apart but being legally married this group had elements of both a single and a two-parent family. The relationship status length variable would have clarified which classification was more appropriate and reflected the lived experience of the adolescent. Had such information been available, an evaluation of these relationships could have been performed and the sample size could have been greater.

A further characteristic of the sample to consider is the current study's focus on families with adolescents. The significance of parental variables on child outcomes was assessed through this research. Yet, the influence these parental variables have on

adolescents may be less evident than with younger children. It could be argued that children between the ages of 13 and 18 are more prone to external influences that exist outside of the family that may impact one's attachment style. Friendships, romantic relationships, connections with extended family members or other adults in their lives may influence adolescents' ability to engage in a secure attachment. They also may have a weaker relationship with their immediate family, as adolescence is commonly discussed as a time when children strive to be independent. The impact such external influences may have had on the current sample is unknown.

It is also important to note that this study drew from a clinical sample of families seeking therapy. This suggests that the characteristics of this sample differ from a randomly drawn, general population sample. Many families seek therapy while undergoing a transition, such as a recent separation or divorce of the parents. The intensity of turmoil in the family due to this transition may greatly influence their responses to the assessment materials. Also, if the families in the sample are dealing with a transition, it may simply be an inopportune time to measure such processes as cohesion and leadership.

Specifically when considering two-parent families from a clinical and non-clinical sample, much of the research on the topics addressed in this paper drew from healthy two-parent families; the positive outcomes of the children were readily apparent. The two-parent families in this study, as part of a therapeutic sample, are arguably struggling with an issue or concern enough to warrant the help of a professional. The level of discord in the two-parent families present in this study is presumably greater than that of

a non-clinical sample. Therefore, testing findings found in the general population with a clinical sample may have been an inadequate test of the hypotheses.

Lastly, an interesting aspect of the current sample is that it that the single-parent mothers were more educated than the two-parent mothers, as seen in Table 5.

Table 5, Education Levels of Mothers

Level of Education	Single-Parent Mothers	Two-Parent Mothers
Some high school, high school diploma, or trade school	25.5%	34.0%
Some college, associate's degree, or bachelors degree	60.4%	55.3%
Some graduate education, masters degree, or doctoral degree	13.9%	10.6%

The implications this has on the results of this study are not fully understood, but could contribute to the high rates of secure attachment reported by adolescents from the single-parent families. Maternal education has been associated with more positive parenting practices, including being more sensitive to a child's needs and exhibiting less negative control over children (Tamis-LeMonda, Briggs, McClowry, & Snow, 2009). The combination of these factors may contribute to the insignificant findings reported, as the dataset utilized in this study was notably unlike other samples used to test concepts such as those explored in this research.

In considering the levels of education for both groups together, it is apparent that, overall, the sample included a large number of educated mothers. This aspect of the

dataset raises questions about the characteristics of mothers who seek therapeutic services and conversely, the characteristics of mothers not found in the current sample. It may be the case that the more educated a mother is, the more likely she is to engage in help-seeking behaviors. Attending a therapy clinic on the campus of a large university may seem less intimidating to a mother who has exposure to college level courses and more threatening to a mother who did not complete high school. Additionally, attending therapy sessions is a time and monetary commitment for families and it may be more educated mothers see this as valuable.

In addition to the impact the characteristics of the sample potentially had on the results of this study, the psychometric properties of the measures may have limited the researchers' ability to find significant results. It would have been beneficial to be able to compare means from the current sample to normative means for the measures of cohesion and leadership in the BFI as well as the measure of attachment (RQ), but such normative data were not available. It is possible that the current participants, as a therapeutic sample, had different means and distribution than a normative, randomly drawn sample. If normative data were available, comparisons between the means of the two samples would give insight into how much the current study's sample varied from a general population sample.

