Title

A comparative study of scapegoating patterns in face-to-face interactions of ill and non-ill families

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Publication Date

1980

Peer reviewed|Thesis/dissertation

A COMPARATIVE STUDY OF SCAPEGOATING PATTERNS IN FACE-TO-FACE INTERACTIONS OF ILL AND NON-ILL FAMILIES

by

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DISSERTATION

Submitted in partial satisfaction of the requirements for the degree of

DOCTOR OF NURSING SCIENCE

in the

GRADUATE DIVISION

of the

UNIVERSITY OF CALIFORNIA

San Francisco

[redacted]

Date Librarian

APR 6 1980

Degree Conferred:.....

ABSTRACT

Tescher, Barbara, E. A Comparative Study of Scapegoating Patterns in Face-to-face Interactions of Ill and Non-ill Families.

The aim of this investigation was to test some propositions of an operational definition of scapegoating, developed by the researcher as the conceptual framework of the study. Thirty families equally divided in ill-physical, ill-emotional, and non-ill categories were studied using a Structured Family Task for identification of scapegoating behavior and a Structured Family Interview for identification of the cultural value orientation of parents. All of the study participants were intact families with two or more children, the youngest of whom was able to conceptualize the meaning of the term "criticism". Written consent to participate in the study was obtained from each family member and also from a health agency when appropriate. In families designated "ill", one member of each family had been diagnosed by a health professional licensed to do so. The researcher met with each family and completed the Structured Family Task and the Structured Family Interview to provide data for study of the following problems: 1) Does the pattern of scapegoating differ within each of three groups of families designated ill (physical), ill (emotional), and non-ill? 2) Does the pattern of scapegoating differ between categories of families? 3) Is there a relationship between birth order and patterns of scapegoating? and, 4) Is parental cultural value orientation conflict related to patterns of scapegoating?

Findings indicate that scapegoating occurs slightly less frequently in families labeled ill (physical or emotional) than in families labeled

non-ill. It was as likely for a parent to be scapegoated as it was for a child in families classified as non-ill. The first-born child was more frequently scapegoated in families labeled ill-emotional than in families classified as non-ill or ill-physical. Parental cultural value orientation differences occurred in all families and no clear conclusions could be drawn about the relationship between the phenomenon of scapegoating and the life views held by parents. The conclusions of the study alert family theorists and therapists to the possibility that the concept of family scapegoating is not as clear as has been supposed. There was also evidence that the phenomenon does not occur as frequently as has been assumed.

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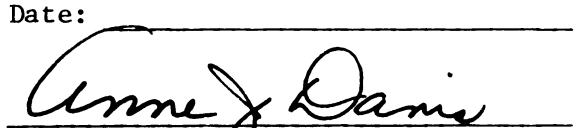

Anne J. Davis, Sponsor

ACKNOWLEDGEMENTS

No dissertation is completed without the patient support of a great many. This one is no exception. I am grateful for the continued encouragement of my friends and colleagues. All were, by turns, tolerant of my stress behavior and intolerant of my procrastination.

I am especially appreciative to the willing participation of the thirty families who permitted me access to their lives. Each family was a unique experience - the warmth and humor of each and the courtesy with which I was received was astonishing.

To the members of my committee, Dr. Shirley Chater, Ms. Patricia Pothier, and Dr. Anne Davis, my thanks. Each made definitive contributions and were differently instrumental in assisting me to clarify my thinking. I am particularly grateful to my sponsor, Dr. Davis, for her on-going support and encouragement.

A COMPARATIVE STUDY OF SCAPEGOATING
PATTERNS IN FACE-TO-FACE INTERACTIONS
OF ILL AND NON-ILL FAMILIES

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INTRODUCTION

> However the Danzigs were bewildered by Sarah's meditation. And gradually the tension in the family grew. But the day came when they could stand it no longer. A sacrifice was needed to placate the idols of their haunted darkness, a sacrifice for their fear.... [They] sacrificed their daughter Sarah, sending her into the desolation of a madhouse.
>
> (Aaron Esterson, 1972, p. 205)

Background of Study

Theorists and therapists who focus on face-to-face interactions of families are evolving sets of conceptualizations which account for and explain the patterns of behavior that they observe. Scapegoating, one such concept used to denote a specific interactional process, has captured the attention of several investigators in the field of family psychiatry.[1] Foremost among them were Vogel and Bell (1960; pp. 382-97), Ackerman (1964. pp. 48-57), and, more recently, Watzlawick, et al. (1970, pp. 27-39). Despite a relatively common conceptual orientation, close examination of their writing and research revealed points of conflict and contradiction. The aim of this investigation was to test some propositions of an operational definition of scapegoating developed by the researcher as the conceptual framework for study.

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[1] Scape-goat (skap' got') n (Scape, trans. from the Hebrew 'azazel, prob. name of a demon): A person or thing bearing the blame for others. See Eric Berman, Scapegoat. University of Michigan Press, (Ann Arbor, 1973).

Although there has been wide recognition of scapegoating as a family process and the term appears frequently in the literature, there were few studies that tested the concept as it had been theoretically developed. The first study by Vogel and Bell (1960) comparing "well" and "ill" families was descriptive in nature and did not indicate the way in which scapegoating was empirically measured. Ackerman (1964) developed an operational definition of scapegoating and presented it as a set of "hypotheses" that were derived from his conceptualization of case material. These constructs formed the basis for continued theoretical work, but were apparently not subjected to the rigors of research. More recently, an instrument was developed to measure scapegoating and protection in families that has been assessed as methodologically sound by Riskin and Faunce (1972, pp. 391-392). Unfortunately, these authors, Watzlawick et al. (1970), did not explicate the relevance of their findings in terms of a clearly defined theoretical framework. The understanding of the reader was assumed and the conceptual parameters of the terms used ("scapegoating" and "protection") were never defined.

Current use of the term scapegoating is now quasidiagnostic; used almost as if it represented a formalized category of psychiatric nomenclature. It has been applied to what appears to be both events and processes, and in such a wide variety of situations that it is obviously unprecise in definition. Answers to the questions posed by this study should contribute to clarification of definition and may provide therapists with some additional avenues from which to approach theoretically grounded development of intervention strategies. A label, in this case scapegoating, is a therapeutic convenience, but may short circuit

thought and observation. Indiscriminant and poorly grounded application of labels is inappropriate and counterproductive for both families and therapists. It seems therefore that if theory is to serve as a guide for clinical intervention, clarification of the phenomenon of scapegoating is essential. Untested theory may be soundly grounded and plausible, but it does not serve as a firm basis for action.

Traditionally, nursing has been involved with families in a variety of settings and situations, and nurses often have been the point of contact between the family and other members of the health care system. Many nurses meet families in "wellness" rather than "illness" contexts. These contexts (i.e., well baby clinics, schools, etc.) require identification of client (patient) needs for anticipatory guidance as intervention for purposes of primary prevention. Although wellness, not illness, has been the major theoretical approach for nursing and nursing education, there remains fascination with pathology and a concomitant tendency to focus on "the problem". This tendency has been reinforced by a number of factors; not the least of which was the need to justify one's existence within a bureaucracy. There also appeared to be a rather basic human need (as embodied in mythology and fairy tales) to identify clearly and without ambiguity the "good" and the "evil". This need has been reinforced by a value system in which causative (evil) agents were pursued through dedicated application of highly complex technological maneuvers. For these reasons, in spite of high quality educational programs, it has been difficult for the usual practitioner to deal with process rather than event as both content and culprit. Process is amorphous - difficult to identify and describe. It is easier to locate and name an event as a linear cause-and-effect reason for a

given outcome or problem. As nurses have moved into extended roles that involve increasing demands for independent judgement, the need for theoretical understanding of process, rather than labeling of events becomes even more crucial if wellness is to remain a major focus. This study was an attempt to test some aspects of a conceptual framework basic to scapegoating as a family process.

Problem Statement

Purpose. The aim of this investigation was to test aspects of a conceptual framework for scapegoating, synthesized by the researcher from existent work by utilizing the Structured Family Task described by Watzlawick, et al. (1970). The hypotheses developed were limited to those which could be tested through use of the Structured Family Task (See Appendix A). Comparative groups of families labeled ill and non-ill were observed while performing a structured task in an interview situation. Data were coded and scored to yield individual family profiles which indicated the general degree of scapegoating and protection within each family. Analysis of the profile and descriptive data was directed toward the identification of intra and inter-group patterns of scapegoating. Additional demographic and cultural value orientation data were obtained through use of a structured interview guide adapted from the work of Kluckholn by the investigator (in Spiegel, 1971; pp. 159-200)(See Appendix B). These data were analyzed in relation to individual family profiles.

Specific Problems for Study. The specific questions for this research were:

1) Did the pattern of scapegoating differ within each of

three groups of families designated the ill-physical, the ill-emotional, and the non-ill?

2) Did the pattern of scapegoating differ between categories of families designated ill-physical, ill-emotional, and non-ill?

3) Was there a relationship between birth order and patterns of scapegoating in families designated ill-physical, ill-emotional, and non-ill?

4) Was there a relationship between patterns of scapegoating in families and evidence cf parental/marital cultural value orientation conflict?

CHAPTER I. REVIEW OF THE LITERATURE

The Scapegoat: A Necessary Evil

> We need not worry that the kill ratio
> between Them and Us will get too high.
> There are always more where they came
> from. From inside Us.
> (R. D. Laing, 1971, p. 95)

The social and anthropological phenomenon of the scapegoat has been a fact of human existance in a variety of cultures throughout history. The word scapegoat was an invention of Tyndales' (1484-1536) translation of the Bible. The term incorporated ancient belief in the propitiatory efficacy of animal sacrifice with the idea that sin could be transferred, both functionally and metaphorically, away from the sinner. The Biblical name, "Azazel", sometimes translated "scapegoat", was not that of the animal itself, but was rather the name of a minor demon or fallen angel (Frazer, 1937, p. 99). This ritual purification of sins of both the nation and the individual citizen of Israel was formalized in the fourth century B.C. The rite was described in the Old Testament, Leviticus 16: 7-10, 20-22, and 26 by the following passages that denoted the ceremony for the Annual Day of Atonement.

> Then he shall take two goats
> and set them before the LORD at
> the door of the tent of the meeting;
> and Aaron shall cast lots upon the
> two goats, one lot for the LORD and
> the other lot for Azazel. And Aaron
> shall present the goat on which the
> lot fell for the LORD, and offer it
> as a sin offering; but the goat upon
> which the lot fell for Azazel shall
> be presented alive before the LORD to
> make atonement over it, that it may be
> sent away into the wilderness to Azazel...

> And when he has made an end of atoning
> for the holy place and the tent of meeting
> and the altar, he shall present the live
> goat; and Aaron shall lay both his hands
> upon the head of the live goat, and con-
> fess over him all the iniquities of the
> people of Israel, and all their trans-
> gressions; and he shall put them upon the
> head of the goat, and send him away into
> the wilderness by the hand of a man who
> is in readiness. The goat shall bear
> all of their iniquities upon him to a
> solitary land; and he shall let the goat
> go in the wilderness...And he who lets
> the goat go to Azazel shall wash his
> clothes and bathe his body in water,
> and afterward he may come into the camp.
> (The Oxford Annotated Bible, 1962, pp. 142-143)

This book of ritual laws of worship provided the Hebrew people with the explicit means of atonement and forgiveness by which they could be restored to wholeness and reconciliation with God. The description had analogues and parallels in numbers of religions and cultures. It seemed unique only in that the Jews of the time were satisfied by the sacrifice of animals rather than people (Frazer, 1911, pp. 599-628).

After the words were coined, the term scapegoat and scapegoating were used to label objects sacrificed and the rites associated with sacrifice in analogous and symbolically related situations. The original goal was to rid the tribe of both responsibility for and consequences of acts, events, or circumstances that were commonly defined as evil or sinful and for which no rational causative agent could be identified (James, 1950, p. 99). The outcome was the release and reduction of tension generated by fear and guilt; i.e., individual guilt, collectively expressed and fear for the survival of the evil community faced by a wrathful and vengeful God (Frazer, 1911). It should be understood that death of the victim was neither the primary goal nor the

desired outcome. It was merely an unavoidable, perhaps even regretable, concommittant of ritual directed toward restoration of "the free flow of divine beneficence" (James, 1950, p. 99). The role of scapegoat has been one of high risk together with high power. Both attributes have been conferred by the function served by the role. This function, maintenance of group integrity (solidarity), was achieved through avoidance of collective responsibility and guilt for internal error or conflict and through subsequent, socially sanctioned, expression of displaced hostility and aggression.

As the prescriptive, scriptural denotation of this phenomenon continued to be altered by symbolic and analogous usage, additional themes emerged from written descriptions of the ways in which scapegoats were selected. Signal among these themes was that of the willing victim. The human scapegoat was often offered honors and privileges that otherwise would never have been available. These willing sacrifices have been called by titles such as The Mock King, King Fool, and King of Saturnalia or Carnival. In these instances the communal sins of pride and avarice were carried by a "Lord of Misrule" who traded a long life for a short, but merry, one (Bronowski, 1955). Several writers have included Jesus Christ, the mock King of the Jews, in this category and have called Him "the Divine Scapegoat" (Frazer, 1911; Bronowski, 1955; Allport, 1954). Expendability has been another emergent theme related to selection of a scapegoat. These expendables could be the criminal, the defective, the insane, or merely the weak; or, could symbolize a prejudice held by the majority (Gastor, 1959; Bettelheim & Janowitz, 1964). Kluckhohn, writing in 1949 observed that "...a 'safe-goat' and not a 'scape-lion' is chosen. The weak seem to invite attack from some

people, perhaps from most people who are themselves discontented" (Kluckhohn, C., 1949, p. 107). Bermann summarized the social importance of scapegoating as follows:

> Scapegoating is the institutionalization of a reign of terror against someone. As such, it fulfills a purpose that other modes of defense cannot. It organizes the terrorizing group into an entity. Unit of purpose, togetherness of mind, alignment against a common target, are both its trademarks and the measures of its effectiveness. These features are not by-products of scapegoating, but are instead essential ingredients for its use. If the unity of a group is not threatened, or if a group is not in need of welding, it is unlikely that scapegoating will surface as a modus operandi, for its significant feature is its contagion, through which all members of the group become bound in its organization.
>
> (Berman, 1973, p. 163)

The ideal scapegoat, at least in the secular sense, was willing, weak and expendable, and symbolic of a negative value held by the majority. These themes, apparently evident in the scapegoating rituals and practices of many more or less primitive cultures and societies, also emerged in the process currently identified as family scapegoating. The social function of scapegoating, that of solidifying the group and maintaining its integrity, also operated in similar fashion within the family system.

Scapegoating: A Family Affair

> The Scapegoat...that's what they called you. And let me tell you something curious ...If two persons had a disagreement, they became friends again the moment you became the topic.
>
> That is indeed curious..., was all that Libotz could say.
>
> (August Strindberg, 1965)

Scapegoating, as a family affair, begins during the developmental

years of the two individuals who will eventually marry. It probably has existed, at least in potency, and perhaps in fact, throughout the prior generations of each family (Boszormenyi-Nagy and Sparks, 1973, pp. 28-29, 84-85, 127-9, 157; LaVeck, 1971, p. 8; Davis, 1967, p. 22; Vogel and Bell, 1960, pp. 426-9). Each spouse in the newly established dyad brings expectations of self and other in relation to marital roles that have been learned during the years of their lives with families of origin. In addition, each could have unresolved personality problems and/or differences in cultural value orientation. Both also carry expectations of self and other about ways in which their respective, and as yet hypothetical, parental roles should be enacted. Tension is created when, almost inevitably, these role expectations are not met (LaVeck, 1971, p. 2; Vogel & Bell, 1960, p. 426). In the usual course of events, the tension is reduced as the couple work out their differences and either adapt to each other or agree to disagree without disqualification or disconfirmation. These negotiations and agreements require ability and willingness to notice the existance of differences, disagreements, and unmet expectations and to deal with them openly. For some couples, the ability to confront these issues is severely constrained due to fear that to do so would result in abandonment or dissolution of the relationship or in serious threat to the self-esteem of one or both spouses (Vogel & Bell, 1960, pp. 426-427; Berman, 1973, p. 160). Some couples do not notice that these unmet expectations exist. In either case, severe tension is produced. During the early phases of such marriages, if they last, and prior to the birth of the first child, the rising tensions may be intermittantly discharged

through cycles of fighting and reconciliation, preoccupation with jobs and social activities, complaints to one's family of origin and/or through increasing dependency of the spouses upon each other (Vogel & Bell, 1960, p. 426; Napier & Whitaker, 1978, pp. 22-23). Unfortunately, these maneuvers result in only temporary reduction of the tension and are themselves stress producing. Napier and Whitaker indicated the growth of mutual dependency as particularly pernicious in that "...the protagonists get very scared that they are each going to lose their individual identities...in the same way they lost them in the families in which they grew up" (1978, p. 23). This increases the fear of abandonment and reinforces the threat to self-esteem thus further increasing the tension (Napier & Whitaker, 1978, pp. 148-149). The arrival of a child, and subsequent children, can provide focus that is safe for tension reduction strategies that further conceal the problem. An illustration may be useful. The investigator had recent opportunity to work in therapy with a family of six. Both parents were surprised to discover that neither had known that the other had held differing and contradictory role expectations for the last thirty years. When this became obvious, both were able to state the source of these expectations (the two families of origin), and both wondered aloud about their lack of mutual understanding. This might be unremarkable except that the content had to do with the value of work and the meaning of success. In this context, it was interesting to note that the oldest male child was a hostile, truculent, and very intelligent young man of twenty-five who was unemployed and living at home and who had no plans to change his situation. The oldest female child, in her early twenties, had been, by her own acknowledgement, a delinquent and promiscous run-away as an

adolescent. The second daughter had been diagnosed as schizophrenic; only the youngest boy had escaped serious difficulty. While ascription of linear causality is not reasonable, the astonishment of the parents, their need to discuss their new found knowledge, and the reluctance of the children to take the parents' concern seriously lends credence to theory and confirms the clinical judgements of numbers of therapists.

