

Families with Multiple Problems through a Bowenian Lens

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This article examines family processes in 17 families with multiple problems through a Bowenian perspective. It was hypothesized that the parents in these families would demonstrate lower levels of differentiation than a norm group of adults drawn from the general population. It was also predicted that these families with multiple problems would manifest distinct patterns of multigenerational problems. Parents of families involved with child welfare were interviewed and genograms drawn up. The parents also completed a questionnaire that reflects aspects of differentiation characterized by Bowen [1978] as the degree of emotional separateness within a family. The study uncovered a high frequency of multigenerational problems, consistent with Bowen's theory.

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Ms. K is a 32-year-old single mother with two children referred for family counseling by child welfare authorities because her 10-year-old son claims she has been beating him. He has been stealing and setting fires. His 12-year-old sister has been having violent temper tantrums.

Ms. K's three long-term relationships have ended in break-ups. Her first husband was an alcoholic. She left a second long-term common-law relationship because her partner was physically abusive. Recently, her seven-year lesbian relationship came to an end. Ms. K's parents divorced when her mother discovered that her physically abusive, alcoholic husband was sexually abusing Ms. K.

Each gentle probe into Ms. K's background seems to uncover more stories of mental illness, violence, neglect, and abuse. Problems are woven into the fabric of Ms. K's life. They extend deep into her family roots, and are now bearing fruit in behaviors that speak ominously of struggles yet to come.

Experienced family therapists and child welfare workers may well feel a sense of *deja vu* in the story of Ms. K and her children, one of the families involved in this study. Kagan and Schlosberg [1989] refer to families with multiple problems such as the K family as being in "perpetual crisis." In dire need of assistance, such families are often caught in cycles of denial, aggression, and self-destructive behavior that perpetuate their problems. They have histories of involvement with agencies, courts, hospitals, and child protective services [Schlosberg & Kagan 1988].

These families usually have a "complicated premorbid history, replete with examples of failed attempts at treatment, symptom development in family members other than the identified patient, multiple family crisis, occupational instability, and seriously impaired interpersonal functioning" [Schlosberg & Kagan 1988: 475]. Their family structure is continually vulnerable to breakdown as a result of apparently minor situations. In effect, the families are eternally dealing with crisis after crisis, rendering them fearful, angry, distrustful, and expectant of blame.

Much research has been conducted in recent years on the

inheritance and transmission of deeply entrenched patterns of destructive behaviors like those evident in families with multiple problems. Although multigenerational research is plagued by confounding factors of genetics and the limits of retrospective research, strong transgenerational patterns have been revealed in the study of particular events, ranging from incidents of physical and sexual abuse to alcoholism, mental illness, and divorce [Fuller 1989; Greenberg & Nay 1982; Kalmuss 1984; Midanik 1983; Murphy & Wetzel 1982; Weissman et al. 1984].

Given the evidence regarding the multigenerational transmission of family problems, our task as professionals is doubly urgent. As well as helping to relieve the current symptomatology, we are faced with arresting a recurring cycle that breeds distress. In the case of families with multiple problems, perennially in the grip of crisis, it is a formidable task.

A number of theorists have attempted to account for the multigenerational transmission of family problems [Bandura 1973; Boszormenyi-Nagy & Ulrich 1981; Bowen 1978; Bowlby 1980; Kagan & Schlosberg 1989; Framo 1981; Paul & Paul 1975]. Kagan and Schlosberg [1989] argue that troubled families carry problems over from the previous generation because the problems have never been resolved. Other theorists have also characterized current difficulties as family reenactments of recurrent, transgenerational issues in the hopes of mastering them [Boszormenyi-Nagy & Ulrich 1981; Framo 1981; Paul & Paul 1975].

Although Bowen's [1978] theory had much in common with these mostly later views, he focused on a less restricted population than Kagan and Schlosberg [1989], and characterized the process underlying the tendency of all families to repeat patterns of thinking, feeling, and acting across generations. For Bowen, families with multiple problems are not a category unto themselves so much as examples of multigenerational transmission in sharp relief. He delineates an underlying process common to every family, whether the family is coping with typical developmental milestones or, like Ms. K's, is torn and wounded by perennial crisis.

In this study, we applied Bowen's rich diversity of ideas on multigenerational transmission to the clinical population overburdened by a seemingly endless list of issues and concerns. In short, we set out to view families with multiple problems through a Bowenian lens.

