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Marital and family functioning: different measures and viewpoints

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Abstract *Background:* Dysfunctional relationships have been considered to play an important part in the onset and maintenance of psychiatric disorders, particularly depression. Influential factors appear to be perception of low social support and emotional warmth and/or high levels of criticism and control by the recipient. The IBM was developed for use as a simple self-report measure to rate important components of the relationship between marital partners, described as the constructs of care and control. The aim of this study was to test the validity of the IBM. *Methods:* The IBM was compared with data from a structured marital interview based on the Self-Evaluation of Social Support Schedule (SESS). Data were also obtained from a nominated adult offspring witness. Family functioning was assessed using the General Functioning component of the McMaster Family Assessment Device (FAD). The General Health Questionnaire (GHQ) was used to determine levels of psychological morbidity. The witness data for sons and daughters were analysed to gauge gender effects in reporting. *Results:* The results show that ‘care’ and

‘control’ were identifiable constructs discerned by partners and witnesses with ‘care’ rated more consistently than ‘control’. Care between parents was an indicator of the overall quality of the family environment. Care received by the wife from her husband seemed to set the emotional tone for the family. Daughters seemed to be more ‘in tune’ with perceived care by both parents. Sons were less so, overall, but were more ‘in tune’ with their fathers’ perceived care than with their mothers’. *Conclusion:* Both the IBM, a self-report measure, and the structured marital interview provided consistent information about the quality of marital relationships, particularly perceptions of care. Perceptions of control were less consistently reported, which may suggest that ‘control’ is a less robust construct. This may suggest that ‘control’ is a more subjective experience, as the cues are more directed at the partner than other family members.

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Introduction

Dysfunctional relationships have been considered to play an important part in the onset and maintenance of psychiatric disorders, particularly depression (Hafner 1986; Hooley 1989; McLeod 1994; Keitner et al. 1995; Wilhelm 1995). The most influential factors appear to be perception of low social support and emotional warmth and/or high levels of criticism and control by the recipient. The Intimate Bond Measure, or IBM (Wilhelm and Parker 1988), was developed for use as a simple self-report measure to rate the important components of the relationship between intimate partners, described as the constructs of care and control, which correspond to the influential factors as described. The constructs were found to be consistent over time (Wilhelm and Parker 1990) and relatively free of the state dependent effects of depression (Wilhelm and Parker 1988).

The IBM has been used in a number of studies. Brennan and Wamboldt (1990) used the measure to rate the relationship between parents in a variety of family

types. They were able to uphold the proposition that the parents' marital relationship is an important determining factor in family functioning, and that this effect declines over the life cycle. Mulder et al. (1996) reaffirmed that the IBM care scores were independent of depression severity. Hickie et al. (1991) reported that those who had dysfunctional marital relationships, as defined by IBM scores, were at five times the risk of developing a depressive episode, and that IBM care scores predicted the course of depressive symptoms over the subsequent 6 months. Hickie and Parker (1992) used the measure to evaluate the effect of intimate relationships on the outcome of depressive symptoms over 18 months, reporting that those who reported high care from their partner recovered more quickly from an episode of non-melancholic depression.

Boyce et al. (1991) reported that pregnant women, who reported their partners (antenatally) as low on care or high on control were at a significantly increased risk of developing post-natal depression. In a study of women living in public housing, Boyce et al. (1998) found that reports of low IBM care from the partner, and an unsatisfactory social support network, were both associated with episodes of major depression. A short version of the IBM Care Scale (Todd et al. 1994), comprising the ten items considered the best indicators of risk for depression, was constructed for use in large-scale epidemiological studies. As part of a postal survey, 121 subjects completed the short version of the IBM and, 1 year later, both the full and short versions. The correlation between the short and long versions of the IBM was 0.99, when completed on the same occasion. The correlation between the short version of the IBM completed twice, with a 1-year interval, was 0.58. The internal consistency of the short and long versions was 0.96. It was concluded that the short version of the IBM is able to capture the same information as the long version, with which it was highly correlated for the care items. The change in scores over time could be due to the youth of the participants in this study or the recency of their relationships.

