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ASSESSMENT OF THE EFFECTS OF COMMUNICATION TRAINING  
ON THE ADULT ELDERLY AND THE ASSISTING ADULT CHILD

DISSERTATION

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By

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This study examined the effects of Systematic Training for Effective Parenting (STEP) on affection, communication, and relationship between elderly parents and their assisting adult children. Twenty-eight pairs of parents and children were randomly assigned to treatment or control groups. Subjects took Quinn's Family Life Questionnaire as pre-, post-, and follow-up tests. Parents and children in the treatment groups attended a four-session STEP workshop.

No significant differences were found on the 2 x 2 analysis of variance for repeated measures for the parents or adult children. Quinn's affection and relationship variables approached significance for the parents over time. His variable affection approached significance for the children over time, irrespective of group. Agreement approached significance for children in the treatment group. The results for the parents regarding affection suggest that the study may have emphasized their feelings of trust. Although the data for relationship approached significance, it was negative, indicating that parents in

the treatment group may have reduced their interaction with their assisting children perhaps because they were learning new communication skills. The data for the children regarding affection approached significance, but it was negative, suggesting they felt free to question their feelings about themselves and their parents. The results for children in the treatment group regarding agreement may suggest that the study increased their awareness of areas of agreement with their parents.

When the data for parents and children were compared, communication approached significance for the parents; that is, they felt more comfortable with their communication with their children than did their children. The variables affection and perception showed significance. The elderly parents perceived their relationship with their children more positively than did their children. Absence of statistically significant data may be explained because Quinn's Family Life Questionnaire was not sensitive enough. Analysis of covariance might have identified significant findings. Increasing the number of participants and informing them of the purpose of the study might also affect a repeated study.

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## CHAPTER I

### INTRODUCTION

The ability to communicate is essential for positive interactions (Bailey, 1985; Bochner & Kelly, 1974; Hess, 1984; Nkongho, 1985). As one ages, there is cessation of functioning at the individual's customary level. One's thought processes decline, as do physiological functions. Assistance may be desirable, although hard to request or accept. Older adults, accustomed to functioning as independent individuals, do not wish to relinquish their independence, even though they may acknowledge the need for assistance (Arling, 1987; Ingersoll-Dayton & Antonucci, 1988; Johnson & Bursk, 1977; Neugarten, 1979; Okraku, 1987; Shanas, 1968). It has been stated (Brody, 1981; Johnson & Spence, 1982; Neugarten, 1979; Shanas, 1968) that the majority of the elderly are in contact with their families. Both the elderly and their families prefer to maintain separate households as long as possible, but the aging process requires the elderly to seek assistance not previously needed. Balancing dependency with the need to maintain autonomy, control, and independence depends to a great extent on the quality of communication among family

members, especially between the older parent and assisting child (Bienvenu, 1969; Gordon, 1975, 1976; Hess, 1984; Kratz & Hall, 1987; Tamir, 1984). Despite the general importance of communication throughout life, few studies of communication between the adult child and parent have been conducted. Moreover, few techniques to improve the communication between adult children and parents have been developed.

Kratz and Hall (1987) have developed a program for the elderly to assist them in communicating with older adults and their children, although the adult parent and assisting child may not necessarily agree on either the need for or the type of assistance. While negotiation and conflict are part of the normal interaction between people (Bienvenu, 1969; Gordon, 1975, 1976; Hess, 1984; Tamir, 1984), this program also acknowledges that (a) not all conflicts can be resolved, (b) some family problems are not solvable, and (c) while it is not necessary to solve all problems, it is necessary to discuss them (Kratz & Hall, 1987).

In general, developing a tool of communication specifically for the adult child and elderly parent has not been investigated. Many studies of the elderly discuss the burden on the assisting child and ways to relieve it, for example, by educating the child about what to expect with aging. Educating the older parent is rarely mentioned.



Likewise, many authors assume that communication is necessary but do not provide specific guidelines to improve communication (Bochner & Kelly, 1974; Brody, 1979; Haggard, 1981; Rosow, 1985). Others address the general importance of listening, speaking loudly, taking time for the message to be received and understood, being aware of the energy level of the receiver, and awareness of both the verbal and nonverbal attributes of messages (Portnoy, 1985).

STEP (Systematic Training for Effective Parenting), a communication technique based on Adlerian principles, is currently being taught to parents to assist them in working with their children. STEP has been selected for use in this study because it teaches specific techniques for communication and provides a rationale for individual behavior. This technique has been selected to determine if it is effective in enhancing the relationship between the assisting child and the older adult, allowing each to maintain self-worth and independence.

#### Statement of the Problem

The problem of this study was to investigate whether the quality of the relationship, affection, and communication between adult elderly and assisting child can be improved when Systematic Training for Effective Parenting (STEP) is taught to both. In this study, the teaching was conducted in a series of group sessions.

## Review of Related Literature

### The Importance of Communication

The relationship between effective communication, self-worth, social identity, and autonomy is critical to interpersonal development throughout life. Social support, which can be either positive or negative, affects physical and psychological health. Social support, a part of communication, can assist one to independently cope with anxiety and difficulties of life (Albrecht & Adelman, 1987b). Social support can communicate that one is esteemed and belongs to a network with mutual obligations (Dean, Kolody, Wood, & Ensel, 1989). Bochner and Kelly (1974) state four reasons for interpersonal communication: (a) to express feelings, (b) to change or influence, (c) to work or create, and (d) to confirm social realities. A favorable social climate enhances effective communication with others. It is important to learn how to meet our interpersonal needs, something not often taught. Instead, society emphasizes task productivity rather than learning how to be socially effective. This omission occurs throughout life.

Wiemann (1977) likewise submits that conversation has many functions, one of which is to establish and maintain the self and social identity. The communicator defines the self through the process of interpersonal negotiation. The point of communication is to develop and maintain

satisfactory social relationships over time. When communication is effective, everyone involved is able to maintain their identity. When communicating capably, one is able to hear the other's message and have one's own message heard in the interaction.

Communication is one of the fundamental components of interactions with others, from which one derives the purpose and meaning of life (Quadagno, 1985) and develops a self-concept (Kafer & Davies, 1984). According to Quadagno (1985), intimacy and strong social networks nurture psychological well-being because people feel needed and wanted and are able to give and receive. On the other hand, expectation of failure in a social setting may prompt one to avoid social activity, thereby leading to disengagement (Kafer & Davies, 1984).

As one ages, the need for effective communication does not diminish. In fact, the physical decline that accompanies aging makes it imperative that one maintain satisfactory social relationships in order to cope with changes and maintain self-worth. Peterson (1985) asserts that fulfillment lies in belonging and participating in communication with family, peers, and others. A full and abundant social life affects one's mental and physical health. Bienvenu (1969) likewise defines communication as the vehicle for interaction--the means of conveying

attitudes, beliefs, facts, feelings, and ideas. The nature of the communication between the participants, including that which is verbal and nonverbal, is a major aspect of human adjustment. When the family members are able to express their thoughts and feelings, others do not have to guess; however, when the family is not expressive, others tend to become adept at reading body language (Halberstadt, 1986).

#### Communication: A Strategy for Coping with Aging

Although adapting to physiological, psychological, and social changes is an ongoing process, adapting to life changes is especially complicated for the elderly. According to Rosow (1985), most individuals try to adjust to life without clear definition, expectation, or standards. He states that role loss reflects decline in responsibility and authority. As one ages, role loss excludes the individual from significant social participation, which then penalizes the individual for nonparticipation. Role loss also denies the person the rewards that were previously given, thereby devaluing the individual. As Neuhaus and Neuhaus (1982) have shown, adaptability of an individual is influenced by (a) the personal perception of life experiences, (b) physical health, (c) social support, (d) finances, (e) housing, (f) medical care, (g) family,

(h) role in life, and (i) recreation. At least five of these factors are related to interpersonal relationships.

The older individual, like everyone else, wants friendships, social contacts, good health, meaningful work, and the ability to enjoy leisure time (Simon, 1977). The elderly are, however, particularly vulnerable to stress, which influences their physical and mental states and capacity for maintaining the physical and social self and self-sufficiency. The worst scenario is dependency, isolation, loneliness, and family conflict (Arling, 1987; Kay, 1989). The challenge then for the elderly is to develop ways of coping with continuing problems which may be complicated by added years.

Aging successfully, according to Anderson (1979), requires a strategy which allows one to be honest about the self, to the self. Moreover, the elderly need to acknowledge their ability to continue to grow, for individuals are capable of developing, learning, and growing throughout the life span (Bengtson & Manuel, 1977; Brody, 1985). The elderly must learn to be vigilant for themselves and acknowledge their capacity and need to shape meaningful ways of life so that society will then be forced to assist (Anderson, 1979). Unfortunately, however, most elderly view the self as remnants of the past rather than as a future self. Despite the physical, cognitive, and personality

changes that age brings, the integrity and agelessness of the self endures (Anderson, 1979). Keller (1986) suggests semantics is the culprit because the word "elderly" has negative connotations, whereas senior citizen implies the ability to be capable.

Pollock (1984) contends that one accepts the judgment of others which says we are old. He sees the older adult as the most underutilized resource due to bias and prejudice. He differentiates between being old (aged) and aging, saying those who are healthy and aged 60 or 70 describe themselves as middle aged, whereas those who are 80 tend to see themselves as old. Warner-Reitz and Grothe (1981) believe aging can be successfully accomplished, and that one area to be dealt with is communication. They suggest peer counseling to assist self-responsibility.

Kratz and Hall (1987) believe that most often conflicts arise between the older parent and child because of the differences in the attempts to fulfill needs. They teach ongoing classes to the elderly in order to assist them with their communication with other adults and their families. Both theory and practice time are provided so the elderly can hone their skills in a supportive atmosphere.

#### Barriers to Communication

In addition to the problems created by the aging process, older adults must also overcome obstacles to

communication created by society's attitude toward the elderly. Curiously, even as medicine and science are increasing the average life span, the elderly are perceived as useless, in the way, and of little or no value (Anderson, 1979; Butler, 1985; Rosow, 1985). This conflict in society's approach to the elderly is further complicated because the modern older person is healthier, lives longer, has more free time, and is in better financial circumstances than the elderly of the past (Brody, 1981).