An additional psychometric property of the current sample's data that may have hindered this study is the lack of variability in reported scores. This is particularly true for the cohesion subscale of the BFI; the mean of the scores reported in this study fell in the middle of the scale of potential scores. On the cohesion scale, scores range from 5 to 25. The mean score of cohesion for the current sample was 15.2 and the standard deviation

was 4.5. This suggests little variation among responses given by single and two-parent mothers and may indicate an over-reliance on the mid-point by respondents. With regards to the leadership subscale, scores range from 3 to 15. The mean of the scores reported for parental leadership was 7.5 and the standard deviation was 2.8. While a mean of 7.5 does not fall in the middle of the scale of scores for leadership, the standard deviation does suggest limited variation in the scores reported by mothers. The lack of variation in scores reported by mothers across both family structures could be due to inadequacies in the measures, apathetic responses by the sample who did not put effort into completing the assessments, or a true absence of difference in family environments across varied family structures.

Furthermore, the correlation of the independent variables may have influenced the study as well. The two process variables explored were conceptually different. The cohesion subscale sought to explore family members' satisfaction and connection to the family unit and the closeness felt between family members (Beavers & Hampson, 2000). The leadership subscale examined control and directiveness asserted in the family unit (Beavers & Hampson, 2000). Yet, even given their conceptual differences, the two processes were modestly correlated ($r=.358$). This may not be surprising given that both concepts are indicative of a healthy family environment. While one process is not dependent on the other and both can exist autonomously, it is likely that a family that is positively functioning would rate high in both cohesion and leadership. While this does not explain the absence of significant findings it does indicate that the findings were likely to be similar for both process variables.

While several aspects of the sample and measures may have contributed to the lack of significant findings, it is important to note that the lack of significant findings were basically because mothers did not differ in their levels of cohesion and leadership based on their marital status and adolescents did not differ in attachments style based on their family structure. Additionally, as seen in the previous chapter, the mothers in this study did not differ much demographically as well. The data suggest that the commonly held finding that the two-parent family is the ideal structure in which children should be raised may need to be questioned. This study was premised on the acceptance of differences in child well-being based on family structure, but sought to question whether that difference was in fact about something other than structure. These data may suggest that the initial assumption needs to be questioned, at least for a clinical sample. It is possible that as more children and adolescents spend time in single-parent homes, the negative effects are not as strong as they were when it was a less common occurrence. In fact, research by Cain and Combs-Orme (2005) has found that the negative effects of single parent families are weaker in more recent cohorts of children. While this study might support that interpretation, conclusions such as this can only be cautiously drawn due to the limitations of the study.

Limitations

Many of the limitations of this study arise from this being a secondary analysis of a preexisting dataset. The data used did not provide for a good test of the proposed hypotheses, in large part due to issues discussed in the prior section. Additionally, as a secondary analysis, this research was confined to using measures already in existence, which had several implications.

Drawing from data already in existence did not allow the researchers to gather information that was specifically related to the hypotheses. First, as previously mentioned, information about the time spent in a particular family structure was a variable missing from this study. Access to such information would have enabled the researchers to make stronger inferences about the impact family structure has on attachment outcomes. The potential fluidity of the family structures in the sample was unable to be assessed. Additionally, as a preexisting dataset, there was a limited sample size of 90 mother-child pairs. A larger sample size would have been beneficial to the research, as it could have provided more variability in responses and improved the generalizability of the study.

Additionally, as a secondary data set, the researchers had no input into the measurement of the variables of interest. In particular, the leadership subscale of the BFI is only composed of three items and has been questioned in other studies (Hunter et al., 2003). Hunter and colleagues found the leadership subscale to have poor internal consistency ($\alpha=.17$ and $\alpha=.16$) when assessed at two separate time markers during a longitudinal study. Yet, this subscale was the only measure available in the dataset that evaluated this concept. Therefore, the researcher was limited to using it as a variable despite its questionable capability to adequately assess parental leadership within a family unit.

Moreover, utilizing a preexisting dataset meant there was limited access to outcome measures for adolescents. Attachment is a unique outcome measure, which does have important implications for adolescents' abilities to engage in healthy interpersonal relationship. However, attachment is not typically used as a measure of adolescent well-

being and the appropriateness of it as such is not fully understood. Had data been collected for this study independently, perhaps a different outcome measure would have been gathered that was more appropriate. Or, several measures related to determining attachment style could have been given to the adolescents to explore, in greater detail, how one's family environment influences the development of secure attachment in children.

