

Shame : the dark side of nursing
by Anne Demarest Engels

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in Home Economics
Montana State University
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Abstract:
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In this study, the roles of shame, shame prone identity and shame based family systems in which intimacy, accountability and dependency needs were unmet, were explored as possible explanations for registered nurses exposing themselves to abusive and adverse working conditions and enduring this environment.

A quota sample was drawn from a list of registered nurses employed in an acute care facility.

Data for the study was compiled from respondents' genograms and an ethnographic interview involving questions concerning the family of origin, the family of procreation, and relationships in the work place.

A DataIII Base computer program facilitated the organization of data collected about nurses' families of origin. Olson's Circumplex Model and Harper and Hoopes' Affirmation Triangle model were used to assess nurses' family systems to determine the presence of shame.

The study revealed that processes involved in management of relationships in families of origin are incorporated into the work environment. The findings suggest that processes learned in the family of origin enable nurses to endure adverse and abusive situations encountered in the work place.

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Signature Anne D. Ingels

Date May 13, 1993

This body of work is dedicated to my brother,

Billy,

who gave the ultimate sacrifice for his family.

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## ABSTRACT

Nursing literature offers little information concerning the influence of the family of origin upon registered nurses. This dearth of information leaves unanswered how families of origin impact nurses.

In this study, the roles of shame, shame prone identity and shame based family systems in which intimacy, accountability and dependency needs were unmet, were explored as possible explanations for registered nurses exposing themselves to abusive and adverse working conditions and enduring this environment.

A quota sample was drawn from a list of registered nurses employed in an acute care facility. Data for the study was compiled from respondents' genograms and an ethnographic interview involving questions concerning the family of origin, the family of procreation, and relationships in the work place.

A DataIII Base computer program facilitated the organization of data collected about nurses' families of origin. Olson's Circumplex Model and Harper and Hoopes' Affirmation Triangle model were used to assess nurses' family systems to determine the presence of shame.

The study revealed that processes involved in management of relationships in families of origin are incorporated into the work environment. The findings suggest that processes learned in the family of origin enable nurses to endure adverse and abusive situations encountered in the work place.

# CHAPTER ONE

## INTRODUCTION

### Background of Problem

The author's 17 years of direct observation of nurses who have worked in an acute care hospital reveals nurses are exposed to abusive and adverse work situations involving relationships and working conditions. Nurses may have particular personality traits and family backgrounds that make them especially suited for working in such an environment.

The roles of shame, shame prone identity and shame based family systems in which intimacy, accountability and dependency needs were unmet, were explored as possible explanations for registered nurses exposing themselves to abusive and adverse working conditions and enduring this environment. Is caretaking in abusive situations and enduring adverse working conditions a way for nurses to have accountability, intimacy and dependability needs met?

To set the stage, the author will acquaint the reader to areas in which she has observed these phenomena. The author suggests the following as

illustrations of adverse or abusive experiences encountered by individuals working as registered nurses in an acute care facility. Nurses relate experiencing physical and emotional stress as a result of having to work at inconvenient times. Nurses with school age children, who work the evening shift, report limited opportunities to spend time in family activities. Endless fatigue serves as a hallmark for nurses working night shift. They constantly battle to find the "right" time to sleep uninterruptedly and biorhythms are in constant flux (Potter & Perry, 1989). Working night shift makes conducting "normal" family life or social life difficult.

Nurses subject themselves to emotional and physical stress (Mansfield, McCool, Vicary, & Packard, 1989) when physical boundaries of patients are broached. Intimate physical contact occurs in caring for patients, e.g., bathing patients, cleaning up excrement and blood (Heim, 1991), and performing procedures which necessitate handling of genitalia. Emotional stress for nurses may occur when patients' personal, physical, and emotional boundaries are crossed during the process of admitting a patient to the hospital. It is routine to ask the patient to undress and don a hospital gown. If the patient is unable to do this, the nurse proceeds

to complete the task for the patient. Further stress for nurses may occur during the process of performing the "personal assessment" in which several intimate questions are asked of the anxious, ill individual. A reciprocal situation exists regarding patients broaching nurses' personal boundaries.

Patients initiate crossing of nurses' personal boundaries by inappropriate touching and inappropriate story telling. Nurses report being punched, kicked, bitten, sworn at, urinated and defecated upon, and being sexually harassed. Examples of sexual harassment are: being propositioned, being fondled, and walking into a room to find a male patient masturbating.

Nurses also experience demeaning behaviors from physicians, e.g., throwing charts, being cursed at, sexual harassment, and expectations of being a servant ("Where's my coffee?").

There are pleasant aspects of working as a nurse. Nurses take pleasure in saving a life or helping in a patient's recovery. But, as this investigator observes nurses and listens to nurses discuss continual fatigue, unhappiness, anger, withdrawal, "burn out," and codependent behaviors, it appears stressors created by adverse work experiences and abusive situations weigh heavily.

The nursing literature presents little information

The nursing literature presents little information regarding the adaptation of nurses in the hospital environment. The literature that exists tends to focus on codependency, addictions, and burn out. Are these examples of behaviors of nurses' adapting to the adverse conditions to which they are subjected (Carpenter, 1991; Cipikala, Kane, & Cleveland, 1991; Hall & Wray, 1989; Hare, Pratt & Andrews, 1988; Moss, 1989; Prout, 1991; Williams, 1989)? Studies in the area of shame, addictions and burn out are few. Snow and Willard (1989) conducted a computer search of medical and nursing literature using descriptors of addiction and chemical dependency. Only 1,400 of 813,000 citations or 0.02 percent were found relating to those descriptors. In the present study, a search of Montana State University's computer data base using the descriptors of shame, shame prone identity, shame bound family system, guilt, self concept, intimacy, shame and relationships, embarrassment, self perception, and codependency yielded 123 citations. The majority of citations were found in journals related to alcoholism and addiction. A search of the Psychology Literature and Medical Data Bases using shame as a descriptor revealed no citations. Although areas such as codependency, addiction, and burn out

have been examined, they may be representative of a more encompassing problem.

## Purpose Statement

The purpose of this study was to explore nurses' perceptions of their families of origin and how these perceptions may have contributed to their abilities to remain in and tolerate abusive or adverse working conditions or both. It is possible that individuals with shame prone identities fulfill their unmet needs by working in caretaking environments found in acute care facilities. Such an environment may foster and exacerbate unhealthy interactions similar to those experienced in families of origin. Specifically, is there a connection between how individuals experience their family of origin and their ability to tolerate and endure abusive relationships or adverse work conditions or both?

This investigator contends that nurses develop a shame prone identity when raised in a family system in which intimacy, dependency and accountability needs are unmet (Harper & Hoopes, 1990). Perhaps caretaking is a way for nurses to have accountability, intimacy and dependability needs met, needs which were unmet in respondents' families of origin.

## Significance of Study

A review of nursing literature revealed unhappiness, anger, fatigue, withdrawal (Baldwin, Welches, Walker & Eliastam, 1987), co-dependency (Cipkala, et al., 1991; Hall & Wray, 1989; Hogg & Frank, 1992), intershift rivalries, one-upmanship (Covell, 1991), burn out (Hare, Pratt, & Andrews, 1988; Mansfield, et al., 1989; Moss, 1989; Prout, 1991; Williams 1989), depression and substance abuse (Heim, 1991; Sherman, Cardea, & Gaskill, 1989; Williams, 1991) to be, according to these authors, representative of dissatisfaction in nursing. Although these authors offer solutions on how to handle these various problems, none delves into an understanding of what lies beneath these signs of dissatisfaction. Absent were discussions of the impact of interactions within families of origin on nurses. The intent of this study was to determine if the impact of nurses' families of origin could have contributed to these dissatisfactions.

## Limitations of Study

A small segment of the sample were individuals with whom the researcher has a close friendship. The reader might assume the presence of bias during these

interviews. Training in a Master's level program of Marriage and Family Therapy provided the researcher with skill to recognize transference and countertransference. Such events were included in the field notes for the study.

Trust is an issue for shame prone individuals (Bradshaw, 1989; Harper & Hoopes, 1990). Harper and Hoopes (personal conversations, November 3, 1991) commented that individuals with shame prone identities tend to "cover up" their shame. The effect of trust upon the "covering up" process will be addressed in Chapter Five.

Bias may occur in respondents' perceptions of their families of origin. Memories of interactive patterns may be colored by events respondents experienced in their families of origin.

There is a set of sisters included in the sample. Assessment of their responses to the interview questions may yield information that would suggest presence or absence of memory bias.

The data from this study will not be generalizable to nurses in other institutions. The methodology used does not lend itself to accumulation of statistical data. However, naturalistic inquiry serves well to explore the multiple realities (Lincoln & Guba, 1985)

that respondents experienced growing up in their families.

## Definitions

1. Boundary: " A concept used in structural therapy to describe emotional barriers that protect and enhance the integrity of individuals, subsystems, and families" (Nichols, 1984, p. 583).

2. Family System: " A group of related individuals that interact as a whole entity (Nichols, 1984). Change in one individual in the system affects the entire system much like moving one piece of a mobile sets the entire mobile in motion (Bradshaw, 1988).

3. Genogram: A pictorial representation of a family system covering three generations using standard symbols to represent family members (Horne & Passmore, 1991; McGoldrick & Gerson, 1985; Nichols, 1984).

4. Guilt: Feelings or emotions resulting from a deed performed that goes against an individual's moral standards or moral standards of that person's family, group, or society (Bradshaw, 1989, Harper & Hoopes, 1990; Lynd, 1958; Piers & Singer, 1986).

5. Perception: "A process of organizing, interpreting and transforming information from sense data and memory. It is a process of human transactions with the environment. It gives meaning to one's experience,

represents one's image of reality and influences one's behavior" (King, 1981,).

6. Shame: An emotion an individual has when he/she gives himself/herself a negative evaluation (Harper & Hoopes, 1990); "an emotional experience or feeling of painful embarrassment or humiliation that includes a sense of being insufficient as a person" (Fossum & Mason, 1986, p. 5).

7. Shame Prone Identity: When an individual believes him/herself to be flawed, unworthy, defective, unlovable (Harper & Hoopes, 1990 (Fossum & Mason, 1986; Harper & Hoopes, 1990, Lynd, 1958; Piers & Singer, 1953); when "humiliation is so painful or an indignity so profound that one feels one has been robbed of his/her dignity or exposed as basically inadequate, bad, or worthy of rejection" (Fossum & Mason, 1986, p. 5).

8. Shame Prone Family System: A family system in which "patterns of structural, attitudinal, and behavior within the marital and family systems fail to meet the needs and goals of both the system and the individuals" living in that system. "The patterns do not allow for continued growth of individuals, of the marriage, or of other family relationships" (Harper & Hoopes, 1990, p. 72).

# CHAPTER TWO

# REVIEW OF THE LITERATURE

## Introduction

The Affirmation Triangle Model, formulated by Harper and Hoopes (1990), and the Circumplex Model, developed by Olson (1983), serve as the bases for investigating how the family of origin impacts registered nurses. Olson's Model provides the means to assess family systems which assists the researcher in evaluating how the processes of affirmations are managed. The processes of affirmations determine the potential for development of individuals with shame prone identities or shame based family systems.

The researcher has provided a review of these theories. In the latter part of Chapter Two the author has provided a brief review of six family systems Harper and Hoopes have determined to be most conducive to developing shame based family systems. Harper and Hoopes (1990), through their description of the Affirmation Triangle Model, describe the development of healthy families as involving the processes of positive affirmations. Heavily influencing these processes are

the relationships within subsystems of the family of origin. The development of healthy identities of members within a family system is dependent upon how the marital dyad in its spousal and parental roles, the sibling subsystem, extended family members, and the relationships outside the family system manage positive affirmations involving intimacy, dependency, and accountability (Harper & Hoopes, 1990). To evaluate how families manage these processes, Harper and Hoopes (1990) draw from Olson's Circumplex Model.

## Olson's Circumplex Model

### Adaptability

Olson's Circumplex Model uses the dimensions (axes) of adaptability and cohesion (Barnes & Olson, 1985; Olson, 1983,1986) and an additional dimension, communication, to assess families. Adaptability is "the ability of a marital or family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress" (Olson, et al., 1983, p. 70). In identifying characteristics of adaptability, Olson uses these descriptors: rigid, structured, flexible, and chaotic (Carnes, 1987; Olson, et al., 1983; Olson, 1986). How family systems maintain behavioral patterns in areas of power, control, discipline, negotiation,

roles, rules, and type of system feedback can be construed to reflect levels of adaptability (Harper & Hoopes, 1990).

Chaotic is the descriptor used for one end of the continuum of the adaptability axis. Adaptability is described as chaotic when parents are under-responsible (Black, 1988; Bradshaw, 1988; Carnes, 1987; Kerr & Bowen, 1988; Nichols, 1984). Parents in chaotic family systems rely on outside controls. These parents expect schools or their church to provide guidelines for responsibility and limit setting (Carnes, 1987). Promises are not kept. Members within the chaotic family system cannot depend upon each other. A family system with a chaotic structure will move from crisis to crisis (Olson, 1986) with little if any homeostatic maintenance between crises (Horn & Passmore, 1991; Nichols, 1984). As a result of lack of structure within this type of system, individuals in this family system feel they lack a sense of identity (Carnes, 1987). Distrust of self resulting from lack of consistency is generated for individuals within this system (Harper & Hoopes, 1990).

At the other end of the continuum lies the rigid family system. Over-responsible parenting is a major presence in the structure of the rigid family system.

Parents strive to control all outcomes. Children learn, as they experience the many rules and regulations for everything, that they are incapable of assuming personal responsibility for their behavior (Carnes, 1987). As children become older, they begin to resist parental rigidity (Beavers, 1990; Friel & Friel, 1989; Olson, et al., 1983). These individuals possess few or no internal controls to replace the controls established by parents. Their parents complain about disrespectful children. Children do not share the same values as the parents. Outsiders are not to be trusted. This concept may be perceived as a way parents shelter their children from a threatening world.

Crises create stress for this type of family system. Members within the rigid family system feel very uncomfortable when confronted with the prospect of change (Carnes, 1987). Adolescence is such a time. As an adolescent strives to develop an identity (Erikson, 1950; Hoffman, 1984; Ryan & Lynch, 1989; Steirlin, 1981), he/she buffets the systemic rigidity. Adolescents searching for identity are viewed by their parents as immature; not measuring up to the family's standards (Beavers, 1990; Carnes, 1987). Not measuring up to the family's standards creates feelings of worthlessness for the adolescent. Repeated episodes of

feeling worthless may produce shame within the adolescent (Bradshaw, 1989; Harper & Hoopes, 1990).

Cohesion

The second axis of Olson's Circumplex Model is family cohesion. Cohesion is defined as "the emotional closeness family members have with one another" (Olson, et al., 1983, p. 72.). The descriptors used by Olson's Model to describe a family system's cohesiveness are: separated, connected, enmeshed, and disengaged. The feelings of "warmth and care between family members" (Carnes, 1987, p. 65), family members being supportive of each other, collaborative decision making, common interests and feelings of pride in family membership (Beavers, 1990) describe a sense of cohesiveness within a family system (Carnes, 1987; Olson, 1987).

Moving outwardly in both directions on the cohesion axis, the reader finds the family cohesion descriptors of disengaged and enmeshed. If the reader examines a disengaged family system, low levels of intimacy are found leading to unmet intimacy needs. Potentially, this might enhance development of shame prone identities for individuals in the family or create a shame based family system as it relates to the intimacy aspect of the Affirmation Triangle (Harper & Hoopes, 1990). A great sense of loneliness pervades the

disengaged family system (Bradshaw, 1988; Carnes, 1987; Friel & Friel, 1988; Wegcsheider-Cruse, 1988).

At the opposite end of the cohesion continuum is the enmeshed family system. Over involvement with one another and high dependency levels flourish within this family system (Carnes, 1987; Olson, 1983; Olson, et al., 1983). Everything is shared within this family including intimate details of each other's lives (Carnes, 1987). Decisions are assumed to be made unanimously, when actually one person may decide for the whole group. Individuality is lost as members of the enmeshed family system take on a collective identity (Olson, 1983, 1986). "Neither parents or children take responsibility for their own behavior because of the involvement with others. The intensity of the relationships obscures personal boundaries" (Carnes, 1987, p. 77).

Olson has identified 16 family systems according to how these families manage the processes of adaptability and cohesion (Olson, et al., 1983). These family systems are categorized into three groups: balanced family systems, mid-range family systems, and extreme family systems.

Balanced family systems are identified as: flexibly separated, flexibly connected, structurally

disengaged family system (Bradshaw, 1988; Carnes, 1987; Friel & Friel, 1988; Wegcsheider-Cruse, 1988).

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Balanced family systems are identified as: flexibly separated, flexibly connected, structurally separated and structurally connected. Mid-range family

Communication

Olson considers communication to be a facilitating dimension. Empathy, reflective listening, and supportive comments allow "couples and families to share with each other their needs and preferences as they relate to cohesion and adaptability" (Olson, et al., 1983, p. 61.) Movement on these axes is restricted when familiy members use negative communication skills such as criticism and double messages.

## Affirmation Triangle Model

Harper and Hoopes (1990) believe the development of healthy families involves the process of positive affirmations involving accountability, dependency and intimacy within the family system. These three concepts, described below, form the "sides" of the "Affirmation Triangle". Harper and Hoopes define affirmation as the "interactive process that one's self or presence is confirmed and recognized both by others and by the environment" (1990, p. 23).

Accountability

One aspect of the Affirmation Triangle is accountability. To be accountable means feeling

responsible for one's own behavior towards another (Harper & Hoopes, 1990). Parents have particular expectations for their children. Young children are counted upon to live up to these expectations. This develops the process of conforming to rules. As children mature, a healthy regard or sense of loyalty develops towards their parents (Boszormenyi-Nagy & Spark, 1973; Nichols, 1984). It is from a well developed sense of accountability within a healthy family system that children are able to develop a sense of the world's being a safe place (Harper & Hoopes, 1990).

Harshly imposed rules make accountability difficult for children to achieve. Excessive guilt may develop and become shaming for the individual (Bradshaw, 1989; Fossum & Mason, 1988; Harper &1990).

Dependency

Dependency forms another side of the Affirmation Triangle. Dependency is the condition of "being dependent, or needing assistance to survive" (Harper & Hoopes, 1990, p. 25). Children who depend upon their parents learn they are unique, persons of worth. This sense of being an unique individual is fostered for children when parents respect and accept the child's emotional experience (Harper & Hoopes, 1990). Children

experience feelings of low self worth and have doubts about their identity when they perceive they are an inconvenience to their parents (Harper & Hoopes, 1990; Boszormenyi-Nagy & Spark, 1973).

As children gradually begin to accept responsibility for their decisions and behavior, they learn to be interdependent (Harper & Hoopes, 1990). The maturing child's capacity to have interdependent relationships within his/her family of origin will foster the process of individuation and separation occurring during the child's adolescent years (Bowen, 1978; Harper & Hoopes, 1990; Kerr & Bowen, 1989; Steirlin, 1974). Interdependency fostered within the healthy family system will allow the young adult to separate from his/her family of origin but continue to be connected to the family (Bowen, 1978; Kerr & Bowen, 1989; Nichols, 1984).

Rules of how one relates to another are developed when dependency needs are met. Young children have not developed standards by which they can maintain their relationships (Harper & Hoopes, 1990). Parents serve as models for such standards. Through clear parental values created as part of the dependency relationship, children learn common sense and a sense of order (Green, 1989). If parental guidance is lacking, a

child learns to be mistrustful or disdain authority (Harper & Hoopes, 1990).

Intimacy

The remaining aspect of the Affirmation Triangle is intimacy. Harper and Hoopes (1990) define intimacy as the feelings of emotional closeness between persons. As a process, intimacy teaches family members they are valued and belong in the family. Healthy intimacy within the family system teaches children rules for touch and physical expression, expression of feelings and the ability to share them with others. When children experience negative affirmation ("big boys don't cry: or "you really don't feel that way"), they learn their feelings are not to be trusted and to be afraid when others express their feelings (Bradshaw, 1989; Harper & Hoopes, 1990; Weigscheider-Cruse, 1988). It is through the process of healthy intimacy that one learns to handle conflict in relationships (Bradshaw, 1989; Harper & Hoopes, 1990; Fossum & Mason, 1988).

The concepts of Harper and Hoopes Affirmation Triangle Model and the concepts of Olson's Circumplex Model provide a framework for the process of the development of shame prone individuals or families with a shame prone identity. The six family styles which are most prone to producing individuals with a shame

prone identity or creating family systems with a shame prone identity will be identified and examined.

## Shame Prone Family Identities

Harper and Hoopes identify six family systems that provide few opportunities for intimacy, dependency and accountability needs to be met. These family styles are most likely to induce shame in individuals or establish a family system with a shame prone identity. These specific family styles are described below.