Despite the generally improved conditions of the elderly, Cutler (1977) asserts that the prevailing view of the elderly as frail, poor, uneducated, immobile, and institutionalized has been carried over from the 1950s. Because this stereotyped attitude toward the elderly persists, even the elderly have grown to accept society's view of them as truth; hence, older persons often play the role expected of them, as blacks and women have done in the past (Friedan, 1985). As a consequence of this attitude, the aged become socialized to an inferior, devalued position with loss of role and status (Rosow, 1974). In short, the elderly suffer the consequence of survival, according to Rosow (1974). Pollock (1984) concludes that the older adult is the most undervalued resource because of bias and prejudice.

Other characteristics of society's negative view of the elderly include the attitude that the older individual is a commodity to be acted upon because the older individual is perceived to be incapable of doing for the self (Anderson, 1979). Haggard (1981) agrees when he says communication with the elderly will only improve when the stereotypical thoughts and the way they are applied to the elderly are recognized and overcome. The elderly are capable of leading independent lives and participating in reciprocal support (Peters, Hoyt, Babchuck, Kaiser, & Tijima, 1987).

The conflict in society's attitude toward the elderly is demonstrated on an individual level by studies which have found that both the young and old describe the elderly in a negative way, yet the older individual excuses the self from the description (Rosow, 1974). In another study, the elderly were very accepting of the self, rating themselves more favorably than either the young or middle-aged (Luszczy, 1985/1986). The age groups studied by Luszczy (1985/1986) agreed they knew self-sufficient and contributing elderly. Moreover, for the reasons cited above, the elderly do not constitute a homogeneous group (Bengtson, Cutler, Manger, & Marshall, 1985; Butler, 1985). For example, the young old (age 65-74) who are independent prefer interpersonal contact and advice on major decisions, whereas the frail elderly



need assistance with both tasks and socialization (Neuhaus & Neuhaus, 1982). Age alone is not adequate to define the elderly, for as Goodstein (1985) points out, old age is more a matter of functional status than chronological age.

Most authors agree that communication with the elderly will only improve when society overcomes its negative attitude toward aging and the elderly. Freeing society of its negative stereotyping of the elderly will allow each person to develop and maintain self-worth and autonomy throughout life (Haggard, 1981).

#### The Family and Communication with the Elderly

Just as society's attitudes influence communication with the elderly, so does the family. According to Brody (1981), more generations of families are living concurrently today than ever before. The family is both a source of support as well as stress (Johnson & Catalano, 1983; Rook, 1984; Scharlach, 1987a). Smyer (1984) sees aging as a complex family affair. He defines the family as spouses, children, parents, grandchildren, grandparents, siblings, and cousins. Support is given economically as well as through personal contact and by other means. The family is a major resource for those facing the stresses of later life. The older adult, until impaired, actively contributes to the family throughout the life span.

Stress may arise, however, when the elderly parent's need for assistance jeopardizes his or her need to maintain independence. Brody (1979) reminds that the needs of the total family are to be assessed. While independence is stressed, in reality interdependence is what is important. She believes the task of aging can be mastered as other tasks throughout the life cycle have been managed by the individual. Every family, and every family member, has its own personality; each influences the other, as does society's definition of normal or acceptable. The fear is loss of control over one's life, surrendering to another's will, that is, not having mastery over the self. The ability to deal with stress depends on the quality of the relationship between the generations. In order to meet the needs of both generations, one needs to be able to negotiate successfully. The elderly want to give and receive important aspects of the feelings of value, worth, pride, and self-esteem.

As the older adult ages, the need for assistance increases as resources such as health, energy, job, and neighborhood change, and dependency is difficult for all concerned (Arling, 1987; Bass & Noelker, 1987; Ingersoll-Dayton & Antonucci, 1988; Remnet, 1987). In general, the elderly desire to live independently (Okroku, 1987; Shanas, 1968). Despite this desire for independence, the adult

child and parent turn to the other in time of need (Cicerelli, 1986; Field & Minkler, 1982; Neugarten, 1979; Shanas, 1968).

When communication within the family regarding the needs of the older parent is inadequate, conflicts may arise. For example, Britton, Mather, and Lansing (1961) consider that the adult child's role with the aging parent is to provide support, not control. The decision-making role should only be assumed when the parent defaults the responsibility. They state the aging parent's role is to be responsible for the self as long as possible, yet to be willing and able to accept assistance when necessary. Butler (1985) agrees when he states that often elderly people are not assisted or allowed to exercise their capacities. The parent needs to be considerate of the self, as well as the other, and be able to recognize that freedom carries with it the acceptance of the consequences of actions. Sillars and Scott (1983) state that intimates tend to misunderstand each other because each assumes the other's attitude is the same. An intimate is defined as one who has repeated interaction with high emotional involvement. An intimate relationship is not objective and is very complex, as are relationships among family members, especially parents and children.

Identifying needs accurately can sometimes cause problems. Cicirelli (1981) states that the adult child provides for the needs perceived by the child, not those stated by the parent, and there is apt to be a sizeable difference between the two. He recommends frequent and regular communication between the adult child and parent to avoid this problem. When unsolicited help is given, both the giver and the recipient perceive the action differently. McMahon and Ames (1983) suggest that the assisting adult be taught to assist with problem solving in order to either assist with stress or preferably to prevent the occurrence of stress. Fischer (1985) points out that children who assist their parents see role reversal occurring, whereas the parents neither see nor describe the relationship in this manner. When the parent loses physical control, the parent grieves for the self, whereas the child deals with the parent's grief as well as the child's own grief. Hyde (1988) suggests that social support is viewed as a communication process; to improve the support, one should improve communication.

Individuals find meaning in different aspects of their environment. Because meaning is an interpretation created by each person, it is important to understand events through the personal framework of the other (Rubinstein, 1989). When one individual receives aid that cannot be

reciprocated, it tends to make the recipient feel guilty and less likely to request needed help (Ingersoll-Dayton & Antonucci, 1988). Townsend and Poulshock (1986) state that older persons may not wish to admit they need care for fear of becoming dependent, indebted, or unequal. Thomas and Settersten (1986) wonder if the relatively independent recipient of care would welcome assistance if interventions were designed to help the recipient aid the care giver. Remnet (1987) states that neither the adult child nor the elderly parent has been prepared to accept the role changes. She suggests that the parent needs to be recognized and accepted as a person with problems and concerns rather than as merely a parent. She believes the child is afraid to be open for fear the parent will not understand, or that the parent should initiate the interaction. Social interaction does not mean social support. Ideally, one only has positive interactions, but reality does not support this. Negative interactions appear to carry more weight than positive ones, whether in personal or formal situations. We are unable to assume the quality of the social relation by the role the relative plays (Rook, 1984). Bengtson (1979) found that the parent wanted the adult child to take less responsibility for the parent. He agrees that older adults need control, dignity, and autonomy. He sees old age as a lifetime of coping and experiencing, in other words,

survivorship. He notes that while conflict is normal between people, it does not have to be destructive. Family negotiation is necessary because every generation has its own development agenda.

Conflict is, of course, inherent in any relationship, but, as Gordon (1975) points out, the problem is not the conflict but rather is the way it is resolved. As he states, no one enjoys being told what to do, warned, preached at, maligned, blamed, or made to feel guilty. Moreover, it is not always necessary to agree with another (Gordon, 1976). It is permissible to be upset, concerned, or bothered. Individuals have the right to solve their own problems because doing so enhances their rights as adults and increases mutual respect, while encouraging the individuals to be the most they can be. Communication is clearly the best way to resolve problems and maintain good family relations (Albrecht & Adelman, 1987a). Johnson and Spence (1982) found that when adult children are asked about the quality of their relationship with parents, those with a fair to poor relationship say it is because the parent does not listen, does not accept help, and is narrow-minded. Those with a good relationship say it is because of mutual respect. The elderly with few choices, few friends, and ill health ask for help from children. Hirschfield and Dennis (1979) found that older parents would prefer to have

communication with children rather than financial support. Effective communication enhances the opportunity for the interaction between the elderly and assisting child to be characterized by maturity and equality (Quinn & Keller, 1983).

Pratt (1976) defined shared power, decision making, and functional autonomy of family members as characteristics of families that interact effectively. The stimulation and exchange that occurs between interacting family members generates ideas and coping skills to meet the stresses of living. The family needs to acknowledge the uniqueness of each family member and to assist each member to become self-actualized. Each family has a way of relating that sets the limits of permissible actions of the members. Silverstone and Hyman (1982) point out that help for the elderly may not be appropriate if the assistor does not listen or pay attention to the desires or inclinations of the parent. They suggest that sufficient time is not taken to understand or evaluate parents and how they are adapting to aging and loss. They continue that it is appropriate to say "no" and to problem solve with the parent.

Blenkner (1965) states when the child can interact with the parent as a person and not a parent, each can avoid hostility and negativity. According to Blenkner, this process is not role reversal but one of adapting a filial

role, that is, becoming a dependable person on whom the parent can depend. Seelbach (1977) defines filial responsibility as the attitude of the person responsible for maintaining parental well-being with emphasis on care, duty, and protection. He notes that while the elderly prefer independence, they expect their children to assist when needed. Filial maturity, according to McMahon and Ames (1983), is the ability to accept aging parents, giving help and support while appreciating the parent's relevance in the child's life.

Physical distance has not been shown to be a barrier to effective communication. Silverstone (1979) cautions that one needs to be aware of the need for both intimacy and distance in both the older adult and the assisting child. Family members are capable of being caring and responsible without necessarily being intimate. Johnson and Bursk (1977) affirm that the quality of the communication between the adult child and parent is more indicative of the type of relation than the location of the pair. Antonucci and Akuyama (1987) believe parents and children remain in supporting networks throughout life, even though the nature of the relationship may change with time. Moss, Moss, and Moles (1985) agree that parent-child ties are strong, are shaped by years of shared experience, and remain important throughout the life span. "Intimacy at a distance" is



preferred by the elderly in order to avoid interference and conflict while maintaining independence and privacy (Okraaku, 1987, p. 280).