There is a need then, to validate the IBM as measure of actual, or at least observable, interaction styles. In this study, we undertake to observe the performance of the IBM in relation to a well-accepted self-report measure of family relationships, and to a structured interview-based rating of marital style. In doing this, the following hypotheses were tested:

1. That 'care' and 'control' are constructs discernible by individual family members
2. That a gender difference exists in discerning 'care' and 'control' constructs

Subjects and methods

A series of families was recruited from the inpatient and outpatient services for treatment of depressive, anxiety or eating disorders at

the Prince Henry Hospital, Sydney, and through general practices local to the same area. Family members were approached by one of the authors (K.W.) and invited to participate in a study comparing different methods for assessing family functioning, incorporating the viewpoints of various family members. Where a family member had been an inpatient or outpatient of the service, the approach was made when that patient had recovered from the current episode. No patients were approached who had a history of cognitive dysfunction or psychotic disorder. Families referred by local general practitioners were nominated as free from psychiatric illness.

The initial inclusion criteria were for married couples, known to have a child of at least 18 years of age. Of the 56 families approached, 50 agreed to participate. Each couple was then asked to nominate a son or daughter over 18 years of age to participate as a corroborative witness. Forty-eight families provided full data for both partners, and 36 families had an adult son or daughter as a corroborative witness, and who returned full data. A four-category social class rating scale was used to rate the main breadwinners' occupation (Congalton 1969).

The subjects were asked to complete a series of self-report measures reflecting various aspects of family functioning. Each couple was also asked to participate in a structured interview to assess their marital relationship. Consent forms were signed by each participant prior to implementation of the measures and the taped interviews. The husband and wife agreed to be interviewed separately (while the other completed the self-report measures in another room). The nominated witness completed a shorter version of the structured interview, as described below.

Figure 1 illustrates the directions of perceptions measured by the instruments used in this study, which are described below.

Intimate Bond Measure (IBM)

In this study, the IBM was completed by both spouses in terms of how they perceived the behaviours and attitudes of the other towards them (husband's attitude towards wife; wife's attitude towards husband) 'in recent times'. The witness completed the same IBM, with the words 'husband' and 'wife' replaced by 'mother' and 'father'.

The IBM (Wilhelm and Parker 1988) consists of two dimensions (care and control), which have internal consistency and are relatively free from depressed mood state effects. High scores on the 'care' sub-scale denote perception of good quality care, while high scores on the control scale denote perception that the subject is not being accepted, is being criticised and controlled by the partner.

Family Assessment Device – General Functioning

The General Functioning component of the Family Assessment Device (FAD; Epstein et al. 1983) was used to gauge each family

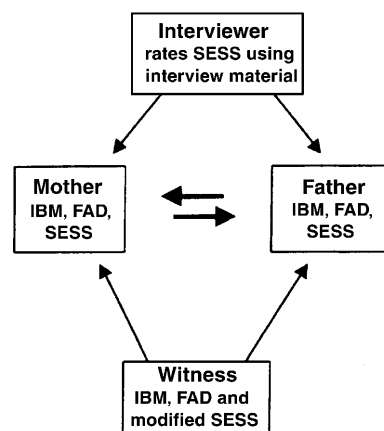


Fig. 1 Direction of perceptions of family members

member's perception of the family relationship. A number of studies have reported on the validity and test-retest reliability of the FAD (Epstein et al. 1983; Miller et al. 1985) and, specifically, the General Functioning component (Byles et al. 1988). Lower scores indicate 'healthy' family functioning and higher scores, 'unhealthy' family functioning or pathology (Stevenson-Hinde and Akister 1995; Byles et al. 1988). The sum of the values was divided by 12 to give a total score ranging from 1.0 to 4.0. The marital couple and the witness each completed this measure.

General Health Questionnaire

The General Health Questionnaire (GHQ; Goldberg et al. 1970) is a 30-item rating scale commonly used to determine levels of individual psychological morbidity. A score of 5 or more indicates a possible 'case', and 11 or more a definite 'case'. Both spouses completed this measure.