Conclusion

In conclusion, family cohesion and parental leadership were not found to be mediators or moderators of the relationship between family structure and adolescent secure attachment. While the inadequacies of the dataset may have contributed to the insignificant findings, questions still linger about the relationship between these variables. An important aspect of the data utilized in this study is that they does not support the popular argument that two-parent families are better for children and adolescents. No differences in secure attachment outcomes were seen between adolescents from single and two-parent families. This finding calls into question the idea that differences in child outcomes, which are commonly attributed to family structure, may be more about the characteristics of the family. These findings stand in contrast to the popular pro-two-parent family platform and suggests that future research exploring this idea is warranted. Investigating family processes across varied family structures provides insight into the characteristics of a family environment that contribute to positive outcomes for children and adolescents. Family cohesion and parental leadership still merit examination, but such research should be done with a more appropriate dataset.

The difficulties experienced in this study and the lack of significant findings seem to be, in part, due to the nature of the concepts explored in this research and the limitations of a cross-sectional study. The concepts of family structure, cohesion, and leadership, as well as the focus on adolescents are all dynamic variables, yet the current study treated them as static concepts. Studying these variables at one point in time offers a severely limited perspective of these concepts in action and shortchanges their dynamic nature. Assuming these variables to be static undercuts the reality that many families exist in a constant state of flux. In this way, cross sectional research is a weak approach to studying families. Longitudinal methods allow for the flow of families to be captured with greater accuracy.

All too often, researchers focus on the exclusivity of family structure and assume that structure is a fixed component of family life. Yet, as previously discussed, the fluidity of the family structure was an aspect of the study that warranted further exploration and having additional data on the length of time spent in a particular family structure would have provided insight into this component of the sample. The action of dividing the families into the single-parent and two-parent groups was a challenge in itself, in assuming certain characteristics about cohabitating partners and presuming that being divorced means the couple no longer resides with one another, which in fact may not be the reality.

Likewise, the changing nature of cohesion and leadership may also be underestimated by the approach taken in this study. As seen in the low test, re-test reliability reported in the Measures section (.50 to .70 for Cohesion and .41 to .49 for Directive Leadership), these variables may be processes that change frequently in

families. The true nature of such processes is not fully understood but as the outcomes of this study suggests, a different approach than the one taken here may be necessary to accurately examine family cohesion and parental leadership. Again, examining the processes over time, through a longitudinal approach, would provide greater insight into the changeability of these variables and would provide a more sound perspective of how the processes play out in family life.

Furthermore, the current study's focus on adolescents was previously discussed as being problematic in relation to the external influences that may impact attachment style. It is also worth noting that studying an aspect of adolescent development and well-being at one particular point in time may be a troublesome approach given the dynamics of adolescents. To assess adolescent well-being at one point in time assumes that well-being is stationary and persistent. In fact, especially during adolescence, adolescents are sensitive to their own development changes, transitions within their families, and outside influences that interact and impact well-being, regardless of how well-being is measured.

In considering the limitations presented in exploring family structure and family processes through the method taken in this current study, a greater understanding of practical research methods that accurately test these concepts is needed. As suggested, a longitudinal approach would offer greater accessibility to evaluating the dynamic nature of such variables. Researchers need to be sensitive to the notion that families are in flux and that being in a state of changeability is not negative, but rather is the norm for many parents and children. Perhaps this study can encourage further research exploring the impact family processes have on child and adolescent well-being and will advance the idea that studying dynamic concepts as static components of family life is problematic.

Additionally, it can promote the idea that a limited focus on family structure shortchanges the processes that greatly contribute to positive outcomes for children.

Appendix A: Family/Individual Information & Instructions



FAMILY/INDIVIDUAL INFORMATION & INSTRUCTIONS

This is the first in a series of questionnaires you are being asked to complete that will contribute to the knowledge about individual and family therapy. In order for our research to measure progress over time we will periodically re-administer questionnaires. Please answer the questions at a relatively fast pace, usually the first response that comes to mind is the best one. **There are no right or wrong answers.**

4. Date: _____
#: _____

1. Case

2. Therapist's

Code:

The following information is gathered from each family member separately.