Bowen's Theory

Bowen's systemic family theory [1978] focuses on intrafamilial and multigenerational relationships in families. The foundation of his theory is based on the concept of differentiation of self, which is the extent to which a person discriminates intellectual from emotional functioning. For Bowen, differentiation of family members is a key indicator of family functionality: greater differentiation leads to greater flexibility and independence from emotional forces and a lesser likelihood of developing emotional difficulties.

When differentiation is low, the family is described as an "undifferentiated ego mass" [Bowen 1978]. The emotional boundaries of family members are blurred and permeable. Family members tend to be bound to emotions, dependent, and easily stressed into dysfunction. Bowen uses the term *fusion* to describe both intergenerational and nuclear family undifferentiation (i.e., lack of differentiation). Highly fused families are emotionally stuck together and tend to have high levels of "triangulation." Triangulation occurs because two-person relationships tend to be unstable. When the intensity in a relationship increases, the twosome will triangulate a third person, often a child, thereby diluting anxiety and gaining stability. The more fused a family, the more intense and insistent its triangulating efforts.

Differentiation is the central principle unifying Bowen's view of family dynamics. As differentiation from family members increases, so does differentiation of self, resulting in a degree of separateness that, paradoxically, enables individuals to form close, nurturing bonds with others.

Lack of differentiation in a family is the foundation of a range of dysfunctional interactional patterns. This undifferentiation contributes to an increased likelihood of symptom development, especially in children, who may serve as the channel for conflict in the parental dyad through the process of triangulation.

Bowen regards undifferentiation as a transmittable family trait. Parental problems are transferred from generation to generation by what he calls the "family projection process." This projection results in one or more of the children in the family having a lower level of differentiation than the parents have. The more fused the family, the more likely it is that more than one child will be an object of projection. This projection process may begin as early as the time of mother-infant bonding.

When seen through a Bowenian lens, each family and its individual members display levels of differentiation reflecting a long-term and ongoing multigenerational process that "is anchored in the emotional system and includes emotions, feelings, and subjectively determined attitudes, values, and beliefs that are transmitted from one generation to the next" [Kerr & Bowen 1988: 224].

For Bowen, this is the context of every family. Each family is the product of the many families in the generations that preceded it. The clinician who greets a family in the reception area is therefore introduced to a family emotional atmosphere strongly reflective of preceding generations.

The present study further explores the family processes described by Bowen by assessing the levels of differentiation in the parents of families experiencing multiple problems, and by seeking a qualitative description of the multidimensional context of those problems.

We therefore hypothesized that the parents of families with multiple problems would display lower levels of differentiation than a group of adults drawn from the general population. We also predicted that those families coping with numerous intrafamilial difficulties would manifest distinct patterns of multigenerational problems.

Method

Subjects

The individuals studied were all parents of families referred by the provincial Department of Family and Social Services (child welfare units) to a privately run counseling agency in a large Canadian city. Foster families were excluded, as were families that therapists felt were in too unstable a condition to participate in the study.

The families were selected on the basis of an intensity sampling approach, on the assumption that families involved with child welfare units are frequently coping with multiple difficulties. As expected, they presented with a wide range of problems, including physical and sexual abuse, truancy, alcoholism, and other difficulties.

Seven couples and ten single parents participated, for a total of 17 families. The majority of the subjects had some high school education or were high school graduates ($n = 16$). Seven had some university credits or had graduated from university or college. One had less than ten years of formal education. The majority of subjects ($n = 11$) had an annual income between \$10,000 and \$40,000. Three families made less than \$10,000 and three made more than \$40,000. Six single-parent, female-headed families were on social assistance. The mean number of children per family was 2.8 ($SD = 0.7$). The mean age of the children was 11.7 years ($SD = 5.4$). The average age of the parents was 38.5 years ($SD = 6.8$).

Research Instruments

The Personal Authority in the Family System Questionnaire (PAFS-Q) is used to measure family relationships. It was developed by Bray et al. [1984] and reflects the work of Bowen [1978] and Williamson [1991]. This 123-item Likert-type self-report instrument takes 20 minutes to an hour to complete. The normative scores for the PAFS-Q are based on a nonclinical sample.

Questions seek subjects' perceptions of intrafamilial and intergenerational family patterns and processes (i.e., "When your mate is having a distressing time at work, to what extent do you feel *personally* responsible to provide a solution to the problem?").

The questionnaire yields eight scale values. Although the authors have expanded upon Bowen's work in a number of ways and introduced a number of terms not used by Bowen himself, the scales represented in the PAFS-Q are ultimately founded upon Bowen's [1978] central concepts of differentiation, and the dimensions they measure are characterized in those terms, as follows.