### Rigidly Disengaged Family System

Respondents describing a rigidly disengaged family system relate high levels of accountability (Harper & Hoopes, 1990). Respondents' perceptions of discipline would be described as harsh. Rules that determine who talks with whom about what regulate interpersonal and family system boundaries (Calapinto, 1991). Boundaries serve to regulate contact with others (Nichols, 1984). Rigid boundaries are restrictive and permit little contact with outsiders (Nichols, 1984). This may produce isolation (Minuchin, 1984). There would be low levels of intimacy; little affectionate touch (Harper & Hoopes, 1990). Affirmations are negative. Levels of criticism are high (Harper & Hoopes, 1990). Respondents from rigidly disengaged family systems

would describe parents as being undependable (Harper & Hoopes, 1990). Respondents would report that they had to fend for themselves from an early age until they left the family home.

Rigidly Separated Family System

Respondents describing a rigidly separated family system would describe perceptions similar to those people who were raised in a rigidly disengaged family system. Discipline, although perceived as harsh by the respondent, would not be as severe as found in a rigidly disengaged home. Affirmations would be negative most of the time (Harper & Hoopes, 1990). Intimacy would be described as somewhat closer than in the rigidly disengaged family, but most likely, not provided at levels that would avoid shaming (Harper & Hoopes, 1990).

Chaotically Separated Family System

The perceptions of respondents describing a chaotically separated family would reveal low levels of accountability. Discipline would be nonexistent or sporadically enforced (Harper & Hoopes, 1990). Levels of intimacy and the meeting of dependency needs would be low. Communication in a chaotically separated family system would reflect lack of connection amongst family members in this family's style (Olson, 1983).

Affirmations would be essentially negative. Criticism would be commonplace in this family system.

Chaotically Disengaged Family System

A chaotically disengaged family system would have characteristics similar to the chaotically separated family system, but at a greater degree of lacking (Harper & Hoopes, 1990). Levels of accountability would be less. What little enforcement of accountability that exists would be done to a lesser degree. There would be a sense of not being able to depend upon one another (Harper & Hoopes, 1990).

Chaotically Enmeshed Family System

Accountability levels and enforcement of accountability would be related as low. Similar to other family systems described, respondents might comment on low levels of dependability amongst family members. There would be few rules around family boundaries. Personal boundaries in a chaotically enmeshed family would be very permeable (Nichols, 1984). Respondents would describe negative affirmations (Harper & Hoopes, 1990).

Structurally Separated Family System

In the structurally separated family system, there are moderately high levels of accountability and the enforcement of accountability will be firm, and, at times, harsh (Harper & Hoopes, 1990). As with previously described family systems, respondents might relate low levels of dependency amongst family members. Levels of intimacy would be moderately low. The boundaries of this family system would be firmly established (Harper & Hoopes, 1990). There would be little question of who was "in" or who was "out" (Nichols, 1984). Affirmations may be negative at times. This family system would be shaming due to unmet dependency needs and poorly met intimacy needs.

# CHAPTER THREE

## METHODOLOGY

The purpose of this study was to explore nurses' perceptions of their families of origin and how their perceptions contributed to their ability to remain in and tolerate abusive or adverse work conditions. A case study format was used to examine nurses' perceptions. The following describes the study design, questions used in the ethnographic interviews, the rationale for the questions, the participant sample, and the procedures.

### Design of the Study

The author selected naturalistic inquiry (qualitative case study) to investigate nurses' perceptions of their families of origin. The paradigm of naturalistic inquiry provided the investigator opportunities to study the multiple realities of respondents' experiences in their families of origin and the work place (Guba, 1978; Lincoln & Guba, 1985; Polit & Hunger, 1989; Spradley, 1979). With this methodology, the investigator endeavored to gain knowledge and understanding of the true nature of

respondents' experiences (Leininger, 1985). Naturalistic inquiry allowed a view of the complexities of the respondents' involvement in their families of origin; a window to their human experience "as it is lived and as it is defined by the actors themselves" (Polit & Hunger, 1989, p. 312). Through analysis of the data, the researcher sought to establish "the existence and nature, essence, and underlying attributes of the phenomenon" (Leininger, 1985, p. 69).

## Genogram and Ethnographic Interview

### Genogram

The first step of the interview process involved the construction of the respondent's genogram for the purposes of: developing rapport (Gay, 1991), presenting a clear picture of family members to the investigator (McGoldrick & Gerson, 1985), providing a graphic view of family patterns, (McGoldrick & Gerson, 1985), and providing a pictorial representation of the emotional forces across generations (Kerr & Bowen, 1988; Marlin, 1989). Additionally, the genogram served as a subjective tool to aid in evaluating the impact of the respondents' families of origin and aid in assessing individuals' family systems, using the

theoretical bases discussed in Chapter Two. Upon completion of the genogram, the investigator conducted the ethnographic interview.

Ethnographic Interview

The researcher designed a series of open ended questions to ascertain how nurses perceived their upbringing in their families' of origin, experiences in their families' of procreation and perceptions of their work experiences. Individuals (a registered nurse, a marriage and family therapist, and a clinical psychologist) familiar with the paradigm of family systems were asked by the researcher to review the questions for the purpose of determining whether these questions would delve into respondents' perceptions of the precedingly mentioned areas.

The investigator used these questions to conduct the semi-structured ethnographic interview. Questions were grouped according to perceptions involving family of origin, family of procreation, and work experiences. The questions and rationales follow.

**What was it like growing up in your family?**

**What events happened in your family which made you feel as though you belonged?**

**What events happened in your family which made you feel as though you didn't belong?**

These questions were designed to gather general information about the respondents' experiences with their families of origin. Using concepts from the Affirmation Triangle Model and Olson's Circumplex Model, characteristics of families with shame prone identities may emerge.

**Were there any traumatic events in your family of origin such as the death of a parent or child, divorce, or perhaps an event like a business failure or someone with a chronic illness such as diabetes, heart disease or depression?**

**How did this affect you? Your family?**

The developmental level of children influences how they perceive their environment (Green, 1989). The egocentricity of children may lead them to believe they are responsible for their parents' actions or an event in the world of their adults (Bradshaw, 1988; Green, 1989). As an example, children may believe they are responsible for the death of a parent or their parents' divorce (Bradshaw, 1988). This perceived responsibility may be understood as "I am bad. If I had been good, this would not have happened". Believing the self ("I") is bad is shaming (Fossum & Mason, 1986; Harper & Hoopes, 1990; Steirlin, 1981).

A traumatic event may cause depression (Black, 1985; Weigscheider-Cruse, 1988). Chronic illness may

be accompanied by chronic depression (Potter & Perry, 1989). Parents in the throes of depression have difficulty managing accountability, dependency or intimacy needs of their children. These parents induce shame in their children through absent or negative affirmations (Harper & Hoopes, 1990; Fossum & Mason, 1986).

**Are there any family secrets? How did this affect your family?**

This question assesses whether the respondent's family system operated to cover up or deny the reality of compulsive or harmful behaviors that were present in the respondent's family of origin. "When family secrets exist, they form central pillars in the structure of a shame-bound system" (Fossum & Mason, 1986, p. 102). Another technique family systems may use to hide family secrets is the "no talk" rule.

The "no talk" rule flourishes in alcoholic family systems (Black, 1981; Bradshaw, 1989; Friel & Friel, 1988; Wegscheider-Cruse, 1988) and may be present in dysfunctional family systems other than alcoholic family systems (Nichols, 1984). A "no talk" pattern of family interactions may promote shame for certain

family members by denying the reality of their perceptions.

**If you have any, what kind of rules have you made for yourself regarding your family of origin?**

There are rules characteristic of shame-bound family systems (Bradshaw, 1988; Harper & Hoopes, 1990). A respondent from a shame-bound family might describe rules revolving around control, blame, denial, reliability, and intimacy. As transcripts are analyzed, experiences reflecting these rules will emerge. The ensuing provides illustrations of these concepts.

If nurses reflect rules about control, the researcher expects to hear themes of dominance or submission or both (Bradshaw, 1988; Weigscheider-Cruse, 1988) or overfunctioning or underfunctioning or both (Kerr & Bowen, 1989). Nurses may express desires to be in charge of their own lives; to be free of parental constraints and admonitions.

Rules reflecting the affirmation process of accountability may center around blame in family interactive patterns (Bradshaw, 1988; Harper & Hoopes, 1990; Wegscheider-Cruse, 1988). The process of blaming may serve to: reduce anxiety, transfer shame to another (Bradshaw, 1988; Fossum & Mason, 1986), and cover up a sense of not having control (Harper &

Hoopes, 1990). Another process invoked in families with a shame prone identity involves denial.

The process of denial serves to protect the respondent from strong feelings, especially negative feelings such as anxiety, fear, rejection, and loneliness (Fossum & Mason, 1986). An example of denial would be a respondent's depreciating the effects of being raised in an alcoholic family system (Black, 1981).

Rules about reliability and intimacy reflect the quality of affirmations regarding accountability and intimacy (Harper & Hoopes, 1990). A respondent replying, "I can't count on my family for anything" may be reflecting unmet dependency needs. It is difficult to meet intimacy needs in the absence of unmet dependency needs (Harper & Hoopes, 1990). Unmet dependency needs and intimacy needs are markers for inducing shame prone identities (Fossum & Mason, 1986; Harper & Hoopes, 1990).

Questions for married respondents and respondents with children:

**How are things going for you in your own family?**

**How are you finding raising your own children?**

A characteristic of qualitative research is that the researcher is interested in meaning (Merriam, 1988). The qualitative researcher is attempting to find out how respondents interpret their experiences and how they structure their social world. These questions seek to make clear how respondents perceive their lives within the family of procreation.

**Could you tell me about some things that were done in your family of origin that you have sworn not to do in your own family?**

Bowen's Extended Family Systems Theory (Kerr & Bowen, 1989; Nichols, 1984) posits emotional processes of emotions, values, feelings, and beliefs of a family can be passed from one generation to the next via the interplay of genetic and environmental influences. Shame, induced in childhood as a result of unhealthy or dysfunctional relationships or both between parents, becomes part of that child's being (Nichols, 1984). Bowen proposes these emotional processes are passed on from one's family of origin to one's family of procreation (Kerr & Bowen, 1989).

Changes made in respondents' families of procreation from behaviors in respondents' families of origin may reflect an attempt to become more differentiated and break the transgenerational effects

of being raised in a shame bound family system (Harper & Hoopes, 1990).

**How are you managing to get your own needs met in your own family (of procreation)?**

Nurses fulfill their needs by meeting needs of others (Cipkala, Kane, & Cleveland, 1991; Hall & Wray, 1989; Willard & Snow, 1989). An assessment of whether one's needs are met from within one's self or as a result of external sources (e.g., taking care of patients) might be a factor in determining whether an individual has a shame prone identity (Harper & Hoopes, 1990). Good feelings and self-validation derived from external sources are shaming (Bradshaw, 1988; Wegscheider-Cruse, 1989).

**If a difficult situation arises in your family, how is it handled? Some examples of "difficult situation" might be: your teenage daughter comes home at three in the morning, your sixteen year old son is escorted home by the police from a kegger, or your spouse is fired from his/her job.**

How anxiety within the family system is managed may be discerned by respondents' perceptions of "difficult" situations. Family rules reflecting issues of control, parental roles, and protective mechanisms such as

denial or blaming may be present which may identify a family system with a shame prone identity (Fossum & Mason, 1986; Harper & Hoopes, 1990).

Questions relating to respondents' work situations:

**How are things going for you at work?**

The purpose of this question is to expose the respondents' multiple realities of the work place. Issues concerning management of relationships, anxiety, emotions, and control can be exacerbated by the work situation (Baldwin, Welches, & Walker, 1987; Covello, 1991; Hall & Wray, 1989; Willard & Snow, 1989). Protective mechanisms may be uncovered which indicate individuals with shame prone identities (Friel & Friel, 1988; Harper & Hoopes, 1990).

**If a difficult situation arises at work, how do you handle it? For instance, your co-worker rarely or never gives you a hand in turning a patient or cleaning someone up or leaves a little before the end of the shift. Or a physician "chews you out" for something that you didn't do or knew nothing about or was not your responsibility. Or a patient is telling you off-color jokes you don't care to listen to or is on the call light incessantly or continually fails to call you in time to avoid soiling his/her bed.**

Rationale for this question is drawn from Bowen's concept of the emotional system and intellectual system (Bowen, 1978; Kerr & Bowen, 1989; Nichols, 1984). Bowen states, "The degree to which people are able to distinguish between the feeling process and the intellectual process" will determine the success of the relationship (Freidman, 1991, p. 64). Nurses may manage relationships at work similarly to the way relationships were managed in the family of origin or family of procreation or both.

At the core of an individual's ability to determine whether the emotional processes or the intellectual processes are in force is the individual's level of differentiation. Individuals with low levels of differentiation will have greater problems escaping anxiety generated by emotional fusion created by the intermeshing of the feeling process and intellectual process (Kerr & Bowen, 1989).

Nurses describing reactions to difficult situations may be reflecting their anxiety. Respondents with moderate levels of differentiation may exhibit intense versions of feelings (Friedman, 1991). Strong emotional reactions to a difficult situation may enable the respondent to repress feelings which trigger shame (Bradshaw, 1988). Individuals may describe

stuffing feelings or presenting retaliatory behavior such as ignoring a patient's call light or responding slowly to the call light.

Issues involving establishment of appropriate interpersonal boundaries may become apparent. Respondents might discuss ways of handling difficult situations which would illustrate a need for control. Limitation of joke telling would establish appropriate personal boundaries; continuing to listen may indicate blurred boundaries, a shame inducing situation (Harper & Hoopes, 1990). The nurse-physician relationship can be used to assess boundaries. The involved nurse's level of differentiation will be well challenged by the physician who is angry, upset, or irritated.

**When you make a mistake, what are you likely to say to yourself or what do you feel like doing?**

An individual with a shame prone identity may comment about "wanting to hide" or "fall through a hole in the floor" (Bradshaw, 1988; Fossum & Mason, 1986; Harper & Hoopes, 1990). There may be an admission of an attempt to cover up the mistake. Respondents with shame prone identities will indulge in negative self talk: "I am so dumb", "What a jerk I am", or "A good nurse wouldn't do such a stupid thing". Negative self talk may reflect rules about perfectionism (Bradshaw, 1988; Harper & Hoopes, 1990).

Mistakes may serve to increase addictive behaviors (Black, 1990; Harper & Hoopes, 1990). Respondents may talk about going on eating binges or shopping sprees. Respondents may describe drug usage, e.g.,"I had a good stiff drink when I got home" or "I took a break and had a smoke".

**Is there any particular event in your life which has influenced you to have a nursing career?**

Transgenerational influences may be involved in this process. Caretaking is a common family system role (Bradshaw, 1988). An individual with a shame prone identity may be using the caretaking role to assuage feelings of being defective, powerless or helpless or both. When that individual is taking care of others, he/she is feeling good about him/herself. The shame prone individual is altering his/her feelings of inadequacy (Bradshaw, 1988; Harper & Hoopes, 1990; Wegscheider-Cruse, 1988).

**If there were something in your relationship between your family of origin, within your own family, or at work you would like to change, how would you go about it?**

This broad question may reveal the respondent's sense of personal worth. An individual with a shame prone identity may relate a sense of hopelessness,

powerlessness or helplessness or both (Bradshaw, 1988; Harper & Hoopes, 1990). Respondents may perceive themselves as victims of circumstance. Individuals describing a greater sense of self may describe feeling sufficiently empowered to make whatever changes are needed to meet their needs (Harper & Hoopes, 1990).

## Sample

### Selection

The researcher contacted the Vice President in charge of Nursing Services at a mid-sized Montana hospital and, after explaining the research project, was granted permission to conduct the survey at this institution. Sample members were limited by the prerequisite that they be licensed registered nurses. The investigator was not given direct access to names of registered nurses employed at this institution. Therefore, the payroll clerk was asked to provide a list of 50 names picked through a method of quota sampling (Gay, 1991).

An introductory letter explaining the project was inserted in pay envelopes of nurses selected by quota sampling. A self addressed postage paid postcard indicating whether or not the individual wished to participate in the study was included. Of the fifty names selected, thirty individuals agreed to

participate in the study. One participant was a male nurse, which approximates the percentage of male registered nurses employed at this institution. One interview was not conducted due to the participant's delivering a child the week before her appointment for the interview. Due to saturation of categories, the researcher limited interviews to 28 respondents. Nurses providing patient care in several areas of the hospital and nurses involved in mid-level and upper management administrative duties were part of the sample.

Table 1. Distribution of Participants by Work Area

| | |
|---|---|
| Administration | 4 |
| Case Management | 2 |
| Dialysis | 2 |
| Infection Control | 1 |
| Intensive/Cardiac Care | 4 |
| Medical | 6 |
| Obstetric | 3 |
| Outpatient Neurology | 1 |
| Pediatrics | 2 |
| Psychiatry | 1 |
| Surgical | 2 |

Respondents were individuals with varying amounts of education. Registered nurses with associate degrees (two years of training), diplomas (three years of training), Bachelor Degree (four years of training) and Master's level prepared individuals were interviewed. Work experience ranged from individuals with less than one year of experience to one individual who has worked

as a registered nurse for over 32 years. One individual was a new graduate. Four individuals started as "candy stripers", progressed to nurse's aid (nursing assistant) to licensed practical nurse to registered nurse. Two individuals in the sample are or have been members of a Catholic Order. The youngest participant was 32 and the oldest participant was 62. Average age was 41.

Four individuals have never been married. The time span for marriages ranged from three months to 33 years. Average length of marriage was 14.6 years. Seven respondents have been married more than once. Average number of children per family of those respondents with children was 2.3. Four of these children were adopted. Age range of children is two months to 33 years old. Five respondents are without families of procreation. Nine respondents have been or are divorced.

## Collection of the Data

### Pilot Study

Harper and Hoopes (personal conversations, November 2, 1991) state that conducting research about shame is difficult when working with shame prone individuals. The primary reason for this difficulty is these individuals shut down or cover up their shame.

For this reason the investigator conducted a pilot study the purpose of which was: to see if individuals "shut down", to provide insights into better ways to handle certain questions (Gay, 1991), to determine whether data collected in the interviews could be analyzed in the intended manner (Gay, 1991), and to determine an appropriate time frame to adequately gather information but not unduly fatigue respondents.

Three individuals with whom the investigator has a close personal relationship agreed to be members of the pilot study. These individuals were within the selected sample. The investigator has discussed personal histories with these individuals through the years. The investigator believed there was a strong likelihood these individuals were persons with a shame prone identity or had families of origin that were shame bound family systems. The interviewer felt the trust within these relationships provided a safe atmosphere for the respondents to be open and honest with their responses.

The results of the pilot study revealed the time frame of the interviews was appropriate. The creation of the individual's genogram proved useful to: "break the ice", familiarize the respondents with questioning involved in the ethnographic interview, and develop

rapport. Data from the pilot study was incorporated into the main body of information.

## Data Collection

The pilot study and remaining interviews were conducted over a two month period. All interviews were tape recorded. Notes were taken during the interview for observations of non-verbal clues of shame and to make clear the complexities of relationships on genograms.

Interviews were designed to last an hour. Interviews of individuals without families of procreation were briefer. Three interviews lasted two hours. Six individuals brought forth more information after the conclusion of the interview. As the researcher exited the interviewee's home, the respondent would bring up memories of events he/she thought important to the research. The researcher made additional notes at the earliest moment.

## Compilation of Data

Recorded interviews were coded using key words entered into a DbaseIII data program. Samples of coding were checked by a registered nurse familiar with the family system perspective and a graduate student in Marriage and Family Therapy for descriptive accuracy.

Key words were organized into sets sharing a commonality, i.e., domains. As domains were examined, themes emerged, forming images germane to the central concepts of this research.

The author recognizes the presence of ambiguity in describing levels at which intimacy, dependency, and accountability needs are met. In assessing the family systems of respondents, the researcher relied upon participants' perceptions and their descriptions of how these needs were met. These perceptions are relative to others describing a similar situation. An event experienced by one individual may be described as harsh. A similar event experienced by another individual may be perceived as acceptable. These differing perceptions can be considered ambiguous.

Recognizing the presence of ambiguity, the researcher assessed genograms and responses from the ethnographic interviews for processes involving interactive patterns of relationships, generational transmission processes involving cohesion and adaptability, and interactive patterns. Responses and genograms were evaluated for affirmation processes. Again, domains emerged. From an analysis of these domains, the researcher noted emerging themes which served as the core of the findings.

# CHAPTER FOUR

## COMMENTARIES

A dBase software program was used to sort more than 2175 comments which were direct quotations taken from the ethnographic interviews. These quotations served to provide the rich description used in this qualitative research and to illustrate the themes developed from an analysis of this information.

All participants willingly and freely shared in providing intimate details of their lives. No non-verbal signs of shame were noted despite the emotional involvement and difficult situations that were being shared by the respondents. Eye contact was direct. The single sign of shame noted was in the modulation of the voice when relating traumatic events. This has been noted when particular quotations are cited.

Parenthetical remarks have been inserted within respondents' comments to clarify relationships or circumstances. The use of (---) rather than a name has been used to maintain confidentiality. Remarks of individuals are differentiated by double spaces between

commentaries. Individuals' perceptions have been identified by two letters. These markers have been carried throughout the presentation of the data to enable the reader to follow the commentaries of the respondents.