According to Yaffe (1988), communication ensures closeness, even when one communicates by phone, mail, or in person. Dewit, Wister, and Burch (1988) found that important communication occurs regardless of the proximity of the involved people. Parsons, Cox, and Kimboko (1989) found that elders are concerned about being a burden and are reluctant to tell their problems or difficulties to the caregiver. In fact, they may avoid communication to prevent conflict. It was stated that neither the family nor the elders knew how to develop satisfactory multigenerational roles and relationships. Elders are willing to share their problems, just not with caregivers (Parson, Cox, & Kimboko, 1989).

#### Studies of Communication with the Elderly

Despite the importance the elderly and others attribute to communication, there is a paucity of research on communication between the older adult and the assisting child. Brody (1986) states that most people can expect to assist at least one parent or parent-in-law sometime in their life. She believes the very old (85 and older) will become dependent. Because acute illnesses often are not deadly, the chance of living with a chronic long-term

illness is more likely. Moreover, the family provides 80% of the care given the elderly. Bass and Noelker (1987) state that care is given for at least two hours per day over a six-year period.

In response to these research findings, Johnson and Spence (1982) developed a program to assist the adult child with the parent. It has two aspects: (a) to teach what normal aging consists of and (b) to train the adult child in communication techniques, including active listening, based on Gordon's P.E.T. (Parent Effectiveness Training) model. Two workshops were given. One consisted of four, 2-1/2 hour sessions; the other was an all-day workshop. Attendees were volunteers, 21 years of age or older, who had heard about the workshops through advertisements in the papers, radio, and flyers. The evaluation was based on any change noted in affect and cognition of the participants. None of the participants in the all-day workshop told their parents. Two-thirds of the participants in the four-week session did not tell their parents about the workshop because they feared a negative response. The posttest scores showed modest improvement of the test group over the control group. The authors concluded that education of the family about aging parents, plus additional communication techniques, was beneficial.

Johnson (1977) conducted a nonprobability study of 90 pairs of Italian daughters and their single mothers, aged 60 and older, selected from the noninstitutionalized community. Each participant was individually interviewed once. The questionnaire used was modified from a questionnaire used in a previous study by Johnson and Bursk in 1977. It had six areas: general background, living arrangements, attitudes toward aging, health, finances, and mother-daughter relationship. The affective quality of the relationships was studied by asking about the frequency of interaction between the dyad, their openness of communication, the extent they believed they could rely on the other, and the way they felt about the time spent together. She concluded that parents with inadequate resources relied on their children and possibly suppressed themselves in order to receive the needed aid. Those with adequate resources did not feel the need to be compliant.

Quinn (1983) interviewed 171 adult elderly over 65 and mailed questionnaires to 143 adult children over age 21. The questionnaires for the adult children and parents were different. The questionnaire for parents included financial status, quality of the relationship, affection, communication, consensus, filial expectations, living environment, and nonfamily associations. The questionnaire for adult children included all of the above areas except

living environment, nonfamily associations, and filial expectation; it included filial responsibility. While no intervention was done with either of the two groups, Quinn demonstrated the quality of the relationship between adult children and parents affected the parents' well-being.

Scharlach (1987a) states the quality of the relationship is more important than the quantity. He conducted a study with 37 middle-aged women and 24 parents. After completing a questionnaire, participants were then assigned to one of three groups: (a) a cognitive-behavior group to reduce the unrealistic expectations of the daughters, (b) a supportive-educational group to increase the daughters' awareness of the mothers' needs, or (c) a control group. The interventions were conducted once a week for two weeks with weekly phone contact for six additional weeks. The participants completed a modified version of the questionnaire at the end of the study; it was determined that the cognitive-behavioral approach was more effective. This approach helped the daughters clarify what was a realistic, responsible goal. This approach also emphasized acknowledging the mother's self-reliance to avoid unnecessary dependency. The filial role was redefined for the daughters to help them see that feeling burdened was negative to parent and child.

In one study, elderly individuals between the ages of 60 and 90 were taught communication techniques over a six-week period (Hyde, 1988). All of the subjects were alert, healthy, and lived self-sufficiently. The focus of the program was empathic communication, including attending and reflective listening. Each session included discussion and role play. It was noted that the important part of interpersonal relationships was the quality not the quantity of relationships. Hyde concluded that communication was an appropriate area for intervention in order to improve one's social support.

The elderly are living longer and may need assistance as the aging process diminishes their ability to cope. The family is the largest resource that the elderly can turn to for help. This study investigates the potential benefits of improving communication for both the assisting child and the older parent.

## CHAPTER II

### METHODS AND PROCEDURES

#### Purpose of the Study

This investigation sought to discover if the quality of the relationship, affection, and communication between the adult elderly and assisting adult child can be improved when a communication technique (STEP) is taught to both.

#### Hypotheses

To carry out the purpose of the study, the following hypotheses were tested:

1. The adult elderly subjects undergoing specified training in STEP principles will score significantly higher ( $p = <.05$ ) than the adult elderly control subjects on affection, communication, and relationships, as measured by Quinn's Family Life Questionnaire.
2. The assisting adult child subjects undergoing specified training in STEP principles will score significantly higher ( $p = <.05$ ) than the adult child control subjects on affection, communication, and relationships, as measured by Quinn's Family Life Questionnaire.

3. The communication scores of the adult elderly in the treatment group will be significantly greater ( $p = <.05$ ) than the communication scores of the assisting adult children in the treatment group.

#### Definition of Terms

For the purpose of this study, the following terms are defined:

1. Primary Assisting Adult Child--the child 21 years of age or older who perceives himself or herself to be the primary assisting adult child and is so identified by the older adult.

2. Older Adults--adults who are retired; live in a home, apartment, or condo, either alone, with a family member, or with a nonrelated individual; are mentally alert, that is, oriented to time, date, place, and person; and are 60 years of age or older. This investigator verified that the older adult subjects met these criteria.

Sixty years of age or older was selected as a criterion for defining the older adult based on definitions which appear in the literature and definitions used by governmental and private agencies. The Department of Labor, for example, defines an older worker as one who is 45+. Some discount retail stores and buses offer reduced prices to those 60 years of age and older; security benefits are given at either age 62 or 65 (Haggard, 1981). Hyde's study

(1988) defined the elderly as 60-90 years of age. The American Association of Retired Persons solicits individuals who are 50 years of age or older. Warner-Reitz and Grothe (1981) defined senior citizens as 55 years of age or older, whereas Johnson (1977) and Pollock (1984) used 60 years of age as their criterion for senior citizens.

The variables affection, communication, and relationship were defined using the descriptors for each found in Quinn's Family Life Questionnaire.

3. Affection--how one family member felt about the other who was part of the study, and how much it was believed that the second family member had the same feelings for the first family member.

4. Communication--the way participants interact with each other, and the comfort level and tone of voice used.

5. Relationship--the frequency of seeing, talking, or writing to the other family member in this study.

### Subjects

This study focused on the elderly parent and the assisting adult child. The older adults included in this study: (a) were retired; (b) lived in a home, apartment, or condo, either alone, with a family member, or with a nonrelated individual; (c) were mentally alert, that is, oriented to time, date, place, and person (Kahn, Goldfarb, Pollack, and Peck, 1960); and (d) were 60 years of age or



older. Subjects were sought by contacting noninstitutionalized settings such as senior citizen centers, retirement homes, nutrition centers, churches, synagogues, supermarkets, beauty parlors, and friends of those contacted in the Dallas-Fort Worth, Texas, metroplex. Permission to solicit subjects for this study was obtained from responsible parties at each facility contacted. Most subjects in this study were obtained via word of mouth. Some subjects who met at a nutrition center in Dallas volunteered for the study. Those who agreed to participate as well as those who were not able to do so were asked for names of possible subjects. The researcher spoke in person with all potential subjects to ask them to participate in a study dealing with the family.

Each older adult was asked to identify his or her primary assisting adult child. The researcher contacted this child by phone to verify that he or she was at least 21 years of age, was willing to participate in the study, and perceived himself or herself to be the primary assisting adult child. In order to establish a baseline, all participants were given Quinn's Family Life Questionnaire, one version for the parents, another for the adult children. All but five of the parents met to fill out the first questionnaire; the remaining five received the questionnaire by mail. Because of time constraints, only 25

of the 28 adult children were able to meet to answer the questionnaire; the remainder received the questionnaires by mail. The questionnaires were answered in the same places that the classes were later held: (a) a church in Oak Cliff, (b) a church in Ft. Worth, and (c) the investigator's office in Dallas.

The experimental groups, composed of the adult parents and the assisting adult children, were taught the STEP principles by the researcher. The adult parents, ranging in age from 62 to 84, were randomly assigned to either the treatment or control group using a table of random numbers. The assisting adult children, ranging in age from 24 to 54, were assigned to the corresponding group for congruence. A total of 36 subjects (18 parents and 18 adult children) were assigned to the experimental group and 32 (16 parents and 16 adult children) were assigned to the control group. Five member pairs of the experimental group dropped out for various reasons during the course of the study. Two adult children were unexpectedly unable to take the scheduled workshop classes, although their parents did. One of these children filled out all three questionnaires; the other filled out the first one but, despite repeated promises, did not complete the others. The final number of parents in the experimental group was 13; the number of their assisting adult children who attended class was 11.

Two control groups were created: one composed of 15 parents and one composed of their 15 assisting children. After the initial testing with the Quinn's Family Life Questionnaire, the control groups had no contact with the researcher until the first posttest, approximately two months later. One adult child in the control group was too ill to meet to fill out the pretest questionnaire, so it was mailed to him. Then he fell, broke his hip, and never completed the questionnaire, although his father completed all the questionnaires. Despite agreeing to be a part of the study and after repeated phone calls, another adult child in the control group did not fill out the questionnaires, and the parent did not send in the follow-up questionnaires. One parent in the control group refused to fill out the last questionnaire. The final number of subjects in the control group was 29 (15 parents and 14 adult children).

The experimental groups for parents and assisting adult children were further divided into groups no smaller than three nor larger than six. One and one-half hour sessions were held once a week for four weeks to teach the STEP principles to participants in the experimental groups. Although each participant understood that he or she was expected to attend each session, not all participants attended every session. Three subjects (one adult child,

two parents) attended only one session; two subjects (one adult child, one parent) attended only two sessions; 11 subjects (five adult children, six parents) attended three sessions; and eight subjects (four adult children, four parents) attended all four sessions of the workshop.

Because multiple classes were held each week, participants were encouraged to attend another one of the classes if possible. This researcher drove participants when necessary and possible to assure attendance and compliance.