Structured interview: husband and wife

A structured interview, consisting of a series of questions taken from the Self-Evaluation of Social Support Schedule (SESS; Brown et al. 1990), was used to assess marital relationships. The questions derived from the schedule included confiding, active emotional support of partner in times of trouble, quality of interaction and relationship, including presence of violence, degree of perceived security, dependability, dependence from partner, and other's competence as a partner. Here, both partners were interviewed by one of four research assistants, all of whom were psychology graduates with several years' field experience. The responses were tape-recorded and subsequently transcribed by the interviewer, and rated and coded according to the standard rating procedures. One of the authors (P.B.) reviewed the transcripts of the interviews to ensure that the ratings for the constructs were consistent with material obtained from the interviews.

Structured interview: witness

The witness was provided with a list of nine items (shown in Appendix 1) derived from the SESS interview. A scale was constructed for each item by two of the authors (K.W. and P.B.) using the same words and scoring as used for the marital interview.

Statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS). One-way analysis of variance was conducted to compare husband, wife and witness FAD scores. Pearson correlations were computed to explore the relationship between the FAD scores of parents and witness, care and control constructs on the IBM, and the factors derived from the marital interview. Witness scores were compared separately for sons and daughters, to examine for gender difference in reporting. A series of stepwise regression equations were computed to determine the contribution made by the witness IBM care and control scores of the marital relationship, using witness FAD scores as the dependent variable.

Results

The self-report measures and structured interviews provided the information needed to assess the validity of the IBM. The following results describe the demographic characteristics of the study population, comparisons between differing perceptions of family functioning, and the influence of care and control constructs on family functioning.

Demographic characteristics

Thirty-six couples and their nominated adult offspring witness (sons, $n = 17$ and daughters, $n = 19$) participated in the study. The average length of marriage for the couples was 30 (SD 9.2) years. The mean age of the husbands in the marital dyads was 55 (SD 9.6) years, and 53 (SD 9.2) years for the wives. The mean age of the sons was 26 (SD 7.0) years, and of the daughters, was 25 (SD 10.7) years.

Twenty-five of the families (69%) were recruited from outpatient clinics, three from inpatient clinics, and eight from local general practices. The index diagnoses, where present, were depression (39%), bipolar disorder (11%), eating disorder (11%), personality disorder (6%) and anxiety disorder (8%). Those patients with an affective diagnosis had recovered symptomatically from the acute episode at the time of the interview.

Five families were rated as professional employment status, 13 as managerial, 14 as in trade, sales or clerical, and 4 as employed in unskilled work. Where the main breadwinner was retired ($n = 5$) or unemployed/on leave ($n = 2$), the usual or previous occupation was rated. The mean GHQ score for husbands was 7 (SD 7.7) and for wives, 10 (SD 8.6). Seventeen percent of husbands rated as a possible 'case' and 31% as a definite 'case'. Twenty percent of the wives rated as a possible 'case' and 45% as a definite 'case'.

The FAD scores showed that the majority of husbands, wives, sons and daughters perceived their family functioning as 'unhealthy' (sons 76%, daughters 58%; husbands 64%, wives 56%). The mean score for sons was 2.2 (SD 0.44), for daughters 2.0 (SD 0.6), for husbands 2.0 (SD 0.6), and for wives 2.0 (SD 0.6).

Comparison of perceptions of family functioning

FAD scores were analysed to compare the husband, wife and witness perceptions of family functioning. No significant difference ($F_{2,105} = 0.37$, ns) in ratings by the various family members was found. Correlations between the witness score and both husband and wife scores were examined. As there were nearly equal numbers of son and daughter witnesses, we decided to break the witness data down by sex. The highest, and only significant, results were between husband and wife scores ($r = 0.34$, $P < 0.05$). The correlations for family functioning scores between daughters' perceptions of mothers and fathers were 0.32 and 0.28 respectively, and between sons' perceptions of mothers and fathers were 0.00 and 0.24 (none was statistically significant).