## Assessment of Families

Close examination of the data revealed several processes of interactive patterns affecting adaptability and cohesion in respondents' family systems. An analysis of respondents' statements revealed three levels of family systems based on concepts of Olson's Circumplex Model which were discussed in Chapter Two. Four individuals' families of origin fell in the balanced family system range (two flexibly connected, two structurally connected), six within the mid-range of family systems (all structurally connected), and 18 family systems were identified as within the extreme range (12 chaotically enmeshed, one chaotically disengaged, and five rigidly enmeshed).

To provide an overview of the atmosphere of respondents' families of origin and to share in their realities, the author proffers their perceptions. These perceptions were obtained from the genogram and the answers to the first question, "What was it like

growing up in this family?" Guidelines were not offered to the respondents on "where to begin". Occasionally, additional questions were asked to clarify certain aspects of relationships or particular events being discussed by the respondents. Respondents' perceptions have been categorized and presented using Olson's three levels of family systems.

## Balanced Families

### Structurally Connected Famil System

> CA I don't know how my mother did it. We had no water or electricity. She did all the wash by hand, we had the pump in the front yard, and the kids carried the water and heated it on the stove. When you watched my mother and father work, you would feel guilty if you didn't pitch in. In the depression, my father had a hard time getting work. He shoveled snow all night for two dollars a night.
>
> The house had three bedrooms. Kid sister slept in the same room as my mother and father. Two sisters and I had another room and three brothers in the other bedroom. When my grandfather came to live with us, he slept with the boys.
>
> We were very close. We talked a lot with each other, made ice cream in the living room with the old creamer. I didn't know any different. You don't miss anything if you don't have it.
>
> Mother was the matriarch, she was the boss of the house. That was O.K. with everybody. Mother wouldn't back any of us, never had a favorite. When we had a spat (amongst the siblings) we were put in a room

until we could work things out and if you came out with a grumpy face you went right back in.

When I look back, I wonder how she did it. She never felt burdened by her family.

My father always told us that we could do anything we wanted to do if we worked hard enough at it. He set the example. We were the poor ones. My father said, "You go to school with clean clothes, you're being raised properly so don't worry about if they look down on you".

Flexibly Connected Family System

KM Big family. Lotta boys, parents were immigrants from another country. We had a real close knit family, I think. I think in Europe, the focus of family life is different. There aren't as many external influences. They didn't allow much of that. We did things as a family. We skied, we hiked, we camped, that was pretty important. We had family prayer group in the evening. Did a lot of cultural things that are more European than American that we didn't always like. It was difficult at times growing up with parents that didn't understand American ways of doing things. But overall, we're still very good friends, all of us. We still like to do a lot of things together.

My parents are real different personalities, but they have blended pretty well. Dad is optimistic, sees the good in everyone. Mom is more of an introvert, very artistic.

Sometimes I thought she was going to Warm Springs, so much commotion. She's one that if she'd had a choice, wouldn't have had so many kids.

The sense of family was so important to my parents. We were all included. That came first.

## Mid-Range Families

### Structurally Enmeshed

LA Big. It was good, it was fun, I did enjoy it. I think they did a great job. Mom was the one that gave us the attention. Dad, heck, he didn't get in from the field until six. Gone from seven in the morning until six in the evening. He ate breakfast and dinner with us. Mom was the caretaker of the kids. If something was really bad-- my brothers burned down a three level tree house, two kids had to jump out of the tree-- when dad got in, he's the one that meted out the punishment with the belt. (Belt said very dramatically.) It was rare that the belt was ever used.

Mom and dad have a nice regard for each other. Mom and dad had a good sense of values that they presented to us. Mom's smart. She's remarkable. They're real smart people. She had a subscription for Ebony. They introduced us to classical music.

Well of course I was the princess at first. I'm the first girl and dad likes little girls.

All of us were rambunctious growing up together.

I tell you, I feel a little bit bad about this. We (respondent and next sister) used to tease her a lot. We teased her unmercifully (sibling next in line).

That's one thing we never did, you didn't humiliate people.

There is a secret. (Brother) molested us (three sisters). First grade. I've spoken to Mom about it. She was horrified. I don't think dad knows. He'd kill him. (Sister) and I came out O.K., but (other sister) has had problems. I've forgiven him.

I wish I could do it as well as they did but I don't have the patience.

Another respondent from a structurally enmeshed family:

SI The one thing that I remember growing up was not seeing my Mom very much. She was

very social. We had a young girl that came and lived with us and took care of us.

My father died when I was nine years old.

We would pray as a family together, during the Lenten season. I don't have a lot of memories of my mom and dad together. My dad worked an awful lot. He would relieve the guys so they could be with their families, especially at Christmas.

Mother was very dominating. If that was the way she always was or became that way after dad died, I can't tell you that.

My grandmother (paternal) was wonderful. We used to go to her home. We'd hide our shoes so we wouldn't have to go home. She doted on us.

My grandfather (maternal) was a very dominating man. We lived in his house for most of my growing up years. He was king. We were all frightened of him. I don't think he was a mean man, but he was just so big and gruff. He died three years after my Dad died.

I was scared of my Mom. She didn't beat us or any of that, but I was scared. She was a very strong woman.

## Extreme Family Systems

Forty-eight percent of the respondents were members of chaotically enmeshed family systems. Therefore, the author has presented several examples of individuals' perceptions from chaotically enmeshed family systems to illustrate the variety of experiences within chaotically enmeshed family systems.

### Chaotically Enmeshed

OO Kind of scary. My mom's always been sick. Bad rheumatoid arthritis. It's a

whole body disease. I remember my mom crying at night. I was 3-5 years old and I remember praying to die because I just didn't know how you could manage if your mother was dead. I would rather die before my mom.

I was real shy. I didn't go places because I would say I had to help my mom.

I didn't go to a lot of parties (childhood) because I was afraid of doing them. I would use mom as an excuse.

My dad was traveling a lot when we were little. Father is a quiet shy man. He never said much. He has traditional ideas of what women are.

My brother was the favorite child. They were thrilled to death to have a son. When my brother came, I felt like I got pushed aside a bit.

Mom gets frustrated because dad doesn't talk much. She wants the typical female-male relationship, but he's an engineer, a man of few words.

We went somewhere once, and he said a whole sentence to me.

Mom did most of the discipline. My dad when he finally got angry, he just blew his top. He was scary when he got angry. One time he got really mad at my sister, he came out swinging a 2x4. Now my mom, she spanked us. She had a stick. I was always the one who got caught, I was the dummy.

Another respondent from a chaotically enmeshed family system:

KJ What was it like? It's kind of interesting because I don't remember anything until a little bit of the first grade.

With (---) (mother's second husband), that was not pleasant. He was beating on mom. He didn't believe in beating on girls too much, but the boys got it. Name calling, verbal, you name it. He did it for the hell of it. There didn't need to be a reason.

Hard to figure out what a father figure is about.

My mother's a manipulative person but we spent most of our whole life trying to protect her. Whatever her needs are, her needs are first. We always protected her. She was always so little and delicate.

I was like a mother to my boys (brothers). I had all the responsibility for the house from the time I was nine, babysitting, everything.

Me and the boys, that was my family. We didn't live with her very much. We lived different places. Before she was remarried, it was because she couldn't afford to keep us. After she was married, I don't know. Maybe she just didn't want us (laughs). We went and lived with my aunt for a while and then we went and lived with these strangers for a while. We were used to it. We bounced from pillar to post. I was protective of the boys. I wasn't that much older than them, but it felt like I was.

I don't think my mother ever enjoyed being a mother.

My brother was into drugs, he was trying to get out. He was murdered. He had a big alcohol problem.

Another respondent from a chaotically enmeshed family:

WD Very abusive. Both parents were alcoholic so my brother and I are alcoholic too. A lot of loud partying. Our grandparents tried to take us out of the home to keep us out of that. They enabled really badly. One set would take us on Friday and the other would take us on Saturday, pretty much give them the weekend to drink and party, what every alcoholic ever wanted (laughs).

I very much didn't bond with either parent. It is still hard for me to look at them and think I'm related to them. I don't hate them or feel bitter, I just don't feel anything. I can't believe I rode around in my mother's belly for nine months, I can't connect with either one of them remotely, so all through my childhood I had a fixation on still trying to find parents.

It's a great source of shame for me. Other people are looking for a mate, get married, have kids and I'm still looking for somewhere I

can be a kid or someone I can be a child to. It terribly embarrasses me.

I always had a fixation on older women, a maternal figure. I fantasized she would rescue me and take me home. I didn't hunt after paternal figures as much as maternal figures.

I wished my parents would divorce and shortly after they did and I thought my thoughts had caused their divorce. I clearly remember feeling responsible for the divorce.

Mom didn't think we needed a sitter anymore. I was ten years old. In reality, it was cutting into the drinking budget, so I had full care of my brother at age ten from seven in the morning until five in the evening that summer.

There was tremendous sexual abuse all through my early childhood. There was a lot of sexual abuse by neighborhood boys. They threatened to kill my brother if I told anyone. Safety is one of my biggest issues. Relationships are very difficult too.

I never thought I belonged to this family, all that abuse. Not showing up for things. I'm a very good dancer and recital after recital my mother, being drunk, didn't show up.

My dad made a pretty bad suicide attempt, when his usage got really out of control, after their divorce. That really scared me.

In earlier years, my brother and I were taken care of by a Black lady. She was wonderful. But she was stabbed by her boyfriend. Just before she was coming back to work, she died suddenly, probably a pulmonary embolism.

I worried about money a lot and part of that is adult worries were put on us. My mother would say, "We don't have any money, I don't know how we're going to eat." I had a lot of adult worries I shouldn't have had.

I took care of my mother emotionally more than physically.

Boundaries have been a major issue for me. When I started to feel uncomfortable, that was the first time I recognized I seem to have some kind of sexual bond with my brother that didn't seem natural to me.

My mother never acknowledged she drank to her parents. We all pretended that my mother never drank. That wasn't talked about. I hated lying for her, I hated it. I felt really

ashamed for having to lie for her. I used to wish she would die. Mostly that I would be kidnaped and rescued. As a consequence, I'm a very good liar. After two or three times, I can believe it too.

Rigidly Enmeshed Family System

EM (Long pause) I was the youngest. I was considered the princess. I was brought into this world to entertain my mom and dad.

My mother made sure that I pleased my father. She dressed me pretty. She told me that my dad really thought a lot of me. Even when my father never ever said that to me.

We were pretty superficially happy. My mom and my brother used to fight a lot. My mother is a very controlling person. She tried to control every living, breathing thing he (brother) did. She tried that with me too. She succeeded. She controlled me. She controlled everything I said, did, because I was incested as a very young child, by my father, anywhere from three to five years old. My mother knew it even though she doesn't admit it. I know she knew it.

I was set up by her. I'm not sure exactly why.

When she told my father she was pregnant with me he said it wasn't his child.

Dad was into money, strength and power.

He was a womanizer. He stayed out all night right up until he got married. I think there's a secret there. I'm pretty sure that he was a sex addict, especially with the incest, just a feeling I have.

Mom was very manipulative.

My brother was the rebel. He was angry, a real angry kid. I parented my brother. He was always being punished and I would protect him so there wouldn't be so much fighting.

When the fighting was going on I was really scared. I can picture myself fading away and becoming invisible. I get the feeling of floating away when I think of that.

I feel like I was never ever validated by my mother or father or my brother. When I wanted to be validated, when I was begging for it, I didn't get it when I really needed it.

I feel like I'm a bystander in my own family. What I said and I as a person wasn't important. I was a member of a unit. I was there but I wasn't there. My brother would tell me that I was too stupid to learn the game, I'd never learn it. My mom told me I was stupid.

I really don't have a female identity. I didn't know where I fit in as a female.

When my grandmother got sick, she came to live with us. My mother wouldn't have anything to do with sick people so I took care of my grandmother. In some ways it was a godsend for me. My grandmother understood me.

My mother's perfectly happy that we have a superficial relationship. She's satisfied with that.

I would say something and my mom would immediately say (---) didn't mean that. She means this and she would totally change the sentence.

I thought I was crazy, you bet.

Another respondent from a rigidly enmeshed family system:

PR I was arrogant. It was a defense mechanism against my mother. Nothing was ever quite good enough for my mother. Neither one of us (next sibling- a sister) ever accomplished anything up to her expectations. No matter what we did, she would always say, "If you just tried a little harder. They are very nice but,...." There was always a but. Nothing was ever, "These are wonderful." "If you had tried harder this B would have been an A and you would have been perfect."

We were never given an opportunity to be those perfect children because there was always a "but" attached. I used to go off into my own world and no one was gong to touch me. I did a lot of bravado things, dangerous. Sports, received some accolades there, that helped. Even there my mother would attack. "If you had tried a little harder, you could have struck them all out".

My sister got the same thing. Nothing was ever right. She responded by staying in her room and being overweight. She buried herself in her sewing, night and day. And piano. She became an accomplished pianist. No boyfriends. No parties.

My sister and I had a tense relationship. She was overweight. I made a lot of fun of her, caused a lot of tension. I considered her a nonperson. I went out of my way to drive through a puddle to splash her.

As years went by and I got along in my own marriage, I began to realize that their lives (parents) weren't being fulfilled with the help of the other person. My mother told me that she actually married the uniform (naval person).

Mom was an only child. Her father died when she was 13 years old. He was an alcoholic, died of cirrhosis of the liver. She felt abandoned when her father died. Tight circumstances.

There was never very much demonstrative feelings in my household. I never saw my parents hug or kiss. Never heard either one of them say they loved one another. There was a lot of distance between family members. My mother never touched me, never hugged me. I always felt the need to hug them, never happened. Held at arms length. We didn't entertain. My father had only one friend besides his brother, so I didn't understand male friendship or bonding either.

Everything was a system, it was never ad lib. It was always a plan, like a duty. Never really discussed. Never got checked about how we felt about it.

If you weren't there (dinner table) by six o'clock you were in trouble (laughs). There was a bell, you could hear it around the neighborhood. All kinds of rules. A lot of regimentation.

Mom would say, "Wait 'til your father gets home". So we would always fear him. He was the physical enforcer. Belt and coat hanger. When he put his fist down, it was like the "godfather". He never dealt with any emotions, no way.

I don't think we were parented. We were ordered around. What they learned from their

parents was screwed up, what we learned from our parents obviously wasn't good.

Chaotically Disengaged Family System

MJ There was not a family dynamic at home. I just did what I wanted. I was a free spirit. We just took care of ourselves.

My younger brother and I aren't very close, he sees things from a different angle. He sees our father as deserting us (father and mother divorced when respondent was five years old). My other brother and I are closer.

I think my mom is a very controlling person. She tried to keep (third husband) from drinking.

I knew my parents cared about us. They worked very hard. It was more material things than emotional support. I don't remember getting I love you's and hugs and kisses. Not much talking, there wasn't time. My father had two jobs, six in the morning until midnight. My mom was like a nanny for a couple of doctors. She wasn't home a lot. I didn't consider us poor at the time. I wouldn't say we were deprived, but we did go hungry.

I remember bill collectors stopping me at the door when I came home from school. I was embarrassed.

My brother was supposed to entertain us when my parents were fighting (mother and third husband). He just broke down and began crying. It was just too much. I felt real bad.

Another time I remember him having a wrench and getting in between them.

I just drank all the time when I was in high school. I guess I was rebellious (laughs). My brother was rebellious too.

Mom said you never told people good things about themselves because it would make them conceited. Occasionally I would hear her tell somebody else when I did things right, but she would never tell us that. That's just the way she is.

I had a surprise birthday party for my 16th birthday. I just don't remember a lot.

I really don't know why but I figure it's probably for a good reason (laughs).
When I got pregnant with (---), I wasn't married so I told her in a letter. I just couldn't talk to her on the phone. Embarrassed, I guess. I'm fairly sensitive to criticism, I just didn't want to tell her.

## Dimensions of Olson's Circumplex Model: Adaptability, Cohesion, and Communication

The findings regarding adaptability, cohesion, and communications have been organized using the parameters and ranges of family systems identified within Olson's Model that were discussed in Chapter Two. Impressions apropos to adaptability, re control and power structures, relationship roles and rules, discipline, and communication are depicted. Comments reflect responses to the initial set of questions regarding individuals' insights of their families of origin. The impact of these processes is discussed in Chapter Five.

### Adaptability: Control and Power Structures

#### Balanced Families.

TC Dad was number one, mom was there, she's a quiet strong lady. If she didn't want to do something, she'd say so. Ultimately it was his last word.

CA Mother was the matriarch. She was the boss of the house. That seemed to be O.K. with everybody.

KM I think my mom was more the patriarch of the family in a woman's sense. She's told

me that she had to have anarchy or there wasn't going to be survival. She had to have pretty strong control of the boys or the house would be unbearable.

I was more the peacekeeper. I allied with my mother like "You poor thing." (Family with six children.)

Mid-range Families.

SI She was a very dominating woman (mother). When I left home was when I noticed it more than anything. When I came back home to visit, I felt like I was always a little child. She did that with everybody.

My grandfather was a very dominating man (respondent lived with grandparents after early death of her father). He was king. We were all frightened of him. Mom learned from an expert.

JL Mom was the matriarch, the boss of the family. My dad drank a bit. He wasn't always reliable about bringing home a paycheck so she was going to be independent.

Those were the two times that dad was the boss (relates two incidents with serious consequences involving brothers' behaviors), otherwise, mom was the one that did the punishment. Dad backed her up.

LA If mom and dad said it, we did it. Mom and dad were very united. Organizer was mom, and dad backed her up.

Extreme Families.

NS I think she tries to be controlling, very angry. I think my father is rigid. He's real compulsive. She's always trying to get him to stop drinking. I still feel like a child in a lot of ways when I'm with (parents).

OE My father was a very controlling person. My mother was expected to stay at home and take care of the kids. After the divorce, I became in charge of the kids. I was the boss. Mom had to work.

KJ My mother's a manipulating person. Whatever her needs are, her needs are first. After she got divorced, we moved around a lot, I took over my brothers. I was in charge of them.

WD Nobody was in charge. They (parents) were both alcoholics, a lot of partying. I took over the responsibility for my brother when I was ten. I had all these adult decisions.

SW Very, very much a controller. (Mother.)

MJ My mother was the dominant person of it all. We didn't treat (stepfather) very nice. Not much respect. We didn't listen to him. She handled all the money as the dominant person. I think my mom is a very controlling person. She tried to control (---'s) drinking.

ZL My father was very rigid and controlling. He was the one in charge, my mother was subservient to him. She was never allowed to have any opinions.

TM I always thought my dad was the boss but I think my mother was because she'd say, "You have to ask your father."

SJ (Mother). Very controlling. She'd get on dad a lot. He'd just take it. Was very quiet. Didn't say anything back.

EM My mother is a very controlling person, very manipulative. Dad was into strength and power.

She controlled me. She controlled everything I said, did, because I was incested as a very young child, by my father and I know she knew it, even if she doesn't want to admit it. She tried to control my brother, but he rebelled. They fought a lot. He was always very, very angry.

WB My mother ran the family, my father never participated in any decisions. Pretty much it was a matriarch organized family.

> My parents had the last word in everything. There was no discussion. I did not participate in any decisions. It was not a democratic family at all.

Adaptability: Role Relationships

The affirmation processes of meeting intimacy, accountability, and dependency needs is accomplished by relationships within family systems. The relationship of the marital partners and the parent-child relationship provide the primary opportunities for affirmations to occur. It became apparent, in reviewing transcripts, that the sibling relationships and extended family relationships, in particular the grandparents, played important roles in the affirmation process as well. Relevant commentaries are provided below to illuminate these findings.

Marital Relationships: Balanced Families.

KM My parents are real different personalities but they have blended pretty well.

LA My parents set a remarkable example for us.

TC We were the children and mom and Dad were mom and dad.

DE They are independent people that rely on each other.

Marital Relationships: Mid-range Families.

EH Dad went overseas when I was five years old. He was gone for seven years. The war made him an alcoholic. My mother was very faithful to him. She just stuck it out. I think she loved him.

LA Mom and dad were very united, very organized. The organizer was mom and dad backed her up. They never fought in front of us.

MS They have a nice regard for each other. Just the way they talk. They'd kiss each other, a gentle kiss, not a passionate one. The last few years have been great for them, meshing real well.

JL She decided she would be independent. Dad wasn't reliable about bringing home a paycheck. He had a bit of a drinking problem. I think she compensated by working all the time. They never split, never separated.

SI I don't have a lot of memories of my mom and dad together. My dad worked an awful lot. Mom was very social. Not around very much. Dad died when I was nine.

MC She was always trying to help him, telling him what to do. Being in control.

Marital Relationships: Extreme Families.

WB They got along well on the surface. They always said they got along well, but there were some major fights. You would see my mother crying alone because she was upset. She was never able to communicate those things to him at all. Traditional values. Divorce wasn't thought about. They co-existed well in their own way. I don't think my mother's needs were ever met. She was the martyr. She was never able to communicate her needs to him, not that he would have listened anyway.

EM I think there was a big power struggle between the two of them. I think my mother was very controlling and my dad was too. My dad was a womanizer.