Participants in the experimental and control groups were retested with Quinn's Family Life Questionnaire one week after the completion of the classes. All groups were retested with Quinn's Family Life Questionnaire again three weeks from the date of the first posttest, after the participants had time to internalize and utilize the knowledge. The workshop began on November 27, 1989 and ended on December 23, 1989. Participants elected to answer the follow-up questionnaires at home and return the questionnaires by mail. The control group was offered the opportunity to learn the STEP principles at the next series of workshops, to be offered in the summer of 1990.

#### Instruments

Quinn's questionnaire on quality of relationship, affection, communication, consensus, and filial attitudes was developed from literature addressing the relationship

between older adults and their adult children. A panel of three expert judges who understood the study and the associated literature assessed the questionnaire for content validity. When necessary, items were added, changed, or deleted to meet the functional and conceptual definition of each item. A pilot study for reliability was conducted using the test-retest procedure. The reliability coefficients from Quinn's (1983) study are noted in Table 1.

Table 1

Quinn's Reliability Coefficients (1983)

	Older Parents <sup>a</sup> Pearson $r$	Adult Children <sup>b</sup> Pearson $r$	$\bar{X}$	SD
Quality of relationship	.65	.90	9.196	981.000
Affection	.83	.92	84.287	5.702
Communication	.75	.94	151.427	14.688
Consensus	.54	.75	11.916	2.509
Filial responsibility		.88	33.832	4.519
Filial expectations	.74		31.189	5.250

<sup>a</sup> $N$  = 21-26. <sup>b</sup> $N$  = 33-43.

The means and standard deviations of the variables in Quinn's model were reported in an original R matrix, which combined the scores of the adult children and parent for all

variables except filial responsibility and filial expectations.

Quinn (1983) developed two questionnaires, a relatively short one for the adult child (Family Life With Older Parents) and one for the older parent (Family Life After 65 in Roanoke). Questions from the older parent's questionnaire were added to the adult child's questionnaire so both questionnaires are essentially the same, except that the parents' questionnaire uses the phrase "your child," and the children's uses "your parent." The sections on affection, communication, and relationship contain the same questions and wording used by Quinn. In other sections, however, Quinn's exact wording was not used. Questions had to be reworded because the questionnaires used in this study were self-administered, whereas Quinn recorded answers for the older subjects who participated in his study. For example, Quinn's question, "Is your health now better, the same, or worse than it was two years ago?" was rephrased as "How do you compare your health now to your health two years ago?" Options for answers are "worse, about the same, and better." Clearly, this kind of change does not affect the meaning or the information sought. Other such changes were made to accommodate the method of self-administration.

Quinn's sequence of sections was not maintained because not all sections were used. One section asking for opinions

of the self was not included in either questionnaire. Nine identical questions about communication between the parent and child were added to the end of both questionnaires. The section asking the parents about activities and leisure time was omitted as was the section with open-ended questions for the parent. The questionnaire includes Quinn's questions on background information, interactions, relationships, communication, consensus, affection, expectations each has about the other, and perceived responsibility for one's actions. Six identical open-ended questions about what each participant thought of the study were added to the first and second posttest questionnaires for both the parent and adult child. One question asking about the quality of communication between parent and child since the study was added to the final posttest for both the parents and adult children.

When Dinkmeyer's permission to use STEP for this study was requested, he suggested that this writer consult two of his other books, Time for a Better Marriage and Taking Time for Love. Some phrasing from these books was borrowed; however, the approaches used in these books are for adults of the same generation, which was incompatible with the purpose of this study. The STEP treatment was condensed from the usual nine weeks to four weeks because the subjects

attended regularly scheduled workshops instead of using STEP as a self-paced home study.

The material used was phrased to accommodate adult subjects. The exercises given were based on the subjects' actual life experiences and were practiced as role play, with each individual having the opportunity to be a sender, receiver, and observer. Each participant received a handout at the end of each workshop. STEP focuses on what the parent can do to enhance communication with the child. This study focused on what the assisting adult child and the older parents can do to improve communication between them.

#### Limitations

The outcome of the this study may have been limited by the following:

1. The subjects may have been positively biased because those family members who were willing to participate in the study may have already been in a good relationship.
2. The heterogeneous groups represented different economic, cultural, racial, and religious groups.
3. The ages in one adult child group ranged from 24 to 54.
4. Not all members of the group attended all four sessions.
5. The groups did not necessarily have the same group member composition for each meeting.



## CHAPTER III

### RESULTS AND DISCUSSION

This chapter presents the findings of this investigation, discussion of related findings, and conclusions and recommendations based upon the findings.

#### Demographic Data

Twenty-eight parents participated in the study, with an average age of 71. Twenty-two were females (10 females in the experimental group and 12 in the control group). Six parents were male (three in the control group and three in the experimental group).

Both the parents and adult children considered their own health now about the same as it was two years ago. They believed their health was about the same as that of others their age and said their health prevented them "a little" from doing things they would like to do. The parents rated their overall health as fair, whereas the adult children rated their overall health as good.

There were 28 children, with an average age of 41. Thirteen were in the experimental group. Ten females and one male actually participated in this group; one male and

one female did not. The male in the experimental group who did not attend the workshop answered all the questionnaires; the female answered only the pretest. Of the 15 children in the control group, 10 were females, 4 were males who actually participated in the study, and 1 was a male who was unable to complete the study.

The only two races identified by the participants were Caucasian (25) and Black (3). Two Black parents and their children participated in the experimental group; one Black parent and child participated in the control group.

The parents' average annual income was between \$15,000 and \$20,000, whereas the children's average annual income was between \$20,000 and \$30,000. Some parents and adults mismarked their educational level. When two of the three choices on the three questionnaires agreed, that answer was chosen for the purpose of this study. Twenty-seven parents and adult children answered the questions on their educational level.

Twenty-six parents (15 in the control group and 11 in the experimental group) were retired. Two were employed part-time after retiring from their original occupations. In the experimental group, 1 child was not employed, 2 were employed part-time, and 10 were employed full-time. In the control group, 1 child was not employed, 2 were employed part-time, and 11 were employed full-time.

Six parents in the experimental group and 10 in the control group were married. Six in the experimental group and five in the control group were widowed, and only one participant, a parent in the experimental group, was divorced.

#### Analysis of the Data

Hypotheses 1 through 3 were tested using a 2 x 2 analysis of variance for repeated measures. Hypothesis 1 stated that the adult elderly undergoing training with STEP will score higher ( $p = <.05$ ) than the adult elderly control subjects on affection, communication, and relationship, as measured by Quinn's Family Life Questionnaire. Table 2 reflects the findings for the parents in the experimental and control groups on the pretest, posttest, and follow-up questionnaires. As shown in Table 2, the group main effect for the variables was not significant.

The data for Quinn's subtest relationship variable approached significance when the data for parents in the experimental and control groups were compared over time ( $F_{2,42} = 3.15, p = <.053$ ).

The mean score of the experimental group showed a slight increase on the posttest and a decrease on the follow-up questionnaire. The data for the control group were essentially the same on the pretest and posttest with improvement shown on the follow-up questionnaire.

Table 2

Mean and Standard Deviation for Parents in the Experimental and Control Groups on the Pretest, Posttest, and Follow-Up Questionnaires

	<u>Experimental (N=13)</u>						<u>Control (N=15)</u>					
	<u>Pretest</u>		<u>Posttest</u>		<u>Follow-up</u>		<u>Pretest</u>		<u>Posttest</u>		<u>Follow-up</u>	
	<u><math>\bar{X}</math></u>	<u>SD</u>	<u><math>\bar{X}</math></u>	<u>SD</u>	<u><math>\bar{X}</math></u>	<u>SD</u>	<u><math>\bar{X}</math></u>	<u>SD</u>	<u><math>\bar{X}</math></u>	<u>SD</u>	<u><math>\bar{X}</math></u>	<u>SD</u>
Affection (11-44)	41.3	4.4	42.0	3.2	42.0	2.9	40.0	3.8	41.9	2.6	41.5	2.5
Agreement (2-8)	6.6	1.4	6.5	1.6	6.9	.9	6.3	1.3	6.1	.9	5.8	1.5
Communi- cation (25-125)	84.8	6.4	82.7	4.4	83.3	6.2	84.0	7.9	83.6	6.9	83.8	6.4
Relation- ship (3-21)	13.4	2.4	13.6	2.1	12.8	2.5	12.7	2.2	12.6	2.1	13.4	1.6
Perception (9-45)	39.1	5.9	40.4	7.1	40.5	4.9	39.3	4.4	38.8	2.8	38.3	3.6

The data for Quinn's subtest of affection variable approached significance over time ( $F_{2,42} = 3.14, p = <.054$ ). The first hypothesis was not supported and therefore was rejected.

The second hypothesis stated that the adult children undergoing the STEP training would score higher ( $p = <.05$ ) than the control subjects on the variables affection, communication, and relationship, as measured by Quinn's Family Life Questionnaire, as reflected in Table 3.

Table 3

Mean and Standard Deviation for Adult Children in the Experimental and Control Groups on the Pretest, Posttest, and Follow-Up Questionnaires

	<u>Experimental (N=13)</u>						<u>Control (N=15)</u>					
	<u>Pretest</u>		<u>Posttest</u>		<u>Follow-up</u>		<u>Pretest</u>		<u>Posttest</u>		<u>Follow-up</u>	
	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD
Affection (11-44)	40.6	4.1	39.9	4.9	40.3	4.8	40.9	3.3	39.9	4.5	39.0	5.6
Agreement (2-8)	5.4	1.6	6.1	1.6	6.1	1.7	5.8	1.1	5.4	1.5	5.8	1.1
Communi- cation (25-125)	80.8	4.6	81.1	6.3	81.6	6.1	78.6	5.4	81.1	6.3	81.9	6.2
Relation- ship (3-21)	13.7	2.1	12.4	2.1	12.5	2.1	12.7	3.0	12.6	2.2	12.6	2.4
Perception (9-45)	35.7	6.2	35.1	8.2	36.8	6.9	34.6	6.3	34.4	6.5	34.1	7.6

The group main effects for all of the variables were not significant.

When the results of the pretest, posttest, and follow-up questionnaires for the adult children in the control and experimental groups were compared, the data for Quinn's subtest of the agreement variable approached significance ( $F_{2,48} = 2.93, p = <.06$ ).