We then compared husband and wife scores on the FAD with their IBM scores. The husband FAD scores were significantly correlated with their care scores ($r = -0.43$, $P < 0.01$), but not with their control scores ($r = 0.32$, ns). The wife FAD scores were significantly correlated with both their care and control scores ($r = -0.42$, $P < 0.05$; $r = 0.35$, $P < 0.05$, respectively).

Influence of care and control constructs on family functioning

The ratings on the IBM care and control scores were then compared with regard to how spouses rated each other. The results show that there were significant associations between spouses' perceptions for the care score ($r = 0.57$, $P < 0.001$), but not for the control score ($r = 0.14$, ns). The witness view of the marital relationship was then examined (Table 1).

We were interested in evaluating gender difference in witness perceptions of the parental care and control. The results show that daughter scores for perceived care by each parent of the other were significantly correlated with both wife and husband care scores. Son scores were significantly correlated only with husband care scores. There were no significant associations between scores for son and daughter perceptions of control for each parent.

We then examined the item ratings for the marital (SESS) interview, to compare husband and wife interview scores. The husband and wife scores were then each compared to the witness scores on related questions, again examining for sex difference in witness appraisal (Table 2).

Statistically significant correlations between husband and wife scores were found in the overall quality of the relationship. The only non-significant result was for the item 'general emotional support', a nonspecific item denoting overall emotional tone.

The data were then examined to determine whether witness ratings were similar to marital interview responses (see also Table 2). If so, one could ascertain the witness' ability as an effective reporter of the marital interaction. The correlations were higher for positive interactions where the couple had the highest agreement between themselves. Daughter scores showed more substantial correlations with marital scores than those of sons.

Table 1 Relations of care (A) and control (B) between marital partners: correlation between the perceptions of the nominated witness (overall and son/daughter separately) and of the husband/wife, using the Intimate Bond Measure (IBM)

	Husband's view of care by wife	Wife's view of care by husband
A		
Correlation on the care IBM		
Witness' view	0.72***	0.58***
Son's view	0.78***	0.23
Daughter's view	0.63**	0.69**
	Husband's view of control by wife	Wife's view of control by husband
B		
Correlation on the control IBM		
Witness' view	0.00	0.41**
Son's view	0.33	0.49
Daughter's view	-0.20	0.28

* $P < 0.05$; ** $P < 0.01$; *** $P < 0.001$

We then compared the marital interaction using the modified SESS interview item ratings and the IBM scores (see Table 3). Items such as 'emotional support in times of need' and 'positive time together', correlated significantly with care scores. Daughters' interview item scores rated consistently significantly with their fathers' care scores, except for the item, 'negative time together'. This result, together with the substantial correlations with marital scores, suggests that the witness, particularly a daughter, is an effective rater of some positive aspects of the marital relationship. There were few significant correlations between SESS items and control scores.

There had been no significant differences in the ANOVA for FAD scores of the three family members reported earlier. The influence of the IBM care and control scores on the FAD scores was then examined using a correlation matrix for the various dyads (Table 4).

The results show statistically significant associations between the perception of care between spouses and the family functioning scores. There were even stronger correlations between witness ratings of care received and family functioning scores, which were very highly significant for daughters. There were no significant correlations between the family functioning scores and the perception of how husbands rated control from their wives, but some associations with the family functioning scores and wives' perception of control from their husband, which were statistically significant for wife and daughter ratings.

Finally, a series of stepwise regression equations was performed to examine the contribution of the various dimensions of the witness appraisal of the parental relationship, in terms of care and control scores, to the overall measure of family functioning (Table 5).

Witness FAD scores were used as the dependent variable. The independent variables tested related to the witness appraisal of the amount of care, and the amount of control, exhibited by the parents towards each other. The parents' ratings of each other's IBM care and control scores were also included in the analysis. Son and daughter scores were considered separately. The results show that witness scoring of wife IBM care scores makes a substantial contribution to witness FAD scores, especially for the daughter witness. Witness scoring of wife IBM control scores made a contribution to witness FAD scores, but this contribution disappeared when daughters and sons were examined separately. Witness scores for husband care score and both parents' control scores do not contribute as reliably to witness FAD scores.