The choice of a child as scapegoat was most clearly explicated by Vegel and Bell who stated that the previously noted mutual fears of the parents preclude the seclection of a spouse as target (1960, p. 427; 435). These writers also indicated that outsiders to the family were not selected because ties with the community were either too tenuous or too well integrated to make such a choice safe or possible (Vogel & Bell, 1960, pp. 427-28; 431). Their findings, based upon longitudinal study of nine disturbed families, indicated that the first-born child was most likely to become the family scapegoat and that, once established, the role did not transfer easily from one to another. This conclusion was based upon the idea that this child was the first powerless and dependent target available for discharge of parental tension, expendable in terms of family maintenance functions, and the most malleable in relation to role development. Only one first-born child was noted to have been able to detach from the home. In that case, the next available child became the scapegoat (Vogel & Bell, 1960, pp. 427-28; 432; 435). The study indicated that the child selected was also symbolic of the parental conflict itself or was identified with the negative or unacceptable traits of the parent whom he most resembled. In instances where objective observation could not substantiate negative parental evaluation of the behavior of a scapegoated child, the parents stead-

fastly clung to their obviously distorted views (Vogel & Bell, 1960, pp. 428-29; 432). These writers also noted the reciprocal nature of the behavior of the child, reminiscent of that of the "willing victim" previously described. The focus of attention and subtle rewards that were conferred upon the scapegoated child were reinforcements that sufficed to insure continuence of the overtly disapproved behavior (Vogel & Bell, 1960, pp. 432-433; Goodspeed, 1975, p. 153; Johnson-Sonderberg, 1977, p. 155, 158). Further benefits accrued for the entire family, including the victim, from the resultant decrease in tension between parents and increased solidarity of the group (Vogel & Bell, 1960, pp. 437-38; 440). Each member of the family experienced immediate gain from the dreary and repetitive sequence of events; the marital coalition was renewed, the scapegoated child was the recipient of covert approval and negative attention, and other siblings shared the pleasure of tension reduction as well as the experience of relief at not having been targets. Unfortunately, the respite from tension is short-lived since, for as long as the original conflicts remain unresolved, the cycle will recur and the growth of the family and each of its members is retarded (Vogel & Bell, 1960, p. 400; LeVeck, 1971, p. 3; Messer, 1971, p. 383; Johnson-Soderberg, 1977, p. 158; Rand, 1975, pp. 157-158). The Vogel and Bell study was of signal importance in that subsequent clinicians and theorists have generally tended to accept most of their empirical findings without evident criticism. A major exception arose from the work of Ackerman who postulated a constellation of complementary roles that included the scapegoat and which shifted among family members. Although he never really challenged the conclusion of Vogel and Bell, Ackerman believed that a spouse could as readily become the scapegoat as a child and that the first-born was no more likely to become the victim

than any other family member (Ackerman, 1966, p. 75; 115; 1964, p. 630-32; 1967, p. 48-57). His notion that the role of scapegoat often shifted was in opposition to that of Vogel and Bell who believed that such a transfer of role was unlikely unless the first-born was detached from the family unit.

Ackerman hypothesized three major roles of persecutor or attacker, victim or scapegoat, and healer or rescuer that could be taken by any member of a family in conflict (1964, p. 628; 1967, pp. 55-56; 1966, pp. 50-53). Each role represented a faction that identified with a different and "warring" component of conflict that revolved around expectations about family values and identity. According to Ackerman, the scapegoat was chosen because s/he constituted a perceived threat to the family that must be eradicated by members of other factions. In response, the scapegoated one may attempt alliance with another family member to refocus the attack thus becoming a persecutor. Should the attempt at alliance fail, the scapegoat may then essay a shift to the role of healer. The irrational nature of the intrafamilial prejudice was emphasized in this construct.

> The prejudice may take the form of an antagonism to anything new, to any expression of change or growth; it may be opposition to the assertion of difference, or the expression of spontaneous feeling. The prejudice may revolve around issues of conflict between the younger and older generations. It may attach to the war of the sexes. It may become connected with brain vs. brawn, smart vs. stupid, fat vs. thin, light vs. dark skin, or to a variety of habits concerning food, clothing, and cleanliness (Ackerman, 1966, p. 165).

Other roles may change as well, with one parent becoming the rescuer who tries to protect the potential scapegoat; or, both parents may shift roles in accordance with the specific conflict in a given situation. In

any event, according to Ackerman, the goal was maintenance of family solidarity and integrity no matter the cost. The outcome for the scapegoated member who failed to achieve role shift was emotional breakdown; the outcome for the entire family was retardation of "emotional nourishment" for all members (Ackerman, 1966, p. 56).

The broad definition of prejudice proposed by Ackerman may account for the current tendency of many in the field of family therapy to identify any patient as scapegoat and any blaming as scapegoating. If true, such a mind set may create at least a potential problem due to the idea that people behave in ways that confirm their attached labels and that others also behave toward them in similar ways (McKay, 1975, pp. 141-148; White, 1952, p. 52). In addition, since what is seen also determines what is not seen, the label of scapegoat may prevent both the troubled family and the health care provider from noticing other factors that may be operating in a given situation.

There has been a paucity of research directed toward affirmation or denial of either the findings of Vogel and Bell or the hypotheses of Ackerman. One study, based upon data reported by family therapists, supported the idea that scapegoating occurs in disturbed families and that the role patterns described by Ackerman existed within such families. Findings of this study also indicated, with Vogel and Bell, that the phenomenon occured less frequently in families assessed as less disturbed and that a child was more frequently the victim (Hoeffer, 1969). Although the conceptual framework for this study was clearly stated, it was not clear that the respondants who provided the information used the same behavioral data as the basis for their assessments. Watzlawick, et al. used one of the tasks of the Structured Family

Interview (the "blame" task; See Appendix A) to identify the extent of protection and scapegoating in pathological families (1970, pp. 27-40). The task produced a situation of standard stimulus that limited the number of interchanges between family members, thus reducing the amount of irrelevant detail that often complicate family research. Findings indicated that identified patients in the forty-eight middle-class families included in the sample were both less protected and less scapegoated than other family members, were more accurate about other family members, and were more honest about their own written blame statements. No relationship was found between birth order and either patient or scapegoat status (Watzlawick, et al., 1970, pp. 33-35). Each family contained at least one member who carried a diagnosis of emotional illness, psychosomatic illness, or delinquency, but were not matched for variables other than those previously noted. No non-ill families were included in the sample. A major difficulty of this study was that the conceptual framework was largely implied and the reader apparently was assumed to understand the meaning of the term scapegoat. Definition was limited to notation that scapegoating "...consists in the attribution of an item [blame statement] written about someone else away from that person to another family member..." (Watzlawick, et al., 1970, p.36). As can be seen, literature relating to scapegoating has not provided precise definition of the phenomenon either as behavior or in terms of effect upon family systems. The use of the concept as a basis for diagnosis of a family problem or as a construct for intervention was therefore also imprecise. Since use of the term has had wide-spread acceptance without apparent agreement about its meaning, further definition seemed warranted and highly desirable.

CHAPTER II. CONCEPTUAL FRAMEWORK: PROPOSITIONS AND HYPOTHESES

Operational Definition as Conceptual Framework

Since at least one prominent school of family theory is grounded in systems thinking, and since operational definitions are grounded in systems theory, it was logical to use an operational definition as a basis for research related to a family concept - scapegoating (Bowen, 1976, pp. 53-90).

In the context of this study, the operational definition was a formalized effort to identify the steps and phases of process that were inherent in, and peculiar to, a particular concept (Wandelt, 1970, p. 113-114; Simon, 1969, p. 15-23; Peplau, 1968, p. 12-16). The goal was specification of the operations that gave rise to the identification by name, and description of, a group of complex and interrelated human behaviors. The definition was developed in sequential or serial order so that, as specific behaviors occured, the observer could identify and validate the emergence of a given concept. An operational definition is a conceptually based clinical tool derived from the application of theory to empirical observation that is then validated with clients and colleagues. The notion is that a symbol, in this case the name of a concept of human behavior (scapegoating), and its components must be semantically agreed upon by its users so that each will have the same frame of reference.

An operational definition is a conceptual, rather than a theoretical framework because it is neither prescriptive nor situation-

producing (Dickhoff and James, 1968; Chater, 1975, pp. 428-429). It can, however, serve as a guide for determining the appropriateness of application of specific theory to clinical decision making. Such definitions are particularly useful in situations in which immediate clinical judgements are necessary to idenfity and validate recurrent process phenomena. Further, operational definitions of clinical concepts may be validated through the research process and thus serve as basis for theory building. The framework for this study was, therefore, conceptual rather than theoretical in nature.

The most serious, although usually unwritten, criticism of operational definitions stem from their apparant simplicity. It is the contention of this investigator that the ascribed simplicity is more apparant than real. From a theoretical viewpoint, an operational definition is consistant with, and grounded in, the tenets of general systems thinking. The definition must be taken as a whole; it is more than the sum of its parts. One component may not be taken out of context, nor may any step or phase be omitted. Unless all parts of the definition are present, and in order, the concept named is no longer the concept operationalized. These ideas of wholeness and interrelatedness are characteristic of a system. In addition, systems theory indicates that linear cause-and-effect thinking about relationships is simplistic and does not reflect the principle of equifinality that is evident in the course of human behavior. Systems theory addresses the question, "What is going on?" as does the operational definition. The question, "Why?" is not relevant in the contexts of either systems theory or the operational definition. Systems theory states that the

important events in a system recur over time and in similar ways and that these recurrent patterns constitute the basic processes of any system (von Bertalanffy, 1966, pp. 703-721; Koestler, 1967, pp. 341-348; Watzlawick, 1967, pp. 118-148; Watzlawick, 1974; Ruesch, 1975, pp. 193-211; Sluzkind & Ransom, 1976, pp. 146-147; Mineuchin, 1978, pp. 20-22, 74-91, 92-107; Napier & Whitaker, 1978, pp. 45-59). Operational definitions rarely deal with human events that do not recur, in patterns, over time and may be used therefore to identify steps and phases of process.

Propositions of Scapegoating: An Operational Definition

Scapegoating is a patterned process that occurs within a group in which one member or group of members is selected and assumes responsibility for conflict within the group and receives the blame (aggression and hostility) for difficulties experienced by the group.

Family scapegoating is directly related to the foregoing general definition and is operationally defined below.

1) The founding members of the family (parents) have marital and/or parental role expectations that conflict.
    a. The source of the conflict may arise from unresolved personality problems in one or both spouses.
    b. The source of the conflict may arise from differences in the cultural value orientations of the spouses.
    c. The source of the conflict may be a combination of the previously noted sources or any phenomena that contribute to the development of discrepant role definition by the marital pair.
2. The conflicting role expectations are not resolved.

a. The conflicting role expectations may not be perceived by one or both spouses.

b. If perceived:

(1) Direct confrontation of the conflict by the spouses is seen as threatening the self esteem of one or both partners.

(2) Direct confrontation of the conflict by the spouses is seen as threatening abandonment and/or dissolution of the relationship.

3) Failure to resolve the conflict produces tension.

4) The conflicting role expectations are expressed through the child "newcomer" who is chosen (unilateral enactment) scapegoat (victim) for the conflict itself or its source.

5) The child is inducted into the role of scapegoat through a variety of attacking maneuvers (reciprocal enactment).

a. Only one parent may be the attacker while the other (the healer) operates to reduce or neutralize the attack and rescue the scapegoat.

b. The roles of attacker and healer may shift in a given situation.

c. As the family enlarges, and/or as the child grows less dependant and vulnerable and more able to mobilize a counterattack, all the roles may shift.

d. Both parents may form a coalition and assume the role of attacker.

6) Tension is reduced (at least temporarily) through successful projection of blame to the scapegoated person.

7) Family equilibrium and solidarity are maintained at the expense of the victim who may develop behaviors that can be classified as those associated with emotional illness or deviance. Optimal growth and development of all family members is limited or sacrificed.

8) The process is repeated for as long as the original conflict(s) exists.

Hypotheses

The following hypotheses were derived from the propositions stated in the preceeding section. Since numbers of theorists have consistantly indicated that some degree of role expectation conflict between spouses is inevitable, an assumption was made that scapegoating events occur in all families irrespective of labels of ill-physical, ill-emotional or non-ill.

1) Scapegoating occurs more frequently within families labeled ill-physical or ill-emotional than within families classified as non-ill.

2) Scapegoating occurs more frequently within families labeled ill-emotional than within families labeled ill-physical.

3) Scapegoating occurs more frequently within families, regardless of illness/non-illness classification, when there is evidence of parental/marital cultural value orientation conflict, than in families where there is no such evidence.

4) A parent is as likely to be scapegoated as a child within families that are classified as non-ill.

5) A child is more frequently scapegoated within families labeled ill-emotional than in families classified as non-ill.

6) A child is more frequently scapegoated within families labeled ill-emotional than in families labeled ill-physical.

7) The first-born child is more frequently scapegoated within ill-emotional than in families classified as non-ill.

8) The first-born child is more frequently scapegoated within families labeled ill-emotional than in families labeled ill-physical.

9) The identified patient is more frequently scapegoated within families labeled ill-emotional than in families labeled ill-physical.

10) A child is more frequently scapegoated within families classified as non-ill when there is evidence of difference in parental/marital cultural value orientation than in families in which these differences do not seem to exist.

These hypotheses were limited to those that could be tested through application of The Structured Family Task and The Interview Schedule and were not designed to test all of the propositions of the conceptual framework.

CHAPTER III. METHODOLOGY

Overview

Methodology for this study was descriptive of comparative scapegoating patterns in the face-to-face interactions of ill and non-ill families in relation to propositons derived from the conceptual framework. Families were classified as non-ill, ill-physical, or ill-emotional. There were thirty families; ten in each category. Data collection was accomplished through the exercise of a structured task by each family group in the presence of the investigator (See Appendix A). A structured interview of the marital dyad was also conducted to elicit demographic information and data related to parental cultural value orientation (See Appendix B).

Definition of Terms

Scapegoating - A patterned process that occurs within a group in which one member, or group of members, is selected and assumes responsibility for conflict within the group and receives the blame (aggression and hostility) for difficulties experienced by the group.

Family - A group of people, living in nuclear relationship sanctioned by law, composed of two adults and two or more verbal children.

Parents - The professed biological father and mother of a family.

Child - The offspring of the parents of a family.

Ill Family - A family in which one member has been formally assigned a standard diagnostic label by professional health care personnel who are qualified by law to do so. The ill families are further classified by the nature of the illness; whether physical or emotional. Families in which there were both classifications of illness were excluded from this study.

Non-ill Family A family in which no member has been formally assigned a standard diagnostic label within the past five year period by professional health care personnel who are qualified by law to do so.

Structured Family Task - An aspect of the Structured Family Interview (Watzlawick, 1970) designed to uncover patterns of scapegoating and protection in families (See Appendix A).

Standard Diagnostic Label- A name for any disease entity, either physical or emotional that appears in The International Classification of Diseases, IX, U.S.P.H.S., Government Printing Office, Washington, D.C.

Cultural Value Orientation - A major factor that governs patterned role behavior (Spiegal, 1971). Socially learned abstractions about the nature of human nature, man's relationship to man, the most significant time dimension (i.e., past, present, future), and

the most valued activity (i.e., being, being-in-becoming, doing)(Kluckhohn, F., et al., 1961; Vogel & Bell, 1967; Spiegal, 1971, pp. 160-169).

Design

Thirty families were observed while performing the same structured task (See Appendix A). Each parental dyad then responded to a separate questionnaire developed by the investigator to obtain demographic data and information about the cultural value orientation of the spouses (See Appendix B). These instruments have been described on page 32. Each parent was asked to respond individually to the cultural value orientation component of the questionnaire. Diagnostic data were recorded by the investigator. The investigator acted as participant-observer to guide these experiences for all, except one, of the subject families. Data from this one family were collected by a nurse-colleague of the investigator. Each family was seen at a location and time most convenient for them. While most families elected to be seen in their own homes, some chose agency offices or conference rooms familiar to them. Approximately one-half of the families selected an early evening meeting time; the others were seen in the afternoon. Except for the information available to them on the consent form, no family knew the exact focus for the study prior to the end of the session (See Appendix C). One member of one family knew the investigator in her capacity of nurse-clinician prior to the time of the data collection session.

Every attempt was made to conduct each family session in a similar manner. The standard protocol for each structured task and interview was, in order: 1) careful explanation of the rights of the subject families including possible risks and benefits (See Appendix C); 2)

signing of the consent form by each family member; 3) data collection through exercise of the structured family task; 4) data collection through structured interview of the marital dyad; and, 5) an offer made by the investigator to talk with the family about their experience, the purpose of the study, and/or any other questions that they might have. Total time for each session was never less than one hour nor more than two hours. Variables affecting duration of the interview included a number of factors. Among these were the numbers and ages of the children in the family, the numbers and kinds of interruptions in the process of the session, and the abilities of family members to understand the task at hand. Each family also managed the encounter with the investigator and the tasks in a unique and highly individualistic way. Some, particularly those with young children, who lived outside the major metropolitan area, handled the session as a major social event. In these cases, depending upon the time of day, the mother provided cake or fruit, coffee, and sometimes wine. While some families seemed prepared for the session, others appeared unready; children had to be retrieved from neighbors' homes, fathers from basement or study. Whatever the situation, some degree of anxiety was present at the beginning of each session for both the family and the investigator. This was most commonly reduced through the provision of information designed to orient the family to the conduct of the session. Many families also appeared relieved when their rights as subjects were clarified and when they understood that any member could end a session at any time by merely so stating. In several families, the children were obviously delighted and surprised to learn that they, too, had the power to terminate a session if they wished. The resulting teasing, testing, and laughter also

served to reduce initial anxiety. Once engaged, all families were willing to complete the sessions.

Families also varied in their approach to the structured family task. A few had some difficulty with the meaning of the words, i.e., "fault" or "criticism", and several needed additional orientation, explanation, and reassurance. Most husbands made jokes about writing a criticism of their wives and most youngest children expressed both concern and pleasure at the prospect of criticizing their fathers. In some families one or more of the children needed some assistance from the investigator to physically write the required criticism. In those instances, the investigator and the child held a "conference" in another room to help with writing skills. Once it was understood, all family members were able to use the concept of "criticism" or "fault" to write their statements. All families were also able to make the necessary assignments of "blame" for each of the written criticisms. Again, each family, regardless of their category, responded to the task in a unique way. Some were brisk and matter-of-fact, some used humor and teasing to reduce anxiety, and a few were guarded and protective of family members. With few exceptions, all families perceived the statement "too weak" as a severe and negative criticism. Several families correctly identified the statement as one added by the investigator. All were finally able to ascribe the statement to a family member.

The structured interview was also handled in an highly individualistic way by the parental dyad and their children. In some families, children excused themselves at this time since their participation was not required. In others, they remained in the room. Parents varied in their ability and willingness to tolerate child participation in the

interview. Couples reacted to the interview with responses that ranged from bland lack of curiosity to intense interest. One woman thought that the cultural value orientation component of the interview would make an excellent parlor game. Her request for an extra form was denied and she decided not to take time to make a handwritten copy. Two couples laughed in response to the content and stated that it sounded like conversations they had when first married. Others made comments indicating that they had never discussed such content and had no idea of the ways in which their spouses would respond.

As may be expected, families responded to the question and answer closure period in equally dissimilar ways. Some were very interested in the study, wanted to know how their performance differed from other families, and requested copies of the abstract. One father offered to review the methodology and edit the study if needed. Some people seemed relatively unconcerned about the study, but instead insisted that the investigator tour the house and/or grounds. These families were open with the investigator and shared current living problems, e.g., cramped quarters for children, renovation and construction plans and projects, new kittens or puppies, and, in one case, a newly born foal. Children shared rock collections, art work, and other treasures. Two sessions culminated in serious discussions of current emotional difficulties experienced by a spouse or child. Both of these families were in the ill-physical category of families, and both had already made appointments to seek assistance from appropriate local health care professionals. Neither of these individuals had received a diagnosis of emotional illness. It was the judgement of the investigator at the time that neither was likely to receive such a diagnosis as a result of their

current felt difficulties. The standard protocol for each interview was followed as outlined. It was enacted in thirty sessions in thirty different and idiosyncratic ways. It is impossible to estimate whether or not these differences were significant in relation to the actual data collection. There is certainly a potential methodological problem in relation to comparison of family categories. This potential problem represents a limitation of the study.