A positive shift is noted for the experimental group, whereas the mean of the control group showed a slight decline at the posttest but returned to the pretest level on the follow-up questionnaire.

The data for Quinn's subtest of the affection variable approached significance for the adult children for the variable affection over time without regard for group ( $F_{2,48} = 2.8, p = <.07$ ). The adult children, regardless of group, showed a decrease on the variable affection.

The second hypothesis stated that the scores of adult children in the experimental group will be significantly higher than the scores of adult children in the control group on affection, communication, and relationships. The second hypothesis was not supported and therefore was rejected.

The third hypothesis stated that the communication scores of the parents would be significantly greater ( $p = <.05$ ) than the communication scores of their adult children in the treatment group. The main effect for group by kin, the main effect by group, the effect of time, and the effect of group by kin by time were not significant (see Table 4).

Table 4

Mean and Standard Deviation for Parents and Adult Children in the Experimental and Control Groups on the Pretest, Posttest, and Follow-Up Questionnaires

	<u>Experimental</u>						<u>Control</u>					
	Pretest		Posttest		Follow-up		Pretest		Posttest		Follow-up	
	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD
<b>Affection</b>												
Parent	41.3	4.4	42.0	3.2	42.0	2.9	40.0	3.8	41.9	2.6	41.5	2.5
Child	40.6	4.1	39.9	4.9	40.3	4.8	40.9	3.3	39.9	4.5	39.0	5.6
<b>Agreement</b>												
Parent	6.6	1.4	6.5	1.6	6.9	.9	6.3	1.3	6.1	.9	5.8	1.5
Child	5.4	1.6	6.1	1.6	6.1	1.7	5.8	1.1	5.4	1.5	5.8	1.1
<b>Communication</b>												
Parent	84.8	6.4	82.7	4.4	83.3	6.2	84.0	7.9	83.6	6.9	83.8	6.4
Child	80.8	4.6	81.1	6.3	81.6	6.1	78.6	5.4	81.1	6.3	81.9	6.2
<b>Perception</b>												
Parent	39.1	5.9	40.4	7.1	40.5	4.9	39.3	4.4	38.8	2.8	38.3	3.6
Child	35.7	6.2	35.1	8.2	36.8	6.9	34.6	6.3	34.4	6.5	34.1	7.6
<b>Relationship</b>												
Parent	13.4	2.4	13.6	2.1	12.8	2.5	12.7	2.2	12.6	2.1	13.4	1.6
Child	13.7	2.0	12.4	2.1	12.5	2.1	12.7	3.0	12.6	2.2	12.6	2.4

Two variables, communication and perception, approached significance within the effect of kin irrespective of time or group. Quinn's subtest of the communication variable approached significance ( $F_{1,45} = 3.89, p = <.055$ ).

The mean averaged for the parents is 83.7, with a standard deviation of 6.4. For the adult child, the mean averaged is 80.9, with a standard deviation of 5.8.

The variable perception was significant ( $F_{1,45} = 6.7, p = <.013$ ), irrespective of time or group within the effect of kin. The averaged mean for the parents is 39.4, with a standard deviation of 4.8. For the adult children, the averaged mean is 35.1, with a standard deviation of 6.9.

Quinn's subtest of the relationship variable approached significance when the groups were compared over time ( $F_{2,90} = 2.7, p = <.07$ ).

When the data for parents and adult children are looked at over the time period of the study, a significance is noted for Quinn's subtest of the affection variable ( $F_{2,90} = 5.79, p = <.01$ ).

The means for the parents increased from the pretest to the posttest, with a negligible decline on the follow-up questionnaire. The adult children's scores show a decline from the pretest to the follow-up questionnaire. The third hypothesis was not supported and was therefore rejected.

#### Results of the Six Open-Ended Questions

The posttest and follow-up questionnaires contained the same six open-ended questions. On the posttest questionnaire, all of the 13 parents answered the questions,



whereas only 11 of the 13 answered them on the follow-up questionnaire. Eleven of the 13 adult children in the experimental group answered them on both the posttest and the follow-up questionnaires. Not all respondents answered all the questions, and some respondents gave more than one answer to a question. Three of the 15 parents in the control group answered all the questions on the posttest questionnaire, whereas only two answered all of them on the follow-up questionnaire. Four of the adult children in the control group answered these questions on the posttest questionnaire, whereas only three answered them on the follow-up questionnaire. The number of subjects who provided the various responses appears in parentheses following each response below.

Posttest answers of the parents in the experimental group for the first question, "What did you get out of the classes?" were as follows: how to get my point across without losing my temper (1); how to really listen to others (3); good information (1); broader perspective of human relations (1); and showed how good the relationship currently was with the child (1). The answers from the adult children in the experimental group were as follows: ability to say no (1); more effective communication (4); ability to vent frustration (1); how to better communicate with the family (2); awareness of own choices in

communicating with the parent (1); own part in creating the relationship problem (1); awareness of own communication (1); how to listen (1); be less bossy and opinionated (1); how to own the situation better in relating to others (1); not much as heard before (1); and nothing (1). The parents' answers on the follow-up questionnaires were as follows: be honest with self (1); learned to communicate better (1); really listen to hear what the other is saying (2); learned about myself (1); how to give "I" messages (1); and contact with others (1). The adult children's answers on the follow-up questionnaire were the following: information (1); improve communication skill (2); blow off steam and obtain stress relief (1); awareness of giving unasked for advice (1); improved communication with parent (1); increased awareness of communication, that is, listening (1); improved understanding of relationship with parent and appreciation of this (1); and not much (2). None of the members of the control groups answered this question because they did not attend the classes.

"What did you like about the classes?," the second question, elicited the following replies from the parents in the experimental group on the posttest questionnaire: the teaching (1); everything (2); informality (1); agreement among group members (1); information and interaction with the group members (2); everyone has problems, helps to talk

to solve them (1); one-on-one discussion (2); communication (2); empathy (1); feeling of closeness with the other participants (1); sharing expectations (1); open, candid discussions (1); and meeting new people (2). The answers of the adult children in the experimental group on the posttest questionnaire were as follows: everything (2); people in the groups (3); ability to share and be heard (3); enjoyable, relaxed atmosphere (2); role playing (1); and communication (2). The parents' answers on the follow-up questionnaire were as follows: eye contact (1); sharing feelings with other parents (1); the interactions (3); closeness (1); openness and honesty of the group (1); meeting people from different backgrounds (1); learning to talk with others (1); and everything (1). Answers from the adult children's follow-up questionnaire were as follows: ways to problem solve (1); knowing nice people (2); made problems seem minimal (1); interaction (1); role-playing (1); and everything (2).

The third question, "What did you dislike about the classes?," elicited the following answers from the parents on the posttest questionnaire: not enough participants (3); time of meetings (1); meeting before the holiday (2); too short (1); nothing (5); and one said "Wished I had a better relationship with my child." The adult children's replies to the posttest questionnaire were the following: not

enough new information (1); inconsistent attendance (1); put on the spot to role-play (2); self-confrontation (1); assumption that the classes were needed (1); not starting on time (1); not enough time (1); unattractive meeting place (1); and nothing (2). Parents' replies on the follow-up questionnaire were the following: the schedule (1); not enough participants (1); driving to class (1); too short (1); and nothing (5). On the follow-up questionnaire, the adult children gave the following replies: too short (2); little variety in class (1); made to talk (1); travel to class in inclement weather (1); insufficient explanation of the purpose (1); not like to expose myself (1); tardiness of some participants (1); and nothing (2). One adult child in the control group stated on the follow-up questionnaire that answering the questionnaires was disagreeable. This child also said the questionnaires made her aware of feelings not previously recognized, without specifically saying what they were.

The fourth question, "What recommendations would you suggest to improve the classes?" elicited these replies from the parents on the posttest questionnaire: more advance notice of the groups (1); more group members (4); more groups in other areas of the city (1); consistency of time and place (1); consistent attendance (2); variety in the exercises (1); more time (1); and nothing (3).

Responses of the adult children on the posttest questionnaire were as follows: more participants (3); combine the parent and child groups after the first two sessions (1); make more specific to the parent/child relationship (1); more places and time for sessions (1); explain the goals (1); give handouts at the beginning not end of session (1); and nothing (1). On the follow-up questionnaire, parents made suggestions such as: more participants (1); more time (1); ask someone else to participate (1); give advance schedule notice (1); and nothing (2). Responses of the adult children on the follow-up questionnaire were as follows: give classes more frequently (1); clearer overview of what to expect (1); give time to know each other before becoming personal (1); longer classes (1); and nothing (1).

On the posttest, all parents in the experimental group answered "yes" to the fifth question, "Would you recommend this to a friend?" Answers of the adult children on the posttest were as follows: Yes (8), No (3), and undecided (1). On the posttest questionnaire, one parent in the control group answered "Yes," and one answered "No." Only one adult child in the control group answered "Yes" on the posttest questionnaire. On the follow-up questionnaire, 11 parents in the experimental group answered "Yes." Ten children in the experimental group answered "Yes," and two

answered "No." One parent in the control group answered "Yes" on the follow-up questionnaire, and one child in the control group answered "No."

In response to the question, "Would you do this again if you knew what to expect?" on the posttest, two parents in the experimental group were undecided, 11 answered "Yes." Likewise, most of the adult children in the experimental group answered "Yes" (7) on the posttest. Children in the control group were more willing to repeat their participation in the study (3) than were their parents (1). On the follow-up questionnaire, nine of the parents and seven of the children answered "Yes;" however, no parents and only one child in the control groups answered "Yes" on the follow-up questionnaire.

Two parents and one adult child in the experimental groups volunteered verbally to this investigator that they wished the groups would be ongoing and could be given for their family members.

### Discussion

Hypothesis 1 stated that the adult elderly undergoing training with STEP will score higher ( $p = <.05$ ) than the adult elderly control subjects on affection, communication, and relationship, as measured by Quinn's Family Life Questionnaire. The data for Quinn's relationship variable

approached significance when the data for the parents in the experimental and control groups were compared over time ( $p = .053$ ). Relationship meant the frequency of seeing, talking, or writing to the other family member in this study. The decrease in the mean of the experimental group may have occurred because using the STEP principles may have strained relationships as the participants learned to accommodate a new method of communication. It may also mean that the frequency of communicating with the other decreased. The positive change noted in the control group may have occurred because their level of involvement increased, possibly because subjects requested help with the questionnaires.