Discussion

While the focus of this study was on the appraisal of the marital relationship (IBM), we included a measure of family functioning (FAD) to examine whether family

Table 2 Self-Evaluation of Social Support Schedule (SESS): correlation between husband and wife interview ratings (A) and between witness and husband/wife interview ratings (B)

Interview items	Correlation between husband and wife SESS ratings			Correlation between wife and witness SESS ratings		
	All witnesses	Son	Daughter	All witnesses	Son	Daughter
A						
Correlation between husband and wife ratings						
Competence as a partner	0.65***					
Reliability and dependability	0.45**					
Active emotional support in times of need	0.43**					
Overall quality of relationship	0.88***					
General emotional support	0.13					
Ability to confide in partner	0.56***					
Acceptance by partner	0.78***					
Positive time together	0.76***					
Negative time together	0.60***					
B						
Correlation between witness and husband/wife scores						
Competence as a partner	0.06	-0.33	0.31	-0.13	-0.43	0.09
Reliability and dependability	-0.02	-0.27	0.20	0.02	-0.28	0.19
Active emotional support in times of need	0.15	0.04	0.26	0.11	-0.26	0.44
Overall quality of relationship	0.25	0.06	0.41	0.32*	0.11	0.48*
General emotional support	-0.06	-0.10	-0.03	0.30	0.28	0.31
Ability to confide in partner	0.24	0.03	0.49*	0.08	-0.28	0.49*
Acceptance by partner	0.22	-0.08	0.45	0.15	-0.02	0.24
Positive time together	0.35*	0.05	0.64**	0.25	-0.07	0.47*
Negative time together	-0.01	0.41	-0.42	0.11	0.37	-0.14

* $P < 0.05$; ** $P < 0.01$; *** $P < 0.001$

members have a similar perception of the family overall. We were also interested in whether reports of the marital relationship were similar to those of family functioning, even though the construct of each measure appeared different. The highest correlations on the FAD were between the husbands and wives, suggesting that the parents shared more of a common view of the family ambience. However, the correlations for the three family members were higher for the IBM care scores than for the FAD scores (appraising general family functioning). This suggests that when using the IBM, the witnesses were not simply assessing the family ambience, but were able to discriminate the marital relationship.

The demonstration of care within the marriage seems important in determining the overall view of family functioning by the offspring. The correlations for perceptions of control were much lower, suggesting that the construct of care is more recognisable and may be less liable to subjective and observer bias. These findings are consistent with earlier findings (Wilhelm and Parker 1988). Brennan and Wambolt (1991), who used the IBM as their measure of the marital relationship, reported the importance of care within the marital relationship for family functioning.

In his review of a number of family studies, Lewis (1998) concluded that the characteristics of mutual respect and power sharing, open expression of affect, high levels of connectedness and separateness, and contain-

ment of conflict, were important characteristics for successful partnerships. These characteristics are conveyed by various items on the care subscale. Items such as 'Is affectionate to me', 'Is physically gentle and considerate' and 'Is very loving to me' convey 'open expression of affect'. Items such as 'Confides closely in me', and 'Shows his/her appreciation of everything I do', convey 'mutual respect and power sharing'. Items such as 'Is gentle and kind to me', 'Understands my problems and worries' and 'Is fun to be with' convey the balance of individuality and connectedness. We suggest that items on the care subscale may represent the constructs that Lewis considered important determinants of successful relationships. Lewis also states that 'It seems increasingly clear that relationships can be altered by changing the way people talk to each other', which amplifies the need for simple measures to identify relationship difficulties.

The results from the marital interview also indicate a strong degree of agreement in perceptions of behaviour demonstrating positive emotional tone and care. By contrast, the weak level of agreement in perception of emotional support may suggest that this is a more subjective item or one that lacks a clear focus. There was also moderately high agreement in negative tone, but this was a global construct rather than rating perceptions of control or criticism, for which there was no equivalent item in this interview.