1. Spousal Fusion/Individuation (SPFUS): This is the degree to which a person operates in a fused or individuated manner in relation to the spouse or significant others. Individuation is synonymous with Bowen's concept of differentiation and is on a continuum with fusion at the opposite end of the continuum from differentiation. Higher scores indicate greater individuation.
2. Intergenerational Fusion/Individuation (INFUS): This is the degree to which a person operates in a fused or individuated manner with parents. Larger scores indicate more individuation.
3. Spousal Intimacy (SPINT): Items assess a person's reported satisfaction or dissatisfaction and degree of intimacy with the spouse. Intimacy is used here as the degree of voluntary closeness with distinct boundaries. Intimacy increases as differentiation does. Larger scores indicate more intimacy.
4. Intergenerational Intimacy (ININT): Items assess a person's reported satisfaction or dissatisfaction and degree of intimacy with his or her parents. Larger scores indicate more intimacy.
5. Nuclear Family Triangulation (NFTRI): This is the degree of triangulation between spouses and their children. Triangulation decreases as differentiation increases. Larger scores indicate less triangulation.

6. Intergenerational Triangulation (INTRI): The items measure triangulation between adult children and their parents. Larger scores indicate less triangulation.
7. Intergenerational Intimidation (INTIM): Items assess the degree of personal intimidation experienced by an individual in relation to his or her parents. Intergenerational intimidation decreases as differentiation increases. Larger scores indicate less intimidation.
8. Personal Authority (PerAut): This scale measures personal authority as described by Williamson [1991]. The term refers to the ability to take responsibility for one's thoughts, actions, and feelings while being intimately related with significant others. It is, in effect, differentiation in intimate relationships. Items are scaled such that larger scores indicate more personal authority.

The PAFS-Q was developed on the basis of clinical experience and relevant literature, which supports its content validity. A pool of items was developed to measure transgenerational family theory. The instrument was tested and revised several times. Construct validity has been shown through PAFS-Q's relation to the Dyadic Adjustment Scale (DAS) and the Family Adaptability and Cohesion Scales (FACES) [Bray et al. 1987]. Further construct-related evidence of validity has been demonstrated through factor-analysis.

Internal consistency coefficients range from .80 to .95. Test-retest reliability ranges from .55 to .95.

The PAFS-Q manual provides means and standard deviations of a nonclinical sample obtained in a study conducted by Bray et al. [1984]. These values were used as a control group in this study.

The genogram was developed from the interview data recorded on the Genogram-Maker [Gerson 1991] computer program. The Genogram-Maker creates the typical structural diagram of a family's multigenerational relationship system, noting data such as sex, age, year of marriage, offspring, current marital status, and year of death. The program also provides for the inclusion of additional notes regarding the family, such

as descriptions of intersystem functioning, personality characteristics and relationships of family members, and the functional and dysfunctional systems in the family.

Procedure

Interviews were conducted in families' homes, and the majority of questionnaires were completed before the departure of the interviewer. A semistructured interview format was used. With the genogram providing a framework for the discussion, we explored multigenerational family problems and family relationships.

In intact two-parent families, both parents were interviewed together. The interviews ranged from 90 minutes to three hours in length, and were tape-recorded with the parents' permission. We also took notes during the interviews. We felt the precision and comprehensiveness afforded by these practices outweighed any disruption they may have caused. Because of the possibility that sensitive and emotional family issues might be brought to the surface, we carefully debriefed the parents and encouraged them to discuss with their therapists any issues that arose.

After the interviews, the parents were asked to complete the PAFS-Q and a demographic characteristics sheet. In the case of single-parent families (ten of the 17 families studied), parents were asked to respond hypothetically to questions regarding their relationship with their spouse; that is, what they believed the family dynamics would be if they were involved in a spousal relationship.

In most cases, parents completed the questionnaire on the spot. Occasionally, due to lack of time, the questionnaire was left with the parents to be returned later to the counseling agency; of seven questionnaires left behind, two were not returned.

Method of Presentation

The information gained in the interviews formed the basis of comprehensive genograms constructed with the Genogram-Maker program. Each genogram included data on as many

generations of the family as the parents could recall. Also recorded, along with birth and death dates, were problems such as physical, mental, and sexual abuse, suicide (including suicidal threats), alcohol and drug abuse (as perceived by each interviewee), divorce, separation, out-of-wedlock pregnancies, mental illness (reported depression, "nervous breakdowns," and schizophrenia), placement in out-of-home care, receipt of social assistance, teenage rebellion, and arrests. Relationship patterns were characterized in terms of personality, communication, and parenting styles.