The data for Quinn's subtest of the affection variable approached significance over time ( $p = <.054$ ). Affection meant how the one family member felt about the other who was a part of the study, and how much it was believed that the second family member had the same feelings for the first family member. Some of the areas investigated were trust, understanding, fairness, respect, and closeness. A change in a positive direction regardless of the groups (experimental or control) was shown. This may have occurred because being part of this study emphasized the basic feelings and trust that were initially expressed by the willingness of the participants to join the study.

The positive change may also reflect that the parents, whether in the control or experimental group, enjoyed talking with their children about the study--a specific, nonthreatening topic. Although Quinn's variables affection and relationship approached significance, the first hypothesis was not supported and therefore was rejected.

The second hypothesis stated that the adult children undergoing the STEP training would score higher ( $p = <.05$ ) than the control subjects on the variables affection, communication, and relationship, as measured by Quinn's Family Life Questionnaire. The data for Quinn's variable agreement approached significance ( $p = <.06$ ). Agreement, as defined by Quinn, meant similarity of views and interests with the other family member participant. It is possible that the study helped the children in the experimental group identify issues on which they share similar views with their parents. It may also indicate that they improved their way of expressing those views they wished to share with their parents.

Quinn's variable affection approached significance over time, without concern for group. The adult children, regardless of group, showed a decrease on this variable. This may mean that the way they assessed their parents' view of them as being similar was challenged by the study. Although Quinn's variables of affection and agreement



approached significance, the second hypothesis was rejected because it was not supported.

The third hypothesis stated that the communication scores of the parents would be significantly greater ( $p = <.05$ ) than the communication scores of their adult children in the treatment group. Quinn's variable communication approached significance ( $p = <.055$ ) within the effect of kin irrespective of time or group. The mean averaged for the parents is 83.7, with a standard deviation of 6.4. For the adult child the mean averaged is 80.9, with a standard deviation of 5.8. Communication was defined as the way the participants interact with each other, and the comfort level and tone of voice used. The parents indicated greater comfort with the communication between parent and child than did the adult children.

The subtest of the variable perception was significant ( $p = <.013$ ) within the effect of kin, irrespective of time or group. The averaged mean for the parents is 39.4, with a standard deviation of 4.8. For the adult children, the averaged mean is 35.1, with a standard deviation of 6.9. Perception, as defined by Quinn, means the way the participants believed they were able to be open and honest with each other. The parents appeared to be more trusting of the way they and their children relate than do their children.

Quinn's variable relationship approached significance ( $p = <.07$ ) when the groups were compared over time. The results for the experimental group regarding relationship declined slightly over time, whereas the results for the control group showed a modest improvement. Parents and children in the experimental group might have reduced the frequency of their contact because of their willingness to admit to themselves that the relationship could benefit from changes in behaviors. The slight increase regarding relationship for the control group may be explained because participants required help filling out the questionnaires.

When the data for parents and adult children, irrespective of group, are looked at over time, Quinn's subtest for the variable affection is significant ( $p = <.01$ ). The means for the parents increased from the pretest to the posttest, with a negligible decline on the follow-up questionnaire. The adult children's scores show a decline from the pretest to the follow-up questionnaire. This would seem to indicate that the parents in both the control and experimental groups were more comfortable with the opinion they have of themselves and their children than were their adult children. While the parents did show more improvement regarding communication ( $p = <.055$ ) than did their adult children, the third hypothesis was not supported and therefore was rejected.

### Related Findings

All subjects for this study were volunteers who were told only that they would be adding a little more information to the literature about how families function. There was no requirement about dysfunctional families, or families in conflict. People did not know the study was to teach a communication skill, nor were they aware they were to be assessed on the basis of affection, communication, and relationships. One adult child in the experimental group wrote an angry note because she felt put upon to be in a study that was not applicable to her situation (she attended only one class, giving three different reasons for her non-attendance).

It is conjectured that the results might have been different if people who attended the sessions had known the purpose of the study and participated because they perceived a need to learn the skills, as was the case with the studies done by Johnson (1977), Johnson and Spence (1982), and Scharlach (1987a). This researcher believed that not telling the purpose of the study would prevent those in the control group from studying some form of communication, which could skew the results. Some subjects felt they never fully understood the purpose of the meetings, and some resented being made to talk and actively participate, which may have influenced the results. By the responses on the

pretest questionnaire, most subjects indicated that they had a good relationship and communication with the other family member.

The "ceiling effect" (Drew, 1984), that is, the performance range of the task is limited, so subjects "top out," could be seen in effect here. The pretest scores were consistently near the upper limits of the choices. For example, the range for affection was 11 to 44. The experimental mean for the parents' pretest was 41.3; the mean of parents in the control group was 40.0; the adult children experimental mean was 40.6; and the mean of the adult children in the control group was 40.9.

The range for agreement was 2 to 8. The parents' experimental pretest mean was 6.6, and the mean of parents in the control group was 6.3. The adult children's experimental mean was 5.4, and the mean of the adult children in the control group was 5.8. The range for communication was 25 to 125. The pretest mean for parents in the experimental group was 84.8, and 84.0 was the mean for parents in the control group. The adult children's experimental mean was 80.8, and the mean for adult children in the control group was 78.6. The range for relationship was 3 to 21. The experimental pretest mean for parents in the experimental group was 13.4, and the mean for parents in the control group was 12.7. The adult children's

experimental mean was 13.7, and the mean for adult children in the control group was 12.7. The range for perception was 9 to 45. The mean of the experimental parent group was 39.1, and the mean for parents in the control group was 39.3. The mean of the children in the experimental group was 35.7, and the mean of the children in the control group was 34.6. The total values are listed in Table 2, page 39.

When this researcher was attempting to obtain volunteers, one parent said she would like to attend but doubted if her daughter would. She indicated they were a dysfunctional family and probably could benefit from whatever I was doing. The daughter refused to participate, saying her mother would not agree to participate in the study. In another similar case, the daughter was interested in being a participant but doubted her mother would agree, and she was correct.

Johnson and Spence (1982) directed their study toward the adult child. The participants were obtained via advertisements stating the purpose of the workshop. The adult children (at least 21 years old) had to have at least one parent about whom they were concerned. Johnson and Spence informed the adult children what to expect with normal aging and gave training in communication techniques. They either attended an all-day workshop or four, 2-1/2 hour class sessions. Evaluation of the program's effectiveness

was based on the participants' noted change in affect and cognition. The total number of participants in the group that met for a month fluctuated from 12 to 15, and the one-day session had 16 participants. Of the total, only one-third of the participants in the one-day workshop told their parents of their participation. The study was evaluated using percentage changes and anecdotal statements from the participants because the researchers felt that the number of participants was too small for statistical methods.

The design for this researcher's study necessitated that both groups know of the other's involvement, and both parties had to agree to participate. It was explained that the two groups, parent and adult children, would meet at different times. The comments from both the open-ended questions and unsolicited verbal statements by both parents and adult children would seem to indicate that some of them benefited from the study. During the workshop, the participants worked on real issues in their lives, and their relationship with the other member of the study, even though the examples given for them to emulate were nonpersonal. This result suggests that while the responses to the questionnaire were on the high positive end, issues that concerned the participants either were not considered or remembered when answering. In addition, there may have been some confusion when some participants filled out the

posttest and follow-up questionnaires without having the researcher available to answer questions. On the other hand, some of the answers on the pretest questionnaires completed in the researcher's presence were suspect. These discrepancies may have resulted because the individuals involved did not ask for assistance. Some replies would indicate that some asked for assistance, but others did not.

Johnson's (1977) study involved pairs of Italian mothers and daughters who volunteered to be a part of the study. Johnson believed those who volunteered were probably involved in "good" relationships. Each participant was interviewed individually about her relationship with the other member of the pair. Both subjective and objective questions were asked. No interactional study was done because the study was interested in the participants' satisfaction with health, finances, living, environment, and attitude toward aging, and how these different aspects influence the affective quality of the parent-child relationship. The participants believed their relationship, for better or worse, was based on both family role expectations as well as the cumulative relationship built over time.

This present study dealing with communication had a high degree of positiveness on most of the answers on the pretest questionnaires, as the means described earlier in

the discussion demonstrate. Averaged means for all groups on the pretest ranged from 78.6 to 84.8, indicating to this researcher that those who agreed to participate were probably in a "good" relationship. Some answers on the posttest questionnaire indicated negativity not expressed previously, and that might be because the open-ended classes allowed the participants to acknowledge to themselves their less than desirable interactions, and because they had discovered a tool to improve on the relationships.

Unlike this study, which was not significant for communication training on affection, communication, or relationship between adult children and parents, Scharlach (1987a) did find improvement in his study of 37 adult daughters and 24 mothers. All participants filled out questionnaires, but only the daughters were involved in the different treatment and control groups. The results indicated that when the daughters were able to change their attitudes, they were better able to deal with their mothers without negatively affecting them.

This current study did not wish either to have one or the other group (parent or child) in a manipulative position or to have only one family member privy to information that could be beneficial to both. This study did show some changes, although many only approached significance. The instrument, Quinn's Family Life Questionnaire, may not have



been sensitive enough to pick up some changes. Some of the areas had only two or three questions, which may not have been sufficient to show significance.

Hyde's (1988) study was conducted to teach communication skills to the elderly. It involved 20 participants initially, with only 13 completing the study. Twelve participants were involved in the pretest and posttest results. His study found that enhancing communication skills increased the participants' feeling of helpfulness. Hyde's study is important because the focus was on the elderly, not the adult child. This study focused on both the elderly and adult child. Too often studies concentrate on the child, implying to this researcher that some researchers may believe the elderly are not worth working with or possibly are not teachable.

#### Recommendations

While the study proved statistically nonsignificant, there were some results that approached significance, and two areas that were significant although they were not among the hypotheses. Verbally and in the open-ended questions, participants indicated they would repeat the study and would recommend the study to others, if appropriate. This indicates to this researcher that, with modifications, replicating the study would be appropriate.