OO I think they love each other. He does a lot for my mom. He's very patient, kind person. He's taken care of my mom for a lot of years. She'll direct and she'll help, but he does it. (Wife has chronic illness that is disabling.)

She gets frustrated because he doesn't talk much and she wants the typical female-male relationship, but he's an engineer, a man of few words.

SJ Dad would get at mom. She didn't fight back. She would just pout, not talk to him. Passive-aggressive thing. She didn't deal with anger in an outward direct way.

PR I realized that their lives weren't being fulfilled with the help of the other person. My mother told me that she actually married the uniform. There was never very much demonstrative feelings. I never saw them hug, I never saw them kiss. Never heard either one of them say to one another that they loved each other.

GL I've been told that my father started to run around with other women when I was a year and a half old. I was four or so when my father began dating his second wife. My father was still married. My parents divorced when I was five years old.

TM I never saw them express affection to each other, maybe once or twice. I always thought they hated each other. Mom made me think he had sexual adventures.

RB I don't remember much of the early years. My parents were only married five years. My mother's been married four times.

ZL Mom stayed because divorce was hard in those days.

LD My parents married when they were 18. Mother is very critical. Very traditional. Dad does the outside stuff, mom the inside stuff. I didn't see much affection between them.

WD They were both alcoholics. All they did was party a lot. They were married for eight years. He just packed up and left. My brother and I didn't have a clue.

SW Angry, angry, angry. They never should have gotten married. I was the reason they had to get married. Probably never would have if they didn't have to.

KJ It was a very abusive relationship. He was beating on mom. Mom's been married three times. Her present husband is pretty nice. They have a fairly decent relationship.

OE Mom got the brunt of his anger as expressed by withdrawal.

There was a lot of emotional abuse. Dad had an ongoing affair. He finally married her (other woman). She married (---) (second husband) because he was willing to take on the kids.

NS They have a tense relationship. A lot of yelling. He'd come home drunk. Then she'd start yelling and screaming at him and he'd walk out.

<u>Parent-Child Relationships: Balanced Families.</u>

KM If there had been less kids, she would have more time to meet my needs. We've talked about this. She wasn't getting any of her needs met at the time either. At the time she didn't see what was happening. The dynamics were so far in place it was real hard to change it. She would have done it differently with what she knows now.

I don't remember growing up being told I was loved. It was something you were supposed to understand because you were taken care of and looked after.

It wasn't until we became adults that we began doing that. They have told me verbally that they love me and I tell them that too, but that didn't come along until I was out of college.

TC We were a family. We did everything together. There were a few things my parents went to without the kids. But that wasn't very often. We were the children and mom and dad were mom and dad.

DE They (parents) all seemed to try for you. If you wanted to go do something they would try. Mom would do the chores so you could do that. Somebody would take over the field work so you could do that. They would pitch in for you.
Mom would help us with 4-H projects. Swimming lessons. They tried. They would put the effort in to get you there.

Parent-Child Relationships: Mid-Range Families.

EH She was a great mother. She was wonderful. She took excellent care of us, was always interested in us. Was very gentle. A very nice person. Had very good principles. She was always very attentive, made sure all our needs were met, just a nice person to be around. Fun. She was delightful.
(Father's drinking) wiped out my sister, humiliated her. She didn't want to bring her friends home. It embarrassed her. I remember I used to have to go and get him because he'd have too much to drink at the NCO club. I don't recall that it was a problem to me, or I just didn't know it.

LA Mom said you love all your children, there may be different things about you, but love is the thing. She always talked about that.

MS I think they did a great job. Mom was the one that gave us the attention. She was the caretaker of the kids.

JL (Brother) was not always real well so he got some preferential treatment.

My sister and I felt that we needed to work (at family run store) from four until ten to support (mom) so she could go home and get some rest.

She always supported us. She wasn't a real affectionate person.

I was my father's favorite child. He tried real hard to develop a relationship with my brother but they were never as close as I was with dad. He had his faults but he's O.K.

SI The one thing that I remember growing up was not seeing my mom very much. We had a young girl that came and lived with us and took care of us.

I was scared of my mom. She didn't beat us or any of that, but I was scared.

MC His (father) total life was wrapped around us (children).

Parent-Child Relationships: Extreme Families.

WB My brother had some problems (mental illness) which precluded getting close. He was kind of antisocial. Wanted to be close to my father but my father was never interested in him.

When I was a child, I was compliant, always went along with what was going on. It was dysfunctional in that there was very little emotional closeness or communication. My mother controlled me, everything I said, did. I was set up by her to please my father. I was incested by him when I was about two or three.

There was a sense of distance between (brother) and dad. We used humor for distancing ourselves from each other. A lot of humor. There was a lot of laughing. That prevented intimacy.

I always wanted to be affirmed by my parents, but that never happened. I just wanted to be affirmed, to count for something.

OO I took care of my mother (chronically ill). I remember praying to die because I just didn't know how you could manage if your mother was dead.
We (father) went somewhere once and he said a whole sentence to me.
He does his job and he does it very well, but he doesn't have relationships.

SJ He didn't always know what was going on in your life, but he'd show up at times so you would know he was there.
Dad got along easier with the boys.
Every time she did the silent stuff, I hated her (mother) for that. I thought she didn't want me.

PR She was very critical of everything we did. We could never be perfect. We were distant. I don't think we were parented, we were ordered around.

GL (Parents divorced when respondent was five years old.) I basically didn't have a relationship with my father until I was about 40. I had a lot of anger, bitterness, resentment, love/hate, a lot of emotions with him that were passionate emotions. I wanted to strike out at him for how he treated my mother.
She was a good mother, she doted on me, almost too much. We were glued together, definitely. I became her and she became me.

TM I was an "oops" baby. My mother told me she was really unhappy with that. I never really got a lot of my mother's attentions anyway. She really didn't want to take care of a baby again.
Dad was there but not there. He never talked a lot. (Father is alcoholic.)

ZL I can remember my dad telling me, about when I was five or so, that if that boy had lived, I wouldn't have been born. (---) was my mother's favorite. My mother says I was my father's favorite. I have a hard hard time believing that. I felt myself trying to win his approval, I was never good enough, never measured up. I wasn't a boy.

I was incested by my father. He did that to my other sisters too.

MJ I knew they really did care about me a lot. They worked very hard. They did not give you emotional stuff, more material. I don't remember getting I love you's and hugs and kisses. I don't remember it happening.

LD I starved for their praise,I starved for their touch. I didn't feel accepted, like I was good enough. I was always trying. I just wanted to make her (mother) happy, so I worked really hard for her praise. I notice I still do that at 40 years old if I go home.

WD I can't connect with either one of them (parents) remotely, so all through my childhood I had a fixation on still trying to find parents. It's a great source of shame for me, I'm still looking for somewhere I can be a kid or someone I can be a child to. It was terribly embarrassing to me.

SW (Respondent whose parents were alcoholic.) I felt a real need to do real well. If you did really well, you'd be recognized. That's where the lost child comes in. (Spoken in very soft voice.) I wanted to be recognized and I wasn't ever recognized.

KJ We didn't live with her (mother) very much. We lived different places. Before she got married, it was because she couldn't afford to keep us. After she was married, I don't know. Maybe she just didn't want us (laughs).

OE I thought I was the favorite child of my father. When I was sick, he would bring me a treat.

My step-father was not going to let me be in control. Actually it probably must have relieved me a bit. I was my mother's confidant. I knew how bad things were (before mother's remarriage).

NS I was a pretty good kid. I didn't want to cause trouble.

I don't remember pats on the back. I never felt like anybody gave me any encouragement at all.

Sibling Relationships: Balanced Families.

DE I get along with both of my brothers. But they have trouble getting along with each other. They won't let their relationship get in the way of their kids. (Brothers and their children manage and work the family farm.)

TC We really do like each other. Even now we help each other. (---) tends not to ask for things so we watch out for him.

AC We were very close. Talked a lot with each other. We still have family reunions. I call everybody (five siblings) on birthdays and holidays.

KM I think we share more and more all the time. My older brother and I have talked a lot about what it was like being the middle child, a younger sister, what it was like having him as an older brother. He's asked, "Is there anything we need to talk about, any hurt that I caused you?"

Sibling Relationships: Mid-Range Families.

MC Actually, (sister) and I parented (brother). He'd come to one of us for years. The three of us (siblings) were pretty tight. We got real good about reading the climate.

SI My older sister and I got very close after she moved out of state. She would let me come up to Michigan every summer and let me stay for a month. I thought that was big time. I got to be the God mother of (---'s) first child. I felt really important. (Oldest sibling-youngest sibling).

LA We all get along pretty well (many siblings). I'm closest with my next two sisters. (Next sister) and I used to tease (youngest of this trio) a lot, unmercifully.
My oldest brother incested the three of us. Rubbing genitals. I think he had intercourse with (youngest of trio). I've

forgiven him, but (youngest of trio) still has a lot of problems.

MS When I was five, they (other siblings) told me I was adopted.
When I was five, (brother) gave me 50 cents if we'd go down to the barn. I blush now when I think about it. He touched and stuff and that was all. At a later point in time, (sister) and I realized he was sick. I guess I felt guilty, but hey, it wasn't my fault.

Sibling Relationships: Extreme Families.

DD My brother used to call me a prude. I'm real strong in the church, and he's not.
(Oldest child) I took care of my brothers and sisters when I was 12. I got out of that when I was 16. I got a job.
NS I did a lot of caretaking from about the fifth grade on. I don't like (brother). He and I used to fight constantly. I always felt put down by him. My sister and I were not close at all growing up. We fought constantly. We got into such a horrendous fight, I wanted to kill her. If it hadn't been for my father, it might have happened.

EO We would fight like you usually do. My brother next to me and my sister were very close. They were the cohorts. They would get in trouble together. I felt like an outsider. That became more apparent after the divorce. I was the one left in charge and they resented that. That started when I was ten years old. My mom had to go back to work. I became the surrogate mother, the one who was in charge.

KJ I was like a mother to my boys (brothers), the boys. I had all the responsibility for the house from the time I was nine. Babysitting, everything.

SW (Only child of alcoholic parents.) I made up my own family, created my own fantasy family.

WD I had full care of my brother at age ten from seven in the morning until five in the evening that summer, getting him up, feeding him breakfast. A neighborhood boy initiated sexual abuse with me then and I was made to abuse my brother. The (caretaking) was more emotional than physical. I had to guard him. They threatened to kill him and I loved him more than anything in the world.

My brother hasn't told them (parents) his diagnosis (fatal illness). He keeps me bonded with his secrets. I'm afraid to say anything because I couldn't live with the consequences of being cut off.

LD I always took care of my younger brother and sister. I felt very responsible for them. My older brother was quiet, I was his mouthpiece.

MJ My younger brother and I were never close. He sees things from a different angle. My older brother and I are close.

ZL Mom knew she didn't have to worry about (sister), because she knew I would take care of her. I was a caregiver from a very young age (five). We were close. We shared a bedroom. Once we got married, the closeness, mentally, was gone.

My older sister was aloof, distant, gone, when she got her own bedroom. I just didn't have contact with her.

RB I moved to my grandmother's house when I was ten. My brother had a lot of anger when I left. I got to leave the house and he didn't. (Mother is alcoholic.)

TM My older sister and I are close. She's ten years older than me. My brothers are even more than that. They were pretty much out of the house when I came along.

I began taking care of my baby sister when I was 12.

PR When I came home, I would bounce (baby sister, 20 years respondent's junior) on my knee. I learned later that I was her idol.

My sister (two years younger) and I had a tense relationship. I considered her a non-person.

SJ My two older sisters I didn't know very well. My brother two years older than I was pretty much my companion growing up. When (---) and (---) fought (two other sisters) I would try to break it up with jokes. I didn't like fighting.

EM I had to stick around to protect (brother). I was torn between protecting (---) and being afraid. I didn't leave the house because I felt I had to be there to protect him. There was a bond there, a definite bond.

He was jealous of my being the princess. We used to fight too. He would tease me unmercifully. I would get real angry at him. Pick up furniture and throw it at him. I couldn't believe my strength.

My brother would tell me that I was too stupid to learn the game, I'd never learn it.

WB We got along moderately well. Certainly we paired off. I've felt closest to (---). (Oldest sister) has some mental problems. She's hard to relate to. She is the object of my (schizophrenic) brother's paranoia.

## Extended Family and Other Relationships

No comments reflecting the importance or necessity of extended family or other relationships was noted in balanced family systems.

### Mid-Range Family.

SI The one thing that I remember growing up was not seeing my mom very much. We had a young girl that came and lived with us, and took care of us.

Extreme Families.

EO We didn't have any other family here. All the grandparents are in Europe.
KJ We moved around a lot. Once we lived with this old lady. We lived with my Aunt for a while, then we went and lived with these strangers for a while. We bounced from pillar to post.

SW My mother's mother is very important to me. She was my nurturer. I ate my meals with my grandmother and I spent most of my time at her house. A haven.

WD Our primary caregiver was a maid, that's Southern, a Black woman. She was the one I bonded with. We got a phone call that she had been stabbed by her tanked off boyfriend. She was just about to come back to work and died suddenly. We got a phone call, my grandmother told me she'd died. We just kept on eating breakfast and my whole world came to an end. Her death was never acknowledged, what this woman meant to me.

RB I moved out of the house when I was ten and moved in with my grandmother. My grandmother was probably the best influence. She's one of the nicest, kindest people there was. She tried to teach right from wrong. She was never preachy. She disciplined by letting her feelings be known.

EM My grandmother lived with us for a while. My mother can't stand to take care of sick people so I was the one to take care of her. In some ways it was a godsend for me. My grandmother and I were closer than my mother and me. My grandmother understood me a little bit better. She really was the person that was there for me.

LD My father's parents came to live with us. That was a real bad situation. My mother was responsible for them. She became just impossible to be around. My sister and brother felt left out.

SI My grandmother on my father's side was wonderful. We used to go to her home. We'd

hide our shoes so we wouldn't have to go home. She doted on us.

My (maternal) grandfather was a very (heavily emphasized) dominating man. We lived in his house for most of my growing up years, when I was three. He was the king. We were all frightened of him. I don't think he was a mean man, but he was just so big and gruff.

PR My grandmother came to live with us until she died. Lovely woman (smiles). Nanna. That was O.K. when she came to live with us. She was a classy lady. She always had things for each of us. Always made us feel like we were special. She didn't put us together, we were separate.

Adaptability

The ethnographic interview had no specific questions relating to discipline. Comments relating to discipline were usually made during discussions around the first question.

Discipline: Balanced Families.

CA There wasn't too much to do to get in trouble. If we had a disagreement amongst ourselves we had to go into a room and settle our differences. If we came out with a sour face, she'd send us back in.

KM My mother was a yeller. She was real verbal. You pretty well knew when she was angry and had enough.

Discipline: Mid-Range Families.

LA If it was really bad, when dad got in, he's the one that meted out the punishment with the belt (belt said very dramatically) It was rare that the belt was ever used. He made my brother shovel out the barn once.

Usually mom was the one that did the punishment. She was the disciplinarian for the lesser crimes.

Discipline: Extreme Families.

LD My mother handled the discipline mainly, sometimes my father. It was physical, spanking. I do remember my mother hitting me across the mouth a few times. Other than that it would be verbal discipline. I clearly remember her calling me a fat head, and that hurt me so badly. I was very sensitive.

EM I remember my brother being called "naughty boy" a lot, but I don't remember a lot of punishment.

WB My sister was a rebel. She was constantly in trouble in high school. She'd scream and yell around the house, had a huge temper. She was extremely difficult to handle. One time my dad had had it with (---). He did start hitting her. That's the one time I saw him lose it. My parents had no idea how to handle this rebel and they handled it very poorly, very poorly. They tried to put more restraints and restrictions on her and that was the wrong thing to do. They never asked her what was going on, how she felt.

PR Mom would say, "Wait 'til your father gets home," so we would always fear him. He was the physical enforcer. Belt and coat hanger.

SJ She was the primary disciplinarian. If it ever got to my father, I was shaking in my boots. He wasn't a hollerer but there was that fear. His disapproval was enough for us.

If she got mad at you, she wouldn't talk to you for days on end. She'd pretend you weren't there, didn't set a place at the table for you, you just didn't exist. After a while you would think that you deserved to be ignored all the time. The messages were

worse than if she had used a belt on us. It was treated as normal.

OO My mom did most of the discipline. My dad, when he finally got angry, he just blew his top. He was scary when he got angry. One time he got really mad at my sister. He came out swinging a 2x4. My mom spanked us. She had a stick. I was always the one who got caught. I was the dummy (laughs).
RB She (mother) would just scream and rant. A lot of times it didn't even have to do with what happened.
When I lived with my grandmother, she would discipline by letting her feelings be known.

ZL The general feeling as a kid was, "You'd better watch out". It was nothing for him to whip out a belt and beat you. It wasn't a lot, but how much is how much? Once is too much.

SW I was the hero child. I didn't get in trouble.

KJ He (mother's second husband) beat on the boys. He did it for the hell of it. There didn't need to be a reason. Name calling, verbal, you name it.

NS I only remember the belt a few times. I don't remember getting grounded. I was a pretty good kid. I didn't want to cause trouble. My brother got lectured and yelled at. I really don't remember any name calling.

EO My mother's favorite thing was, "Wait until your father comes home." He never was abusive to us. He'd spank us, but it would be more of the cold shoulder. He used silence to control family members.

Cohesion

Emotional closeness of family members is a primary characteristic of cohesion within a family

system. Other factors representative of cohesion within family systems are: mutual support, interpersonal and family system boundaries, decision making, and common interests. Thoughts reflecting these concepts are presented below. The impact of these factors upon the lives of respondents is discussed in Chapter Five.

Emotional Closeness: Balanced Families.

DE We worked. We lived on a ranch. We had milk cows so we were tied down, no matter what, we worked. Hogs, chickens, cows and farmed. We did everything with our parents. We had family reunions or we'd go to the neighbors. The kids would get together and play. I can remember cousins getting together and playing.

TC We were a family. We did everything together. Picnics, Christmas parties. There were a few things my parents went to without the kids, but that wasn't very often.
We really do like each other. Even now we help each other.

CA We were very close. Talked a lot with each other. We had a strong sense of unity and friendliness, liking each other.

KM (Parents are from Europe.) We had a close knit family. I think in Europe, the focus of family life is different. There aren't as many external influences. We did things as a family. We skied, hiked, camped, that was pretty important. We had a family prayer group in the evening.

Emotional Closeness: Mid-Range Families.

LA It was a very organized family. Everybody had chores, had a job to do. We were always

working. Work provided the education and the play too. My parents took us on Sunday drives. Went all over. Singing songs. On Sundays, we always had our rosaries with us. It's a great legacy.

SI We would pray as a family together, the Rosary, during the Lenten season. I don't have a lot of memories of my mom and dad together. My dad worked an awful lot. I remember not seeing my Mom very much. She was very social.

JL We had an ice cream store with a bakery. Opened it up at eight, closed at 11. Mom's day started at two a.m. She'd be in bed by eight. My sister and I worked there after school until closing. Our brother wasn't that involved. Dad helped out when he could. He had a full time job at the hospital.

MC There was a clan like thing. We'd go to funerals. We'd travel for miles. Vacations were important. We had to stick together. We had to do things together.

<u>Emotional Closeness: Extreme Families.</u>

EM We used humor for distancing ourselves.

I can't think of too many events that I felt like I belonged. I feel like I was never ever validated by my mother or father, or my brother. I was there but I wasn't there.

CH When people were around we'd have a big dinner. We didn't do any camping or that stuff.

MJ There was not a family dynamic at home. I just did what I wanted.

ZL No vacations. Church, always went to church together, and family dinner. You had to be there, there was no getting out of that.

We did not have social contacts outside. My parents didn't have people come in. They didn't go out. We were close in a very unhealthy way. Very unhealthy. If one

person was down, everybody was down. We shared emotions.

WD I can't connect with either one of them remotely (parents). Both parents were alcoholic. Our grandparents tried to take us out of the home to keep us out of that.

SW (Both parents alcoholic.) I created my own family. I was close to my grandmother.

KJ Not much sense of family. Probably the abuse. We lived different places because she couldn't afford to keep us.

NS If I didn't know we were brothers and sisters, I would probably say we weren't connected. There we were, living in the same house. There was a lot of fighting. No praise.

EO We went to Disneyland shortly after it opened. That was really unusual.

PR We'd go fishing on the weekends. We weren't asked if we wanted to do that. It was more like a duty.

SJ We had a farm. We were expected to work pretty hard at an early age. We went fishing every Sunday, picnics.

WB I never felt particularly close to anybody. There was very little emotional closeness. There was so little communication.

Mutual Support

There was no specific question pertaining to the presence of mutual support. Comments reflecting the presence of mutual support are garnered from responses obtained throughout the ethnographic interview.

Balanced Families.

TC Even now, we help each other. (---) tended not to ask for things so we watch out for him.

DE They all seemed to try for you. They would pitch in for you if you wanted to go somewhere.

Mid-Range Families.

MC We got real good about reading the climate. The three of (siblings) us were pretty tight.