Name: (Print) _____

Address: _____

E-mail address: _____

Phone Numbers: _____

5. Gender: M F

6. SSN _____ - _____ - _____

7. Age (in years): _____

8. You are coming for: a.) Family _____ b.) Couple _____ c.) Individual _____ therapy.

9. **Relationship Status** _____

- | | |
|---|--------------------------------|
| 1. Currently married, living together | 5. Separated, not married |
| 2. Currently married, separated, but not divorced | 6. Dating, not living together |
| 3. Divorced, legal action completed | 7. Single |
| 4. Living together, not married | 8. Widowed/ Widower |
| | 9. Domestic partnership |

10. **Years Together:** _____

11. What is your **occupation?** _____
status? _____

12. What is your **current employment**

- | | |
|--|---|
| 1. Clerical sales, bookkeeper, secretary | 1. Employed full time |
| 2. Executive, large business owner | 2. Employed part time |
| 3. Homemaker | 3. Homemaker, not employed outside home |
| 4. None – child not able to be employed | 4. Student |
| 5. Owner, manager of small business | 5. Disabled, not employed |
| 6. Professional - Associates or Bachelors degree | 6. Unemployed |
| 7. Professional – master or doctoral degree | 7. Retired |
| 8. Skilled worker/craftsman | |
| 9. Service worker – barber, cook, beautician | |
| 10. Semi-skilled worker – machine operator | |
| 11. Unskilled Worker | |
| 12. Student | |

13. Personal **yearly gross income**: \$ _____

(before taxes or any deductions)

14. **Race**: _____

1. Native American
2. African American
3. Asian/Pacific Islander
4. Hispanic
5. White
6. Other (specify) _____

15. What is **your country of origin**? _____

What was **your parent's country of origin**?

16. _____ (father's)

17. _____ (mother's)

18. Highest Level of **Education** Completed: _____

1. Some high school
2. High school diploma
3. Some college
4. Associate degree
5. Bachelors degree
6. Some graduate education
7. Masters degree
8. Doctoral degree
9. Trade school

19. Number of **people in your Household**: _____

you: _____
live with you: _____

20. Number of **children who live at home** with

21. Number of children who **do not**

Names and Phone Numbers of **Contact People** in case of emergency (minimum 2):

22. What is your **religious** preference? _____
(Presbyterian, Unitarian)
Pentecostal)

1. Mainline Protestant (e.g., Episcopal, Lutheran, Methodist,
2. Conservative Protestant (e.g., Adventist, Baptist, Pentecostal)
3. Roman Catholic
4. Jewish
5. Other (e.g., Buddhist, Mormon, Hindu) Please specify _____
6. No affiliation with any formal religion

23. How often do you **participate in organized activities of a church or religious group**? _____

1. several times per week
2. once a week
3. several times a month
4. once a month
5. several times a year
6. one or twice a year
7. rarely or never

24. How **important is religion or spirituality** to you in your daily life? _____

1. Very important
2. Important
3. Somewhat important
4. Not very important
5. Not important at all

25. **Medications**: _____ Yes _____ No. If yes, please list the names, purpose, and quantity of the **medication(s)** you are currently taking. Also list the name and phone number of the medicating physician(s) and your primary care physician:

Medications:

Primary Care Physician:

Phone:

Psychiatrist? Yes/No Name & Phone, if yes.

Phone:

Legal Involvement:

26. Have you ever been involved with the police/legal authorities? Yes/No (circle)

If yes, please explain:

27. Have formal, legal procedures (e.g., ex-parte orders, protection orders, criminal charges, juvenile offenses) been brought against you? Yes/No (circle) If yes, please explain:

28. If formal procedures were brought, what were the results (e.g., eviction, restraining orders)? _____

29. Many of the questions refer to your "family." It will be important for us to know what individuals you consider to be your family. Please list below the names and relationships of the people you will be including in your responses to questions about your family. Circle yourself in this list.

(Number listed in family) _____.

Name

Relationship

List the concerns and problems for which you are seeking help. Indicate which is the most important by circling it. For each problem listed, note the degree of severity by checking () the appropriate column.

4 - Severe

3- Severe

2 - Moderate

1 - Mild

30.	31.			
32.	33.			

34.	35.			
36.	37.			