Possibly doing covariance statistics on the pretest data might have shown if the tool, Quinn's Family Life Questionnaire, was sensitive enough to reveal significance for affection, communication, and relationship. If this tool is not adequately sensitive, then other tools should be discovered or developed.

It would have been preferable to have a larger population for the study. Replication of the study with a population that knows the purpose for attendance and which is given the choice of attending regardless of other family members' involvement might enhance attendance. On the other hand, Johnson and Spence (1982) advertised and had a relatively small population in attendance. They had better attendance at the one-day workshop than the ongoing workshop, and this is another factor to consider. When this researcher was attempting to obtain volunteers, many were willing to attend once, but were unwilling to attend four workshops and sessions to fill out the questionnaires. The original plan was to meet each time the questionnaire needed to be completed, which would have meant meeting three more times. The participants preferred not to meet to accomplish the posttest and follow-up questionnaires so those were mailed to the researcher.

The effectiveness of STEP workshops is enhanced by allowing adequate time between the information-giving

sessions. Possibly people might be willing to attend if they know beforehand to what they are committing themselves. STEP principles are beneficial for improving communication between any persons, and not restricting participants to adult children and parents might enhance attendance. Conducting the study on an ongoing basis might make it easier for participants to attend consistently.

There may have been an inadvertent undermining of the study by the selection process or by statements made to the subjects. Very few subjects were obtained through the flyers that were placed in places of business, churches, and senior citizen centers; thus, this study may have been more homogenous because the subjects came through word of mouth from similar potential subjects. It is speculated that the likelihood of obtaining a heterogenous group is heightened when friends suggest other friends. Advertising with more openness might achieve a more diverse population, which might also affect the results of the study.

APPENDIX A

QUINN'S FAMILY LIFE QUESTIONNAIRE FOR PERSONS 60 YEARS  
OR OLDER IN NORTH CENTRAL TEXAS

QUINN'S FAMILY LIFE QUESTIONNAIRE FOR PERSONS 60 YEARS  
OR OLDER IN NORTH CENTRAL TEXAS

1. Participant's number: \_\_\_\_\_
2. What is your sex? 1. FEMALE 2. MALE
3. What is your race? 1. WHITE 2. BLACK 3. HISPANIC  
4. OTHER \_\_\_\_\_
4. What is your present age? \_\_\_\_\_
5. What is your phone number? (area code) \_\_\_\_\_
6. What was the amount of school completed?
 

1. NONE	2. 1-3 YEARS	3. 4-6 YEARS
4. 7-9 YEARS	5. 10-12 YEARS	6. 2 YEARS
7. COLLEGE DEGREE	8. POST GRADUATE DEGREE	COLLEGE
7. What is your current marital status? 1. NEVER MARRIED  
2. MARRIED 3. WIDOWED 4. DIVORCED 5. SEPARATED
8. Are you presently employed? 1. NO 2. PART-TIME  
3. FULL-TIME
9. If employed, what is your present occupation? \_\_\_\_\_

---

10. What was your occupation at the time of retirement or stopping work? \_\_\_\_\_

---

11. What is your present YEARLY income now (including spouse)? Please include any source such as present employment, social security, pension, investments, outside assistance.
 

1. <u>LESS THAN</u> \$1,000	2. \$1,000 TO \$1,999
3. \$2,000 TO \$2,999	4. \$3,000 TO \$3,999
5. \$4,000 TO \$4,999	6. \$5,000 TO \$5,999
7. \$6,000 TO \$6,999	8. \$7,000 TO \$9,999
9. \$10,000 TO \$14,999	10. \$15,000 TO \$19,999
11. \$20,000 TO \$29,999	12. \$30,000 +
12. How do you compare your health now to your health two years ago? 1. WORSE 2. ABOUT THE SAME 3. BETTER
13. How do you rate your overall health to others your age? 1. WORSE 2. ABOUT THE SAME 3. BETTER

14. Does your health prevent you from doing the things you wish to do? 1. A GREAT DEAL 2. A LITTLE (SOME)  
3. NOT AT ALL
15. How do you rate your overall health at the present time? 1. POOR 2. FAIR 3. GOOD 4. EXCELLENT

-----

The following questions concern your social interaction with non-family members. Please choose one of the following answers. 1. LESS THAN ONCE A WEEK 2. ABOUT ONCE A WEEK  
3. ABOUT 2-3 TIMES A WEEK 4. ABOUT ONCE A DAY  
5. MORE THAN ONCE A DAY

16. How often do you attend meetings or activities of clubs, civic groups, church, or any other organizations? 1 2 3 4 5
17. How often do you visit with your neighbors? 1 2 3 4 5
18. How often do you visit with friends, other than neighbors? 1 2 3 4 5
19. How many phone calls do you make or receive, not to relatives? 1 2 3 4 5

-----

Do you call on one of your children when you need assistance, wish to talk, or for whatever reason? What is the name of this individual?

I would like to contact \_\_\_\_\_ if you agree. May I have the address and phone number of this child? \_\_\_\_\_

I would like to ask you questions about your relationship with this child. There are five choices, please choose the ONE answer that is best for YOU.

20. How often do you see this child?  
1. NEVER 2. ONCE A YEAR OR LESS  
3. SEVERAL TIMES A YEAR 4. ABOUT ONCE A MONTH  
5. ABOUT EVERY WEEK 6. ABOUT 2 OR 3 TIMES/WEEK  
7. ABOUT EVERY DAY
21. How often do you talk to this child on the phone?  
1. NEVER 2. ONCE A YEAR OR LESS  
3. SEVERAL TIMES A YEAR 4. ABOUT ONCE A MONTH  
5. ABOUT EVERY WEEK 6. ABOUT 2 OR 3 TIMES/WEEK  
7. ABOUT EVERY DAY

22. How often do you receive letters or cards from this child?
- |                         |                            |
|-------------------------|----------------------------|
| 1. NEVER                | 2. ONCE A YEAR OR LESS     |
| 3. SEVERAL TIMES A YEAR | 4. ABOUT ONCE A MONTH      |
| 5. ABOUT EVERY WEEK     | 6. ABOUT 2 OR 3 TIMES/WEEK |
| 7. ABOUT EVERY DAY      |                            |
23. How far does this child live from you?
- |                          |                           |
|--------------------------|---------------------------|
| 1. MORE THAN 150 MILES   | 2. BETWEEN 50 & 150 MILES |
| 3. BETWEEN 20 & 50 MILES | 4. BETWEEN 5 & 20 MILES   |
| 5. BETWEEN 1 & 5 MILES   | 6. LESS THAN A MILE       |

The following questions have to do with communication between you and this child. Please choose the ONE response which best applies to you. The five choices are:

- |            |                 |              |
|------------|-----------------|--------------|
| 1. NEVER   | 2. OCCASIONALLY | 3. SOMETIMES |
| 4. USUALLY | 5. ALWAYS       |              |
24. When you and this child get together, do you sit down just to talk things over? 1 2 3 4 5
25. Does your child have a tendency to say things which would be better left unsaid? 1 2 3 4 5
26. Do you find your child's tone of voice irritating? 1 2 3 4 5
27. Are you and your child able to disagree with one another without losing your tempers? 1 2 3 4 5
28. Does your child insult you when angry with you? 1 2 3 4 5
29. Does your child wait until you are through talking before responding to what you are saying? 1 2 3 4 5
30. Do you hesitate to discuss certain things with your child because you're afraid you might hurt the child's feelings? 1 2 3 4 5
31. Do you help your child understand you by telling how you think, feel, and believe? 1 2 3 4 5
32. Do you find it difficult to express your true feelings to your child? 1 2 3 4 5
33. Does your child let you blow off steam? 1 2 3 4 5
34. Does your child nag you? 1 2 3 4 5

35. Does your child pay you compliments? 1 2 3 4 5
36. Do you feel that your child says one thing but really means another thing? 1 2 3 4 5
37. Do you discuss your interests and activities with your child? 1 2 3 4 5
38. Are you and your child able to resolve problems between the two of you in a satisfactory way? 1 2 3 4 5
39. Is your child sarcastic to you? 1 2 3 4 5
40. Is conversation easy and pleasant when you talk with your child? 1 2 3 4 5
41. Do you pretend you're listening to your child when actually you're not listening? 1 2 3 4 5
42. How often do you get so emotional with your child that you can't think straight? 1 2 3 4 5
43. How often do you find it hard to stop thinking about yourself and your feelings when you are together with your child? 1 2 3 4 5
44. How often are you logical in the way you think and talk with your child? 1 2 3 4 5
45. How often do you feel self-conscious and worry too much about what your child thinks of you? 1 2 3 4 5
46. How often are you asked by your child to help settle a problem that this child is having with someone else? 1 2 3 4 5
47. How often do you ask your child for help when you are having a problem with someone else? 1 2 3 4 5
48. When there are decisions to be made having to do with your child and you, how often do you depend on your child to make the decision? 1 2 3 4 5



The next two questions have to do with agreement between you and your child. Please answer with ONE of the following responses.

1. VERY DISSIMILAR                      2. SOMEWHAT DISSIMILAR  
3. SOMEWHAT SIMILAR                    4. VERY SIMILAR

49. In general, how similar are your views about life to those of your child?                      1   2   3   4
50. In general, how similar are your interests to those of your child?                      1   2   3   4
- 

The next questions are about affection between you and your child. Please answer each item as honestly as possible.

1. NONE    2. A LITTLE    3. SOME    4. A GREAT DEAL

51. How much would you say YOU TRUST your child?                      1   2   3   4
52. How much would you say your child TRUSTS YOU?                      1   2   3   4
53. How much would you say YOU UNDERSTAND your child?                      1   2   3   4
54. How much would you say your child UNDERSTANDS YOU?                      1   2   3   4
55. How much do you consider YOURSELF to be FAIR with your child?                      1   2   3   4
56. How much do you consider your child to be FAIR WITH YOU?                      1   2   3   4
57. How much RESPECT would you say YOU HAVE FOR your child?                      1   2   3   4
58. How much RESPECT would you say your child has FOR YOU?                      1   2   3   4
59. How much AFFECTION would you say YOU HAVE WITH your child?                      1   2   3   4
60. How much AFFECTION would you say your child has FOR YOU?                      1   2   3   4
61. To what extent do you feel you have a GENERAL CLOSENESS WITH your child?                      1   2   3   4

Following are some statements which describe attitudes of older parents toward adult children. Please choose ONE response which best describes your attitude for each statement.