Table 3 Correlation between husband, wife and witness IBM care and control scores and individual Self-Evaluation of Social Support Schedule interview items

SESS interview items	IBM scores			
	Spouse and witness rating care and control by other			
	Husband care	Husband control	Wife care	Wife control
Competence as a partner				
Husband	-0.45**	0.29	-0.66***	0.09
Wife	-0.59***	0.23	-0.55***	0.27
Witness	-0.36*	-0.04	-0.35	0.23
Son	-0.11	-0.51	-0.23	0.18
Daughter	-0.50*	-0.13	-0.51*	0.38
Reliability and dependability				
Husband	-0.50**	0.36*	-0.35*	0.31
Wife	-0.46**	0.27	-0.42*	0.20
Witness	-0.58***	0.07	-0.30	0.27
Son	-0.57*	0.49	-0.21	-0.02
Daughter	-0.58*	0.24	-0.37	0.61**
Active emotional support in times of need				
Husband	-0.43*	0.32	-0.40*	0.20
Wife	-0.61***	0.14	-0.72***	0.27
Witness	-0.67***	0.20	-0.50**	-0.01
Son	-0.63	0.39	-0.33	-0.28
Daughter	-0.72***	-0.07	-0.66**	0.26
Overall quality of relationship				
Husband	-0.49**	0.19	-0.69***	0.11
Wife	-0.62***	0.22	-0.64***	0.28
Witness	-0.71***	0.13	-0.55***	0.22
Son	-0.65**	0.41	-0.37	0.30
Daughter	-0.75***	-0.02	-0.63**	0.01
General emotional support				
Husband	-0.45**	0.11	-0.40*	0.24
Wife	-0.44**	0.09	-0.41*	0.07
Witness	-0.43*	0.00	-0.31	0.12
Son	-0.03	0.08	-0.20	0.31
Daughter	-0.70**	-0.06	-0.30	-0.37
Ability to confide in partner				
Husband	-0.37*	0.32	-0.56***	0.19
Wife	-0.57***	0.14	-0.69***	0.37*
Witness	-0.36*	-0.05	-0.56***	0.06
Son	-0.39	0.06	-0.52*	-0.17
Daughter	-0.49*	-0.03	-0.67**	0.35
Acceptance by partner				
Husband	-0.51**	0.28	-0.68***	0.31
Wife	-0.60***	0.19	-0.64***	0.25
Witness	-0.55***	0.18	-0.43*	0.36*
Son	-0.48	0.16	-0.03	-0.01
Daughter	-0.72***	0.23	-0.65**	0.70**
Positive time together				
Husband	-0.54***	0.39*	-0.55***	0.27
Wife	-0.55***	0.14	-0.60***	0.18
Witness	-0.63***	0.17	-0.62***	0.35
Son	-0.13	0.28	-0.40	0.25
Daughter	-0.89***	0.07	-0.73***	0.40
Negative time together				
Husband	0.36*	-0.42*	0.48**	-0.31
Wife	0.55***	-0.14	0.65***	-0.26
Witness	0.43*	-0.37*	0.39*	-0.38*
Son	0.52*	-0.67**	-0.20	-0.46
Daughter	0.42	-0.33	0.53*	-0.35

* $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$

Table 4 Correlation of perceptions of husband-wife interaction by both spouses and witness, using IBM care and control scores with assessments of family functioning, by all three family members, using Family Assessment Device (FAD) scores

FAD scores	IBM scores ^a			
	Husband care	Husband control	Wife care	Wife control
Witness	-0.69***	0.42	-0.73***	0.50*
Son	-0.51*	0.38	-0.55*	0.44
Daughter	-0.78***	0.42	-0.82***	0.54*
Husband	-0.43**	0.31	-	-
Wife	-	-	-0.41*	0.35*

* $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$

^a Witness rating parent, husband rating wife, wife rating husband

Table 5 Interaction effects demonstrated from regression analysis for witness family functioning scores and witness' and parents' view of parents' marital relationship

Witness IBM rating	Independent variable: Marital relationship viewed by witness and parents		Dependent variable: Witness FAD rating of family functioning		
	R	R ²	β	df	F
Witness					
Care wife	0.78	0.61	-0.63	2,29	22.87***
Control wife					
Son					
Care wife	0.55	0.30	-0.55	1,13	5.68*
Daughter					
Care wife	0.82	0.67	-0.82	1,15	31.32***