38. The most important concern (circled item) is # _____.

Appendix B: Beavers Family Inventory 2



BFI²

GENDER: _____ **DATE OF BIRTH:** _____ **THERAPIST CODE:** _____ **FAMILY CODE:** _____

Directions: **For each question, circle the answer that best fits how you see your family now.**

	YES:		SOME:		NO:
	Fits our family very well		Fits our family some		Does not fit our family
1. Family members pay attention to each other's feelings.	1	2	3	4	5
2. Our family would rather do things together than with other people.	1	2	3	4	5
3. We all have a say in family plans.	1	2	3	4	5
4. The grownups in this family understand and agree on family decisions.	1	2	3	4	5
5. Grownups in the family compete and fight with each other	1	2	3	4	5
6. There is closeness in my family, but each person is allowed to be special and different.	1	2	3	4	5
7. We accept each other's friends.	1	2	3	4	5
8. There is confusion in our family because there is no leader.	1	2	3	4	5
9. Our family members touch and hug each other.	1	2	3	4	5
10. Family members put each other down	1	2	3	4	5

11. We speak our minds, no matter what.	1	2	3	4	5
12. In our home, we feel loved.	1	2	3	4	5
13. Even when we feel close, our family is embarrassed to admit it.	1	2	3	4	5
14. We argue a lot and never solve problems.	1	2	3	4	5
15. Our happiest times are at home.	1	2	3	4	5
16. The grownups in this family are strong leaders.	1	2	3	4	5
17. The future looks good to our family.	1	2	3	4	5
18. We usually blame one person in our family when things aren't going right.	1	2	3	4	5
19. Family members go their own way most of the time.	1	2	3	4	5
20. Our family is proud of being close.	1	2	3	4	5
21. Our family is good at solving problems together.	1	2	3	4	5
22. Family members easily express warmth and caring toward each other	1	2	3	4	5
23. It's okay to fight and yell in our family.	1	2	3	4	5
24. One of the adults in this family has a favorite child.	1	2	3	4	5
25. When things go wrong, we blame each other.	1	2	3	4	5
26. We say what we think and feel.	1	2	3	4	5
27. Our family members would rather do things with other people than together.	1	2	3	4	5
28. Family members pay attention to each other and listen to what is said.	1	2	3	4	5
29. We worry about hurting each other's feelings.	1	2	3	4	5
30. The mood in my family is usually sad and blue.	1	2	3	4	5
31. We argue a lot.	1	2	3	4	5
32. One person controls and leads the family.	1	2	3	4	5
33. My family is happy most of the time.	1	2	3	4	5

34. Each person takes responsibility for his/her behavior	1	2	3	4	5
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35. On a scale of 1 to 5, I would rate my family as: (Circle the number)

1	2	3	4	5
My family functions well together				My family does not function well together at all.

36. On a scale of 1 to 5, I would rate my family as: (Circle the number)

1	2	3	4	5
No one is independent. There are no open arguments. Family members rely on each other for satisfaction rather than on outsiders.		Sometimes independent. There are some disagreements. Family members find satisfaction both within and outside of the family.		Family members usually go their own way. Disagreements are open. Family members look outside of the family for satisfaction.

Appendix C: Relationship Questionnaire



RQ

Gender: _____ Date of Birth: _____ Therapist Code: _____ Family Code: _____

1. The following are descriptions of four general relationship styles that people often report. Please circle the letter corresponding to the style that best describes you or is closest to the way you are in your relationships with **PEOPLE IN GENERAL**.
 - A. It is relatively easy for me to be emotionally close to others. I am comfortable depending on others and having others depend on me. I don't worry about being alone or having others not accept me.
 - B. I am somewhat uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I sometimes worry that I will be hurt if I allow myself to become too close to others.
 - C. I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, and I sometimes worry that others don't value me as I value them.
 - D. I am comfortable without close relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

2. Now please rate each of the relationship styles above according to the extent to which you think each description corresponds to your general relationship styles

	Not at all like me		Somewhat like me		Very much like me	
Style A.	1	2	3	4	5	6 7
Style B.	1	2	3	4	5	6 7
Style C.	1	2	3	4	5	6 7
Style D.	1	2	3	4	5	6 7

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