Sample

The sample for this study consisted of thirty volunteer families categorized into three groups of ten families each; non-ill, ill-physical, ill-emotional. Families that participated in the study were recruited from a variety of sources located in the larger San Francisco Bay Area, Sonoma County, Sacramento, and San Diego. Families categorized as non-ill were those in which no member had been assigned a standard diagnostic label within the last five years. Families categorized as ill-physical were those in which only one member had been assigned a standard diagnostic label denoting a chronic physical illness within the last five years. Families categorized as ill-emotional were those in which only one member had been assigned a standard diagnostic label indicating chronic emotional illness within the preceeding five years.

Other criteria for inclusion in the sample were related to family size, ages of children, social class, and ethnicity. Each family consisted of two parents and two or more verbal children who lived together under the same roof. The youngest child in each family was five years old or older and able to conceptualize the meaning of the words "fault" or "criticism". Each family met the criterion for professed biological relationship; no step-parents or children or adopted

children were included in the study. Due to difficulty with recruitment, two of the original criteria, that the families be middle class and caucasian, were dropped. This permitted inclusion of families of different social classes and/or ethnicity. Rationale for this substitution was based on the notion that in cross-cultural marriages, the effects of distinct cultural value orientation differences of spouses would be strongly apparant, thus distorting the data. These kinds of effects would not obtain if both spouses were of the same ethnic origin. Those families selected for study that did not meet the criteria of caucasian, middle-class were of the same ethnic origin. Subsequent thought about the original and substitute criteria leads to the idea that perhaps these should have been further modified to include only families in which the spouses were clearly of the same ethnic background. The designation of "caucasian" is less precise than is the designation of, for example, "Japanese" or "Filipino" or "German".

Families categorized as non-ill were recruited through the personal and professional network of the investigator and constituted a convenient sample. Subjects for the other two categories were recruited through contact with a variety of public and private agencies. In order to insure maximum freedom for potential subjects to refuse participation, the investigator contacted families only after they had granted permission for such contact. All subjects in all categories were recruited in this manner. When families were sought through specific health care agencies, the providers were asked first if there were potential subjects available. The potential subjects were then asked by these providers for permission to release their names to the investigator. Families who

gave permission were then contacted by telephone by the investigator. This telephone contact was made in order to provide a brief explanation of the purpose of the study, the structured family task, the parental interview, and the time necessary for participation. The person representing the family was urged to discuss the study with other members of the family and an appointment was made for a follow-up call by the investigator. Arrangements were made during the second call for the time and place of the family session. Families that were not recruited through a formal agency were contacted in a similar way through a third person. No family was contacted directly by the investigator. Four families that were originally believed to fit the criteria for the category of non-ill identified themselves as belonging to one of the illness categories at the time of the family session.

Although the procedures seem simple enough, the task of securing the thirty subject families was extremely difficult and time-consuming. Each family that finally agreed to participate represented at least five families that refused. Many people, after hearing the details, decided against participation without consulting their families. Several agreed to participate, then cancelled the session at the last minute, usually with the explanation that the husband had decided against it. Some families that seemed willing to serve as subjects were unable to do so because of stated problems with planning a suitable time. Often it seemed that each family member had a unique schedule that prevented their meeting together at the same time; fathers were on business trips, mothers participated in community programs, worked, or were themselves enrolled in school while children were engaged in a multitude of activities. In several families where there was an ill member, therapeutic

and health maintenance activities distorted schedules severely. In addition, the so-called "typical" middle-class nuclear family, always a demographer's myth, is ephemeral and largely unavailable in the setting of the Bay Area. Families that met the basic criteria and were experiencing the illness of one member as well were exceedingly scarce and even more difficult to locate. Although the cause-effect reasons may be argued, it is common knowledge that families tend to disorganize or dissolve more frequently when facing the chronic illness of a member. This became empirically more evident as the search for subject families in the illness categories continued.

Although the criteria as modified for the study were met and ten families in each category were interviewed, sample difficulties remain as a serious methodological problem. Statistical comparisons of categories were not considered due to the small size of the sample. It was hoped, however, that comparative trends between categories could be identified and judged as valid if membership criteria for inclusion in the study could be controlled. Since such control was only partially achieved, comparisons between categories must be viewed as tentative. Verbal tasks require a common heritage of language and culture and the derived ability to deal with metaphor as content (Watzlawick, 1967, pp. 20-22). It is doubtful that the subject families can be said to have approached the interviews from a consistent base.

Description of Instruments: Procedures for Data Analysis

Two major instruments were used to test hypotheses derived from the propositions of the conceptual framework. One of these tools has been used for many years by clinicians and researchers in family therapy; the other was devised by the investigator for the purpose of this study.

Due to the small sample size both were employed in order to obtain descriptive information; neither was intended to produce data for statistical analyses.

Structured Family Task. The first instrument (See Appendix A) is one of a series of tasks conceived by Gregory Bateson, Jay Haley, and John Weakland in 1957 for use in their work with families of veterans. The series was further refined by Paul Watzlawick and resulted in the development of the Structured Family Interview. This set of structured family tasks was then used as a clinical tool to elicit patterns of family interaction and reduce the amount of time needed for initial assessment of functioning of families in which there was a schizophrenic member (Watzlawick, 1966, pp. 256-257). Later applications of the Structured Family Interview were extended to include other kinds of families for purposes of research into family functioning and for the training of neophyte family therapists (Watzlawick, 1966, pp. 264-271). It continues to be described and/or cited in current standard texts on family therapy. The "blame" task component of the Structured Family Interview was selected for use in this study since it was developed to elicit complementary family interaction patterns of scapegoating and protection as a result of controlled stimuli. Scapegoating was defined as, "...incorrect attribution of blame to one member [of a family]"; protection, the complement of scapegoating, is "...incorrect attribution of blame away from one member [of a family]" (Watzlawick, 1966, p. 263; Watzlawick et al., 1970, p. 30). Observations of these patterns were recorded and analyzed thus making it possible to compare individuals within families as well as groups of families.

Finding the Scapegoat - The Procedure

Data derived from this structured family task were used to construct individual family profiles in order to provide graphic illustration of patterns of scapegoating in each of the three categories of the sample (See Exhibits I, II, and III). Each entry represents an inaccurate attribution of criticism. Entries above the horizontal line indicate the extent to which a family member was protected; entries below the line indicate the extent to which a family member was wrongly named or scapegoated as target for a criticism. Entries below the line (scapegoating) are the focus for this study. For example: in Exhibit I, family 1 is composed of four members; two parents, one daughter (D_1) and one son (S_1). There is no identified patient as this family was classified in the non-ill category. Since this is a family of four, four criticisms were written by family members. Each member must attribute each statement to another member or to self. There are, therefore, sixteen possible attributions in this family of four. Because only incorrect attributions appear in the family profile, it may be assumed that in this case only three errors were made. The daughter (the first-born) was blamed twice for criticisms intended for her brother; the mother was blamed once for a criticism intended for her spouse. Since entries above the line are complementary, the individual protected is also indicated. In this family profile, the mean error was less than one; the daughter received two criticisms. Since the score for the daughter is more than twice the mean error, it may be said that according to the family profile, she is the family scapegoat. The case for assignment of this role to the daughter is strengthened by noting that

she was protected by no one. Although for the purposes of this study, the subject families were not the objects of long-term observation. Watzlawick et al., state that there are substantial correlations between the patterns identified by the Family Profile and that noted during the course of actual clinical practice (1970, p. 91).

The raw data of the Family Profiles plus other data representing accurate responses were reduced to standardized scores, weighted by family size, by using established arithmetic procedures (See Appendix D). These data permit comparisons between families within a category and between categories of families in relation to scores of scapegoats identified by the Structured Family Task, and in relation to the identified patient (See Exhibits IV, V, and VI). For example: in Exhibit VI, Family 4 is composed of four members; two parents and two sons. The identified patient is the first-born son who has an emotional illness. Since this is a family of four, four criticisms were written by family members thus producing sixteen possible attributions. Five errors were made (See Exhibit III for Family Profile). The first-born son (S_1) was blamed four times; twice for criticisms intended for his mother, once for his brother; and once for his father. He (S_1) was protected only once, by his father - who took one criticism actually intended for his son. Since the score for the son (S_1) is more than twice the mean error, it may be said that he is the family scapegoat. These summary data further indicate that this son did not accurately receive all of the items meant for him but received other items not intended for him and most of the extrafamilial items as well. He alone received one-half of the "blame" responses for the entire family. He also proved to be totally inaccurate in attributing criticisms written by other family

members to the intended target. He was honest in the correct attribution of his own written criticism. He may be described as a first-born, not very perceptive, emotionally ill, honest family scapegoat who is also assesed as such by his parents (See Exhibit VII). One could speculate about the role of the mother in the family, but that is beyond the scope of this investigation.

In order to make comparisons between categories of families, the scores of each identified patient, first-born children and identified scapegoats were compared with the mean scores of the rest of their families. Differences were then noted between categories in order to describe the extent to which the hypotheses related to scapegoating could be confirmed or denied. Only cases in which the mean score of the named individual (first-born or scapegoat) exceeded the mean score of other family members were included. For example: the number of instances in which the first-born child received items actually written about them more accurately than other family members (Ia) was nine of ten families in the non-ill category. This figure was then compared with the numbers of instances in the ill-physical families (seven of ten families) and in the ill-emotional families (six of ten families). No other category of family membership, i.e., father, mother, other sibling, consistently exceeded the mean scores of the other family members. Therefore, the conclusions may be drawn that first-born children are perceived and cited more accurately than are other family members and that accuracy and illness may be inversely related. It cannot be said that this measure indicates that the first-born is more frequently scapegoated since the criticisms were, in fact, about them. The example is cited to illustrate methods of analysis only. All of the scores

derived from the data produced by the criticism exercise were analyzed in the same manner.

Potential difficulties involved in the use of the task for purposes of research have to do with the simplistic definition of scapegoating; the idea that incorrect attribution of blame is, in fact, scapegoating and the idea that the truthfulness or honesty of the respondents about their perceptions of other family members could be questioned.

Social Class Status and Cultural Value Orientation - The Instrument

The second instrument (See Appendix B) was developed by the investigator to obtain information about family history of scapegoating, birth order, social class, and the cultural value orientation of the spouses.[2] The cultural value orientation component of this instrument was developed by the investigator from theory and research formulated by Dr. Florence Kluckhohn and comprehensively reported in 1961 (Kluckhohn, F., & Strodtbeck, F.). This theory indicates that while the basic values of all people center around four problems or questions or orientation, people of different cultures have varying, socially learned, solutions or answers (preferences) that are predictable and organized in specific patterns. The value orientations are defined as ideas that influence

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[2] The Two Factor Index by August Hollingshead was used to assign social class to the subject families. This index, used by the U.S. Bureau of the Census, is based upon education and occupation and is not inclusive of economic status. Current inflation rates and other crises of the economy make financial indices less relevant than in the past. See A. Hollingshead, "Two Factor Index of Social Position" in Meyers, J. & Bean, L., A Decade Later. John Wiley & Sons, Inc., (New York, 1968).

behavior about, "...nature [and] man's place in it, ...man's relation to man, and of the desirable and non-desirable as they relate to man-environment and interhuman relations...." (Kluckhohn, C., 1951, pp. 409, 411). The preferences for each orientation have a three-point range of variation that may be illustrated as follows:

ORIENTATION	PREFERENCES		
Man-Nature	1. Subjugation to Nature	2. Harmony with Nature	3. Mastery over Nature
Time	1. Present	2. Past	3. Future
Activity	1. Being (Dionysian)	2. Being in Becoming (Appollonian)	3. Doing (Promethian)
Relational	1. Colaterality	2. Lineality	3. Individualism

(Kluckhohn, F., 1961, p. 12)

The preferences as they appear above broadly correspond to the cultural value orientation preferences of; 1) predominately Spanish sur-name people; 2) predominately Asian people; and, 3) predominately caucasian middle-class people of the United States (Spiegel, J., 1971, pp. 165-169). These are obviously stereotypical preference constellations for each culture; however, such artificial divisions permitted the development of sets of statements, each framed by the basic orientations, that could be responded to differentially. Each parental dyad was told that a response was required for each of the four sets of statements. The investigator also acknowledged to each parental dyad that there were probably no statements with which they could totally agree. Each was requested to select the statements that most closely approximated their individual beliefs. All respondants were willing and able to make these selections.

Social Class - The Procedure

Social class data were compiled from responses to the Structured Interview Guide developed by the investigator and subjected to Hollingshead's Two Factor Analysis (See Exhibits VIII, IX, and X). This method of analysis depends upon factors of education and occupation for social class assignment; the lower numbers indicate higher class status. For the purpose of this study, people who stated that their occupation was that of housewife were assigned to the category of "small owner, technician, or clerk". Other categories were assigned by consensus based upon the best judgements of three raters, two of whom were colleagues of the investigator, one of whom was the investigator. College students, all of whom were in their Senior year of school, were assumed to graduate and were placed in that category. As can be seen, families cagegorized as non-ill were of higher class status than were families in the illness categories. This constituted at least a potential limitation of the sgudy and was due to the convenient nature of the sample. The class differences might have been greater had not some, supposed non-ill families, identified themselves as belonging to one of the illness categories.

Cultural Value Orientation - The Procedure

Responses to the cultural value orientation component of the Structured Interview Guide were collated for each family in each illness category (See Exhibits XI, XII, and XIII). As may be recalled, each spouse was asked to respond independently to statements corresponding to each dimension of Cultural Value Orientation. Each selected one option from each set of statements that most clearly reflected a personal belief about each dimension. In addition, each

spouse also selected options that reflected the positions that they believed their partners and their parents would hold. For example: in Family 1, Exhibit XI, the responses of the mother indicated her own belief that man is master of nature as well as her belief that her spouse would also select that option. She also indicated her belief that her parents would select the option that reflects the position of man as subordinate, or in subjugation, to nature. The responses of the father in the family indicated his belief that man and nature exist in harmony. He also believed that his mother would select the option that reflects the position of man in subjugation to nature and that his father would choose the position representing man's mastery of nature. Neither spouse was in agreement with, nor correct about, the beliefs of the other in relation to this dimension. The husband saw his beliefs as different from those of his mother and similar to those of his father, while the wife saw her beliefs as different from those of both her parents. These spouses also reflected lack of agreement about and misperception of, the position of the other in relation to the dimension of time. Both were in agreement and correct about the beliefs of the other in relation to the most valued activity and the proper nature of relationships.

These data were then summarized so that the options that each spouse selected for self could be compared in relation to three separate cultural stereotypes (See Exhibits XIV, XV, and XVI). These exhibits also indicate the extent to which spouses held values that were internally consistent with a specific cultural preference, the extent to which spouses were accurate about their partner's values, and the extent to which they held similar cultural value orientations. For example:

in Family 9, non-ill category, the wife held values that were internally inconsistent. Her belief about the value dimension of time was congruent with those held by people with Spanish surnames; her beliefs about the relationship of man with nature and the most valued activity were more in keeping with those of Asian people; her relational orientation was that of caucasian middle-class people of the United States. This latter value was the only one upon which she and her husband, who was also internally inconsistent, agreed. The husband was accurate in his estimation of his wife's beliefs three out of four times; she was accurate one-half the time. A summary of the cultural value orientation preferences for all families in each illness category is presented in Exhibits XVII, XVIII, and XIX. These figures are of interest only to the extent that they seem to represent some perceived generational shift in values in spite of an obvious predominance of cultural value orientation preferences that are representative of those of caucasian middle-class people of the United States. The final perspective for analysis of these data is that of the extent of agreement by spouses about the value of each of the dimensions that comprise a cultural value orientation preference (See Exhibit XX). This exhibit indicates that spouses in each category of family were equally inaccurate about each other's choices and that most spouses differ widely in their views of life. The possible exception is seen in the relational dimension. Spouses in the category of ill-emotional tended to agree about this dimension to a greater extent than spouses in other illness categories.

Potential difficulties with use of this instrument were due to the fact that although it was successfully tested by the investigator on a small convenient sample of dyads prior to use in the study, there was

no evidence that it was reliable or valid either through appeal to history and tradition or through research. Neither was there evidence that it was not reliable or valid; the five pilot couples who were asked to respond to the statements were all able to do so without difficulty or confusion.

CHAPTER IV. FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Findings:

The results of data analysis are presented in three parts. The first part is focussed on those hypotheses that are addressed by the Structured Family Task, the second deals with hypotheses that require assessment of the cultural value orientation of the spouses. The third section identifies findings that are of interest but do not directly relate to the stated hypotheses.

About the Scapegoat

Hypothesis 1: Scapegoating occurs more frequently within families labeled ill (physical or emotional) than within families classified as non-ill.

The scapegoat is identified in two ways: first through use of the criticism exercise, and second by the self-report of the spouses who were asked by the investigator, "Is there anyone in your family that always seems to be 'it' - in hot water of one kind or another?" In the ten families categorized as non-ill, six couples reported seven scapegoats. Four of these self-reported scapegoats received a "total criticism" (If) score that exceeded the mean of the scores of other family members. The criticism exercise revealed four scapegoats in four families. Each of these received "total criticism" scores that exceeded the mean of scores received by other family members. In four families, the self-reported scapegoat received a score that exceeded the mean score of other family members, but did not meet the criterion establishing the scapegoat as a person receiving twice the mean error score (See Exhibit IV, Family 4, Non-ill). In no case was the reported scapegoat and the exercise identi-

fied scapegoat the same person. A total of eight persons were identified as scapegoats in this illness category.

In the ten families classified as ill-physical, four couples reported six scapegoats. Two of the self-reported scapegoats received "total criticism" scores that exceeded the mean of the scores of other family members. The criticism exercise revealed six scapegoats in six families: four received total criticism scores that exceeded the mean scores of other family members; two of these were the same person as identified by the self-report of parents. In one family, two self-reported scapegoats received scores that exceeded the mean score of other family members, but did not meet the criterion extablishing the scapegoat as a person receiving twice the mean error score (See Exhibit V, Family 3, Ill-physical). In two cases the reported scapegoat and the exercise identified scapegoat were the same persons. There was a total of six scapegoats identified for this category.

In the ten families categorized as ill-emotional, seven couples reported seven scapegoats. Four of these received "total criticism" scores that exceeded the mean of the scores of other family members. The criticism exercise revealed six scapegoats in six families: four received "total criticism" scores that exceeded the mean scores of other family members; three of these were the same person as identified by the self-report of parents. In one family, the self-reported scapegoat received a score that exceeded the mean score of other family members, but did not meet the criterion establishing the scapegoat as a person receiving twice the mean error score (See Exhibit VI, Family 10, Ill-emotional). In three cases the self-reported scapegoat and the exercise identified scapegoat were the same person. There were seven scapegoats

identified in this illness category.