* $P < 0.05$; *** $P < 0.001$

A number of issues emerge when considering difference in reporting between sons and daughters. Sons appear to identify with their fathers in terms of reporting the amount of care given to their fathers by their mothers. Daughters were able to perceive the care demonstrated by both parents to each other, but they had greater identification with their mothers when scoring control ratings. These results demonstrate that adult family members are able to discriminate between views of the family as a whole, and the perceptions of the marital relationship. The level of agreement was lower when witnesses were asked to judge parental perception of control by the other and 'emotional support', which are more subjective appraisals of the emotional signals of the partner.

Several studies have explored agreement between family members on family functioning. Bidaut-Russell et al. (1995) identify reasons for discrepancies between reports by parent and adolescent/child of child's/adolescent's psychiatric symptoms, including recall bias, misreading or exaggeration. Our study used adult witnesses (minimum age of 18 years), who had generally moved away from the family home, as it was hoped that their reports would be less enmeshed in the current

family milieu. In a comparison of families containing an adult daughter with anorexia, bulimia or 'no eating disorder' (Waller et al. 1990), there was considerable disagreement in perceptions of family functioning (using the FAD) between the daughter and both parents. In that study, the daughter's appraisal of family functioning was the most predictive of the presence of family pathology and the presence or absence of an eating disorder. The father's score had no predictive power at all, while the mother's score was intermediate.

Brennan and Wamboldt (1990) have speculated that the functioning of individual families would be strongly determined by the quality of relationships between the parental dyad. They used the FAD as a measure of family functioning and the IBM as a measure of the marital relationship. They verified that the marital relationship was a major determinant of family functioning and found a correlation of -0.32 between perception of care by the mother in the family and the General Functioning component of the FAD score, which was similar to our result (of -0.41). We have found that the wife's perception of care from her husband seems to set the tone for the family, and that there is a consensus in this perception from their adult offspring, particularly if the witness is a daughter.

In this study, the witness was selected by the parents, either on the grounds of practicality, or because they thought that family member would be a reliable witness. By implication, these couples were old enough to have an adult offspring and had considerable marital stability. It is possible that reports from other witnesses would have been less consistent. However, the aim of the study was to assess the performance of the instrument, and we thought it more appropriate to have couples who knew each other well and were not experiencing each other in the 'first flush' of romance. In real life, when families are asked to provide another family member for additional perspective on the family, the choice of family member is probably made for much the same reason. As the sample of 36 families (or 108 subjects) is small, the results of this study should be considered preliminary. It is recommended that the study be replicated with a larger sample with non-clinical and clinical groups, particularly differentiating between son and daughter scoring of self and parents.

Conclusion

Both the IBM, a self-report measure, and the structured marital interview provided consistent information about the quality of parental relationships, particularly perceptions of care. We found that the wife's perception of care received from her husband is important in shaping the perception of overall family functioning. Daughters seem to be more 'in tune' with the perceptions of care by both parents. Sons are less so, but where noted, are more 'in tune' with their father's perception of care than with their mother's. Perceptions of control are less consis-

tently reported. This suggests that perception of control is more subjective, as the cues are directed at the receiver and are less overt for other family members.

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Appendix

Interview items from the Self-evaluation of Social Support Schedule (SESS) modified to allow witness evaluation

1. How does your father/mother see him/herself as a partner?
2. How reliable is your father/mother as a husband/wife?
3. How much active emotional support has your father/mother given your mother/father in times of trouble?
4. How does your father/mother view the marital relationship overall?
5. How much does your father/mother lean on your mother/father?
6. To what degree does your father/mother confide in your mother/father?
7. How much does your father/mother act as though he/she accepts your mother/father as she/he is?
8. How positive is the time that your father and mother spend together as a couple (from father's/mother's point of view)? Use time spent joking, enjoying mutual activities, having a lot to say to each other, as evidence.
9. Please rate the extent of your father's/mother's negative interaction with your mother/father.

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