Results

PAFS-Q

As hypothesized, the families studied were shown to have significantly lower overall levels of differentiation than the nonclinical norm group. A multivariate statistic was used to describe the differences between the groups, based on the assumption that because the subscales were drawn from the same questionnaire, a correlation between them was likely.

The Hotelling T^2 indicated a significant difference of $F = 9.36$ ($p < .0003$) between the overall scores of the families with multiple problems versus the nonclinical norm group. The families studied showed significantly lower levels of differentiation, supporting the univariate tests we subsequently conducted to compare scores.

The tests uncovered significant differences between the 17 families and the nonclinical sample on five of the eight subscales. Results of the tests are presented in table 1.

On the Spousal Intimacy (SPINT) scale, parents of families involved with child welfare scored significantly lower ($M = 36.95$, $SD = 12.33$) than the normative sample ($M = 45.15$, $SD = 8.18$, $t(544) = 4.42$, $p < .05$). The relatively lower score received by the parents of families involved with child welfare indicates that they have less intimacy with their significant others than the normative sample.

TABLE 1**Comparison between Children Welfare Families and Nonclinical Sample (PAFS-Q)**

<i>PAFS-Q</i>	<i>Child Welfare Families</i>		<i>Nonclinical Sample</i>		<i>Significance</i>
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	
SPFUS	63.85	7.83	64.64	8.39	0.40
INFUS	26.38	6.44	29.53	5.24	2.24*
SPINT	36.95	12.33	45.15	8.18	4.42*
ININT	70.38	21.32	93.65	17.30	5.98*
NFTRI	34.09	4.47	38.16	5.45	3.34*
INTRI	28.04	8.25	27.05	11.70	0.14
INTIM	108.52	16.30	98.55	24.87	1.81
PerAut	37.81	12.45	42.13	8.03	2.31*

* $p < .05$

Note: SPFUS = Spousal Fusion; INFUS = Intergenerational Fusion/Individuation; SPINT = Spousal Intimacy; ININT = Intergenerational Intimacy; NFTRI = Nuclear Family Triangulation; INTRI = Intergenerational Triangulation; INTIM = Intergenerational Intimidation; PerAut = Personal Authority.

On the Nuclear Family Triangulation scale (NFTRI), the child welfare sample mean was 34.09 and the standard deviation was 4.47. The normative sample mean on the NFTRI was 38.16 and the standard deviation was 5.45, with a significant difference of $t(331) = 3.34, p < .05$. The difference between the means on the NFTRI scale indicates that there is more triangulation between child welfare parents and their children than there is in the nonclinical sample. On the Intergenerational Intimacy (ININT) scale, parents of child welfare families scored significantly lower ($M = 70.38, SD = 21.32$) than the normative sample ($M = 93.65, SD = 17.30$), $t(544) = 5.98, p < .05$, indicating less satisfaction and intimacy with their parents than was found in the nonclinical sample.

A significant difference was found between the two samples on the Intergenerational Fusion/ Individuation (INFUS) scale ($t(544) = 2.24, p < .05$). The parents studied had a mean of 26.38 ($SD = 6.44$) and the normative sample had a mean of 29.53 ($SD = 5.25$), showing that parents of families with multiple prob-

lems operate in a more fused manner with their parents than the normative sample.

On the Personal Authority (PerAut) scale, the child welfare sample had a mean of 37.81 ($SD = 12.45$) and the normative sample had a mean of 42.13 ($SD = 8.03$). There was a significant difference ($t(383) = 2.31, p < .05$), with parents having less personal authority in the system.

No difference was found between the samples on the Spousal Fusion/Individuation (SPFUS) scale ($t(544) = .40, p < .05$). The mean for the study group was 63.85 and the standard deviation was 7.83. The normative sample had a mean of 64.64 and a standard deviation of 8.39. On the Intergenerational Triangulation (INTRI) scale, the study group ($M = 28.04, SD = 8.25$) scores were not significantly different from the normative sample ($M = 27.05, SD = 11.70$), $t(544) = 0.14, p < .05$). No significant difference was found between the two samples on the Intergenerational Intimidation (INTIM) scale ($t(544) = 1.81, p < .05$). The mean for the child welfare sample was 108.52 ($SD = 16.30$); for the normative sample it was 98.55 ($SD = 24.87$).