In summary, there were eight, six, and seven scapegoats identified respectively in the non-ill, ill-physical, and ill-emotional categories of families. According to this study, scapegoating may be described as occuring slightly less frequently in families labeled ill (physical or emotional) than within families classified as non-ill.

Hypothesis 2: Scapegoating occurs more frequently within families labeled ill (emotional) than families labeled ill (physical).

The data described previously (Hypothesis 1) lead to the conclusion that, according to this study, there is little difference in the frequency with which scapegoating occurs in families labeled ill-physical and families labeled ill-emotional.

Hypothesis 4: It is as likely for a parent to be scapegoated as it is for a child within families that are classified as non-ill.

In families categorized as non-ill, seven scapegoats were reported by the parental couple; four of these were children. The criticism exercise led to the description of four persons as scapegoats; two of them were children. Eight family members were identified as receiving "total criticism" scores that exceeded the mean scores of other family members; four were children. According to this study, it is as likely for a parent to be scapegoated as it is for a child within families classified as non-ill.

Hypothesis 5: A child is more frequently scapegoated within families labeled ill (emotional) than in families classified as non-ill.

Four children were scapegoated, i.e., received criticism scores that exceeded the mean score of other family members, in the ten families classified as non-ill. Six children were scapegoated in the ten families classified as ill-emotional. There were six and seven scapegoats respectively in the categories of non-ill and emotionally ill families. According to this study, a child is slightly more frequently scapegoated within families labeled ill (emotional) than in families classified as non-ill.

Hypothesis 6: A child is more frequently scapegoated within families labeled ill (emotional) than in families labeled ill (physical).

Six children were scapegoated in the ten families classified as ill-emotional. Four children were the scapegoats in the ten families in the ill-physical category. There were six scapegoats in the ill-physical category and seven scapegoats in the emotional illness category. Therefore, according to this study, a child is scapegoated slightly more frequently within families labeled ill-emotional than in families labeled ill-physical.

Hypothesis 7: The first born child is more frequently scapegoated within families labeled ill (emotional) than in families classified as non-ill.

In the ten families classified as non-ill, three first-born children were identified as scapegoats. In the ten families classified as ill-emotional, six first-born children were identified as scapegoats. There were eight scapegoats in the non-ill families and seven in the

emotionally ill families. According to this study, the first-born child is more frequently scapegoated in families labeled ill (emotional) than in families classified as non-ill.

Hypothesis 8: The first-born child is more frequently scapegoated within families labeled ill (emotional) than in families labeled ill (physical).

In the ten families classified as ill-physical, two of the six identified scapegoats were first-born children. Six first-born children were identified as scapegoats in the emotionally ill families. According to this study, the first-born child is more frequently scapegoated within families labeled ill (emotional) than in families labeled ill-physical.

Hypothesis 9: The identified patient is more frequently scapegoated within families labeled ill (emotional) than in families labeled ill (physical).

There were six and seven scapegoats identified in the physical and emotional illness categories respectively. Only one scapegoat in the physicall illness category of families was also the identified patient. This person had not been reported by the parents as a scapegoat. Six identified patients in the emotional illness category of families were also identified as scapegoats. Four of these had also been identified by the parents as the family scapegoat. According to this study, the identified patient is more frequently scapegoated within families

labeled ill-emotional than in families labeled ill-physical. In addition, there is evidence that the spouses in the emotionally ill category are more aware of the phenomonen of scapegoating in the family and more accurate in naming the individual who enacts the role than are spouses in the physically ill families.

Inter-family Patterns

When the score (I.f.) of the person identified as the scapegoat is compared with the mean of the scores of other family members, a difference between non-ill and ill categories of families emerges. The mean score of the scapegoats in both the ill-physical and ill-emotional families is twice the mean score for all other family members in these categories. This is not true for the non-ill families in which the difference between the mean score of the scapegoats and the mean score for all other family members in that category is minimal. According to this study, the conclusion may be drawn that, when it occurs, scapegoating in ill families is more pronounced than in non-ill families.

Cultural Value Orientation and the Scapegoat

Hypothesis 3: Scapegoating occurs more frequently within families, regardless of illness/non-illness classification when there is evidence of parental/marital cultural value orientation conflict than in families where there is no such evidence.

Hypothesis 10: A child is more frequently scapegoated within families classified as non-ill when there is evidence of difference in parental/marital cultural value

orientation than in families in which these differences do not seem to exist.

Findings related to these two hypotheses are presented together since, in all thirty subject families, there was evidence of cultural value orientation conflict or difference between the marital/parental pair. No spouses were internally consistent about individual beliefs, accurate about each other's cultural views and in agreement with each other. All spouses, in all subject families, were in some degree of cultural value orientation conflict as identified by the Structured Family Interview.

Internal Consistency. Internal consistency is defined as the extent to which the responses of the individual spouse to each of the dimensions of man's relation to nature, the most desired activity, the relational value held, and the value of time agreed with each other and, fell within the value set range for a particular culture. One father in the non-ill category, two mothers and one father in the ill-physical category, and one mother and two fathers in the ill-emotional category were internally consistent. None of these spouses were married to each other (See Exhibits XI, XII, and XIII). Spouses in each of the categories tended to generally agree with the point of view associated with middle-class caucasian people of the United States. The next most frequent point of view held by these spouses was consistent with that of Spanish-surnamed people (See Exhibits XVII, XVIII, and XIX). Only two spouses in thirty families were accurate about the beliefs of their partners that related to all four dimensions of cultural value orientation (See Exhibits XIV, XV, and XVI). Spouses in the non-ill and emotionally ill categories of families were slightly more accurate about

each other than were spouses in the ill-physical category. No spouses were in total agreement with each other about the dimensions (time, man/nature, activity, relational) of cultural value orientation.

Agreement. One couple in the non-ill category, three couples in the ill-physical category, and two couples in the ill-emotional category agreed upon three of the four dimensions. Couples of families in which there was an identified scapegoat tended to agree to a slightly greater extent than did couples of families in which no scapegoat was evident. Couples of families classified as non-ill and ill-physical tended to agree most about the dimensions concerning time and activity. The majority of couples in families classified as ill-emotional tended to share values about the relational dimension. According to this study, no clear conclusions can be drawn about the connection between cultural value orientation conflict of spouse and the phenomenon of scapegoating. There seems to be some slight evidence that scapegoating occurs more frequently in families of spouses who tend to agree with each other than in families of spouses who disagree with each other.

Other Findings

Honesty. The majority of family members in all of the illness categories was honest in response to the criticism exercise (See Exhibits IV, V, and VI). In the non-ill category, only two family members (n=44) failed to correctly name the target of their written criticism. Both were sons; one, age six, was unable to acknowledge his criticism of his father. The other, a first-born child of twelve, was unable to name his younger sibling. This boy was also identified by the criticism exercise as the family scapegoat.

Nine people (n=44) in the ill-physical category failed to correctly name the target of their written criticism. Four of these were from one family (See Exhibit V, Family 3). This family is atypical in that neither father nor mother received any criticisms at all. Both were very inaccurate in their perceptions of the children. The father was unable to acknowledge the criticism he had written about his spouse. In this family two children were identified by the parents as family scapegoats. One, the first-born son who received eight incorrect attributions plus all of his own was also identified by the criticism exercise as severely scapegoated. The other, the youngest son, also received eight incorrect attributions, but was protected by his other siblings. In addition, this ten year old first-born boy also received four of the "too weak" items contributed by the investigator. Four other family members in this classification failed to correctly name the targets of their written criticisms. One, a mother who was also the identified patient, may have had some short-term memory loss due to her illness. She had been successfully treated for a brain tumor and was left with some residual physical impairment which she acknowledged. Her mental status seemed unimpaired, but the context of the interview situation precluded the possibility of thorough assessment. The other three people in this category of families who were in error about the criticisms written by themselves were children. One was a six year old boy, identified by the parents as the family scapegoat, who failed to name his father as target. Both of the other two were identified patients who failed to name a younger sibling as the target. One of these children was identified by the parents as the family scapegoat. The other was identified as the scapegoat by the criticism exercise.

Six people in the families classified as ill-emotional (n=47) failed to correctly name the targets of their written criticisms. Two were members of the same family; the father was incorrect about his spouse who was also the identified patinet, the middle son did not acknowledge his criticism of a younger sibling. In the other four families: one mother failed to acknowledge her criticism of a child who was the identified patient and an identified scapegoat; one youngest son, age six, failed to name his father as target; one daughter, age 25, who was the identified patient and named as scapegoat by her parents did not acknowledge her criticism of a younger sibling.

To summarize: of the seventeen people (n=135) who failed to correctly name the targets of their criticisms, four were youngest sons (one identified as scapegoat by parents and one identified patient); five were parents, three fathers who were neither identified patients nor scapegoats and two mothers, one of whom was an identified patient; five were first-born sons, four of whom were identified scapegoats (two were also identified patients); one was a first-born son, second child, and identified scapegoat; two were first-born daughters, second children, and identified patients.

Conclusions

The concept of scapegoating as an interactional process in families has been studied in thirty families equally divided in non-ill, physically ill, and emotionally ill categories. The relationship of the curltural value orientation of parents to family scapegoating patterns was also explored. Problems for study were identified. Hypotheses that could be tested by application of the Structured Family Task and the Structural Family Interview were formulated. These hypotheses were

based upon the operational definition of scapegoating developed as the conceptual framework.

According to the findings of this study, the first two hypotheses are rejected. Scapegoating occurs slightly less frequently in families labeled ill (physical or emotional) than in families classified as non-ill. There is little difference in the frequency with which scapegoating occurs in families labeled ill-physical and ill-emotional. Hypothesis 4 is confirmed. It is as likely for a parent to be scapegoated as it is a child within families that are classified as non-ill. Findings for Hypotheses 5 and 6 were inconclusive. A child is only slightly more frequently scapegoated in families classified as ill-emotional than in families calssified as either non-ill or physically ill. Hypotheses 8 and 9 are strongly confirmed by the findings of this study. The first-born child is more frequently scapegoated in families labeled ill-emotional than in families classified as either ill-physical or non-ill. More than half the total number of first-born children who were also identified as scapegoats were found in families in the ill-physical and ill-emotional categories. These conclusions are in opposition to Watzlawick et al. who found no relationship between birth order and scapegoating (1970, p. 35). Hypothesis 9 is confirmed. The identified patient is more frequently scapegoated in families labeled ill-emotional than in families labeled ill-physical. In addition, spouses in the emotional illness category are more aware of the occurence of scapegoating in the family and are more accurate in naming the individual who enacts that role than are parents in the physically ill families. Since most family members were honest about accurately assigning the target for the criticism they had written, it is reason-

able to assume that errors in attribution of fault statements result from misperceptions held by family members about each other. An additional conclusion may be drawn from findings based upon application of the Structured Family Task. There is a greater discrepancy between the mean scores of scapegoats and the mean scores of other family members in the ill-physical and ill-emotional categories than in the non-ill category. Scapegoating, when it occurs, is therefore more severe in ill families than in non-ill families. This confirms Messer's observation that scapegoating is a frequent and temporary response of "normal" (non-ill) families that is pathological only when the family has no other tension reduction strategies available (1971, pp. 381-384).

Findings for Hypotheses 3 and 10 were inconclusive. Since all spouses in all subject families evidenced some degree of cultural value orientation conflict or difference, no clear conclusions can be drawn about the relationship between the phenomenon of scapegoating and the life views held by parents. There is some slight indication that there is more frequent scapegoating in families in which the spouses tend to agree with each other than in families of parents who tend to disagree. Since all subjects were intact families of origin of some duration and with no history of prior divorce, it may be that their differences rather than their similarities permitted them to remain together.

Recommendations

The conclusions of this study alert family theorists and therapists to the possibility that the concept of scapegoating is not as clear as has been supposed. It may also be true that scapegoating does not occur as frequently as the literature would lead the reader to believe. It is possible that the concept is a metaphor drawn from the grounded theory

of anthropology and inappropriately applied to therapeutic work with disturbed families.

The results of the attempt to relate cultural value orientation conflicts or difference of parents to the phenomenon of scapegoating were disappointing. The internal consistency of the responses and the lack of agreement and inaccuracy of the spouses lead to serious questioning of the instrument. Perhaps the statements did not serve to effectively discriminate between values. It is, however, also well known that many people are able to hold two or more opposing views at the same time. In any event, the instrument should be carefully re-evaluated. If the statements could be re-written to describe the different points of view in an even more stereotypical way, perhaps respondants could more easily discriminate between them.

It would be of interest to continue with a longitudinal study of non-ill families in order to identify possible changing patterns of scapegoating and the relationship of these patterns to the functioning of the family unit. In this way the criticism exercise could be assessed for potential use as a predictor of family dysfunction.

The concept of scapegoating as a family interaction process remains cloudy. It is obvious that further study is needed in order to differentiate between this process and other interactional processes that occur within the family system.

CHAPTER V. IMPLICATIONS

There are a number of implications of this study that have meaning for anyone who is professionally concerned with family functioning. These are presented in relation to the categories of families studied; non-ill, ill-physical, and ill-emotional.

Non-ill Families

Non-ill families are usually encountered in wellness contexts such as pre-natal clinics, well-baby clinics, and schools. These families seek services that assist with successful passage through what may be called normative life crises. If scapegoating is one of the strategies used to reduce tension in a particular family, it will certainly appear during these crisis points. Since, according to this study, scapegoating events occur in non-ill families whether or not they are experiencing a crisis, health care professionals should not over-react when these events are noted. Rather, a careful assessment of the family repertoire of tension-reducing strategies should be made. If scapegoating appears to be one of only a few tension-reducing maneuvers available to the family, the therapeutic intervention should be directed toward increasing the numbers of behavioral strategies for conflict resolution. Attachment of the label scapegoat will only serve to increase the tension since it has common pejorative meanings to many people in this culture. In addition, if the normative crisis is reframed as a psychiatric crisis when it is not, then resolution may be impeded and potential for growth will not be realized.

Ill-physical Families

According to this study, families in which there was a physically

ill member seemed unaware that the identified patient was protected by other family members and were largely oblivious to scapegoating when it occured. Even when physical illness is devastating, people need to continue to function as independently as possible. Therefore, neither the identified patient nor other family members benefit when realistic appraisal of the effects of illness on total family behavior is not made. The health care professional can be instrumental in assisting a family in which this pattern of protection and scapegoating occurs by encouraging independence in the identified patient and discouraging other family members from over-solicitous care-giving. Again, application of the label of scapegoating is counter-productive since it reframes the difficulty of physical illness into a psychiatric problem. The burden of serious physical illness does create additional emotional stress for the family; the therapeutic goal is to enhance the coping abilities of all members so that each can maximize their potential for growth.

Ill-emotional Families

Families in which their is emotional illness seemed to have accepted the idea that the identified patient was the scapegoat even when, according to this study, this was not true. This belief seems quite problematic in that the labeling process is a game without end in which the "helping" person participates. In fact, the health care provider may have unwittingly started this game. It should be remembered that the subject families in this category were, and had been, recipients of psychiatric care. Their willingness to acknowledge the presence of a scapegoat and to name the identified patient as such may have been an outcome of training by health care providers. There was one difference

between these families and families in the other two categories that was not part of the study but was noted by the investigator during data collection sessions. In the emotionally ill category, both the identified patient and other family members seemed to derive some clinically manifested pleasure from the process of identifying the scapegoat. If this clinical observation was accurate, it would be interesting to develop a study to measure the self-esteem of identified patients and scapegoats and compare those measurements with ratings of other family members. The power of the position of scapegoat in emotionally ill families has been clinically observed and described by numbers of therapists. Perhaps the pay-offs for each family member are sufficient to maintain the system and balance the individual discomfort.

APPENDICES, EXHIBITS, & BIBLIOGRAPHY

APPENDIX A

STRUCTURED FAMILY TASK

".... The family [members] are seated around a table with the father to the left of the [investigator], the mother to the father's left, followed by the children in clockwise direction from the oldest to the youngest. Each family member is asked to write down the main fault of the person sitting on his left. The family are assured that the [investigator] will not reveal the author of any statement. In addition they are told that the [investigator] will himself add two statements to the ones written by them. (These statements are always 'too good' and 'too weak'. They are added to increase the degree of freedom available to the family and are hopefully ambiguous to be applicable to anyone.) It is further explained to them that the [investigator's] statements are made about any two family members and not necessarily about the father (who sits at the [investigator's] left). After writing his statements, the [investigator] shuffles the cards and begins to read them out, one after the other, to the family. After reading each card he asks all family members in turn, beginning with the father and finishing with the youngest child: 'To whom do you think this applies?' However, although he shuffles the cards in plain sight of the family, the investigator always starts with his own two statements ('too good' and 'too weak') and only then reads out the family's statements in the random order produced by the shuffling. If necessary, the [investigator] will insist on a forced choice and will not accept responses 'This applies to both our children' or 'This does not apply to anybody in our family'. Each family member is thus forced to blame somebody, and by so doing implies automatically that in his opinion this criticism was leveled by the person on the right..."

(Watzlawick, P., Family Process, 1970, pp. 27-28)

APPENDIX B

STRUCTURED INTERVIEW GUIDE

Name:_____
Address:_____
_____

	Mo	MP*	PP**	Fa	MP	PP
1. Education						
2. Occupation						
3. Birth Order						
4. No. Siblings						

*Maternal Parent **Paternal Parent

	Mo		Fa	
	Yes	No	Yes	No
5. Was your family of origin intact?				
6. Were you raised by your family of origin?				
7. If not, who raised you?				
8. Sometimes in families there is a member who always seems to be "it" - in hot water of one kind or another. Was there such a person in your family of origin?				
9. Who was it?				
10. Is there such a person in your own family?				
11. Who is it?				

With which of the following statements would your parents (or others who raised you) agree? Please check one statement only from each set of three.

	Mo	Fa	Self	Spouse
Set One				
People, by developing technology, have realized most of their dreams and will solve problems of the future.				
People, through faith, have realized most of their dreams and will solve the problems of the future.				
People, operating in harmony with nature, have realized most of their dreams and will solve the problems of the future.				
Set Two				
Neither the past nor the future is as important as the present.				
We must plan for the future, for tomorrow will be a better day.				
There is nothing much new in the present and there probably won't be in the future either.				
Set Three				
Getting things done, and done well, is best for people and society.				
Doing "your own thing" as long as it doesn't hurt anyone else, is best for people and society.				
Self development is best for people and for society.				
Set Four				
The most important thing that a child learns from the family is a sense of pride in his/her own individuality.				
The most important thing that a child learns from the family is a sense of trust and support in family relationships.				
The most important thing that a child learns from the family is a sense of pride in his/her roots.				

Now check the statements that you believe your spouse would agree with. Then fill in your own responses.

BT-4/78

APPENDIX C

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
CONSENT TO BE A RESEARCH SUBJECT IN A STUDY OF FAMILY INTERACTION

Ms. Barbara Tescher is a nurse who is currently working on her doctoral dissertation. Her study seeks to identify some ways in which families interact with each other. Our family has been asked if we wish to participate in the study. Should we agree we should be aware of the following:

Each family will be asked to interact in a particular setting about an issue chosen by Ms. Tescher. A series of questions will be asked about our family life and experience. (See attached structured interview.) Then the family will meet together to participate in a Structured Family Task. In this task each member will be asked to write a criticism of one other member of the family. The author of the note will not be revealed by the investigator. The other family members will try to guess the member to whom the criticism applies when the investigator reads it aloud. Any member of the family has the right to stop at any time.