Extreme Families

Examination of the transcripts of individuals who are members of extreme families revealed no comments reflecting mutual support.

## Boundaries

There were no specific questions regarding interpersonal or family system boundaries. Comments referring to boundaries were in response to the initial set of questions concerning families of origin. Additional information concerning boundaries was gained from examination of genograms. Some respondents have undergone psychotherapy and brought up the issue of boundaries when answering the first question, "What was it like growing up in your family of origin?" Incest and sexual abuse were examples of blurred

boundaries. Respondents' perceptions are presented to illustrate their concepts of boundaries.

Balanced Families

No comments referring to boundaries were made by the four individuals in this category. Inspection of their genograms did not reveal blurring or rigidity of interpersonal or family system boundaries.

Mid-Range Families

> LA (---) molested us. (Sibling incest.) He rubbed our genital areas with his penis. I think he had intercourse with (---). (Another sister.)
>
> MC (Son) is having a major struggle. He was my emotional spouse, my confidant. (Respondent was single parent for several years.)
>
> MS When I was five, (---) would give us 50 cents if we'd go down to the barn. We went down and he touched and stuff and that was all.

Extreme Families

> OE (After parents' divorce) I was my mother's confidant.
>
> WD Boundaries have been a major issue for me. When I started to feel uncomfortable that was the first time that I recognized I seem to have some kind of sexual bond with my brother that didn't seem natural to me.
>
> The earliest one was the boyfriend right after my dad left. He wanted to put me to bed, and so forth. I was eight. He was real attentive.
>
> GL They never had anyone come to their house. It was a family that didn't do much,

didn't go places. There were no friends that entered into the picture. (Respondent lived with grandmother after parents' divorced.) (Talking about relationship with mother.) I became her and she became me. We were glued together, definitely.

EM I was incested as a very young child, by my father, anywhere from three to five.

ZL A typical family except for one small problem, called incest. That small problem was not small, it was major. He incested all three of us.

We did not have social contacts outside. My parents didn't have people come in, they didn't go out. We were close in a very unhealthy way. Very unhealthy. If one person was down, everybody was down. We shared emotions. We cued off dad a lot.

## Decision Making

The processes involving decision making vary from mutual decisions between parents to unilateral decision making by the person in control of the family. Perceptions referring to decision making appear in comments presented in the section "Control and Power Structure". For the sake of brevity, they have not been presented.

## Common Interests

Common interests serve to bring family members together. Few perceptions revealed images of common interests. Those interests, for these family systems,

involved religious practices, work, and recreational endeavors.

Balanced Families

CA We made ice cream in the living room with the old creamer.

DE We worked. We had milk cows so we were tied down. No matter what, we worked.

TC Picnics. Christmas parties.

KM We had a family prayer group in the evening. We did a lot of cultural things together.

Mid-Range Families

SI We would pray as a family together, the Rosary, during the Lenten season.

MC On the weekends, we'd go into Missoula to see a movie. Then we'd go home and rest and then go to a basketball game.

JL We had an ice cream store. We all worked there.

EH We were a very supportive, uncomplicated, work oriented family.

LA On Sundays, we'd all pile in the car and drive around, singing songs. We brought along our rosary beads.

Extreme Families

SJ We were expected to work pretty hard at an early age (family farm).
Sometimes on Sundays, he'd (father) take us fishing.

PR On Sundays mom would make sandwiches and we'd go down to the boat and go out fishing. We weren't asked if we wanted to do it. It was more like an obligation.

ZL Church. We'd go to church together.

CH We'd go to shows.

LD We went camping. And skied.

## Respondents' Concept of Self

Although a view of one's self is not a dimension of Olson's Model, a segment reflecting individual's perceptions of themselves is presented to give readers information regarding how respondents' viewed themselves within their family systems. The views these individuals have of themselves have reciprocating effects on the direction of adaptation and cohesion for these people.

### Balanced Family

KM I felt isolated at times. I was the only girl between two older and two younger brothers. I used to try to be the peace maker when my brothers fought.

### Mid-Range Families

DD The other kids were rebels. I kind of went along with what my parents wanted.

MC Basically, I was the boy. I did things for him and with him. (Daughter-Father.)

JL I was important because of the work I did at the store.

EH I was kind of a difficult child. I used to try her (mother) sometimes. I deserved it. I was very stubborn.

LA I was the princess. Dad really liked little girls.

Extreme Families

WB I see myself as the steady one, but I don't see myself as anybody else's caretaker.
I have decided not to approach my mother with any of the problems I think I had growing up because of her. I don't see any need for it. I'm comfortable with the person I am.

SJ I was the peacekeeper. I'd joke to get the fighting to stop.

PR I was arrogant. I think I did that to protect myself from my mother.
I don't have the emotional security to address my mother.
What's done is done, and I've proved my point by example.

EM I was considered the princess. I was the lost child. I didn't have a female identity. I didn't know where I fit in as a female.

LD I was the responsible one.

NS I was a good kid. I didn't want to make trouble.

KJ I became very resilient. I could survive anything.

SW I was part lost child, part hero child.

ZL I was responsible. I was loud, I was noisy, I was fat, I lied, you name it, it was me. If anything was wrong, it was me.
I was the daredevil. I did the risky stuff.

MJ I was a free spirit. I pretty much did what I wanted. I just drank all the time when I was in high school. I guess I was rebellious (laughs).

TM For a lot of years I felt like I was the king pin. (Older siblings had left family home.)

## Communication

Communication is the "facilitating dimension" of Olson's Model; it provides the "lubrication" for the family system. Positive and negative communications skills are presented via reflections of participants, usually as they were responding to "What was it like growing up in this family?"

### Balanced Families

KM I think we share more and more all the time. My older brother and I have talked a lot about what it was like being the middle child, having him as an older brother.

DE If we wanted to do something in town, we could ask. They would help us get there. (Farm family.)

CA We were very close. Talked a lot with each other.

### Mid-Range Families

LA We teased her unmercifully, teased her a lot.
I've never really talked to him (brother) about it. (Sibling incest.)

JL I don't remember getting praise directly. I don't remember her saying, "You did a good job," because that was an expectation. All I remember there were no repercussions, sort of no news is good news.

MS I don't remember being told, "I love you by my parents," but we do that now.

OO We went somewhere once and he said a whole sentence to me. (Father.)
He was an engineer. He did his job well but he was a man of few words.
I was the outspoken one, which isn't saying much.

KJ The boys got it. Name calling, verbal, you name it.

GL Anger was never expressed. Why would a perfect family become angry?

TM She would say to us, "I don't know why I ever had you."
Dad would go on toots. He'd call me up and say, "I love you" (laughs).

EM My brother would tell me I was too stupid to learn the game.
I would say something and my mom would immediately say, "(---) doesn't mean that, that's not what she means." She means this and she would totally change the sentence. I thought I was crazy.
I feel like I was never ever validated by my mother or father, or my brother. When I wanted to be validated, when I was begging for it, I didn't get it when I really needed it.

MJ I don't remember getting I love you's and hugs and kisses. I don't remember it happening.

RB Mom was a yeller. She'd scream and rant and rave.

ZL I can remember my father telling me, about when I was five or so, that if that boy had lived, I wouldn't have been born.

PR No matter what we did, she would always say, "If you just tried a little harder." Nothing was ever good enough. There was always a "but" attached.

SJ She (mother) used emotional tricks. She'd pretend you weren't there. This would

go on for two or three days. Out of the clear blue, she'd begin to talk to us again. It was confusing. It was treated as normal.
My sisters fought a lot. I would try to break it up with jokes. I didn't like that fighting. I was used to the silence.

WB It was not a very communicative family.
My mother was never able to communicate her needs to him (husband), not that he would have listened anyway.
Dad never talked about his family much.
Mother has never been comfortable with free communication. She never has been.

NS You know, I don't remember him saying a whole lot (father).
(---) (brother) and I used to fight a lot. I always felt put down my him.
Mom's a yeller and nagger. Dad walks out when she starts on him.

OE My mother's favorite thing was, "Wait 'til your father gets home."
Mostly I remember getting the cold shoulder from him (father).
We were told about their divorce by a family friend at Thanksgiving dinner. They (parents) weren't even there.

LD I remember my mother calling me a "fathead". That hurt so much.
I starved for their (parents) praise.

Additional processes influencing management of adaptability and cohesion appeared during the course of analyzing transcripts. There were a variety of findings affecting the conduct of relationships and power structures.

The events are reported below. Table Two illustrates the presence of alcohol abuse and alcoholism. The presence of this phenomenon was noted

during the creation of the genogram. While a specific question was not asked about alcohol usage, participants readily volunteered information which suggested a strong influence on one or more family members. Six families were identified as being alcoholic family systems. Some of these perceptions have been noted in earlier commentaries.

Table 2. Occurrence of Alcohol Abuse or Alcoholism In Three Generations

| Respondent | Family of Procreation | | Family of Origin | | | Grand-parents | | Spouse's Family of origin |
|---|---|---|---|---|---|---|---|---|
| | Self | Spouse | M | F | S | Mat | Pat | |
| **Balanced Families** | | | | | | | | |
| KM | | | | | | | | |
| DE | | | | | | | | |
| CA | | | | | | | | |
| TC | | | | | | | | x |
| **Mid-Range Families** | | | | | | | | |
| LA | | | | | | x | | |
| EH | | | | x | | | | |
| MS | | | | | | x | | |
| MC | | x | | | | | | |
| SI | | | | | | | | |
| JL | | | | x | | | | |
| **Extreme Families** | | | | | | | | |
| SJ | | | x | | | | | |
| DD | | | | | x | x | | |
| GL | | | | | | | | |
| OE | | | x | | x | | x | x |
| WD | x | | x | x | x | | | |
| KJ | | x | | | x | | | |
| NS | | | | x | xx | x | | |
| WB | | | | | xx | | | |
| TM | | | | x | | | x | x |
| LD | | | | | | x | | |
| SW | | | x | x | | x | | x |
| RB | | x | x | | | | | |
| PR | | | | | | x | | |
| MJ | | | | x | | | | |
| EM | | x | | | x | | | x |
| OO | | | | | | x | | |
| ZL | | x | | | | | | |
| CH | | | | | | | | x |

M Mother
F Father
S Sibling
Mat Maternal grandparent
Pat Paternal grandparent

In some respondents' families, the marital and parental relationships were refashioned by the user's consumption of alcohol.

OE Mom tried to keep (---) from drinking.

MJ Mom was in charge of the money so (---) wouldn't have any money to drink.

JL Mom bought a store so she could be independent. Dad wasn't too reliable about bringing home a paycheck. (Father is alcoholic.)

NS Mom would yell at dad when he came home drunk, and he would leave.

TM Dad was there, but he wasn't there.

RB Mom would yell and holler, and it wasn't even about what was going on.

## Family Processes

Parent-child relationships were warped by the process of parentification. Respondents assumed adult responsibilities and parental roles while still children. One set of data from Table Three reveals a frequent pattern of parentification in mid-range and extreme families. The parentification of nine respondents involved caretaking of their siblings. Three parentified individuals had responsibility for taking care of a grandparent. One individual's responsibility involved "fetching" her father from a bar because he was too inebriated to make it home on

his own. Three individuals felt responsible for taking care of their mothers who were alcoholic, depressed, or chronically ill.

No examples of parentification were found in balanced family systems. Table Three presents findings in the family systems of respondents.

Table 3. Presence of Parentification, Scapegoat, Rebeller, and Absent Father in Respondents' Families of Origin

| Respondent | Parent-ification | Scapegoat | Rebeller | Absent Father |
|---|---|---|---|---|
| **Balanced Families** | | | | |
| KM | | | | |
| DE | | | | |
| CA | | | | |
| TC | | | | |
| **Mid-Range Families** | | | | |
| EH | x | | | x |
| MS | | x | | x |
| MC | x | | | |
| SI | x | | | x |
| JL | x | | | x |
| LA | | | x | |
| **Extreme Families** | | | | |
| SJ | x | | | |
| DD | x | x | x | |
| GL | x | | | x |
| OE | x | | x | x |
| WD | x | | | x |
| KJ | x | | x | x |
| NS | x | x | x | x |
| WB | | x | x | x |
| TM | x | | | x |
| LD | x | x | x | x |
| SW | | | x | x |
| RB | x | | | x |
| PR | | x | x | x |
| MJ | x | | x | x |
| EM | x | x | x | x |
| OO | x | | x | x |
| ZL | x | x | x | x |
| CH | | | | |
| LD | x | | x | |

Examples of parentification are given below.

Mid-Range Families

SI After (---) left, (children's caretaker), I took care of (sister). I didn't have any problem with that.

After we moved in with my mother's father, it was my job to bring meals to my grandfather. He was sick, a heart condition.

EH I remember I used to have to go and get him (father) sometimes. Because he'd have too much to drink at the NCO Club. I don't recall that it was a problem to me, or I just didn't know it. It was something I did. I did that spontaneously. I probably volunteered.

Extreme Families

WD I worried about money a lot, and part of that is adult worries were put on us. My mother would say, "We don't have any money, and I don't know how we're going to eat." I had a lot of adult worries I shouldn't have.

EM I had to stick around to protect (brother).
My grandmother came to live with us. My mother can't stand to take care of sick people. I took care of her.

GL I would go out to the playground and pick up paper and popcicle sticks and stuff to burn.
Looking back on it now, there were probably times, about half the time, that I was more the mother figure.

TM When I was 12, I began taking care of my baby sister.

KJ It was me and my boys, my brothers. I had full responsibility of the house from the time I was nine. Babysitting, everything.

OO My mother was chronically ill (rheumatoid arthritis). I took care of her. My other sister wasn't interested in that.

LD I took care of my younger brother and sister. I felt responsible for them.
OE After the divorce I was in charge of my brother and sister. Mom had to go to work, so I was in complete charge.

ZL Mom knew she didn't have to worry about (younger sister) because she knew I would take care of her. I was a caregiver from a very young age. I was five.

Additional information presented in Table Three concerns the "absent father" in family systems. Absence was created by over involvement with work, alcoholism, divorce, or having affairs. The presence of scapegoats and rebels is noted.

The existence of a rebel, or in some cases two or three rebels within a family system occurred in two families in the mid-range of family systems and nine families in the extreme families. Rebelliousness was exemplified by a variety of behaviors such as heavy drinking in teen age years. One respondent reported a sister that began drinking at the age of 12. Another sister in this same family became pregnant as a teenager. Other forms of rebellion involved running away from home, deliberate non-achievement in school, acting out behavior, and using drugs.

Table Four presents a myriad of findings that became evident as individuals responded to the three sets of questions concerning family of origin, family of procreation and their work situation, asked during the ethnographic interview.

Table 4. "Inadvertent" Findings

| Resp. | Divorce | | | Traum. Event | | Early Death | | | Chron. Illness | | Depress. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Self | F/O | GP | S | F/O | Ss | P | GP | F/O | GP | S | F/O |
| **Balanced Families** | | | | | | | | | | | | |
| KM | | | | | x | | | | | | x | x |
| DE | | | | | | | | | | | | |
| CA | xx | | | | x | | | | | | | |
| TC | x | | | | | | | | | | x | |
| **Mid-Range Families** | | | | | | | | | | | | |
| LA | | | | | | | | | | | | |
| EH | | | | | x | | | | x | | | |
| MS | | | | | | | | | | | | |
| MC | x | | | | | x | | xx | | | | |
| SI | | | | | | | x | | x | x | | |
| JL | | | | | x | | | | x | x | | |
| **Extreme Families** | | | | | | | | | | | | |
| SJ | | | | | | | | x | | x | | |
| DD | x | | | x | | | | | | | | |
| GL | | x | | x | | | | | | | | |
| OE | | x | | x | | | | | | | | |
| WD | | xxx | | x | | | | | | | | |
| KJ | x | xx | | | | | | | | | x | |
| NS | x | | | | | | | | | | | |
| WB | x | | | | | | | x | | | xxx | |
| TM | | | | x | | x | | | | | | |
| LD | | | | | | | | | | | | |
| SJ | | | | | x | | | | | | | |
| RB | | xxxx | | | | | | | | | | |
| PR | | | | | | | | x | | | | |
| MJ | | x | | x | | | | | | | x | |
| EM | | | | | | | | | | x | | |
| OO | | | | | | | | | x | | | |
| ZL | x | | | | | x | | | | | | |
| CH | x | | | | | | | | | | | |

Resp. Respondent
F/O Family of Origin
GP Grandparental generation
S Self
Ss Sibling

## Divorce

Nine respondents have been divorced. One respondent has been divorced twice and is in her third marriage. Three nurses divorced after 15 years or more of marriage. Two of these individuals remain single. Five individuals have remarried. Six nurses were from divorced families. Three nurses had mothers who were married two, three and four times.

## Traumatic Events

One nurse had parents who sustained trauma as a result of being in Europe at the time of World War II. Her father was involved in the underground. She states, "My parents had a tremendous amount of trauma with the war."

Five nurses, all from extreme family systems, relate tales of poverty.

> WD I worried about money a lot.... My mother would say, "We don't have any money, and I don't know how we're going to eat." (Divorced family.)

> GL I remember one time, my mother took a pair of his shoes and burned them for fuel. I would go out to the playground and pick up paper and popcicle sticks and stuff to burn. We were going to the store to get a can of tomato soup and we couldn't find the money to buy that. My mother developed anorexia then.

> MJ When I look back, I might have considered myself poor, but at the time, no. She sacrificed and did a lot of stuff to make

sure we had what we needed. I wouldn't say we were deprived, but we did go hungry.
I remember bill collectors stopping me at the door when I came home from school. That was awful for an adult (bill collectors) to do that. I was embarrassed.

TM My Mom took in boarders so we had enough money. I had to sleep on the sofa.

KJ We lived different places. Before she got married it was because she couldn't afford to keep us.

One nurse was in the Alaska earthquake as a child. She was at the movies at the time. The movie house and one other building were all that remained intact. She and her siblings were sent to Colorado to live with relatives.

One nurse had a father that was deeply affected by a mining disaster. He had switched shifts. 70 others were killed. He had to recover the bodies of the dead miners. She wonders, "if that had anything to do with his emotional unavailability or alcoholism." She created a "fantasy" family to deal with her family system.

Chronic illness is evident. Previous commentaries reflect the presence of chronic illness and how its management, by the family, altered relationships.

Early death of grandparents was noted in five families. These deaths occurred when respondents' parents were in very early childhood. Some were raised by aunts or older siblings. One woman was sent to a

boarding school, her other siblings to a different boarding school. The effect of these events is discussed in Chapter Five.

Six nurses have eating disorders represented by anorexia, bulimia, and over eating. These individuals come from extreme family systems. All have been involved in some form of psychotherapy.

## Changes and Coping

Individuals in mid-range and extreme families have made changes, particularly in the area of relationship management and how they take care of themselves, to cope with experiences incurred in the family of origin. These changes have been noted occurring around the management of relationships in their families of procreation and at work. As evidenced by the analysis of data from questions about the family of origin, four nurses, from balanced family systems, perceived their experience in a positive light and made no comments about wanting to change.

## Changes in Family of Procreation

### Balanced Families

CA Our parents set a remarkable example for us.

DE It was a positive experience and I would like to carry it on.
TC I just remember growing up in a family. I feel bad that my kids won't have that. (Recently divorced after 17 years of marriage. Two early teenage children.)

Mid-Range Families

The review of data of individuals from mid-range family systems reveals mixed sentiments. Some nurses are attempting to bring the ambience from their families of origin into their families of procreation. Others are making changes. No commentary is provided for one individual who is in a religious order that precludes having a family of procreation.

MS I guess it's sad. We have just the one child. We had a wonderful experience, and I feel sad that (daughter) will never know that. My parents made it look easy.

LA I thought they did a good job and I've tried to use some of their rules. We're doing it how we think it is right. We touch more, we hug more, we tell the kids we love them.

SI I know that I made a kind of a rule at one point that I wasn't going to be like my mom. I wasn't going to be dominating. I had no desire to be in any position of authority. I saw that being like my mother.

MC I didn't want to be like her (mother), but I'm finding all of her rules coming in here. Keep the house clean, make cookies, sew.
Trying to figure out boundaries. It was hard for me to figure out how to parent because the boundaries were so blurred. Trying to be a spouse is real difficult. I try not to put my rules on the kids. I want them to be individuals.

Establishing intergenerational boundaries, taking care of myself, encouraging them (children) to take care of themselves. You work on relationships so you don't carry the bad stuff into future relationships.

JL I had a lot of adapting to do as a parent.
Kids come first. Take care of the kids. If they are involved with school, they don't have to work.

Extreme Families

The perceptions of respondents in extreme family systems reflect the challenge of dealing with relationships in family systems of this type. Individuals from these families talk about changes they have made in managing relationships.

RB I cannot parent her (mother). I can't run her life. I used to try, "Why don't you do this and that."

ZL In my family , there's going to be honesty and no more bullshit. If you're feeling shitty, I want to know your feelings, and I want to know why and if it hurts my feelings, that's my problem to deal with.

CH In my marriage, I knew I was unhappy. I tried to fix things up, tried marriage counseling. I didn't want my kids to grow up without a dad. Emotionally, it was real hard to cut those ties. I went to (---) (treatment center) for codependency and they really helped me. It helped me with addictive type behavior.