Semistructured Interviews and Genograms

The interviews and genograms revealed that the parents were not only dealing with a wide range of current problems, but also that their families were plagued with problems across multiple generations. Based on the parents' self-reports, we categorized the problems they described and tabulated their recurrence across generations. The discussions with parents consistently unveiled weblike patterns of recurrent crises.

When their siblings were included in incidence reports, the parents interviewed recounted having 16 violent family members, 14 cases of sexual abuse, 14 suicide attempts, and 41 divorces. Thirty-two parents and their siblings had abused alcohol, and 19 had experienced some form of mental illness.

Most of these problems were evident across generations. For example, 75% of the parents who had experienced violence in their families of origin or marriages had children who were acting out physically. Of the six children in the study who reported

having been sexually abused, three had parents who were themselves sexually abused.

Five children in the study were reported as suffering from depression. The parents of all five also reported experiencing depression. Eighty percent of the parents and their siblings who reported alcohol abuse said that at least one of their parents also abused alcohol. Of the six children in the study who had made suicide threats, four had parents who had made suicidal gestures, and two had parents who had committed suicide.

Though we were struck by the predominance of family problems and the frequency with which specific problems could be identified in both the parents' families of origin and their offspring, the intent of the interviews was not primarily to gather quantitative data. The richness of the findings lies instead in the stories of the parents, who were invariably trying to cope with a startling range of problems, most of which *in isolation* could be regarded as a typical and valid cause for seeking counseling.

For example, Ms. D and Mr. R presented with a wide range of family problems typical of the parents we interviewed. Equally typical was the manner in which the existing problems were mirrored in similar problems across generations. Mr. R has been stepfather to Ms. D's three children since he married Ms. D five years ago. During that time, Ms. D's 14-year-old daughter has run away repeatedly and made sexual abuse allegations against Mr. R. Ms. D's 16-year-old son was recently charged with breaking and entering. It was primarily the acting-out behavior of their two oldest children that prompted Ms. D and Mr. R to seek assistance from child welfare authorities, but the family was plagued by a multitude of other problems that were duplicated both intragenerationally and intergenerationally. Incidences of sexual abuse, for example, can be found on both sides of the family.

Mr. R's sister was sexually assaulted by his mother's boyfriend. Ms. D was sexually abused by both her father and brother. Ms. D's ex-husband was charged with sexual abuse, and Ms. D suspected he may have abused their daughter. Ms. D

also suspected that her half-sister was sexually abused by her father.

In addition to this example of the multigenerational patterns clustering around a single theme, the families studied also exhibited striking arrays of multigenerational difficulties. Ms. M is a single mother of four who has struggled personally with physical and sexual abuse, alcoholism, divorce, teenage rebellion, and out-of-wedlock pregnancies. She identified similar problems among her siblings and parents, many of whom were abuse perpetrators and survivors; they had also dealt with excessive drinking, broken marriages, runaway children, and unplanned pregnancies.

Ms. M is now coping with severe rebellion on the part of her oldest child, a 13-year-old daughter who reported to child welfare authorities that her mother was physically abusing her. Ms. M's daughter has been diagnosed as clinically depressed, and is skipping school, drinking, and physically abusing her mother and siblings.

Thus, the pattern of transmission in Ms. M's family and the other families in the study describes not just a single thread of a problem passed from generation to generation. The pattern more closely resembles an array of parallel threads extending vertically from past to future, and horizontally within a generation from sibling to sibling, and beyond to extended family members.

Conclusions

Clinical practitioners are familiar with the challenge of providing service to clients who present with a multiplicity of difficulties, and seem embroiled in crisis from session to session. These families are among the most needful of help, and yet they can present a daunting and even baffling challenge to the service provider.

Clarifying a context is a foundational step in working with clients, a step that can be enhanced by applying a Bowenian perspective to family assessment. In this study, a number of

families with multiple problems were viewed in terms of their levels of differentiation and their transgenerational patterns of behavior. As compared to a nonclinical norm group, significantly lower levels of differentiation along the majority of dimensions were found in the clinical population, as well as striking patterns of multigenerational problems. Both findings are consistent with the premises of Bowen's theory.

The picture created here of the crisis-plagued family reminds us that while their problem behaviors may deviate in frequency from the norm, they are more accurately "normal" when situated in their unique multigenerational family context. Regardless of one's particular theoretical orientation, this perspective could well be useful for clinical practitioners serving families with multiple problems. ♦

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