These interactions have several risks and discomforts.

a) That the structured Family Task involves criticisms which the family may not be prepared to make. The investigator has explained that any member of the family has the right to end the session at any time.

b) That the agency where I (we) receive some type of service may wish to know about some aspect of the interview or the Structured Family Task. Ths investigator has explained that confidentiality will be maintained and research records protected as far as the law allows.

c) That I (we) will be identified in a future publication or publication. The investigator has explained that no individual or family will be so identified. All families will be discussed in a way that makes identification impossible.

d) That there may be a risk of upsetting family patterns and feelings because of participation in this study. The investigator has explained that we may refuse to continue and that immediately after the session we may ask any questions and receive further explanations as we wish.

We should also understand that it is unlikely that any of us will benefit directly from participating in this study. It is hoped that the information gained will increase understanding about how families interact. This could help future families seeking therapy.

All of this should take no more than two hours. It will all take place at the agency offices or at a place convenient for us.

All of us have spoken with Ms. Tescher about participation. Should we have other questions, we may call her at (phone number) between 9:00 A.M. and 4:00 P.M. on work days.

Each of us has the right to refuse to participate and the right to withdraw at any point without any jeopardy to our relationship with the agency.

Subject_____(Name)_____is a minor, age_____

Signature_____

Subject_____(Name)_____is a minor, age_____

Signature_____

Subject_____(Name)_____is a minor, age_____

Signature_____

Subject_____(Name)_____is a minor, age_____

Signature_____

Subject_____is the Mother in the family.

Signature_____

Subject_____is the Father in the family.

Signature_____

Agency Clinician responsible for care.*

I_____
(Name) (Title) (Agency)
have read and understand this consent form, Protocol No. 934401-02. I have no objection to the voluntary participation of the_____(Name)
family in this study.

Signature_____

*Any health care provider (MD, RN, Social Worker, Family Counselor) assigned to the family and responsible for their care.

April, 1978

APPENDIX D

ADJUSTMENT FOR FAMILY SIZE

. . . Since family sizes, and therefore the number of items written, varied, the raw scores in terms of numbers of items are meaningless for inter-family comparisons. It is necessary for all scores to be weighted by family size, as follows: the score is the number of items actually received or attributed in such and such a way, divided by the potential number, given n = the size of the family. The bases used below may be clearer if one recalls the experimental situation: After the n items (one about each family member) have been written, 2 extra familial items are added, and the total n + 2 items are read in turn. For each item read, each of the n family members must make an attribution of the item. These n attributions of n + 2 items are the data points. So, for example, we see that any individual can receive the item written about himself a maximum of n times; there is only one such item, and each member must assign it to someone. There are n - 1 items written about someone else, and each of these must be assigned n times - potentially to him.

In summary...the following [are] indices of performance...

	Individual Score
I. Receiving	
a. Receiving the item actually written about oneself (range: 0 = maximum inaccuracy, to 1.0 = accurately assigned by all family members	a/n
b. Receiving other items not actually written about oneself (Range: 0 = total accuracy, to 1.0 = maximum possible inaccuracy.	$b/n(n-1)$
c. Overall accuracy of fault attribution i.e., receiving the items actually written about him and not others (range: -1.0 = maximum inaccuracy where an individual would receive none of his items and all of the others, to +1.0 for total accuracy.	$(a/n)-(b/n^2-n)$
d. Total intrafamilial attribution received (range: 0 = none to 1.0 =	

received all of them.	$(a+b)/n^2$
e. Total extrafamilial items received - "Too Good" and "Too Weak" (range: same as d.)	e/2n
f. Total criticism received (range: same as d.)	$d+e/n^2+2n$
II. Attributing (intrafamilial items only)	
g. Correct attributions of fault statements written by others (range: 0 = maximum inaccuracy, to 1.0 = total accuracy.	g/n-1
h. Written by self and correctly assigned	0 or 1
i. Overall accuracy of attribution (range: same as g)	g+h/n

(Watzlawick et al., 1970, pp. 31-32)

INDIVIDUAL FAMILY PROFILE -
EMOTIONALLY ILL FAMILIES

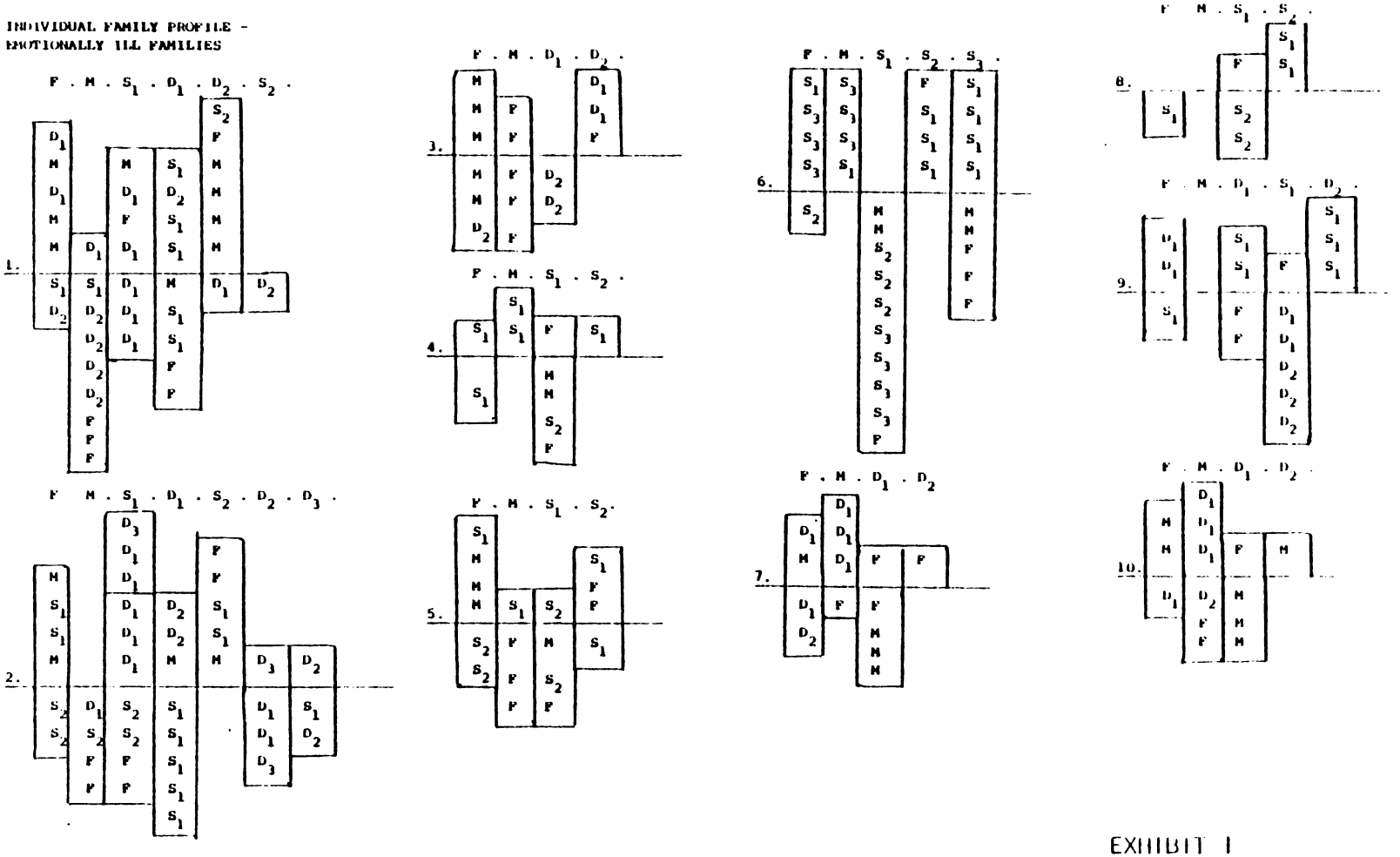


EXHIBIT I

INDIVIDUAL FAMILY PROFILE -
PHYSICALLY ILL FAMILIES

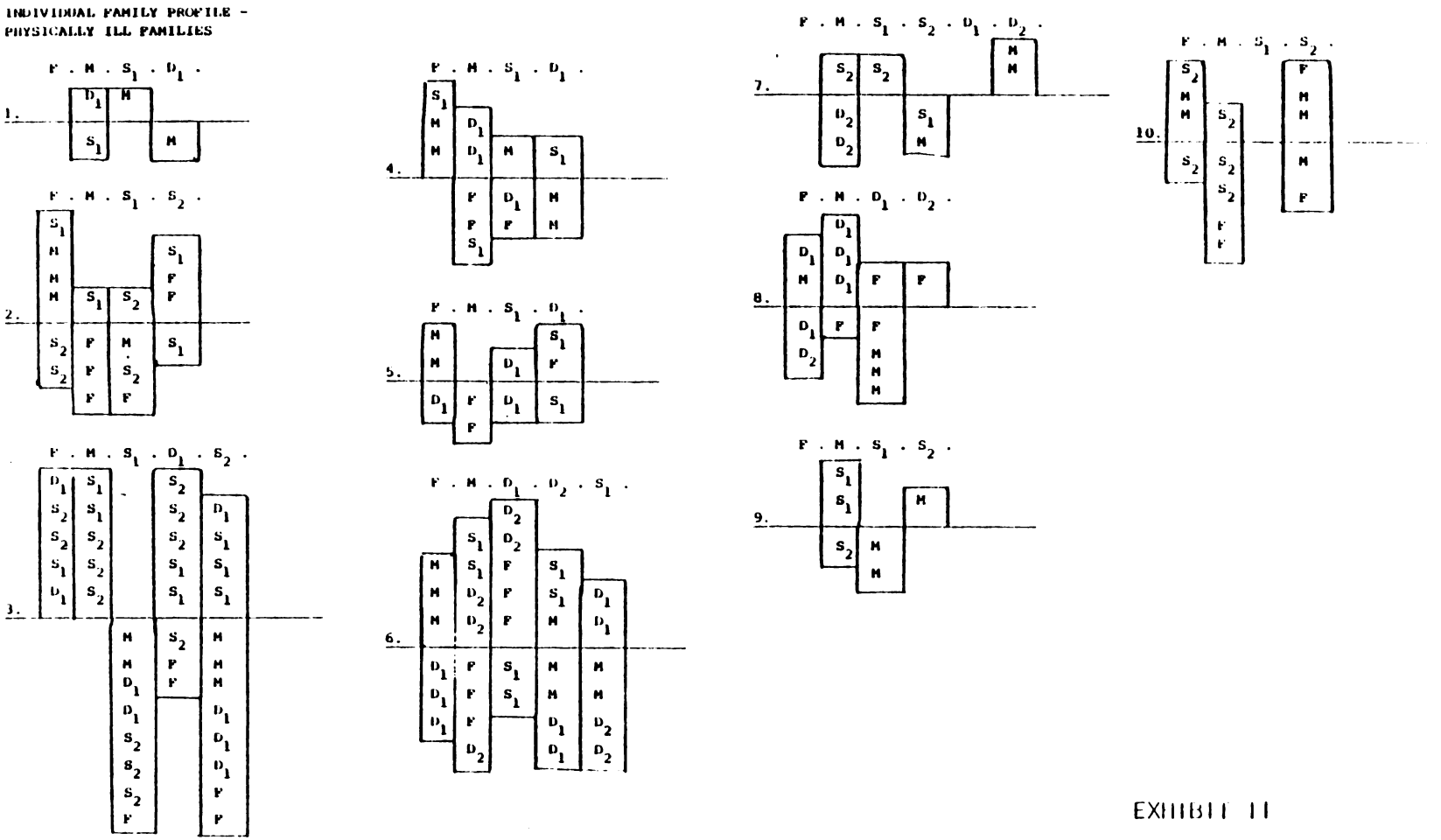
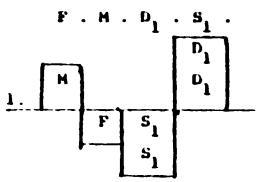
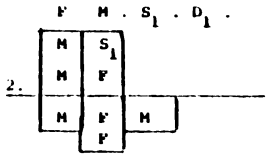
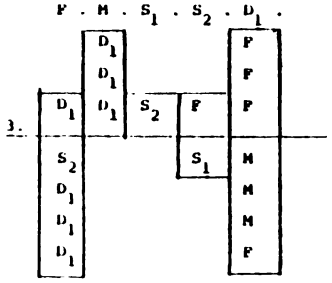


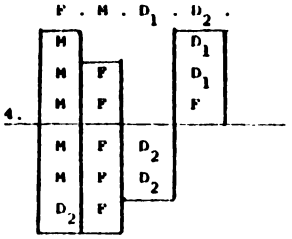
EXHIBIT II

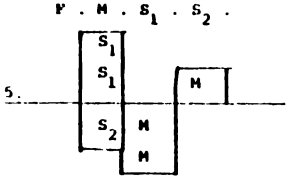
INDIVIDUAL FAMILY PROFILE -
NON-ILL FAMILIES

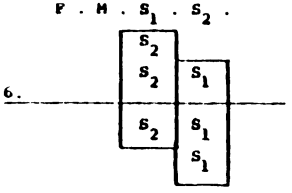


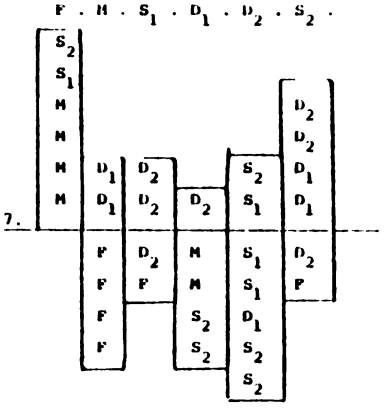


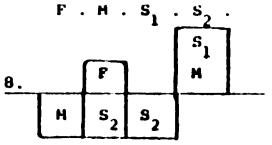


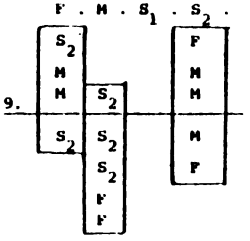












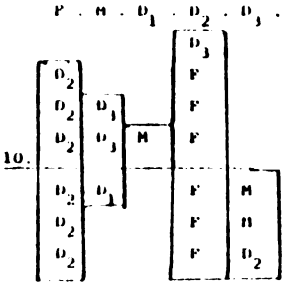


EXHIBIT III

SUMMARY OF CRITICISM EXERCISE PERFORMANCE BY FAMILIES
CLASSIFIED AS NON-ILL*

	Ages	A 1a	B b	C c	D d	E e	F f	G 1lg	H h	I i	J	K	L	M	N	O
Fam 1																
F		.8	0	.8	.2	.1	.1	.7	1.0	.8					0	1
M		1.0	.1	.9	.3	.3	.3	.3	1.0	.5					1	0
D_1	11	1.0	.2	.9	.4	.1	.3	1.0	1.0	1.0					2	0
S_1	8	.5	0	.5	.1	.5	.3	1.0	1.0	1.0					0	2
											16	13	3	.8		
Fam 2																
F		.5	.1	.4	.1	.1	.2	.7	1.0	.8					1	2
M		.5	.2	.3	.3	.5	.3	.7	1.0	.8					2	2
S_1	9	1.0	.1	.9	.3	0	.2	.7	1.0	.8					0	0
D_1	7	1.0	0	1.0	.3	.4	.3	.7	1.0	.8					1	0
											16	12	4	1		
Fam 3																
F		.8	.2	.6	.3	.3	.3	.8	1.0	.8					4	1
M		.4	0	.4	.1	.4	.2	1.0	1.0	1.0					0	3
S_1	12	.8	0	.8	.2	.2	.2	.5	1.0	.6					0	1
S_2	9	.8	.1	.8	.2	0	.1	.3	1.0	.4					1	1
D_1	8	.4	.2	.2	.2	.1	.2	.3	1.0	.4					4	3
											26	16	9	1.8		
Fam 4																
F		.3	.3	0	.3	0	.2	.3	1.0	.5					3	3
M		.5	.3	.3	.3	.3	.3	.3	1.0	.5					3	2
D_1	14	1.0	.2	.8	.4	.3	.3	.3	1.0	.5					2	0
D_2	9	.3	0	.3	.1	.5	.2	.3	1.0	.5					0	3
											16	8	8	2.0		
Fam 5																
F		1.0	0	1.0	.3	.3	.3	1.0	1.0	1.0					0	0
M		.5	.1	.4	.2	.3	.2	.7	1.0	.8					1	2
S_1	12	1.0	.2	.8	.4	.5	.4	.7	0	.5					2	0
S_2	10	.8	0	.8	.2	0	.1	1.0	1.0	1.0					0	1
											16	13	3	.8		
Fam 6																
F		1.0	0	1.0	.3	.1	.2	.7	1.0	.8					0	0
M		1.0	0	1.0	.3	.4	.3	1.0	1.0	1.0					0	0
S_1	11	.5	.1	.4	.2	.5	.3	.7	1.0	.8					1	2
S_2	7	.8	.2	.6	.3	0	.2	.7	1.0	.8					2	1
											16	13	3	.8		

*Adjusted for family size

Key

A = Received: Items (Criticisms) Actually Written About Self
  0 = Inaccurate
  1 = Accurate (Criticisms)
B = Received: Items (Criticisms) Not Written About Self
  1 = Inaccurate
  0 = Accurate
C = Overall Accuracy
  -1 = Total Inaccuracy
  +1 = Total Accuracy
D = Total Intra-familial Attributions Received
  0 = None
  1 = All
E = Total Extra-familial Attributions Received
F = Total Attributions (Criticisms) Received
  0 = None
  1 = All
G = Accuracy re: Other's Written Items
  0 = Inaccurate
  1 = Accurate
H = Honesty
  1 = Honest
  0 = Dishonest
I = Overall Accuracy of Attribution
  0 = Inaccurate
  1 = Accurate
J = Number of Possible Responses
K = Number of Accurate Responses
L = Number of Inaccurate Responses
M = Mean Inaccurate Response
N = Scapegoating
O = Protection

EXHIBIT IV

SUMMARY OF CRITICISM EXERCISE PERFORMANCE BY FAMILIES
CLASSIFIED AS NON-ILL* (Continued from previous page)