OO I swore I would never embarrass my kids in front of friends. My mom used to scream at us, sometimes in front of my friends, and I was so embarrassed (emphasizes embarrassed).

LD I fear being like my mother. I don't want to be critical, not fun.
I would do a lot of things like my mother, because children need direction, but I would give more love, touch. Maybe I would over do, I don't know. (Has no children.)

DD I want my kids to have a childhood. It's hard to see them grow up. I want them to be kids for as long as possible.

NS If you are upset about something, express it. It's O.K. to be angry. It's O.K. to express what's going on.

WB I swore I wasn't going to do to my kids what was done to me.
To have the freedom to communicate.
I try to be objective, not be critical. Leave out the emotion. I try very hard not to be judgmental.
My mother's decree, "Never tell me." I would never do that to my child.

OE I was not going to be involved with a man that was unfaithful or that physically abused me.
We laugh. The ability to go and do things as a family, not have them be a work related thing. Take vacations together.

KJ I'm a far better parent than my mother ever was. I'd never abuse my children. I've said a lot of things I wish I hadn't but I try not to do that anymore. I apologize about it.

TM We try not to be critical of the kids.
I would never say, "I wish I had never had kids."

GL Friends are so important.
I take a realistic view, a rational approach. It helps me to cope.

WD In the scheme of life, "How important is this one thing?" Now, I'm able to discriminate better.

SJ I am a mother and I will not do this (silence). I will not reject my child

because they did not do what I wanted. I never wanted to be controlling. I wanted to be warmer, more caring.

PR Feelings, you're allowed to have them. (Said with great emotion in voice.)

## Changes in Self Care

Management of taking care of themselves is another change respondents have made. Rather than being deeply involved in taking care of others as they did in their families of origin, respondents have realized the importance of taking care of themselves. Some respondents have become more adept at this than others. Examination of the commentaries revealed an absence of self care when nurses were growing up in their families of origin. Respondents from balanced, mid-range, and extreme families divulged changes involving taking care of themselves, i.e., getting intimacy, dependency, and accountability needs met.

### Balanced Families

DE Just demand it, or ask for it or whatever. If you want something bad enough and there are so many things going on, you have to put in your requests, what you need or want, or it gets lost in the shuffle.

CA You've got to separate your work life, your fun life, your family life and concentrate on where you are and what needs to be done.

KM I do find times I'm not getting what I could but it's more a logistical thing than

anything. I try to take the kids to daycare when I need an extra day for myself. I try to spend some of that day doing things just for me.

TC I get my goodies from taking care of myself instead of taking care of others.

Mid-Range Families

EH I get my needs met through work (unmarried, childless individual). You were taught (by religious order) to be self sufficient in your relationships.

JL It's not my problem, it's their problem. If I walk myself through that, I do better.

I pick my battles. It doesn't wear me out. If it is really important to me, I'll speak up in terms of the job or in terms of life.

MC Making choices. If I try to do everything, that's my choice. It isn't because someone told me to do it.

LA I'm selfish. I'm learning a lot. Taking time for myself. I don't feel guilty about it.

Maybe once, three times a year, I will enjoy a good bout of self pity. I don't feel guilty about it, I really enjoy it. I think awful thoughts and cry away from everybody. I really enjoy it. It's cleansing.

Extreme Families

DD I'm active in my church. That helps. (Husband) lets me work. He's allowing me to meet my needs.

LD I'm not easily offended or defensive so much.

EM I'm taking care of myself a lot better. I can ask for things I need. I can recognize what I need. I can also say, "No" when my boundaries are being broached. I can

figure out what is O.K. and what is not O.K.

ZL I will not be a victim any more. I am a survivor of life. Now I am empowered with my own choices. It's up to me what happens in my life.

RB I do things I like to do, sew.

SJ Taking care of myself is number one. That means setting boundaries. They are very very important to me.

WD I didn't know there was any other way to get my needs met other than as a parent or as a child, but (---) helps me with that.It's an interdependent relationship, not any caretaking. Not smothered at all. It's very affirming.

GL Every decade brings with it certain situations. At this time, I'm finally figuring out about growing up. I'm more comfortable with my self. You get to a point where you accept yourself and when you do, that you can accept what goes on in the world around you. We're all here to learn something. We chose things to do, to become.

MJ I've found people that help me with what I need.

KJ I get a lot of needs met through work.

OE I think I'm asking for things more. I'm still not out of my addictive behavior. I keep working on it. It's real comfortable to fall back into. I'm more aware of it. It's not as comfortable as it used to be.
I don't assume (husband) knows what I want anymore. I am much more willing to tell him.

WB I think I go through stages. Sometimes they're met a lot (needs), and sometimes, they're not. Right now I'm in one of those stages. I'm secondary. I'm putting myself secondary because it's easiest right now.

NS I can ask for what I need. I began doing some readings in the ACOA stuff (Adult Children of Alcoholics). I began to get an awareness that some stuff wasn't normal.

SW I ask. I don't assume. I set limits so I don't get overwhelmed.

These commentaries reflect responses to, "How are you managing to get your own needs met in your own family (of procreation)?" Four nurses avoided answering this question by talking about meeting needs of others within the family of procreation.

## The Work Place

A set of questions concerning the work place was developed to investigate two basic areas: how relationships between patients, co-workers, and physicians are managed and the view of one's self. Are there similarities between how relationships are managed in the family of origin or procreation and those at the work place? What is the view of one's self at the work place?

## Work Place Relationships

Registered nurses experience unique relationships in the course of their work. The nurse-patient relationship involves the registered nurse being "in charge" of an ill individual, or actually, several individuals, some of whom may be gravely ill or

critically ill. He/she is given a set of instructions, known to the respondents as "physician's orders," which are to be carried out exactly as written. During the process of caring for patients, the nurse may need help from his/her colleagues to provide the necessary patient care.

The length of time of the interaction between the nurse and physician may be but a minute or two, or, perhaps a few more minutes, if the nurse is needed to assist the physician in a special procedure or an exam. The length of time the nurse interacts with patients and colleagues may be over an eight, ten or 12 hour period, depending on the length of his/her shift.

Questions delineating the management of relationships and view of one's self were framed to reflect the handling of difficult situations. The level of skill in managing relationships is accentuated with stressful situations which require negotiation, mutual support, and positive communication.

The following commentaries are presented to offer respondents' perceptions of their relationships with physicians, other nurses, and the patients for whom they care. The schema of balanced families, mid-range families and extreme families is continued.

Nurse-Physician Relationships

The question asked of respondents regarding the nurse-physician relationship concerned how nurses handle being "chewed out". Remarks offer insights on how respondents adapt and cope with demanding relationships.

Balanced Families.

TC I feel real bad. When it's not my fault. I tell them that. You must be having a bad day, but if you need to holler at someone, get the right person. I don't take that from anybody and I'm not taking that from you.

KM I'm real sensitive. My feelings get hurt real easily. I think I used to just hide, kind of get over it, didn't stand up for myself. Now, if I've screwed up, I can say that I have and apologize if it's appropriate.

I've never been in a situation here, where I've had to say, "Hey, you're out of line." I'm better than I used to be. I stand my ground. My opinions count whether some one agreed or not.

I was very intimidated by people that had more authority than I did for a lot of years. I had a job that helped me with this. The position helped me learn to be assertive.

That leeriness came from Mother. She was the authority in our family. Growing up with brothers, being the only girl, I was made to feel like a piece of shit.

CA If they were right, they have a right to say that. If they are wrong, I tell them.

He's just a (foreign nationality) male. Women are second class. I got him on the phone and cussed him out and didn't give him a chance to say a word and hung up. If it's anything he hates, it's hearing a woman use the words he uses. We've had a good relationship since then.

DE If he's right then that's the way it goes. If it's not my fault, I'll talk up.

Mid-Range Families.

MS At the immediate time, I kind of turn red and hot and then they leave. I begin thinking, "Wait a minute, what happened here?" But I've gotten better. Most of them I get along with and can tease them. Some of them, it's not worth it.

Yeah, he (surgeon with reputation for being difficult) like humor, but if he thinks you're bullshitting him, he'll nail you. He'll forgive you eventually. The others, maybe that's why I think I need a new job. I don't need to take this. Why am I doing this? But I can pile it on them as much as they pile it on me.

LA I try not to react. I just listen, and I say, "Yeah, I'll try to do something about it. But I don't say much. I go into a shut down. I look at them, kinda listen to them. I'm not quick on my feet. I try not to take it personally.

One of the physicians came up to me and put his arm around me. I didn't know him that well. I told him then, that I don't like it when you do that. I had problems with that. There's something about him that drives me crazy. He said, "Would you talk to me like that if you were wearing a short skirt?" I said, If it takes a short skirt for me to talk to you, it's not worth my time." He drove me crazy for a month. I think he's got big problems. He does have big problems.

SI I don't buy into their anger. I don't get angry back. You can't let him (physician) get you in that position. I protect myself, don't let them get to me. It keeps me sane.

MC Needing to be right, to protect myself. With patients, I can do pretty well. With doctors sometimes I'm a bit more

defensive. I step back, it's not anybody's fault. Shit happens.

EH I have a hard time with physicians. I never seem able to take them on. If I see (surgeon with reputation for being difficult) coming down the hall, I'd just as soon go down the other aisle (laughs). I try to get out of their way. The ignore technique.
I've never had the guts to say anything. I don't know what keeps me from doing that. In nurses' training, we just kept our mouths shut.

Extreme Families.

TM If I need to explain myself I will. If I feel it's easier to say O.K., I will. It depends.
If (surgeon) makes rounds, I let (---) do it. She's sicker than I am. She enables him right along and I can't do that. I can't puppy dog to him.
I get along best with women physicians. I feel more like a colleague with them.

PR Somehow I get bigger than myself and demand human respect. Don't use me as a beating board for some other problem you've got in the hospital. You are going to have to deal with this man to man.

NS It rarely happens. (Getting chewed out.) Confronting staff is harder for me than dealing with a physician.

WB Some doctors are easy to say what's going on and some doctors I'm intimidated by. I'm intimidated by the doctors that are gruff and don't like to listen to me and don't like suggestions. I'll be reticent the next time.

OE I think I've always tried to do what I think they want me to do, and do it the way they want it done. I have not always been as assertive as I've become.

KJ The doctor's all like me. I feel very competent at work, extremely competent, and I think they know that.

MJ It doesn't bother me as much as it used to. Some of the younger guys work with you instead of at you. Being a doctor's wife protects me, I think. I used to be apologetic about it but now I take advantage of it (laughs).

WD One in particular reduces me to a scared little kid that wants to hide under the bed. This doctor, under pressure, becomes very verbally abusive. He cannot handle pressure. When he starts to shout or demand, I'm still going through the motions. Part of me goes and crawls under a bed. I would do most anything to avoid doing a C-Section (Ceasarian Section) or work on a bad baby with him. I've hidden in bathrooms, found somebody else. If I'm being called in, I've intentionally taken a long time so somebody else gets to do it.

My mind goes blank when he starts to shout. I can't even think through a simple thing. After shouting comes physical abuse, sexual abuse.

It really troubles me that I let him do that to me. I've gotten so good at avoidance. I think if I could ever sit him down and say that. I'd really like to do that.

SJ There's times I've gone along with a joke (told by physician), usually when I need to get an order. I'll play a game. Maybe it's not a good idea to do. In reality, I think that's bullshit to have to do that.

I'm realizing I don't have to take these frustrations. I never would have dreamt of doing that before.

RB I don't let it bother me. I figure they've got problems too. They must be having a bad day.

ZL In the past I'd quiver and shake. I'd think, "Oh shit." Now, I do not allow myself to be walked over like I used to. There are times when I will chose to ignore it.

I used to really flog myself, I was the dummy. It was my responsibility. Now I can choose. I don't flog myself for it. It's my

own conscious choice rather than it's being a reaction. I don't swallow the hook any more.

EM Now, I'm usually able to put it in perspective and say what I need to say to them. This is not my problem. I don't always do it, if I'm caught off guard. Sometimes I take on the shame.

DD Well, I get upset. If it's something that I did, that I know is wrong, then I feel bad about it. If it is something that they are upset about in general, I don't see it as an attack on me. They're letting off steam inappropriately and that's their problem.

Nurse-Patient Relationships

The manner in which an individual relates to others may change when he/she become ill. There may be an increased sense of dependency. Embarrassment due to bodily functions that are out of control may be present. Pain may cause patience to wear thin. What ever the cause, there is increased stress placed on relationships.

The hospital nurse deals with these stresses on an ongoing basis. The ensuing commentaries provide an account of how nurses manage their relationships with patients during this difficult time.

Balanced Families.

DE there are patients that get under your skin and I just try to put up with it for the few hours I'm with them. Otherwise, I have some control over their actions and my actions and I try to exert a little control over that.

KM Now, I try to set limits with them. I let myself get pushed to a point because I'm pretty nurturing. I try to see what it is that's making them be that way.

TC They usually are afraid. They don't want to be left (during labor), they don't understand what's happening. I try to get them to do things for themselves.

EH I'd confront them. (Patient telling off color story.) If a doctor did that I would try to move away from the scene.

JL I've learned that the patient is being obnoxious for a reason. If I'm going to be the whipping boy for that patient, then there's probably nothing I can do about it except get out of there or ask what's the matter with them.

I had a urinal thrown at me one time. This guy had asked for something and it didn't get done. You learn that if you are going to do something for a patient, you need to do it.

LA I try to avoid them, and sometimes I egg them on. I'm not too therapeutic in this area. Depends on the patient. If I understand what they're doing, then I can deal with it. If I don't know where it's coming from.... I can't sit down and say, "What's this about?"

<u>Extreme Families.</u>

DD I try to kill them with kindness. For most of them it helps. You've given them what they want, you've given them your attention.

EM It's been within the last few months that I just take it in stride. I don't try to please them all the time. I tell them what my boundaries are.

ZL If they are not confused, I will be up front with them and tell them I don't like the off color stuff. That's offensive to me.

I establish limits to limit how much abuse I take.

RB I try to set limits with them. Just do your stuff and come to the desk and laugh about it. There really isn't anything else to do. They're (pediatric patients) not ours and they're only here for a little while. You can do anything for a short term.

SJ It's not my fault when patients are noncompliant. I've gone from being very responsible, trying to control, to later realizing that's none of my business. I have no control over it anyway. I'm exerting a lot of energy that's going nowhere. No wonder I felt drained when I went home. No wonder I had no time for a relationship at home.

WD I handle patients, I can confront them better than I used to.

GL That's probably one of the more difficult things for me to do. I'm not sure where that comes from and it's something about me that I don't like. My anger comes up. If they are aggressive and angry, that triggers my anger. I get sucked into that anger. It's totally worthless. It's one of the things in me that I like the least. Anger has always been one of the hardest emotions for me to deal with.

MJ It depends. I'm fairly moody. Sometimes I ignore them, sometimes I sedate them. Sometimes patients bug me more when I work night shift. The thing that my patients suffer some measure of is my apathy more than my anger. I think my anger comes out at my family.

OE I recognize that they are not going to be there very long. As long as I can get this and this done, they are out the door, and I don't have to deal with them anymore. I can't say that I like dealing with alcoholics, drunks, but, some of it, you kind of laugh at and do the best you can with what you've got and hope it will be a short term relationship. Most people are grateful, they

appreciate being taken care of. You get some perks back from that. You do make a difference.

WB A patient called me a mother (---). I handled that very poorly and I was mad at myself that I didn't tell him what he could and could not say to me. I should have told him that he couldn't use that kind of language. I usually do that. Retrospect makes it easier.

NS I just listen to them, try to find out where the anger's coming from. The verbal stuff doesn't bother me. It really isn't directed at me.

Co-worker Relationships

Nurses, at the institution where this study was done, have known each other for substantial amounts of time. There is little turnover and most nurses continue to work in a particular area of the hospital for lengthy periods. There has been ample time for the respondents to negotiate relationships at work. The following commentaries are offered to illustrate how co-worker relationships are handled.

Balanced Families.

TC I was offered charge, but I guess I don't want to be the person that has to tell the person to not do what they are doing.

KM It's a cop out not to address what's not going well.

CA It's part of what I want to get away from. It gets worse and worse. The 3-11 shift has never been part of the group and never will be. I just watch and sit back. I'm sitting back now because I know I won't have long to put up with it. (Will be

retiring soon.) Used to be I got angry and it isn't worth it.

DE The personality conflicts are always there. I don't always understand it at times.

Mid-Range Families.

LA I know she didn't have a good upbringing and doesn't have a good life now. I don't want to send her "over the edge". I'm not going to contribute to her problems. I just sit back. I don't want to hurt anyone.

EH The staff is great. The administration is different. I ignore it.

Extreme Families.

TM Work is real good right now. If the boss is happy, everybody else is happy. We've learned to see the signs and anticipate. We've learned to play it safe.

NS Confronting staff is harder for me than dealing with a physician. I always try to listen to the staff person.

WB I like to be listened to. I like people to ask my opinion and I like to give it.

OE There are times when I wonder what the hell I'm doing there and why I stay there. I keep telling myself that I can't be all things to all people. I try to protect myself as much as I can.

KJ I'm actually confronting things instead of assuming it's me and hiding.

WD I've set up my co-workers as my family. I love them. I care about them. I need to be with them. I feel like I really belong with them.

SJ It used to bug the crap out of me (observing co-dependent nurses). I'd tell

them to go read this book. But I realized that's their business.

EM I'm learning to ask for help at work, when I need help, where I didn't before. I've learned what I can do by myself and what I can't.

## View of One's Self in the Work Place

Is there a difference between how nurses perceived themselves within their families of origin and how they perceived themselves in the workplace?

To examine this issue, participants were asked, "When you make a mistake, what are you likely to say to yourself or what do you feel like doing?" Processes for dealing with individuals' perceptions around this issue are presented below.

### Balanced Families.

DE Oh you fool. I feel terrible. I carry it in here (touches chest over her heart) for long time. I can think of mistakes I made years and years ago. I don't think they'll ever leave me. You remember them and I think, "How could I have done that."

I'll say, "I'll never do a mistake again, and the next fifteen minutes something happens and I go, "Oooooohhhhhhhh." They just hurt. Then I think, "I'm not a perfectionist in myself." Sometimes I get a little low with it.

KM I'm still pretty good at beating myself up for things. But then I'm able to look back in retrospect and say, "Hey, this is one of those things. You didn't know any better or you screwed up."

Mid-Range Families.

EH I feel like the lowest person in the world. It just passes. I triple check everything. "You will do no harm." That stayed in my brain.

JL I feel bad inside, but I've always admitted it. Or I think I always admit it. If someone perceives it as a mistake, but I don't think it's a mistake, then I won't admit it. If it's a medication error, etc., I just go back and say, "I screwed up."

MC It starts out with. "Why did you do that. That was so stupid." I sit myself down and work through it. What could you do, not doing blame either. Maybe you could learn from this. What could you do anything about? What could you not do something about?

SI Most of the time I try to be real up front. I'm human, I made a mistake, but boy, I won't make that mistake again. I view it as a learning experience.

LA I feel bad about it, then try to correct it and I'll ruminate on it, and then pretty soon it goes in the back of my mind.
I self talk constantly. I call myself an idiot occasionally. I don't mean it in a down way. I rarely make myself feel like a piece of shit.

MS It's that Catholic thing. Feel really guilty. You have to have guilt to live in this world. I'm not saying that it runs your life like my sister (---), but if we didn't feel guilt, nobody would ever change their ways. You have to have some feelings of guilt, or remorse, in order to change things in the world.

Extreme Families.

DD I try to make it a learning experience. I'm not going to flog myself too terribly long over it. So far I've never

done anything that's been horrendously stupid.

LD I would work so hard to do it perfectly that wouldn't happen.

EM Most of the time now, I don't consider it a mistake. I just consider it a learning experience. I tell myself that I don't want to do it that way again the next time. Sometimes I say, "Oh you dummy." I've learned that's real destructive.

ZL I get a real pit in my stomach. Like, "Oh, shit." Everything's falling out, a total disaster. There's physical sensations there. I feel like I want to fall through a hole in the floor and cover up. But there's the awareness that that's not going to happen. I talk myself out of it and just go on.

RB Oh, well, it won't happen again. I double check more with kids. I'm pretty methodical when it comes to patient care.

SJ I used to pretend I didn't make them. I can't believe I did that. That was such a stupid thing. I don't think I ever got out of that. Because I wouldn't admit it at work. I'd make excuses. It was just defensiveness. I wouldn't back down.

I back down on mistakes now. I am human. Indirectly, the therapy probably helped.

WD I'm terrible. I make this enormous production out of it. I'm getting better but I just want to go full blown. It used to be a compulsion. I talked about it, compulsively, to too many people.

I could not allow myself to make a mistake. It was horrible. Nobody's ever done something this bad. My mistakes are so very much worse than any one elses. Very grandiose. Telling the story often enough would take away the tension, then I would feel very stupid, foolish. All those people didn't need to know.