	Ages	A Ia	B b	C c	D d	E e	F f	G IIg	H h	I i	J	K	L	M	N	O
Fam 7																
F		0	0	0	0	.1	0	.2	1.0	.3					0	6
M		.7	.1	.5	.2	0	.2	.6	1.0	.6					4	2
S_1	15	.6	.1	.6	.2	.1	.1	.2	1.0	.3					2	2
D_1	13	.8	.1	.7	.3	.1	.2	.4	1.0	.5					4	1
D_2	10	.7	.2	.5	.3	.3	.3	.6	1.0	.7					5	2
S_2	6	.3	.1	.3	.1	.4	.2	.8	0	.7					2	4
											36	19	17	2.8		
Fam 8																
F		1.0	.1	.9	.3	.5	.3	.7	1.0	.8					1	0
M		.8	.1	.7	.3	.3	.3	1.0	1.0	1.0					1	1
S_1	12	1.0	.1	.9	.3	.3	.3	.7	1.0	.8					1	0
S_2	8	.5	0	.5	.5	0	.1	.7	1.0	.8					0	2
											16	13	3	.8		
Fam 9																
F		.3	.1	.2	.1	.5	.3	.7	1.0	.8					1	3
M		.8	.3	.5	.4	.1	.3	.7	1.0	.8					4	1
S_1	13	1.0	0	1.0	.3	.1	.2	.7	1.0	.8					0	0
S_2	12	.3	.2	.1	.2	.3	.2	.3	1.0	.5					2	3
											16	9	7	1.8		
Fam 10																
F		.4	.2	.3	.2	.2	.2	.5	1.0	.6					3	3
M		.6	.1	.6	.3	.3	.2	.8	1.0	.8					1	2
D_1	13	.8	0	.8	.8	.4	.2	.3	1.0	.4					0	1
D_2	12	.2	.2	.1	.2	0	.1	.5	1.0	.6					3	4
D_3	10	1.0	.2	.9	.3	.1	.3	.5	1.0	.6					3	0
											25	15	10	2.0		

*Adjusted for family size

Key

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C = Overall Accuracy
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D = Total Intra-familial Attributions Received
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E = Total Extra-familial Attributions Received
F = Total Attributions (Criticisms) Received
  0 = None
  1 = All
G = Accuracy re: Other's Written Items
  0 = Inaccurate
  1 = Accurate
H = Honesty
  1 = Honest
  0 = Dishonest
I = Overall Accuracy of Attribution
  0 = Inaccurate
  1 = Accurate
J = Number of Possible Responses
K = Number of Accurate Responses
L = Number of Inaccurate Responses
M = Mean Inaccurate Response
N = Scapegoating
O = Protection

EXHIBIT IV

SUMMARY OF CRITICISM EXERCISE PERFORMANCE BY FAMILIES
CLASSIFIED AS ILL-PHYSICAL*

	Ages	A Ia	B b	C c	D d	E e	F f	G IIg	H h	I i	J	K	L	M	N	O	P	Q
Fam 1																		
F		1.0	0	1.0	.3	0	.2	1.0	1.0	1.0					0	0	X	Cardiac
M		.8	.1	.7	.3	.3	.3	1.0	1.0	1.0					1	1		
S_1	13	.8	.1	.7	.3	.4	.3	.7	1.0	.8					0	1		
D_1	12	1.0	.1	.9	.3	.4	.3	.7	1.0	.8					1	0		
											16	14	2	.5				
Fam 2																		
F		0	.2	-.2	.1	.5	.3	.3	1.0	.5					2	4		
M		.8	.3	.5	.4	.3	.3	.7	1.0	.8					3	1		
S_1	9	.8	.3	.5	.4	.3	.3	.7	1.0	.8					3	1		
S_2	6	.3	.1	.3	.1	0	.1	.3	0	.3					1	3	X	Cystic Fibrosis
											16	7	9	2.0				
Fam 3																		
F		0	0	0	0	.2	.1	.3	0	.2					0	5		
M		0	0	0	0	.2	.1	.3	1.0	.4					0	5		
S_1	10	1.0	.4	.6	.5	.4	.5	.3	0	.2					8	0		
D_1	8	0	.2	-.2	.1	.1	.1	.3	0	.2					3	5	X	Lymphoma
S_2	6	.2	.4	-.2	.4	.1	.3	.5	0	.4					8	4		
											25	6	19	3.8				
Fam 4																		
F		.3	0	.3	.1	.3	.1	.7	1.0	.8					0	3		
M		.5	.3	.2	.3	.5	.4	.3	1.0	.5					3	2		
S_1	9	.8	.2	.6	.3	0	.2	.3	1.0	.5					2	1	X	Cystic
D_1	5	.8	.2	.6	.3	.3	.3	.3	1.0	.5					2	1		
											16	9	7	1.8				
Fam 5																		
F		.5	.1	.4	.2	.4	.3	1.0	1.0	1.0					1	2		
M		1.0	.2	.8	.4	.4	.4	.7	1.0	.8					2	0		
S_1	8	.8	.1	.7	.3	.3	.3	.3	0	.3					1	1	X	Asthma
D_1	6	.5	.1	.4	.2	0	.1	.7	1.0	.8					2	1		
											16	11	5	1.5				

*Adjusted for family size

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  +1 = Total Accuracy
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  0 = None
  1 = All
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F = Total Attributions (Criticisms) Received
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  1 = All
G = Accuracy re: Other's Written Items
  0 = Inaccurate
  1 = Accurate
H = Honesty
  1 = Honest
  0 = Dishonest
I = Overall Accuracy of Attribution
  0 = Inaccurate
  1 = Accurate
J = Number of Possible Responses
K = Number of Accurate Responses
L = Number of Inaccurate Responses
M = Mean Inaccurate Response
N = Scapegoating
O = Protection

EXHIBIT V

SUMMARY OF CRITICISM EXERCISE PERFORMANCE BY FAMILIES
CLASSIFIED AS ILL-PHYSICAL* (Continued from previous page)

	Ages	A Ia	B b	C c	D d	E e	F f	G IIg	H h	I i	J	K	L	M	N	O	P	Q
Fam 6																		
F		.4	.2	.2	.2	.3	.2	0	1.0	.2					3	3		
M		.2	.2	0	.2	.4	.3	.5	0	.4					4	4	X	Brain tumor with residual physical damage
D_1	20	0	.1	0	.1	0	0	0	1.0	.2					2	5		
D_2	16	.6	.2	.4	.3	.1	.2	.3	1.0	.4					4	3		
S_1	12	.6	.2	.4	.3	.2	.3	.3	1.0	.4					4	2		
											25	8	17	3.4				
Fam 7																		
F		1.0	0	1.0	.2	.3	.2	.8	0	.7					0	0		
M		.8	.1	.7	.2	.2	.2	1.0	1.0	1.0					2	1		
S_1	18	.8	0	.8	.2	.2	.2	.8	1.0	.8					0	1		
S_2	16	1.0	.1	.9	.2	.2	.2	.8	1.0	.8					2	0		
D_1	13	1.0	0	1.0	.2	.1	.2	.8	1.0	.8					0	0	X	Renal failure with transplant rejection
D_2	11	.7	0	.7	.1	.1	.1	1.0	1.0	1.0					0	2		
											36	32	4	.7				
Fam 8																		
F		.5	.2	.3	.3	.4	.3	.3	1.0	.5					2	2		
M		.3	.1	.2	.1	.3	.2	.7	1.0	.8					1	3		
D_1	14	.8	.3	.5	.4	0	.3	.7	1.0	.8					4	1		
D_2	11	.8	0	.8	.2	.4	.3	.3	1.0	.5					0	1	X	Asthma
											16	9	7	1.8				
Fam 9																		
F		1.0	0	1.0	.3	.3	.3	1.0	1.0	1.0					0	0		
M		.5	.1	.4	.2	.3	.2	.7	1.0	.8					1	2		
D_1	12	1.0	.2	.8	.4	.5	.4	.7	0	.5					2	0		
D_2	10	.8	0	.8	.2	0	.1	1.0	1.0	1.0					0	1	X	Asthma
											16	13	3	.8				
Fam 10																		
F		.3	.1	.2	.1	.5	.3	.7	1.0	.8					3	3		
M		.8	.3	.5	.4	.1	.3	.7	1.0	.8					4	1		
S_1	13	1.0	0	1.0	.3	.1	.2	.7	1.0	.8					0	0		
S_2	12	.3	.2	.1	.2	.3	.2	.3	1.0	.5					2	3	X	Diabetes
											16	9	7	2.0				

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C = Overall Accuracy
-1 = Total Inaccuracy
+1 = Total Accuracy

D = Total Intra-familial Attributions Received
0 = None
1 = All

E = Total Extra-familial Attributions Received

F = Total Attributions (Criticisms) Received
0 = None
1 = All

G = Accuracy re: Other's Written Items
0 = Inaccurate
1 = Accurate

H = Honesty
1 = Honest
0 = Dishonest

I = Overall Accuracy of Attribution
0 = Inaccurate
1 = Accurate

J = Number of Possible Responses
K = Number of Accurate Responses
L = Number of Inaccurate Responses
M = Mean Inaccurate Response
N = Scapegoating
O = Protection

EXHIBIT V

SUMMARY OF CRITICISM EXERCISE PERFORMANCE BY FAMILIES
CLASSIFIED AS ILL-EMOTIONAL*

	Ages	A Ia	B b	C c	D d	E e	F f	G IIg	H h	I i	J	K	L	M	N	O	P	Q
Fam 1																		
F		.2	.1	.1	.1	.2	.1	.2	1.0	.3					2	5		
M		.8	.3	.5	.4	.4	.4	.6	1.0	.7					8	1		
S_1	27	.3	.1	.2	.1	.1	.1	.6	1.0	.7					3	4		
D_1^1	25	.3	.2	.1	.2	.1	.2	.4	0	.3					5	4	X	Emotional
D_2^1	23	0	0	0	0	.2	0	.2	1.0	.3					1	6		
S_2^2	19	1.0	0	1.0	.2	.1	.2	.4	1.0	.5					1	0		
											36	16	20	3.3				
Fam 2																		
F		.4	.1	.4	.1	.1	.1	.5	1.0	.6					2	4		
M		1.0	.1	.9	.2	.1	.2	.7	1.0	.7					4	0		
S_1	15	.1	.1	.1	.1	.1	.1	.2	1.0	.4					4	6		
D_1^1	14	.6	.1	.5	.2	.1	.2	.8	1.0	.9					5	3		
S_2^2	12	.3	0	.3	.1	.1	.1	.2	1.0	.4					0	5	X	Emotional
D_2^2	11	.9	.1	.8	.2	.1	.2	.5	1.0	.6					3	1		
D_3^2	10	.9	0	.8	.1	.3	.2	.2	1.0	.4					2	1		
											49	29	20	2.9				
Fam 3																		
F		.3	.3	0	.3	0	.2	.3	1.0	.5					3	3		
M		.5	.3	.3	.3	.3	.3	.3	1.0	.5					3	2		
D_1	13	1.0	.2	.8	.4	.3	.3	.3	1.0	.5					2	0	X	Emotional
D_2^1	9	.3	0	.3	.1	.5	.2	.3	1.0	.5					0	3		
											16	8	8	2.0				
Fam 4																		
F		.8	.1	.7	.3	0	.2	.7	1.0	.8					1	1		
M		.5	0	.5	.1	.4	.2	.7	0	.8					0	2		
S_1	24	.8	.3	.4	.4	.6	.5	0	1.0	.3					4	1	X	Emotional
S_2^1	19	.8	0	.8	.2	0	.1	1.0	1.0	1.0					0	1		
											16	11	5	1.3				
Fam 5																		
F		0	.2	.2	.1	.5	.3	.3	1.0	.5					2	4		
M		.8	.3	.5	.4	.3	.3	.7	1.0	.8					3	1		
S_1	9	.8	.3	.5	.4	.3	.3	.7	1.0	.8					3	1		
S_2^1	6	.3	.1	.2	.1	0	.1	.3	0	.3					1	3	X	Emotional
											16	7	9	2.0				

*Adjusted for family size

Key

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F = Total Attributions (Criticisms) Received
  0 = None
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G = Accuracy re: Other's Written Items
  0 = Inaccurate
  1 = Accurate
H = Honesty
  1 = Honest
  0 = Dishonest
I = Overall Accuracy of Attribution
  0 = Inaccurate
  1 = Accurate
J = Number of Possible Responses
K = Number of Accurate Responses
L = Number of Inaccurate Responses
M = Mean Inaccurate Response
N = Scapegoating
O = Protection

EXHIBIT VI

SUMMARY OF CRITICISM EXERCISE PERFORMANCE BY FAMILIES
CLASSIFIED AS ILL-EMOTIONAL* (Continued from previous page)

	A Ia	B b	C c	D d	E e	F f	G IIg	H h	I i	J	K	L	M	N	O	P	Q
Ages																	
Fam 6																	
F	.2	.1	.2	.1	.2	.1	.5	0	.4					1	3		
M	.2	0	.2	0	.3	.1	0	1.0	.2					0	4	X	Emotional
S_1 17	1.0	.5	.5	.6	.3	.5	.5	1.0	.6					10	0		
S_2 16	.2	0	.2	0	0	0	.3	0	.2					0	4		
S_3 12	.2	.3	-.1	.2	.2	.2	.3	1.0	.4					5	4		
										25	9	16	3.2				
Fam 7																	
F	.5	.2	.3	.3	.4	.3	.3	1.0	.5					2	2		
M	.3	.1	.2	.1	.3	.2	.7	1.0	.8					1	3		
D_1 14	.8	.3	.5	.4	0	.3	.7	1.0	.8					4	1		
D_2 11	.8	0	.8	.2	.4	.3	.3	1.0	.5					0	1	X	Emotional
										16	9	7	1.8				
Fam 8																	
F	1.0	.1	.9	.3	.3	.3	1.0	1.0	1.0					1	0		
M	1.0	0	.1	.3	.1	.2	1.0	1.0	1.0					0	0		
S_1 17	.8	.2	.6	.3	.4	.3	1.0	0	.8					2	1	X	Emotional
S_2 10	.5	0	.5	.1	.3	.2	.3	1.0	.5					0	2		
										16	13	3	.8				
Fam 9																	
F	.6	.1	.6	.2	.2	.2	.5	1.0	.6					1	2		
M	1.0	0	1.0	.2	.3	.2	.3	1.0	.4					0	0		
D_1 13	.6	.1	.5	.2	0	.1	.8	1.0	.8					2	2		
S_1 11	.8	.3	.6	.4	.3	.3	1.0	1.0	1.0					5	1		
D_2 9	.4	0	.4	.1	.2	.1	.5	1.0	.6					0	3	X	Emotional
										25	17	8	1.6				
Fam 10																	
F	.5	.1	.4	.2	.1	.2	.3	1.0	.5					1	2		
M	.3	.3	0	.3	.5	.3	0	1.0	.3					3	3		
D_1 17	.8	.3	.5	.4	.1	.3	.7	1.0	.8					3	1	X	Emotional
D_2 16	.8	0	.8	.2	.3	.2	.7	1.0	.8					0	1		
										16	9	7	1.8				

*Adjusted for family size

Key

A = Received: Items (Criticisms) Actually Written About Self
  0 = Inaccurate
  1 = Accurate (Criticisms)
B = Received: Items (Criticisms) Not Written About Self
  1 = Inaccurate
  0 = Accurate
C = Overall Accuracy
  -1 = Total Inaccuracy
  +1 = Total Accuracy
D = Total Intra-familial Attributions Received
  0 = None
  1 = All
E = Total Extra-familial Attributions Received
F = Total Attributions (Criticisms) Received
  0 = None
  1 = All
G = Accuracy re: Other's Written Items
  0 = Inaccurate
  1 = Accurate
H = Honesty
  1 = Honest
  0 = Dishonest
I = Overall Accuracy of Attribution
  0 = Inaccurate
  1 = Accurate
J = Number of Possible Responses
K = Number of Accurate Responses
L = Number of Inaccurate Responses
M = Mean Inaccurate Response
N = Scapegoating
O = Protection

EXHIBIT VI

IDENTIFIED SCAPEGOAT: ALL FAMILIES
Report by Spouses Birth Order of Designated Scapegoat

Non-Ill Families
Scapegoat: Self Report by Spouses

Fam	1	None
	2	None
	3	D_1 i.d. by both parents
	4	D_1 i.d. by both parents
	5	None
	6	M i.d. by father
	7	None
	8	F i.d. by self
	9	S_2 i.d. by both parents
	10	D_3 i.d. by father F^3 i.d. by mother

Ill-Emotional Families
Scapegoat: Self Report by Spouses

			Ill Person	Illness
Fam	1	D_1 i.d. by both parents	D_1	Schizophrenia
	2	S_2 i.d. by both parents	S_2	Schizophrenia
	3	D_1 i.d. by both parents	D_1	Adj. to Adoles.
	4	S_1 i.d. by both parents	S_1	Schizophrenia
	5	None	S_1	Hyperactivity
	6	None	M	Schizophrenia
	7	D_1 i.d. by both parents	M	Depression
	8	S_1 i.d. by both parents	S_1	Schizophrenia
	9	None	D_2	Learn. Dist./ Bedwetter
	10	D_1 i.d. by both parents	D_1	Adj. to Adoles.

Ill-Physical Families
Scapegoat: Self Report of Spouses

			Ill Person	Illness
Fam	1	None	F	Cardiac
	2	None at present; both parents i.d. S_1 in past	S_2	Cystic Fibrosis
	3	S_1 & S_2 i.d. by both parents	D_1	Lymphoma
	4	S_1 i.d. by both parents	S_1	Cystic Fibrosis
	5	None	S_1	Asthma
	6	None	M	Brain tumor with residual
	7	None	D_1	Renal failure
	8	D_1 i.d. by M; D_2 i.d. by F	D_2	Asthma
	9	None	S_2	Asthma
	10	S_2 i.d. by F	S_2	Diabetes

EXHIBIT VII

SOCIAL CLASS: NON-ILL FAMILIES: BIRTH ORDER: SIBLINGS

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Non-Ill																			
Fam 1	F	2	2							X				X				32	
	M	2	1							X						X		18	25 II
2	F	2	2							X						X		11	
	M	1	0							X						X		11	11 I
3	F	1	2							X						X		11	
	M	1	1						X					X				36	23 II
4	F	1	0							X						X		18	
	M	2	4						X							X		22	20 II
5	F	1	0							X					X			25	
	M	1	0						X					X				36	30 III
6	F	1	1						X							X		36	
	M	1	1						X						X			29	32 III
7	F	2	1						X			X						50	
	M	2	2						X							X		22	36 III
8	F	2	1						X							X		22	
	M	2	1						X							X		22	22 II
9	F	1	1						X					X				36	
	M	1	5				X						X					51	43 III
10	F	1	3							X						X		18	
	M	1	2						X							X		22	20 II
																		Class Average - 26 II	

**Class 11-17 - I
18-27 - II
28-43 - III
44-60 - IV
61-77 - V

**Hollingshead Two Factor Analysis

Key

A = Parents/Spouses
B = Birth Order
C = Number of Siblings - Each Parent
D = Education: Grade School (Less than 7 years)
E = Education: Junior High School
F = Education: Part High School
G = Education: High School
H = Education: Part College
I = Education: College
J = Education: Graduate Degree
K = Occupation: Unskilled Labor
L = Occupation: Semiskilled Labor
M = Occupation: Skilled Labor
N = Small Owner, Technician, or Clerk
O = Semi-professional, Administrator, or Owner
P = Minor Professional, Manager
Q = Executive, Major Professional
R = Class/Spouse
S = Average Class for Both Spouses

EXHIBIT VIII

SOCIAL CLASS: ILL-PHYSICAL FAMILIES: BIRTH ORDER: SIBLINGS

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Fam 1	F	2	1							X						X		18	
	M	2	2					X						X				40	29 III
2	F	3	2					X							X			33	
	M	3	2				X							X				44	38 III
3	F	1	2					X						X				40	
	M	1	2					X						X				40	40 III
4	F	1	1					X						X				40	
	M	2	2					X				X						54	47 IV
5	F	1	0							X						X		18	
	M	1	4					X						X				40	29 III
6	F	1	0					X						X				40	
	M	2	1							X						X		18	29 III
7	F	4	9					X							X			33	
	M	1	2				X							X				44	38 III
8	F	2	1						X						X			29	
	M	4	4				X					X						58	43 III
9	F	1	0							X						X		18	
	M	1	0						X					X				36	27 II
10	F	1	1						X						X			29	
	M	1	5				X					X						58	48 IV

Class Average - 37 III

**Class 11-17 - I
18-27 - II
28-43 - III
44-60 - IV
61-77 - V

**Hollingshead Two Factor Analysis

Key

A = Parents/Spouses
B = Birth Order
C = Number of Siblings - Each Parent
D = Education: Grade School (Less than 7 years)
E = Education: Junior High School
F = Education: Part High School
G = Education: High School
H = Education: Part College
I = Education: College
J = Education: Graduate Degree
K = Occupation: Unskilled Labor
L = Occupation: Semiskilled Labor
M = Occupation: Skilled Labor
N = Small Owner, Technician, or Clerk
O = Semi-professional, Administrator, or Owner
P = Minor Professional, Manager
Q = Executive, Major Professional
R = Class/Spouse
S = Average Class for Both Spouses

EXHIBIT XIX

SOCIAL CLASS: ILL-EMOTIONAL FAMILIES: BIRTH ORDER: SIBLINGS

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Fam 1	F	2	1						X						X			29	
	M	1	1					X						X				40	39 III
2	F	1	2					X						X				40	
	M	1	0					X						X				40	40 III
3	F	1	0							X						X		18	
	M	1	2						X							X		22	20 II
4	F	1	0					X						X				40	
	M	2	4				X							X				44	42 III
5	F	3	2					X						X				40	
	M	3	2					X						X				40	40 III
6	F	5	7	X									X					63	
	M	12	12					X						X				40	51 IV
7	F	2	1						X						X			29	
	M	4	4				X					X						58	43 III
8	F	1	0					X						X				40	
	M	2	3				X							X				44	42 III
9	F	1	2					X					X					47	
	M	1	8			X							X					55	51 IV
10	F	2	2					X								X		22	
	M	1	1				X							X				40	31 III

Class Average - 40 III

**Class 11-17 - I
18-27 - II
28 43 - III
44-60 - IV
61-77 - V

**Hollingshead Two Factor Analysis

Key

A = Parents/Spouses
B = Birth Order
C = Number of Siblings - Each Parent
D = Education: Grade School (Less than 7 years)
E = Education: Junior High School
F = Education: Part High School
G = Education: High School
H = Education: Part College
I = Education: College
J = Education: Graduate Degree
K = Occupation: Unskilled Labor
L = Occupation: Semiskilled Labor
M = Occupation: Skilled Labor
N = Small Owner, Technician, or Clerk
O = Semi-professional, Administrator, or Owner
P = Minor Professional, Manager
Q = Executive, Major Professional
R = Class/Spouse
S = Average Class for Both Spouses

EXHIBIT X

CULTURAL VALUE ORIENTATION - NON-ILL FAMILIES
Dimension - Set 1 Relationship with Nature

	MOTHER'S M	MOTHER'S F	FATHER'S M	FATHER'S F	SELF M	SELF F	SELF F	SELF M	1	2	3	4
Set IA Nature - Mastery												
Fam 1				X	X	X			X	0	0	0
2	X			X	X		X		X	0	0	0
3		X		X		X	X		0	X	X	X
4				X		X	X		0	0	X	0
5		X		X		X			0	X	0	0
6	X	X		X	X	X			X	0	0	0
7									0	0	X	0
8	X	X		X		X	X	X	0	0	X	0
9		X							X	0	0	0
10		X							X	0	0	0
	(3)	(6)		(7)	(3)	(6)	(4)	(1)	(5)	(2)	(4)	(1)
Set IB Nature - Subjugation												
Fam 1	X	X	X									
2		X	X									
3	X		X									
4	X	X	X		X							
5			X									
6			X									
7	X	X	X		X							
8												
9			X	X			X	X				
10			X	X			X	X				
	(4)	(4)	(9)	(2)	(2)		(2)	(2)				
Set IC Nature - Harmony												
Fam 1							X	X				
2						X		X				
3					X			X				
4								X				
5	X				X		X	X				
6							X	X				
7				X		X	X	X				
8			X		X							
9	X				X	X						
10	X				X	X						
	(3)		(1)	(1)	(5)	(4)	(4)	(7)				

CULTURAL VALUE ORIENTATION - NON-ILL FAMILIES
Dimension - Set 2 Time

	MOTHER'S M	MOTHER'S F	FATHER'S M	FATHER'S F	SELF M	SELF F	SELF F	SELF M	1	2	3	4
Set IIA Time-Present												
Fam 1					X	X			X	0	0	0
2	X	X	X		X	X		X	0	X	0	0
3			X	X			X	X	X	0	0	0
4					X	X		X	0	X	0	0
5			X		X	X	X	X	0	X	X	X
6	X	X			X	X	X	X	0	X	X	X
7	X	X	X	X	X	X	X	X	0	X	X	X
8					X		X	X	0	X	0	0
9					X		X	X	0	X	0	0
10	X								X	0	0	0
	(4)	(3)	(4)	(2)	(8)	(6)	(6)	(8)	(3)	(7)	(3)	
Set IIB Time-Future												
Fam 1	X	X	X	X			X	X				
2							X					
3	X	X			X	X						
4	X	X	X				X					
5	X	X		X								
6			X	X								
7												
8	X	X	X	X		X						
9	X	X				X						
10		X		X			X	X				
	(6)	(7)	(4)	(5)	(1)	(3)	(4)	(2)				
Set IIC Time-Past												
Fam 1												
2				X								
3												
4				X								
5												
6												
7												
8												
9			X	X								
10			X		X	X						
			(2)	(3)	(1)	(1)						

Key

1 = Both Accurate
2 = F Accurate about M
3 = M Accurate about F
4 = Both Accurate

EXHIBIT XI

CULTURAL VALUE ORIENTATION - NON-ILL FAMILIES
Dimension - Set 3 Activity

	MOTHER'S M	MOTHER'S F	FATHER'S M	FATHER'S F	SELF M	SELF F	SELF F	SELF M	1	2	3	4
Set IIIA Activity - Doing												
Fam 1				X	X	X	X	X	0	X	X	X
2	X		X						X	0	0	0
3	X	X	X	X	X	X	X	X	X	0	0	0
4	X	X		X		X	X		0	X	X	X
5	X	X	X	X	X		X	X	0	X	0	0
6	X	X	X	X			X	X	X	0	0	0
7	X	X	X	X			X	X	X	0	0	0
8	X	X	X	X				X	0	0	X	0
9	X	X	X	X					0	X	X	X
10	X	X		X			X		0	X	0	0
	(9)	(8)	(7)	(9)	(3)	(3)	(7)	(6)	(4)	(5)	(4)	(3)
Set IIIB Activity - Being												
Fam 1												
2							X	X				
3												
4												
5												
6												
7												
8												
9												
10												
							(1)	(1)				
Set IIIC Activity - Being in Becoming												
Fam 1	X	X	X									
2		X		X	X	X						
3												
4			X		X			X				
5						X						
6					X	X						
7					X	X						
8					X	X	X					
9					X	X	X	X				
10			X		X	X		X				
	(1)	(2)	(3)	(1)	(7)	(7)	(2)	(3)				

CULTURAL VALUE ORIENTATION - NON-ILL FAMILIES
Dimension - Set 4 Relationship

	MOTHER'S M	MOTHER'S F	FATHER'S M	FATHER'S F	SELF M	SELF F	SELF F	SELF M	1	2	3	4
Set IVA Relationship (Individualistic)												
Fam 1	X			X	X	X	X	X	0	X	X	X
2				X		X	X		0	X	X	X
3			X	X			X	X	X	0	0	0
4			X	X	X	X	X		0	0	X	0
5				X			X	X	X	0	0	0
6			X	X	X				0	0	X	0
7				X			X		0	X	0	0
8	X	X	X	X			X		0	X	0	0
9					X	X	X	X	0	X	X	X
10	X	X	X	X			X	X	X	0	0	0
	(3)	(2)	(5)	(9)	(4)	(4)	(9)	(5)	(3)	(5)	(5)	(3)
Set IVB Relationship (Co-lateral)												
Fam 1		X	X									
2					X			X				
3	X	X			X	X						
4	X							X				
5	X	X	X		X	X						
6	X	X				X	X	X				
7	X	X	X		X	X		X				
8					X	X		X				
9			X	X								
10					X	X						
	(5)	(5)	(4)	(1)	(6)	(6)	(1)	(5)				
Set IVC Relationship (Linear)												
Fam 1												
2	X	X	X									
3												
4		X										
5												
6												
7												
8												
9	X	X										
10												
	(2)	(3)	(1)									

Key

1 = Both Accurate
2 = F Accurate about M
3 = M Accurate about F
4 = Both Accurate

EXHIBIT XI

CULTURAL VALUE ORIENTATION - ILL-PHYSICAL FAMILIES
Dimension - Set 1 Relationship with Nature

	MOTHER'S		FATHER'S		SELF		SELF					
	M	F	M	F	M	F	F	M	1	2	3	4
Set IA Nature-Mastery												
Fam 1				X					0	0	X	0
2	X	X			X				X	0	0	0
3		X		X				X	0	0	X	0
4		X		X	X	X	X		0	0	X	0
5				X					0	0	0	X
*6		?		?					X	0	0	0*
7				X			X	X	X	0	0	0
8				X		X			X	0	0	0
9		X		X		X			0	X	0	0
10		X							X	0	0	0
	(1)	(5)		(7)	(2)	(3)	(2)	(2)	(5)	(1)	(3)	(1)
Set IB Nature-Subjugation												
Fam 1	X		X		X							
2			X				X					
3	X		X		X	X	X					
4	X		X									
5	X	X	X		X	X	X	X				
*6	X	?	X	?	X	X*						
7	X	X	X		X	X						
8			X				X	X				
9			X									
10			X	X			X	X				
	(6)	(2)	(10)	(1)	(5)	(4)	(5)	(3)				
Set IC Nature-Harmony												
Fam 1		X				X	X	X				
2				X		X		X				
3												
4								X				
5												
*6		?		?			X	X*				
7												
8	X	X			X							
9	X				X		X	X				
10	X				X	X						
	(3)	(2)		(1)	(3)	(3)	(3)	(5)				

*Neither M nor F knew their fathers.

CULTURAL VALUE ORIENTATION - ILL-PHYSICAL FAMILIES
Dimension - Set 2 Time

	MOTHER'S		FATHER'S		SELF		SELF					
	M	F	M	F	M	F	F	M	1	2	3	4
Set IIA Time-Present												
Fam 1					X	X			X	0	0	0
2	X	X	X				X	X	X	0	0	0
3									0	X	X	X
4				X			X		0	X	0	0
5	X		X		X		X	X	0	X	0	0
*6		?		?	X	X	X	X	0	X	X	X*
7	X	X		X	X	X			X	0	0	0
8		X			X	X			X	0	0	0
9			X		X	X	X	X	0	X	X	X
10					X		X	X	0	X	0	0
	(3)	(3)	(3)	(2)	(7)	(5)	(6)	(5)	(4)	(6)	(3)	(3)
Set IIB Time-Future												
Fam 1	X	X	X	X			X	X				
2					X	X						
3	X	X	X		X	X	X	X				
4	X	X	X		X	X		X				
5		X		X		X						
*6	X	?	X	?*								
7			X				X	X				
8	X		X	X			X	X				
9	X	X		X								
10	X	X				X						
	(7)	(6)	(6)	(4)	(3)	(5)	(4)	(5)				
Set IIC Time-Past												
Fam 1												
2				X								
3				X								
4												
5												
*6		?		?*								
7												
8												
9												
10			X	X								
			(1)	(3)								

*Neither M nor F knew their fathers.

Key

1 = Both Accurate
2 = F Accurate about M
3 = M Accurate about F
4 = Both Accurate

EXHIBIT XII

CULTURAL VALUE ORIENTATION - ILL-PHYSICAL FAMILIES
Dimension - Set 3 Activity

	MOTHER'S		FATHER'S		SELF		SELF					
	M	F	M	F	M	F	F	M	1	2	3	4
Set IIIA Activity-Doing												
Fam 1	X	X	X	X				X	X	0	0	0
2	X	X				X			X	0	0	0
3	X	X	X	X	X	X	X		0	0	X	0
4	X	X	X		X	X	X		0	0	X	0
5	X		X	X			X	X	X	0	0	0
*6	X	?	X	?		X			0	X	0	0*
7	X		X	X			X	X	X	0	0	0
8	X	X	X	X					0	X	X	X
9	X	X	X	X	X		X	X	0	X	0	0
10	X	X	X	X					0	X	X	X
	(10)	(7)	(9)	(7)	(3)	(4)	(5)	(4)	(4)	(4)	(4)	(2)
Set IIIB Activity-Being												
Fam 1					X	X						
2			X		X							
3												
4				X				X				
5					X	X						
*6		?		?*								
7		X				X						
8					X			X				
9												
10												
		(1)	(1)	(1)	(4)	(3)		(2)				
Set IIIC Activity-Becoming												
Fam 1							X					
2				X			X	X				
3								X				
4												
5		X										
*6		?		?	X		X	X*				
7					X							
8						X	X					
9						X						
10					X	X	X	X				
		(1)		(1)	(3)	(3)	(5)	(4)				

*Neither M nor F knew their fathers.

CULTURAL VALUE ORIENTATION - ILL-PHYSICAL FAMILIES
Dimension - Set 4 Relationship

	MOTHER'S		FATHER'S		SELF		SELF					
	M	F	M	F	M	F	F	M	1	2	3	4
Set IVA Relationship - Individualistic												
Fam 1					X	X			X	0	0	0
2					X	X			X	0	0	0
3	X		X	X	X				0	0	X	0
4		X		X	X	X			X	0	0	0
5							X		0	X	0	0
*6	X	?		?			X	X	X	0	0	0*
7		X			X	X			X	0	0	0
8			X	X			X	X	X	0	0	0
9				X			X	X	X	0	0	0
10					X	X	X	X	0	X	X	X
	(2)	(2)	(2)	(4)	(6)	(5)	(5)	(4)	(7)	(2)	(2)	(1)
Set IVB Relationship - Co-lateral												
Fam 1			X	X			X	X				
2	X	X	X				X	X				
3		X				X	X	X				
4	X						X	X				
5	X	X	X	X	X	X		X				
*6		?		?	X	X*						
7	X		X	X			X	X				
8					X	X						
9	X	X	X		X	X						
10			X	X								
	(5)	(4)	(6)	(4)	(4)	(5)	(5)	(6)				
Set IVC Relationship - Lineal												
Fam 1	X	X										
2				X								
3												
4			X									
5												
*6		?	X	?*								
7												
8	X	X										
9												
10	X	X										
	(3)	(3)	(2)	(1)								

Key

1 = Both Accurate
2 = F Accurate about M
3 = M Accurate about F
4 = Both Accurate

*Neither M nor F knew their fathers.

EXHIBIT XII

CULTURAL VALUE ORIENTATION - ILL-EMOTIONAL FAMILIES
Dimension - Set 1 Relationship with Nature

	MOTHER'S		FATHER'S		SELF		SELF					
	M	F	M	F	M	F	F	M	1	2	3	4
Set IA Nature-Mastery												
Fam 1			X	X			X	X	X	0	0	0
2		X				X			X	0	0	0
3				X		X	X		0	0	X	0
4					X	X		X	0	X	0	0
5	X	X			X				X	0	0	0
6									X	0	0	0
7				X		X			X	0	0	0
8									0	X	X	X
9					X	X			X	0	0	0
10			X	X		X	X		0	0	X	0
	(1)	(2)	(2)	(4)	(3)	(6)	(3)	(2)	(6)	(2)	(3)	(1)
Set IB Nature-Subjugation												
Fam 1	X	X			X	X						
2	X		X	X			X	X				
3	X	X	X		X							
4	X	X										
5			X				X					
6	X	X	X	X	X		X					
7			X				X	X				
8	X	X										
9	X	X	X	X				X				
10	X				X							
	(8)	(6)	(6)	(3)	(4)	(1)	(4)	(3)				
Set IC Nature-Harmony												
Fam 1												
2					X							
3								X				
4			X	X			X					
5				X		X		X				
6						X		X				
7	X	X			X							
8			X	X	X	X	X	X				
9							X					
10		X						X				
	(1)	(2)	(2)	(3)	(3)	(3)	(3)	(5)				

CULTURAL VALUE ORIENTATION - ILL-EMOTIONAL FAMILIES
Dimension - Set 2 Time

	(FEMALE)		(MALE)		(SELF)		(SELF)					
	M	F	M	F	M	F	F	M	1	2	3	4
Set IIA Time - Present												
Fam 1									0	X	X	X
2		X				X			0	X	0	0
3					X	X		X	0	X	0	0
4	X	X					X		0	X	0	0
5	X	X	X				X	X	X	0	0	0
6									0	X	X	X
7		X			X	X			X	0	0	0
8				X			X	X	X	0	0	0
9	X	X			X				0	0	X	0
10					X	X		X	0	X	0	0
	(3)	(5)	(1)	(1)	(4)	(4)	(3)	(4)	(1)	(6)	(3)	(2)
Set IIB Time - Future												
Fam 1	X		X	X	X	X	X	X				
2	X		X	X	X		X	X				
3	X	X	X				X					
4					X			X				
5					X	X						
6	X	X			X			X				
7	X		X	X			X	X				
8	X	X	X									
9			X	X		X	X	X				
10	X	X		X			X					
	(7)	(4)	(6)	(5)	(5)	(3)	(6)	(6)				
Set IIC Time - Past												
Fam 1		X										
2												
3				X								
4			X	X		X						
5				X								
6			X	X		X	X					
7												
8					X	X						
9												
10			X									
		(1)	(3)	(4)	(1)	(3)	(1)					

Key

1 = Both Accurate
2 = F Accurate about M
3 = M Accurate about F
4 = Both Accurate