GL It depends on what it was. I do get down on myself. On a chaotic day I say, "Thank God" I didn't do worse, make a bigger mistake. I kind of rationalize my way through it. Shit happens. I don't tell myself I'm stupid or I'm a bad person. I don't carry it around with me. I don't bring it home.

MJ I'd feel pretty bad. Before I would not tell anybody. I was dangerous. I was so insecure that I could not accept honesty, where, as now, I can. I very seldom make the same mistake twice. I don't know if its conditioning, Pavlov's dogs. I tell myself that was pretty dumb sometimes. I get past it by verbalizing it with someone else. If I really screw up, I have this compulsion that I have to tell somebody. I think it helps to share. I've found people that give me what I need.

KJ I rarely make a mistake, and when I do, I beat myself up. But then I think, "In the broad spectrum of life, what difference is this going to make?"

OE I berate myself. It's hard for me to admit that I made a mistake, but I am more willing to do that than I have in the past. It's easier for me to say I screwed up as I've gotten healthier.

WB I usually share it with somebody. I try to laugh at myself and not take it too seriously. When it's not a big mistake.

I did make a grave error which set me back a long ways emotionally. It was hard for me to deal with that. I couldn't think about anything else. I beat myself all over for that one. I talked to doctors. The patient died, probably not from what I did, but a part of me thinks I contributed to it. I didn't try to laugh that one off. I was very hard on myself. I was ready to get into a different field.

NS I sometimes get embarrassed. I was overwhelmed. I felt so stupid. I beat myself up. The way the physician responded

to me helped. I use it as a learning experience.

CH I've always admitted it. I feel bad about it, but yet, try to make sure I don't do it again.

PR I hate making mistakes, oh I hate making mistakes. I am the lowest person in the world. I think I am unworthy of living. It's been tough getting myself out of that. A lot of times it's by nonparticipation, noncommitment, avoidance.

TM I tell everybody. I don't cover up. Holy shit, look what I did, I can't believe I did this. Then I beat myself up. Luckily, I don't make too many mistakes.

## Coping

Respondents devised methods of coping with their families of origin to deal with stresses experienced within their family systems. The work place is a system of its own, probably not too different from a family of origin. Again, respondents have developed ways of coping with stresses experienced in their work place. Presented are some methods of coping.

### Balanced Families

KM If it's something real important, I try to make a commitment to work on it. You have to decide what it is you want to make your battle.

TC You have to take care of yourself. You have to speak up for yourself.

CA I'm sitting back now because I know I won't have long to put up with it. (Retirement is imminent.)

Before, I used to share with (husband). He helped me gain a better perspective.

DE I can walk away from it. I'm not going to stay until four in the morning. I'll turn it over to someone else. I can relinquish responsibility.
(Husband) helps me. He listens to me.

Mid-Range Families

MS I get my needs met. It's a great social outlet for me. I get satisfaction from my job. It's fun.

LA I got off the floor because I developed an allergy to Latex.
I like this (new assignment) because I can get back with patients. I like that contact. It's a very positive thing. I like seeing different types of people. People are really interesting.

SI (Husband) is pretty special (smiles). He helps me to look at a problem. We can talk about it and I can kind of let go of things.
MC I believe in the process of self help. When you learn something and then you share what you learned with other people, you have to turn it around and look at yourself. Am I doing what I'm telling them to do?

JL He (husband) helps me a lot. I'd go home a wreck and he'd say, "Just don't take that crap." He helped me develop confidence.

EH Ignore is comfortable for me.

Extreme Families

PR I have slowly been taking the credentials I have as my own. That's the worst thing I've done in my life, is to look in the mirror and say, "You are becoming, I wouldn't say good, but an O.K. nurse." It's been painful. It's hard for me to listen to good things being said about me.

NS I'm not someone that needs to feel important from work. If I want something, I just do it. I don't depend on other people for my happiness. I've realized that if I wait for others, it won't happen. I see some people that are so angry who have come from crazy families that they never get beyond the blaming. I don't want to be that way when I'm 68.

WB For the most part, the patients are delightful. And it's not all me giving to them. I get so much from the patients. I don't think of it as selfless at all.

OE I think it's come about because as I've gotten older, I know what I know. I know when I'm right. I try different ways of approaching people, but I'm more comfortable with myself when I know what I'm doing.

There's also a facade of being a manager. There's an expectation of how you behave. So I swallow my insecurities (respondent has eating disorder) and put on this face of, "I'm in control here" and this is my expectation.

I think there is a lot of me that's an imposter. I feel like I have several faces that I put out to the world. I don't know what the real one is.

I have a difficult time with having personal relationships. It is difficult for me to have a true friend that I can say a lot to because I'm always afraid of what power that gives somebody else over me. A huge part of me is very insecure.

GL I take a realistic view, a rational approach. It helps me cope.

Let's compromise. You have to be flexible. If you're rigid, you're going to snap, you'll break. That's what rigidity leads to.

If you can figure out what makes you tick, you can incorporate that into all aspects of your life.

WD Things are going fine for me at work. I don't have a lot of professional ambition. I like doing just exactly what I'm doing now, caretaking in a healthy way.

SJ I feel like I'm on top of the world now as far as work, marriage, being a mother.
I don't know what to do about (---) (difficult physician) but I'm doing something. I can go to (husband) and he listens.

ZL I have a right to be me. With that right comes the right to grow and change.
It's O.K. to be honest with feelings and share them. I've never had that right before. I feel like a new person. I can't believe I'm approaching 50. I feel like I'm 20. I've been given the gift of a whole other life.

EM I realize I need to ask for time off so I don't get burned out.

LD I want to learn what it is that keeps burning me out. I don't think that's healthy (being burned out).
I don't know where it's safe. I haven't learned where safety begins and being burned out begins.
Maybe I'm improving a little. It's going to be a life long learning process.

DD I've done a lot of reading on my own dealing with myths of (religion) perfectionism. It's given me freedom to deal with my family of origin, my own family, and work.

This concludes the presentation of findings.

# CHAPTER FIVE

## CONCLUSIONS

The power of the family of origin cannot be denied. The influence of this power is immense. It encompasses vast areas of the lives of family members. Registered nurses are not exempted from this concept.

The purpose of this research was to explore nurses' perceptions of their families of origin and how these perceptions may have contributed to their abilities to remain in and tolerate abusive or adverse working conditions or both. The question to be researched examined the possibility that individuals with shame prone identities fulfill their unmet needs by working in the caretaking environments found in acute care facilities. More specifically is there a connection between how individuals experience their families of origin and their ability to tolerate and endure abusive relationships or adverse work conditions or both?

A qualitative study was designed to explore nurses' perceptions of their families of origin. An ethnographic interview consisting of questions

concerning family of origin, family of procreation, and the workplace was conducted combined with construction of respondents' genograms. Twenty-eight registered nurses were selected via quota sampling from the work force of a midsize acute care facility located in a larger Montana city.

Transcripts were made of the interviews. A dBaseIII data computer program was used to aid the analysis of responses to explore the dimensions of Olson's Circumplex Model. Responses provided a window to how families of origin managed adaptability, cohesion, and communication. Then, tenets of Harper and Hoopes Affirmation Triangle Model were applied to these assessments to determine the presence of shame.

The Affirmation Triangle Model was used to determine whether the intimacy, dependency, and accountability needs of members of family systems were met. Affirmations, the experience of being confirmed and recognized by others, make possible the opportunity to have family members' needs met. Congruency of affirmations, between sender and receiver, over time, creates an environment for individuals in family systems to feel that their being is of value.

The following examples are offered to provide particular examples of intimacy, accountability and dependency affirmations. Appropriate touch, hugs,

kisses, and "I love you's" are positive affirmations for intimacy.

When parents establish rules and children obey them, the children are being accountable to their parents. Children expect parents to follow similar standards. Parents are modeling accountability for their children when they meet their childrens' expectations. Parents affirm the worth of their children when they are accountable.

Children rely on their parents for assistance. Parents must accept their children's need for help. When parents are dependable, children realize they are unique, persons of worth. A sense of the world's being a safe place develops when dependency needs are met. Meeting the intimacy, accountability and dependency needs of individuals in the family system creates opportunities for development of healthy identities.

Family systems that are able to meet the needs of its members have individuals who, when they experience shame, find that experience to be an opportunity to learn about limits and boundaries necessary for healthy relationships. Family systems that are unable to meet one, two, or all of the needs represented by the Affirmation Triangle produce an interactive environment

in which its members are susceptible to developing shame prone identities.

To answer these questions, the findings presented in Chapter Four offer suggestions that provided insights as to how nurses accomplish their professional activities, some of which may be considered to be in an adverse or abusive environment. The family systems examined in this study have been categorized into three levels using parameters from Olson's Model. Balanced, mid-range and extreme family systems provided varying levels of success for meeting the accountability, dependency, and intimacy needs of their family members.

## Intimacy

Opportunities for intimacy are best addressed by examining cohesion dimensions of Olson's Circumplex Model. In this study, balanced family systems showed the greatest propensity for cohesion. Time spent together, which provided opportunities for emotional closeness, varies among the three levels of family systems. Working on the farm, prayer groups, and Sunday jaunts were some examples balanced and mid-range families used to furnish occasions for family time. Extreme family systems provided fewer opportunities for togetherness.

Balanced Family Systems

The four marital dyads of balanced families had satisfactory marital and parental relationships. Relationships in the sibling subsystem were essentially supportive and congenial.

Parents provided opportunities for togetherness in these families such as evening prayer groups, family camping, and skiing trips. Common goals were established working on the family farm. The parents established an atmosphere that made arduous work acceptable and the children, in turn, affirmed the parents work ethic by contributing to the work needs of the family.

Spending time together provided opportunities for emotional closeness. Commentaries reflected sharing of good times and a sense of the enjoyment of each others' company pervades respondents' perceptions. These experiences created an accepting environment for individuals in balanced family systems.

Feeling accepted is an affirming experience which develops a sense of worth in the individual. Individuals with a sense of being are valued for who they are. They are not likely to develop a shame prone identity.

Mid-Range Families

Family systems within the mid-range exhibited varying levels of success regarding affirmation processes involving intimacy. Four of the six families in the mid-range family systems had a variety of events which tended to disrupt relationships in the marital dyad. Early death of a spouse, for one respondent, and alcoholic spouses for other respondents, influenced the quality of the marital dyads. Two individuals had parents which they described as meshing well.

Time spent together is not as apparent in four families as it was with balanced families. Two individuals were members of the same family of 14. This family did endeavor to have family activities. The father was always present at breakfast and supper meals. The children were heavily involved in the family farm.

Relationships in the other four families varied from over involvement of mothers to absent parents. Two mothers and one father developed very close relationships with their children through time spent together. One daughter spent large amounts of time working in the family store. Another individual's mother, whose husband was alcoholic, developed a close relationship with her daughter, meeting all her needs. A socially active mother, who was often absent from her

children, hired a nanny to care for her children. A father, whose wife managed the marital relationship by trying to control everything he did, developed a close relationship with his daughter. She viewed herself as the son until her brother was born. Then, her relationship with her father changed as her father became more involved with the son. Two individuals were incested by a brother when they were five and six years old.

Disruptive events occurring in the marital dyad and sibling dyads influenced processes of cohesion and how individuals experienced positive affirmations regarding intimacy. The alcoholism of two husbands and premature death of another husband altered intimacy for three marital dyads. Intimacy was altered in two individuals due to sibling incest. Another couple lost their parents when they were very young. They were raised by older siblings or an aunt. If marital and parental relationships were not modeled for them, how could they be expected to model this for their children?

To a certain degree, the individuals interviewed developed a sense of worth because of the attention supplied by one parent, or, a nanny, in the case of one individual. However, lower levels of cohesion and the

lack of affirmation from the missing parent, whether through death, alcoholism, or over involvement with work or social activities made it difficult for the family to ensure affirmation processes for intimacy.

This deficiency created confusion about the worth of the individual which may have caused some degree of shame proneness for those involved. Closer examination of these relationships may uncover adaptive attempts used by interviewees to meet intimacy needs thereby reducing the possibility of developing shame.

One individual repeatedly assumed the responsibility of retrieving her father from the bar when he was too inebriated to make it home on his own. Being helpful was the perception that gave her a sense of sharing a relationship with her alcoholic father. Thus, she was able have her intimacy needs met, albeit inappropriately.

Another individual, whose father was alcoholic, created a perception of him, that, in her mind, excused him from not meeting her intimacy needs. She said that he had a "bit of a drinking problem" but "he does the best he can." Her use of denial about her father's inability to share emotional closeness creates an inappropriate and
ineffective method of protecting herself from shame.

Extreme Family Systems

The marital dyads in this group were greatly challenged as they attempted to manage their marital and parent-child relationships necessary for creating and overseeing a family. Extreme family systems had great difficulty meeting intimacy needs of its members. Analysis of commentaries revealed time spent together and sharing common goals and interests was an infrequent event in extreme family systems.

Numerous events altered marital relationships which, in turn, affected parental relationships in families. Relationships in sibling subsystems were affected by parental hostility, alcoholism, and drug usage by parents or children or both. Some individuals received messages from parents that refuted their being when their parents told them that they wished their children hadn't been born. Another individual endured two or three days of silence when her mother was angry with her.

Commentaries of individuals from extreme family systems illustrate chaotic family environments. Chaos was created for two respondents whose parents both were alcoholic. Two other individuals endured the confusion created by their fathers' overt affairs. It was difficult for them to understand why their fathers were not being husbands to their wives. They felt abandoned

by their fathers when these men married the women with whom they were conducting the extra marital relationships. Four other respondents had parents who divorced. Two of their mothers were married and divorced three and four times. Two individuals were the focus of parental intimacy when they were incested by their fathers.

Unusual events occurred in the lives of two individuals. The father of one respondent escaped death because he switched shifts at work. A mining disaster killed 77 co-workers. He had to retrieve his dead co-workers. His daughter wonders about the effect of this traumatic event upon her father. Another individual was in the Alaska earthquake. The building she was in and one other building were the only two left standing. She was sent to another state to live with relatives for a while.

Perceptions of respondents painted a picture of unmet intimacy needs within marital dyads. Marital dyads managed anxiety, created by intimacy, with anger, affairs, alcoholism, absenteeism, scapegoating, and incest. Respondents did not see their parents showing affection towards each other or giving and receiving messages such as, "I love you."

Anxiety created by emotional closeness in parent-child relationships was managed with difficulty or inappropriately. Twelve respondents described their mothers as controlling and two individuals said the same thing about their fathers. Controlling their children served to manage anxiety created by emotional closeness in the parent-child subsystem. One individual talks about her father giving her and her siblings the cold shoulder when he was angry with them. Four mothers were unavailable through their alcoholism, chronic depression, or chronic illness.

Management of intimacy was altered by blurred interpersonal boundaries. Two fathers crossed subsystem boundaries when they became sexually involved with their daughters. Mothers blurred parent-child boundaries through attempting to control every facet of their childrens' lives.

The intimacy needs of individuals in extreme families went largely unmet. A variety of coping skills were used by respondents in hopes of developing opportunities for emotional closeness. Some individuals used coping methods that reduced the discomfort of not having intimacy needs met and to develop a sense of worth.

Respondents talk about being compliant, trying to be perfect, taking care of their parents, working hard,

assuming care of their siblings, and attention getting behaviors as ways of spending time with their parents in an effort to be close to their parents. Other individuals, in order to cope with the pain from feeling shamed due to unmet intimacy needs, "stuffed their feelings". Two individuals developed bulimia, another anorexia, and a fourth was an overeater. Two individuals mention beginning to drink at an early age.

## Accountability

Not unexpectedly, the ability of members of family systems to be responsible for their behaviors toward others and to themselves reflects varying degrees of success depending upon the range in which the family system falls. Conclusions regarding accountability follow.

### Balanced Families

Members in these family systems demonstrated responsibility for their own behaviors and behaviors to each other. Discipline was meted out fairly. There were no commentaries reflecting blaming, scapegoating, or rebelliousness in balanced family systems.

Accountability needs of all individuals appeared to be met within the family systems classified in the

balanced family range. Commentaries reflected that their parents expected their children to obey family rules. In turn, parents met their children's expectations of maintaining family standards. Children's input regarding family standards and values was honored. Children felt as though they were being treated fairly in these families. They felt valued and loved.

The consistency with which individuals were accountable in balanced family systems provided few or no opportunities for shame to be induced in family members. Commentaries do not reflect the presence of shame in individuals of balanced families regarding accountability.

Mid-Range Family Systems

Examination of commentaries of individuals in mid-range families reveals some difficulty amongst family members in meeting needs of accountability. In four of the marital dyads, there was a certain lack of balance which created a degree of incongruence in the management of accountability needs in these family systems. The disruptive events, mentioned in the discussion of the meeting of intimacy needs, exert disorganizing influences as family members attempt to be accountable. One alcoholic father relied upon his

daughter to take care of him when he couldn't make it home on his own. An alcoholic husband relied upon his wife to provide a steady income for his family. A mother abrogated her parenting duties by hiring a nanny to care for her children.

These parents did not set standards of acceptable conduct. The lack of modeling of acceptable standards left individuals confused about authority, without the skills to negotiate power, and without skills to establish standards of behavior when they were older. Individuals interviewed seemed to struggle with loyalty toward parents who were not accountable. Those interviewed, whose parents were not accountable, seemed more likely to feel worthless which was shame inducing. One dynamic which seemed to prevail, in mid-range families, was the presence of an over responsible parent with the other parent under responsible, i.e., not accountable. Many of those interviewed, who indicated the presence of an unaccountable parent, seemed quite willing to create an acceptable perception of this parent. This perception served as a way to feel less uncomfortable from accountability needs unmet by the under responsible parent. These children assumed some of the responsibilities of the unaccountable parent. Attempting to assume the

accountability for the under responsible parent placed burdens upon those respondents that were beyond their abilities, as children, to handle appropriately. The inability to accomplish the tasks involved in the area of accountability and the incongruency modeled by their parents provide opportunities for individuals to be shame prone.

Individuals in mid-range family systems used some of the same coping techniques used to have accountability needs met as they did in an attempt to have intimacy needs met.

Two individuals were extremely accountable, being sure to do everything as they should. Since the alcoholic fathers were not accountable to their wives, the daughters stepped into the breach, and filled the gap for their mothers. They were as helpful as they could be to make up for the fathers' absences and lack of responsibility. This technique, albeit maladaptive, created some degree of worth for the children which helped to diminish the development of a shame prone identity.

Extreme Family Systems

Review of commentaries for individuals in extreme family systems revealed accountability to be missing. The manner in which marital dyads conducted their

relationships disrupted the meeting of their own accountability needs as well as those of their children. The events related in the discussion of intimacy continue to be disruptive to management of accountability needs in family systems.

Adulterous husbands were not accountable to their wives or children, nor were alcoholic husbands. Three fathers, who were over involved with work, had little or no time to be accountable for their family. Their perception of accountability may have been that being fiscally responsible for the family was a way to be accountable to their families. Incesting fathers did not take responsibility for their behaviors towards their wives or daughters. Marital partners did not accept responsibility for the difficulties in their relationship nor did they accept responsibility of difficulties present in parent-child relationships. Twelve mothers and two fathers used control to enforce unobtainable expectations. Respondents talked about harsh discipline such as belts, coat hangers, slaps across the face, silence, name calling, and being beaten up. Communications were comprised of critical messages.

Parents accommodated their unmet needs by blaming or scapegoating one or more children in the family system. Children accommodated lack of parental

accountability through a variety of behaviors. Sixteen of the 18 respondents in this group coped with the lack of parental accountability by assuming the responsibility of being accountable in the parent-child relationship. These parentified individuals became the caretakers for their siblings, and in families with depressed, chronically ill, or alcoholic mothers, the caretakers for their parents.

Methods of relationship management within the marital dyad and the parent-child relationship provided no opportunities for accountability needs to be met in healthy ways resulting in shame for individuals in those systems.

Parentification was excellent training for developing accountability skills. Parentification, as a way of being inappropriately responsible, was an acceptable method of dealing with the shame experience caused by unmet accountability needs.

## Dependency

The success of having dependency needs satisfactorily met varied within the three described ranges of family systems. The following conclusions concerning dependency are offered.

Balanced Family Systems

Experiences, provided in balanced family systems, created an environment in which children knew they could rely upon their parents. Perceptions of respondents revealed these individuals felt supported by their parents and siblings. Commentaries reflect family activities were done as a team. Dependency skills learned in the family of origin appear to have been carried into adulthood for balanced family members as illustrated by their comments.

Parents were consistent in supporting each other. Parents modeled dependency behaviors, primarily through demonstrating a work ethic, as they managed the family farm or business. Consistent dependability provided an atmosphere for dependency needs to be met by all members of these family systems. The shame experience was not manifested because dependency needs of family members were met.

Mid-Range Family Systems

There were varying ways in which dependency was positively affirmed for these individuals. The wife of one of the alcoholic men focused all her energies on her children, meeting all their needs. The wife of the second alcoholic husband proved her dependability by

buying and managing a business so that there would be a reliable source of income.

Another mother hired a caretaker for her children. Although the mother abrogated her role as provider of meeting her childrens' dependency needs, there was a responsible adult to accomplish meeting those needs.