EXHIBIT XIII

CULTURAL VALUE ORIENTATION - ILL-EMOTIONAL FAMILIES
Dimension - Set 3 Activity

	MOTHER'S M	MOTHER'S F	FATHER'S M	FATHER'S F	SELF M	SELF F	SELF F	SELF M	1	2	3	4
Set IIIA Activity-Doing												
Fam 1	X	X	X	X		X	X	X	0	0	X	0
2		X	X	X		X	X	X	0	0	X	0
3	X	X		X		X	X		0	X	X	X
4	X	X	X	X	X			X	0	X	0	0
5	X	X				X			X	0	0	0
6									0	0	X	0
7	X	X	X	X					0	X	X	X
8	X	X	X	X					0	X	X	X
9	X				X		X	X	0	X	0	0
10	X	X	X					X	0	0	X	0
	(8)	(8)	(6)	(6)	(2)	(4)	(4)	(5)	(1)	(5)	(7)	(3)
Set IIIB Activity-Being												
Fam 1												
2	X											
3												
4						X						
5			X		X							
6	X	X	X	X	X	X	X					
7					X			X				
8												
9		X	X	X		X						
10				X	X	X	X					
	(2)	(2)	(3)	(3)	(4)	(4)	(2)	(1)				
Set IIIC Activity-Being in Becoming												
Fam 1					X							
2					X							
3			X		X			X				
4							X					
5				X			X	X				
6								X				
7						X	X					
8					X	X	X	X				
9												
10												
			(1)	(1)	(4)	(2)	(4)	(4)				

CULTURAL VALUE ORIENTATION - ILL-EMOTIONAL
Dimension - Set 4 Relationship

	MOTHER'S M	MOTHER'S F	FATHER'S M	FATHER'S F	SELF M	SELF F	SELF F	SELF M	1	2	3	4
Set IVA Relationship (Individualistic)												
Fam 1	X	X	X	X	X	X	X	X	0	X	X	X
2									0	X	0	0
3			X	X	X	X	X		0	0	X	0
4					X			X	0	X	X	X
5					X	X			X	0	0	0
6						X		X	X	0	0	0
7			X	X			X	X	X	0	0	0
8						X			0	X	0	0
9									0	X	X	X
10					X	X	X	X	0	X	X	X
	(1)	(1)	(3)	(3)	(5)	(6)	(4)	(5)	(3)	(6)	(5)	(4)
Set IVB Relationship (Co-lateral)												
Fam 1												
2	X	X	X	X	X		X	X				
3	X							X				
4						X	X					
5	X	X	X				X	X				
6	X	X	X	X	X		X					
7					X	X						
8			X	X	X		X	X				
9	X	X	X	X	X	X	X	X				
10	X	X		X								
	(6)	(5)	(5)	(5)	(5)	(3)	(6)	(5)				
Set IVC Relationship (Linear)												
Fam 1												
2						X						
3		X										
4	X	X	X	X								
5				X								
6												
7	X	X										
8	X	X										
9												
10			X									
	(3)	(4)	(2)	(2)		(1)						

Key

1 = Both Accurate
2 = F Accurate about M
3 = M Accurate about F
4 = Both Accurate

EXHIBIT XIII

CULTURAL VALUE ORIENTATION: NON-ILL FAMILIES
Internal Consistency of Individual Spouses
Accuracy Between Spouses
Agreement Between Spouses

		A	B	C	D	E	F	G	H	I	J	K	L	F M M	F M N	F M O	F M P	F Q	M R
Fam 1	F					X					X	X	X	O	O	X	X	0/1/3	
	M		X							X		X	X	O	O	X	X		1/0/3
2	F			X						X	X		X	O	X	O	X	1/0/3	
	M		X		X			X		X				O	O	O	X		2/1/1
3	F		X							X		X	X	X	O	O	O	1/0/3	
	M				X	X					X	X		X	O	O	O		1/1/2
4	F									X	X	X	X	O	X	X	O	0/0/4	
	M	X	X					X					X	X	O	O	X		1/2/1
5	F		X			X						X	X	X	X	X	O	1/1/2	
	M		X		X	X						X		O	X	O	O		2/1/1
6	F		X		X	X						X		O	X	O	O	2/1/1	
	M		X					X		X			X	O	X	O	X		1/1/2
7	F		X			X						X	X	O	X	O	X	1/1/2	
	M	X	X			X		X						X	X	O	O		3/1/0
8	F		X					X		X			X	O	X	O	X	1/1/2	
	M		X		X	X		X						X	O	X	O		2/2/0
9	F	X	X					X					X	O	X	X	X	2/1/1	
	M		X			X		X					X	O	O	X	X		1/2/1
10	F	X									X	X	X	O	O	X	O	1/0/3	
	M					X	X	X						O	O	O	O		1/3/0

Key to Headings

A = Spanish - Man-Nature (Subjugation)
B = Spanish - Time (Present)
C = Spanish - Activity (Being)
D = Spanish - Relational (Colateral)
E = Asian - Man-Nature (Harmony)
F = Asian - Time (Past)
G = Asian - Activity (Being in becoming)
H = Asian - Relational (Lineal)
I = American - Man-Nature (Mastery)
J = American - Time (Future)
K = American - Activity (Doing)
L = American - Relational (Individualistic)
M = Accuracy Nature
N = Accuracy Time
O = Accuracy Activity
P = Accuracy Relational
Q/R = Consistant

M - CONSISTANT					ACCURATE
Fam 1	1	/ 0 /	3		.50
2	2	/ 1 /	1		.25
3	1	/ 1 /	2		.25
4	1	/ 2 /	1		.50
5	2	/ 1 /	1		.25
6	1	/ 1 /	2		.50
7	3	/ 1 /	0		.50
8	2	/ 2 /	0		.50
9	1	/ 2 /	1		.50
10	1	/ 3 /	0		.00
	(15)	(14)	(11)		(.38)

F - CONSISTANT					ACCURATE
Fam 1	0	/ 1 /	3		.50
2	1	/ 0 /	3		.50
3	1	/ 0 /	3		.25
4	0	/ 0 /	4		.50
5	1	/ 1 /	2		.75
6	2	/ 1 /	1		.25
7	1	/ 1 /	2		.50
8	1	/ 1 /	2		.50
9	2	/ 1 /	1		.75
10	1	/ 0 /	3		.25
	(10)	(16)	(24)		(.48)

AGREEMENT BY ORIENTATION		
-	-	+
-	-	-
+	-	-
-	-	-
-	+	-
-	+	-
-	+	-
-	-	-
-	-	+
+	-	-
(2)	(3)	(2)

EXHIBIT XIV

CULTURAL VALUE ORIENTATION: ILL-PHYSICAL FAMILIES
Internal Consistency of Individual Spouses
Accuracy Between Spouses
Agreement Between Spouses

		A	B	C	D	E	F	G	H	I	J	K	L	F M M	F M N	F M O	F M P	F Q	M R
Fam 1	F				X	X		X			X			O	O	O	O	1/2/1	
	M	X	X	X									X	X	O	O	O		3/0/1
2	F	X	X	X	X									O	O	O	O	4/0/0	
	M							X		X	X		X	O	O	O	O		0/1/3
3	F	X			X						X	X		O	X	O	O	2/0/2	
	M	X									X	X	X	X	X	X	X		1/0/3
4	F		X		X					X		X		O	X	O	O	2/0/2	
	M									X	X	X	X	X	O	X	O		0/0/4
5	F	X	X									X	X	X	X	O	X	2/0/2	
	M	X	X	X	X									X	O	O	O		4/0/0
6	F		X			X		X					X	O	X	X	O	1/2/1	
	M	X	X		X			X						O	X	O	O		3/1/0
7	F				X					X	X	X		O	O	O	O	1/0/3	
	M	X	X					X					X	O	O	O	O		2/1/1
8	F	X						X			X		X	O	O	X	O	1/1/2	
	M		X	X	X	X								O	O	X	O		3/1/0
9	F		X			X						X	X	X	X	X	O	1/1/2	
	M		X		X	X						X		O	X	O	O		2/1/1
10	F	X	X					X					X	O	O	X	X	2/1/1	
	M		X			X		X					X	O	X	X	X		1/2/1

Key to Headings

A = Spanish - Man-Nature (Subjugation)
B = Spanish - Time (Present)
C = Spanish - Activity (Being)
D = Spanish - Relational (Colateral)
E = Asian - Man-Nature (Harmony)
F = Asian - Time (Past)
G = Asian - Activity (Being in becoming)
H = Asian - Relational (Lineal)
I = American - Man-Nature (Mastery)
J = American - Time (Future)
K = American - Activity (Doing)
L = American - Relational (Individualistic)
M = Accuracy Nature
N = Accuracy Time
O = Accuracy Activity
P = Accuracy Relational
Q/R = Consistant

	M - CONSISTANT				ACCURATE
Fam 1	3	/ 0 /	1		.25
2	0	/ 1 /	3		.00
3	1	/ 0 /	3		1.00
4	0	/ 0 /	4		.50
5	4	/ 0 /	0		.25
6	3	/ 1 /	0		.25
7	2	/ 1 /	1		.00
8	3	/ 1 /	0		.25
9	2	/ 1 /	1		.25
10	1	/ 2 /	1		.75
	(19)	(7)	(14)		(.35)

	F - CONSISTANT				ACCURATE
Fam 1	1	/ 2 /	1		.00
2	4	/ 0 /	0		.00
3	2	/ 0 /	2		.25
4	2	/ 0 /	2		.25
5	2	/ 0 /	2		.75
6	1	/ 2 /	1		.50
7	1	/ 0 /	3		.00
8	1	/ 1 /	2		.25
9	1	/ 1 /	2		.75
10	2	/ 1 /	1		.50
	(17)	(8)	(16)		(.33)

AGREEMENT BY ORIENTATION		
-	-	+
-	-	-
-	+	-
-	+	-
-	+	-
-	-	-
-	-	-
-	+	-
-	+	-
-	-	+
(0)	(6)	(2)

EXHIBIT XV

CULTURAL VALUE ORIENTATION: ILL-EMOTIONAL FAMILIES

Internal Consistency of Individual Spouses

Accuracy Between Spouses

Agreement Between Spouses

		A	B	C	D	E	F	G	H	I	J	K	L	F M / M	F M / N	F M / O	F M / P	F / Q	M / R
Fam 1	F									X	X	X	X	O	X	O	X	0/0/4	1/1/2
	M	X						X			X		X	O	X	O	X	2/0/2	1/2/1
2	F	X			X						X	X		O	O	X	O	0/0/4	2/1/1
	M				X	X		X			X			O	X	X	O	2/1/1	0/0/4
3	F									X	X	X	X	X	O	X	X	2/2/0	2/2/0
	M	X	X					X					X	X	X	X	X	2/2/0	1/0/3
4	F		X		X	X		X						O	O	O	X	0/0/4	3/1/0
	M									X	X	X	X	O	O	O	O	2/2/0	3/0/1
5	F		X		X	X		X						O	O	O	O	1/0/3	1/1/2
	M			X						X	X		X	O	X	O	O	3/1/0	3/1/0
6	F	X		X	X		X							O	X	X	O	3/0/1	2/2/0
	M	X		X	X						X			O	O	X	O	1/1/2	1/3/0
7	F	X						X			X		X	O	O	X	O	3/1/0	1/1/2
	M		X	X	X	X								X	O	X	X	2/2/0	2/0/2
8	F		X		X	X		X						X	O	X	O	1/3/0	1/0/3
	M				X	X	X	X						O	O	X	X	1/1/2	3/0/1
9	F				X	X					X	X		O	X	O	X	2/0/2	
	M		X		X					X		X		O	X	O	X	1/0/3	
10	F			X						X	X		X	X	O	X	X	3/0/1	
	M	X	X	X									X						

Key to Headings

A = Spanish - Man-Nature (Subjugation)
B = Spanish - Time (Present)
C = Spanish - Activity (Being)
D = Spanish - Relational (Colateral)
E = Asian - Man-Nature (Harmony)
F = Asian - Time (Past)
G = Asian - Activity (Being in becoming)
H = Asian - Relational (Lineal)
I = American - Man-Nature (Mastery)
J = American - Time (Future)
K = American - Activity (Doing)
L = American - Relational (Individualistic)
M = Accuracy Nature
N = Accuracy Time
O = Accuracy Activity
P = Accuracy Relational
Q/R = Consistant

M - CONSISTANT					ACCURATE
Fam 1	1	/ 1	/ 2		.75
2	1	/ 2	/ 1		.25
3	2	/ 1	/ 1		.75
*4	0	/ 0	/ 4		.25
5	1	/ 0	/ 3		.00
**6	3	/ 0	/ 1		.50
7	3	/ 1	/ 0		.25
8	1	/ 3	/ 0		.50
***9	2	/ 0	/ 2		.50
10	3	/ 0	/ 1		.75
	(17)		(8)	(15)	(.45)

F - CONSISTANT					ACCURATE
Fam 1	0	/ 0	/ 4		.50
2	2	/ 0	/ 2		.50
3	0	/ 0	/ 4		.50
*4	2	/ 2	/ 0		1.00
5	2	/ 2	/ 0		.00
**6	3	/ 1	/ 0		.25
7	1	/ 1	/ 2		.25
8	2	/ 2	/ 0		.75
***9	1	/ 1	/ 2		.50
10	1	/ 0	/ 3		.50
	(14)		(9)	(17)	(.48)

AGREEMENT BY ORIENTATION		
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
+	-	-
-	+	-
-	-	+
-	-	+
-	-	-
(1)	(1)	(2)

*Japanese
**Spanish
***Filipino

EXHIBIT XVI

CULTURAL VALUE ORIENTATION PREFERENCES:
Summary for All Non-Ill Families

ORIENTATIONS	PREFERENCES																	
Man/Nature	Subjugation						Harmony						Mastery					
	Mother's		Father's		Self		Mother's		Father's		Self		Mother's		Father's		Self	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	4	4	9	2	2	2	3	0	1	1	5	4	3	6	0	7	3	4
Time	Present						Past						Future					
	Mother's		Father's		Self		Mother's		Father's		Self		Mother's		Father's		Self	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	4	3	4	2	8	6	0	0	2	3	1	0	6	7	4	5	1	4
Activity	Being						Becoming						Doing					
	Mother's		Father's		Self		Mother's		Father's		Self		Mother's		Father's		Self	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	0	0	0	0	0	1	1	2	3	1	7	2	9	8	7	9	3	7
Relational	Co-lateral						Lineal						Individualistic					
	Mother's		Father's		Self		Mother's		Father's		Self		Mother's		Father's		Self	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	5	5	4	1	6	1	2	3	1	0	0	0	3	2	5	9	4	9
Totals	Mother's		Father's		Self		Mother's		Father's		Self		Mother's		Father's		Self	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	13	12	17	5	16	10	6	5	7	5	13	6	21	23	16	30	11	24
	(25)		(22)		(26)		(11)		(12)		(19)		(44)		(46)		(35)	
	(73) Spanish Surname						(42) Asian						(125) Caucasian					

EXHIBIT XVII

CULTURAL VALUE ORIENTATION PREFERENCES:
Summary for All Ill-Physical Families

ORIENTATIONS	PREFERENCES																	
Man/Nature	Subjugation						Harmony						Mastery					
	Mother's		Father's		Self		Mother's		Father's		Self		Mother's		Father's		Self	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	6	2	10	1	5	5	3	2	0	1	3	3	1	5	0	7	2	2
Time	Present						Past						Future					
	Mother's		Father's		Self		Mother's		Father's		Self		Mother's		Father's		Self	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	3	3	3	2	7	6	0	0	1	3	0	0	7	6	6	4	3	4
Activity	Being						Becoming						Doing					
	Mother's		Father's		Self		Mother's		Father's		Self		Mother's		Father's		Self	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	0	1	1	1	4	0	0	1	0	1	3	5	10	7	9	7	3	5
Relational	Co-lateral						Lineal						Individualistic					
	Mother's		Father's		Self		Mother's		Father's		Self		Mother's		Father's		Self	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	5	4	6	4	4	5	3	3	2	1	0	0	2	2	2	4	6	5
Totals	Mother's		Father's		Self		Mother's		Father's		Self		Mother's		Father's		Self	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	14	10	20	8	20	16	6	6	3	6	6	8	20	20	17	22	14	16
	(24)		(28)		(36)		(12)		(9)		(14)		(40)		(39)		(30)	
	(88) Spanish Surname						(35) Asian						(109) Caucasian					

EXHIBIT XVIII

CULTURAL VALUE ORIENTATION PREFERENCES:
Summary for All Ill-Emotional Families

ORIENTATIONS	PREFERENCES																	
Man/Nature	Subjugation						Harmony						Mastery					
	Mother's		Father's		Self		Mother's		Father's		Self		Mother's		Father's		Self	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	8	6	6	3	4	4	1	2	2	3	3	3	1	2	2	4	3	3
Time	Present						Past						Future					
	Mother's		Father's		Self		Mother's		Father's		Self		Mother's		Father's		Self	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	3	5	1	1	4	3	0	1	3	4	1	1	7	4	6	5	5	6
Activity	Being						Becoming						Doing					
	Mother's		Father's		Self		Mother's		Father's		Self		Mother's		Father's		Self	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	2	2	3	3	4	2	0	0	1	1	4	4	8	8	6	6	2	4
Relational	Co-lateral						Lineal						Individualistic					
	Mother's		Father's		Self		Mother's		Father's		Self		Mother's		Father's		Self	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	6	5	5	5	5	6	2	4	2	2	0	1	1	1	3	3	5	4
Totals	Mother's		Father's		Self		Mother's		Father's		Self		Mother's		Father's		Self	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	19	18	15	12	17	15	13	7	8	10	8	9	17	15	17	18	15	17
	(37)		(27)		(32)		(10)		(18)		(17)		(32)		(35)		(32)	
	(96)						(45)						(99)					
	Spanish Surname						Asian						Caucasian					

EXHIBIT XIX

CULTURAL VALUE ORIENTATION: ALL FAMILIES
AGREEMENT BETWEEN SPOUSES/CULTURAL VALUE DIMENSION AND ORIENTATION

	A	B	C	D	E	F M	F F
Non-Ill							
Fam 1	-	-	+	+	.50		
2	+	-	-	-	.25		
3	-	-	+	-	.25		
4	-	-	-	+	.25		
5	+	+	+	-	.75		
6	-	+	-	-	.25		
7	-	+	-	-	.25		
8	-	+	+	-	.50		
9	-	+	+	+	.50		
10	-	-	-	-	.00		
	(2)	(5)	(4)	(3)	(.35)	.38	.48
Ill-Physical							
Fam 1	-	-	-	-	.00		
2	-	-	-	-	.00		
3	+	+	+	-	.75		
4	+	-	+	-	.50		
5	+	+	-	-	.25		
6	-	+	+	-	.50		
7	-	-	-	-	.00		
8	-	-	-	-	.00		
9	+	+	+	-	.75		
10	-	+	+	+	.75		
	(4)	(5)	(5)	(1)	(.35)	.35	.33
Ill-Emotional							
Fam 1	-	+	-	+	.50		
2	-	+	-	+	.50		
3	-	-	-	+	.25		
*4	-	-	-	-	.00		
5	-	-	-	-	.00		
**6	+	-	+	+	.75		
7	-	-	-	-	.00		
8	+	-	+	+	.75		
***9	-	-	+	+	.50		
10	-	-	+	+	.50		
	(2)	(2)	(4)	(7)	(.38)	.45	.48

*Japanese
**Spanish
***Filipino

KEY

A = Man/Nature
B = Time
C = Activity
D = Relational
E = % Dimension Agreement
F = % Accurate

EXHIBIT XX

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