One respondent had her dependency needs met by her father who "was really wrapped up in us kids." The two remaining respondents, from a large family, figured ways to get a "little extra attention". They related that if one of the kids was sick, Mom would spend a little extra time with that child, so they would fake being sick. Neither respondent rues the experience of growing up in a large family.

Events, mentioned earlier, that affected the marital dyads of mid-range families, created an inequality in the relationship which altered the meeting of dependency needs within the family system. The over responsible-under responsible parental relationship usually placed the responsibility of meeting dependency needs on the mother.

There may have been a sense of worthlessness for some of these respondents. Mom was there for me, but why didn't Dad pay attention to me? Not having dependency needs met by fathers provided an opportunity for shaming experience to be present in the

father-daughter relationship. This experience may make these individuals wonder if men are capable of being dependable. Does this experience offer an explanation for one individual who never married, and another who married only after leaving a Catholic order? Both individuals are or have been members of a religious order. Perhaps the structure and permanency of the religious order provided reliable means for dependency needs to be fulfilled.

Extreme Family Systems

The affirmation processes for meeting dependency needs was reversed in extreme families. Perceptions revealed that parents were not dependable. Events within extreme families created situations in which parents were not dependable. These events, such as divorce and alcoholism have been noted in earlier discussions. Disruptions of the marital dyad, because of these events, made the meeting of dependency needs difficult. Mothers whose husbands were having affairs depended upon their daughters to meet their intimacy needs. Single mothers depended upon their children to take care of younger siblings. Daughters could not depend upon mothers who were unable or unwilling to protect them from incesting fathers. Fathers were unable to protect their children from controlling

mothers. Mothers did not or could not protect their children from physical abuse perpetrated by fathers. In fact, some mothers perpetuated the abuse by assigning the father the role of disciplinarian.

There is no sense of dependency needs being met in extreme families. The marital dyad was unable to meet each others' needs much less the needs of their children. Absent for these individuals was a sense that the world is a safe place. There is no set of moral values upon which the children can depend. There is no parental instruction as to how individuals are supposed to relate to each other. When dependency needs go unmet, the issue of trust gets raised. In extreme families, the adults don't trust each other; the children don't trust the adults. Children living in such an environment feel insecure. They perceive themselves as flawed. Something must be wrong with me or mom and dad would take care of me. Such an environment is ripe for the development of shame in individuals who live in such a family system.

Once again, there is a strong current of caretaking done by children in these families. Parentification served as a means for achieving acceptance or being of value in these family systems. They felt needed by parents and learned responsibility.

## Shame Prone Family Systems

The three ranges of family systems were reviewed to see how relationships were managed and how this influenced whether individuals within a certain type of family system developed a shame prone identity or if the family system was identified as a shame prone family system.

The marital dyad is the core and driving force of a family system. The ability of the dyad to give and receive positive affirmations in the three areas establishes an environment that does not induce shame in each other or other family members (Harper & Hoopes, 1990). The three areas are: accountability, i.e., being responsible for their behavior to each other and others in the family system, as well as their behavior to themselves; dependability, i.e., assisting each other and others in the family system as needed; and intimacy, i.e., feelings of emotional closeness with each other and others in the family system. The marital dyad provides an environment and skills for modeling affirming relationships for their children and significant others when they provide positive affirmations of intimacy, dependency, and accountability for each other. Managing relationships

using positive affirmation processes creates family systems free of shame (Harper & Hoopes, 1990).

Balanced Family Systems

Positive affirmation processes for intimacy, accountability, and dependency were present in the four balanced family systems of this sample. Perceptions did not reflect shame prone identities in these families. In the balanced families, it appeared that positive communications skills facilitated adaptability and cohesion in the family system, creating an environment for family members to have their needs met. As a result, individuals interviewed showed no evidence of having shame prone identities.

Mid-Range Family Systems

Perceptions of individuals who were members of mid-range family systems reflect the systems' attempts to meet the intimacy, accountability, and dependency needs of its individuals. A variety of events proved disruptive to the marital relationship. This, in turn, significantly influenced parent-child relationships. Basic needs of individuals were met, to a certain degree, but, the manner in which affirmations were provided were incongruent due to management of the marital relationship, and in one case, the relationships in the sibling subsystem.

Family systems were most challenged by affirmation processes involving meeting of intimacy needs. Commentaries reflected little genuine affection was given or received. There was minimal sharing of intimate thoughts, wants, and dreams, and little, if any, appropriate touch.

Interpersonal boundaries were blurred when two respondents were incested. Controlling mothers dominated their children. Absent fathers weren't around enough to have opportunities to provide affirmation processes, not only for intimacy, but accountability and dependency as well.

Most respondents, in this group, have managed to develop coping skills to deal with events they found shaming due to lack of positive affirmations in the area of intimacy. With the exception of one nurse's "ignore technique," increased assertiveness has enabled individuals to have stronger personal boundaries through which individuals who interact through controlling are better managed. Individuals in mid-range families have developed a sense of self worth that contributes to their ability to make specific requests to have their own intimacy, accountability and dependency needs met.

Extreme Family Systems

Commentaries of members of extreme family systems reflect negative affirmations regarding intimacy, dependency, and accountability. Harper and Hoopes have identified six family systems as being totally shame prone. All respondents in this group belonged to one of those families identified and described in Chapter Two.

These families failed to provide an environment in which intimacy, dependency, and accountability needs were met. Interactive patterns of relationship, in families of origin, were disrupted by alcoholism, incest, chronic illness, depression, divorce, etc. Frequent criticism, harsh discipline, poverty, spousal anger, parental anger, and inconsistency created a world that was reported as unpleasant for respondents.

The overwhelming feeling for individuals who were raised in family systems with shame prone identities was a sense of being flawed, worthless, or defective. Self concepts discussed in the context of family of origin and commentaries responding to "What happens to you when you make a mistake," reflect individuals with shame prone identities.

Individuals in these systems created ways to manage relationships to cope with the shaming processes

in their families of origin. Seven individuals were fortunate enough to have an extended family member to provide positive affirmations to partially offset negative affirmations experienced in the family of origin.

To deal with a sense of worthlessness or a sense of being flawed, or both, respondents developed several coping techniques which had lasting effects on their adult lives. Six individuals developed eating disorders to cover the sense of worthlessness. Fifteen individuals showed signs of parentification by caretaking of their siblings or parents. These children were given responsibilities that would be more appropriate for the adults in the family (Harper and Hoopes, 1990). Parentification was instrumental in providing a means to feel valued. The process of parentification had secondary benefits. A sense of responsibility was created because parents relied on the child to take care of his/her siblings and the siblings relied on an older brother or sister, if available, to take care of them. Methods of relationship management and coping skills learned in balanced, mid-range, and extreme families have served these individuals well in their profession as registered nurse.

## Impact of Family of Origin on Nurses' Work Experience

Families of origin provided an excellent training ground for registered nurses to endure abusive and adverse working conditions found in an acute care setting. This training provided nurses with skills to meet the demands required for routine patient care and unexpected events which occur in an acute care facility. Interactive relationship patterns learned in the family of origin are carried into the work place. Coping mechanisms learned in the family of origin to deal with unmet needs are brought into the work place as are self concepts.

Most of the nurses experienced enmeshment, controlling adults, parentification, lack of mutual support, and chaotic environments in their families of origin. It appears that experiences working as a registered nurse in an acute care facility parallel experiences encountered in the family of origin. Nurses do not leave their shame prone identities at the door of their workplace. That identity is an integral part of their work experiences.

Twenty-four individuals were members of family systems that had blurred interpersonal boundaries. Nurses deal with their patients on physically and

emotionally intimate levels while providing patient care. To provide such care, the nurse-patient relationship must mutually ignore personal boundaries. Nurses express little reaction to inserting a Foley catheter into a patient's urethra, even when the patient is of the opposite sex. Cleaning up an incontinent patient requires intimate contact. Nurses rarely hesitate to ask extremely personal questions. A comatose patient or patient being resuscitated may lie completely exposed.

Growing up in a family of origin where interpersonal boundaries were blurred enables nurses to deal with physical intimacies incurred at work. Oblivious of boundaries in their family system, nurses are oblivious of patients' boundaries. What felt normal growing up feels normal in the workplace.

Fifteen respondents described their mothers as controlling; two other respondents labeled their fathers controlling. The behaviors and processes associated with controlling parents is evident in the work place. A nurse is in charge of about six or eight patients if they are on a general floor; one or two patients if it is an intensive care patient.

Methods of control were modeled in the family of origin. Nurses incorporated these techniques into patient care by sedating patients, determining when

they will administer analgesia, how quickly they will respond to the call light, deciding who and when significant others can visit the patient, and simply ignoring patients.

Nurses can practice controlling behaviors as they make decisions as to what level of care will be provided. How much do nurses do "for" their patients? How much do nurses encourage their patients to assume responsibility for their care? Fostering dependency in the nurse-patient relationship can keep the patient "one-down" and the nurse "one-up," i.e, in control.

Commentaries revealed the nurse-physician relationship to be the greatest challenge of all the relationships found in an acute care setting. The physicians' historical perspective is that they are "captains of the ship." The physician, and no one else, is in charge of the patient. Physicians control patient care, and indirectly, the provider of that care, the nurse, through physicians' orders. Nurses are expected to carry out physicians' orders exactly as written. Being on the receiving end of that control revives issues from the family of origin for nurses with controlling parents. Coping skills learned in the family of origin are practiced in the work place. One nurse, a victim of severe sexual abuse, pictures

nurse, a victim of severe sexual abuse, pictures herself hiding under a bed when a physician's behavior becomes obstreperous.

Nurses who have to work with a surgeon, noted for being difficult, will attempt to avoid him. "I walk down the opposite hallway if I know he's around". These coping behaviors may help to ameliorate nurses' sense of inadequacy that physicians' obnoxious behaviors evoke. The behaviors that helped cope with feeling shamed in the family of origin may be worth a try at work.

Parentification was an excellent process for developing responsibility. Nurses have placed on them, and place on themselves, high expectations. They are expected to complete all tasks, all the time, perfectly. Nurses can be depended on to get the job done. Parentified individuals sacrificed their childhood for their families; they sacrifice their personhood for their patients.

Careful scrutiny of transcripts revealed few commentaries that reflected mutual support except in the balanced family systems. Mutual support in the mid-range and extreme family systems was absent due to the distortion of relationship management in marital dyads and parent-child relationship. Controlling parents and absent fathers denied opportunities for

interdependency. The literature sites one upmanship and intershift rivalries present in the work place. Rather than support a colleague when they are getting reprimanded by a physician, nurses disappear. Nurses did not learn processes for mutual support in their families of origin. They seem unable to provide mutual support for each other in the work place. Having learned about lack of dependability in the family of origin, nurses seem more likely to do much of their work alone rather than relying on each other or other supporting services.

What better training for the unexpected event in the work place than the chaotic environment of the family of origin. The co-worker who doesn't show up, the unavailable physician, the patient who stops breathing, the patient whose heart rhythm becomes life threatening, and the absence of necessary equipment are some examples of this phenomenon.

Individuals learned "eternal vigilance" in their families of origin. Eternal vigilance helps nurses cope with the unexpected at work. Intensive care and emergency room nurses are particularly adept at dealing with the unexpected. A neo-natal intensive care nurse commented, "Oh yeah, after what went on in my home, all those bells and alarms at work were no big deal."

The processes of relationships learned in mid-range and extreme families of origin enabled nurses to cope and endure adverse and abusive work conditions. As children, they thought their families were normal. As adults, work felt familiar. Coping skills learned growing up in mid-range and extreme family systems have been incorporated into the work place to deal with the adversities encountered caring for patients.

However, some individuals have adopted different ways of dealing with relationships encountered at work through participation in psychotherapy and natural development. Seventeen nurses have received psychotherapy. The average age of nurses in this study was 41. Perhaps the developmental stage of these individuals provided incentives to make changes. Whether through therapy, developmental changes, or some other unidentified process, nurses have learned to: be assertive with physicians, set limits with demanding patients and co-workers, and develop helpful relationships. They seemed to have shed their shame prone identities. However, reading commentaries from the question, "What goes on for you when you make a mistake?" illustrates that some elements of shame proneness linger.

Individuals from balanced families incorporated values learned in their families of origin in their

nursing practice. Two nurses were involved with working on the family farm. Their reflections illustrate the work ethic taking care of patients similar to the work ethic practiced on the family farm. Another nurse encourages her patients to be as independent as possible. This nurse's mother lost her mother at an early age. The loss of her mother as a young child made it important for this woman to be self reliant. Commentaries for the daughter of this woman reflect the importance her mother attached to being independent. The important value has been carried from the family of origin into patient care by this nurse.

## Summation of Findings

The fulfillment of intimacy, dependency, and accountability needs are met more consistently in balanced family systems than in mid-range and extreme family systems. Balanced marital relationships, found in these families, provided family environments in which positive affirmations enabled family members to get their needs met. Since family members' needs were fulfilled, individuals have shame free identities.

Mid-range and extreme family systems were challenged in their attempts to fulfill each others'

necessary to provide positive affirmations. Incongruency in relationships provided opportunities for respondents to fulfill parental obligations.

Respondents developed skills to cope with the burdens and stresses of assuming what should have been parental obligations. However, these obligations and duties were beyond the abilities for children to deal with appropriately. The sense of inadequacy, created by being unable to accomplish parental obligations, provided occasions for respondents to feel worthless or flawed or both. These feelings develop individuals with shame prone identities.

Coping skills of parentification, perfectionism, responsibility, and other maladaptive behaviors enabled nurses to endure the chaotic environments of their families of origin. These skills, so well learned in the respondents' families of origin, were brought into the work place to deal and cope with the adverse and abusive conditions found in the acute care setting.

The need that presented the greatest challenge for families was fulfilling each others intimacy needs. Perhaps that was because fulfilling intimacy needs allows windows to individuals' selves. The self was most exposed when processes for fulfilling intimacy needs were being attempted.

However, disruptive events found in mid-range and

However, disruptive events found in mid-range and extreme family systems that interfered with the fulfillment of intimacy needs, disorganized the fulfillment of accountability and dependency needs. For the families that were in this study, the interactive processes that caused a particular need to go unmet in one area, influenced the level at which other needs were met or unmet. It appears for those families in the mid-range and extreme family systems that the affirmation processes affecting one needs area influenced other needs areas.

## Limitations of the Study

Bias is inherent in qualitative research because the researcher is the investigative instrument. "Direct presence, as part of the research process, means that the entire biography of the investigator, values, habits of perception, intellectual presumptions, and personal dispositions, becomes potentially relevant to gather, analyzing and understanding data" (Locke & Sperduso, 1987). The author's perceptions and interpretations of the data may have been influenced by her 17 years of experience working as a registered nurse. Familiarity with family systems and nursing processes may have been

their families of origin and the work place. However, this may have contributed to a narrower view of the interpretation of results.

To minimize other factors of bias, the author conducted the ethnographic interviews in the same manner for all interviews with the exception of respondents without families of procreation. A brief explanation of the purpose statement was given, after which, the genogram was constructed and the questions from the interview were asked. The questions were always asked in the same order, with the exception of those individuals who had no families of procreation. Respondents were not informed that the investigator was observing for non-verbal clues of shame.

As noted earlier, individuals shared, freely and willingly, the intimate details of their families of origin. Several factors may account for this. One is that the interviewees wanted to be helpful, perhaps a carry over from coping behaviors practiced in the family of origin as a way to have unmet needs fulfilled. Another factor may concern the issue of blurred boundaries. Individuals with permeable interpersonal boundaries may unwittingly reveal information that goes beyond the scope of the investigation.

A third factor may have been that a trusting environment was created by the researcher. The interviews were conducted in a non-experimental location. Training in the Master's program of Marriage and Family therapy have provided skills that establish a non-judgmental climate.

The investigator did not ask respondents about the motivation for participating in this study. No monitary or other benefits were offered to respondents. Perhaps there was an element of altruism in the willingness of respondents to be interviewed.

The findings and conclusions are those of one individual. The design of the study included having others review the ethnographic questions to see if they would reveal interactive patterns related to affirmation processes involving intimacy, accountability, and dependency. However, others did not assess families of origin of respondents nor were there independent interpretations of the findings. The interpretations and conclusions are the sole responsibility of the researcher.

The nature of naturalistic inquiry does not lend itself to generalization to other populations. The results reflect only those individuals involved in this study. However, the author believes that the nurses

interviewed were not unique. Similar individuals would most likely be found working in other acute care facilities. Repeated studies at other facilities may bear this out.

The investigator interviewed a representative population of registered nurses employed at the institution at which the research was conducted. As a result, only one male nurse was interviewed. Although his perceptions were similar to others in the extreme family range, his views cannot be construed to be representative of all male nurses. Further study is needed to see if there are gender variations.

Memory bias may alter respondents perceptions. The passage of time, psychotherapy, and unknown factors may have affected how events in the family of origin were recalled. Two individuals, in the same family, had commentaries that reflected similar memories of events in their family of origin. However, another respondent's memories of the influence of her alcoholic father upon her were vastly different than the perceptions of her sister as commented upon by the respondent. The researcher cannot control for memory bias. Therefore, commentaries were taken at face value.

## Implications and Recommendations for Further Study

Naturalistic inquiry was chosen for this study to investigate the processes nurses use to deal with adverse and abusive situations encountered in the work place. The inquiry approach helped to develop an understanding of the coping behaviors nurses use to deal with the demands and stresses encountered working as a registered nurse. The researcher suggests that these phenomena are reactions to the work environment that are similar to situations experienced in shame prone family systems.

"A sound theory predicts or specifies when an event will occur or under what conditions it will occur," (Hamilton, 1991, p. 140). The Affirmation Triangle Model lends itself well to develop an understanding of what underlies nurses' behaviors in the work place whether dealing with co-workers, patients, or physicians. Familiarity with the theory, as it applies to experiences in the family of origin, can be used to predict behaviors of nurses in the work setting. An understanding of the underlying processes for these behaviors would be beneficial for patients, nurses, the nurse's significant others, and the institution for which they work. General well being, satisfactory relationships, and efficiency may be a

by-product of nurses who have an understanding of how they have been influenced by their families of origin.

Nursing education should incorporate courses about how families work, e.g., family systems theories, which may enable nurses to develop an awareness of their own management of relationship roles in their families of origin, families of procreation and the work place. This awareness may forestall maladaptive coping behaviors. For those nurses who have already completed their education, continuing education courses need to be available.

Studies analogous to this one must be repeated, not only in the acute care setting, but for registered nurses who work in home health agencies, physicians' offices, or who are nursing educators.
Perhaps conducting family of origin research upon nursing educators would be an important contribution, since it is in the education process that nurses learn to be nurses. Would such research reveal that nursing instructors, who might be from mid-range and extreme family systems, pass on maladaptive behaviors and processes?

Further studies might involve others in the helping professions, such as ministers, therapists, teachers, social workers, and law enforcement

personnel. If these individuals are from shame prone family systems, how is their practice affected? Would the patients and clients of helping professionals be better served if the providers were not operating from a shame based orientation? Research on individuals in other professions could be conducted to see if there are basic differences between those in helping professions and individuals who are engineers, clerks, or managers.

Therapists working with nurses may facilitate nurses' treatment by being able to identify nurses with shame prone identities or who were raised in family systems with a shame prone identity. A more complete family assessment to include potential of shaming families of origin would enhance the treatment of these individuals.

Cook (cited in Harper and Hoopes, 1990) has devised a quantitative measurement of shame. It would be interesting to compare findings from quantitative studies to findings from qualitative studies such as this one. Would Cook's measurement tool quantify the level of shame proneness? Could that information be used to identify specific work areas of the acute care setting that are more likely to have shame prone individuals working there? If that is evident, continuing education, teaching more appropriate and

healthier coping skills, could be made available to these individuals.

Wegscheider-Cruse (1988) remarks that 97% of the population in our country are from dysfunctional families. Even if that number is inflated, there are many souls experiencing turmoil in their lives. If being raised in a shame based family system is a major source for this turmoil, then, perhaps the answer lies in providing education for everyone regarding how families work and how heavily influenced individuals are by their families of origin.

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# APPENDIX

CONSENT FORM

I understand that I am being asked to participate in a study being done by Anne Engels. This study is being done to fulfill a requirement for earning a Masters Degree in Home Economics with emphasis in Marriage and Family Therapy.

The purpose of this study is to examine the impact of the family of origin has on an individual and how that impact has influenced the individual's life. The inquiry will examine the nurse's perceptions of his/her significant relationships. Examples of significant relationships are: one's parents, one's spouse of significant other, parent/child relationships, and relationships encountered at work.

Discussing one's family can evoke strong emotions. If this occurs during the interview and you find it difficult to continue, please let me know. We can discuss whether to continue the interview or to end the interview. This decision will be entirely up to he respondent.

I understand that the interview will be tape recorded. To aid in the analysis of the interview, which is an integral part of the process, a transcript will be made of the interview. This transcript will bear a coded indentification number known only to me. The transcript will be shared only with faculty members directly associated with this study.

I have been given the opportunity to ask questions about this study and have received satisfactory answers.

Name:_____

Date:_____

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