1. STRONGLY DISAGREE  
3. AGREE

2. DISAGREE  
4. STRONGLY AGREE

62. Adult children should take care of their older parents, if they need it, in whatever way necessary when they are ill. 1 2 3 4
63. Adult children should give their older parents financial help when they need it. 1 2 3 4
64. If adult children live nearby, within twenty miles, they should visit their older parents at least once a week. 1 2 3 4
65. Adult children who live at a distance, more than twenty miles away, should write or phone their older parents at least once a week. 1 2 3 4
66. Adult children should feel responsible for their older parents. 1 2 3 4
67. Adult children should give their older parents emotional support. 1 2 3 4
68. Older parents should be able to talk over matters of importance, that is those that deeply affect their lives, with their adult children. 1 2 3 4
69. When there is a need to have someone close because of some particularly trying situation older parents should be able to ask their adult children to be with them. 1 2 3 4
70. When older parents are lonely, they should ask their adult children to be with them. 1 2 3 4
71. Older parents and adult children should be together on special occasions, ex.: holidays, birthdays, and anniversaries. 1 2 3 4

Following are four pairs of statements. Please pick ONE of the two choices.

72. 1. Some of the good and some of the bad things in my life have happened by chance.  
OR  
2. What has happened to me has been my own doing.
73. 1. When I make plans, I am almost certain that I can make them work.  
OR  
2. I have usually found that what is going to happen will happen regardless of my plans.
74. 1. I like to do things on the spur of the moment.  
OR  
2. I prefer to have things all planned out in advance.
75. 1. Often I seem to have little influence over what other people believe.  
OR  
2. When I'm right, I can usually convince others.

-----  
Please choose ONE of the choices for the following questions.

1. NEVER    2. SOMETIMES    3. FREQUENTLY    4. ALWAYS
76. The advice I give this child is sound.                    1   2   3   4
77. I help this child with household tasks or maintenance around the house when needed.                    1   2   3   4
78. I provide financial help to this child.                    1   2   3   4
79. I understand this child's feelings, likes, dislikes, and problems.                    1   2   3   4
80. An older parent should be involved in the life of the child.                    1   2   3   4

The following questions have to do with the interaction you have with your child. Please choose the ONE response which is most accurate for you.

81. Do you enjoy the visits you have with your child?  
 1. NEVER 2. OCCASIONALLY 3. SOMETIMES 4. USUALLY  
 5. ALWAYS 6. NEVER VISIT
82. Do you enjoy the phone conversations that you have with your child?  
 1. NEVER 2. OCCASIONALLY 3. SOMETIMES 4. USUALLY  
 5. ALWAYS 6. NO PHONE
83. Do you enjoy the correspondence by mail with your child?  
 1. NEVER 2. OCCASIONALLY 3. SOMETIMES 4. USUALLY  
 5. ALWAYS 6. NEVER WRITE
84. Would you say that your relationship with your child, in the past 2 years, has gotten worse, remained about the same, or gotten better?  
 1. WORSENER 2. REMAINED THE SAME 3. IMPROVED
85. How would you rate your overall relationship with your child at this time.  
 1. VERY POOR 2. POOR 3. FAIR 4. GOOD 5. VERY GOOD
- 

In the following questions, please choose one answer according to your perception.

1. NEVER 2. OCCASIONALLY 3. SOMETIMES 4. USUALLY  
 5. ALWAYS
86. I am able to be open and honest with this child. 1 2 3 4 5
87. I believe I communicate well with this child. 1 2 3 4 5
88. I believe I make myself clear when I discuss concerns with this child. 1 2 3 4 5
89. I believe what this child tells me. 1 2 3 4 5
90. I am able to be truthful with this child. 1 2 3 4 5
91. I feel this child communicates well with me. 1 2 3 4 5

92. I am able to discuss any problem with this child. 1 2 3 4 5
93. I believe this child and I discuss concerns at the appropriate time. 1 2 3 4 5
94. I believe this child and I communicate well together. 1 2 3 4 5

-----

The following questions were added to the one week and one month questionnaires.

95. What did you get out of the classes? \_\_\_\_\_  
\_\_\_\_\_
96. What did you LIKE about the classes? \_\_\_\_\_  
\_\_\_\_\_
97. What did you DISLIKE about the classes? \_\_\_\_\_  
\_\_\_\_\_
98. What recommendations would you suggest to improve the classes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
99. Would you recommend this to a friend? \_\_\_\_\_  
\_\_\_\_\_
100. Would you do this again if you knew what to expect? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

These are all the questions. THANK YOU VERY MUCH for your assistance.

A final question was added to the last posttest of both the parent and child questionnaire. It was:

101. How do you compare your communication with your parent now in contrast to the start of this study?
1. WORSE            2. ABOUT THE SAME            3. BETTER

APPENDIX B

QUINN'S FAMILY LIFE QUESTIONNAIRE FOR FAMILIES OF PERSONS  
60 YEARS OR OLDER IN NORTH CENTRAL TEXAS

QUINN'S FAMILY LIFE QUESTIONNAIRE FOR FAMILIES OF  
PERSONS 60 YEARS OR OLDER IN NORTH CENTRAL TEXAS

1. Participant's number: \_\_\_\_\_
2. What is your sex? 1. FEMALE 2. MALE
3. What is your race? 1. WHITE 2. BLACK 3. HISPANIC  
4. OTHER \_\_\_\_\_
4. What is your present age? \_\_\_\_\_
5. What is your phone number? (area code) \_\_\_\_\_
6. What was the amount of school completed?  
1. NONE 2. 1-3 YEARS 3. 4-6 YEARS  
4. 7-9 YEARS 5. 10-12 YEARS 6. 2 YEARS  
7. COLLEGE DEGREE 8. POST GRADUATE COLLEGE  
DEGREE
7. What is your current marital status? 1. NEVER MARRIED  
2. MARRIED 3. WIDOWED 4. DIVORCED 5. SEPARATED
8. What is your present YEARLY income now (including spouse)? Please include any source such as investments, outside assistance.  
1. LESS THAN \$5,000 2. \$5,000 TO \$7,999  
3. \$8,000 TO \$11,999 4. \$12,000 TO \$15,999  
5. \$16,000 TO \$19,999 6. \$20,000 TO \$29,999  
7. \$30,000 TO \$49,999 8. \$50,000 +
9. Are you presently employed? 1. NO 2. PART-TIME  
3. FULL-TIME
10. If employed, what is your present occupation? \_\_\_\_\_  
\_\_\_\_\_
11. What was your occupation at the time of retirement or stopping work? \_\_\_\_\_
12. How do you compare your health now to your health two years ago? 1. WORSE 2. ABOUT THE SAME 3. BETTER
13. How do you rate your overall health to others your age?  
1. WORSE 2. ABOUT THE SAME 3. BETTER
14. Does your health prevent you from doing the things you wish to do? 1. A GREAT DEAL 2. A LITTLE (SOME)  
3. NOT AT ALL

15. How do you rate your overall health at the present time? 1. POOR 2. FAIR 3. GOOD 4. EXCELLENT
- 

The following questions concern your social interaction with non-family members. Please choose one of the following answers.

1. LESS THAN ONCE A WEEK      2. ABOUT ONCE A WEEK  
 3. ABOUT 2-3 TIMES A WEEK    4. ABOUT ONCE A DAY  
 5. MORE THAN ONCE A DAY
16. How often do you attend meetings or activities of clubs, civic groups, church, or any other organizations?      1   2   3   4   5
17. How often do you visit with your neighbors?      1   2   3   4   5
18. How often do you visit with friends, other than neighbors?      1   2   3   4   5
19. How many phone calls do you make or receive that are not to relatives?      1   2   3   4   5
- 

The following questions have to do with your relationship with our parent who participated in this study. Please choose one answer.

20. How often do you see this parent?  
 1. NEVER      2. ONCE A YEAR OR LESS  
 3. SEVERAL TIMES A YEAR      4. ABOUT ONCE A MONTH  
 5. ABOUT EVERY WEEK      6. ABOUT 2 OR 3 TIMES/WEEK  
 7. ABOUT EVERY DAY
21. How often do you talk to this parent on the phone?  
 1. NEVER      2. ONCE A YEAR OR LESS  
 3. SEVERAL TIMES A YEAR      4. ABOUT ONCE A MONTH  
 5. ABOUT EVERY WEEK      6. ABOUT 2 OR 3 TIMES/WEEK  
 7. ABOUT EVERY DAY
22. How often do you receive letters or cards from your parent?  
 1. NEVER      2. ONCE A YEAR OR LESS  
 3. SEVERAL TIMES A YEAR      4. ABOUT ONCE A MONTH  
 5. ABOUT EVERY WEEK      6. ABOUT 2 OR 3 TIMES/WEEK  
 7. ABOUT EVERY DAY
23. How far does this parent live from you?  
 1. MORE THAN 150 MILES      2. BETWEEN 50 & 150 MILES  
 3. BETWEEN 20 & 50 MILES      4. BETWEEN 5 & 20 MILES  
 5. BETWEEN 1 & 5 MILES      6. LESS THAN A MILE





39. Is conversation easy and pleasant when you talk with your parent? 1 2 3 4 5
40. Do you pretend you're listening to your parent when actually aren't? 1 2 3 4 5
41. Are you and your parent able to resolve problems between the two of you in a satisfactory way? 1 2 3 4 5
42. How often do you get so emotional with your parent that you can't think straight? 1 2 3 4 5
43. How often do you find it hard to stop thinking about yourself and your feelings when you are together with your parent? 1 2 3 4 5
44. How often are you logical in the way you think and talk with your parent? 1 2 3 4 5
45. How often do you feel self-conscious and worry too much about what your parent thinks of you? 1 2 3 4 5
46. How often are you asked by your parent to help settle a problem that this parent is having with someone else? 1 2 3 4 5
47. How often do you ask your parent for help when you are having a problem with someone else? 1 2 3 4 5
48. When there are decisions to be made having to do with your parent, how often do you depend on your parent to make the decision? 1 2 3 4 5
- 

The next two questions have to do with agreement between you and your parent. Please choose ONE of the following responses.

1. VERY DISSIMILAR                      2. SOMEWHAT DISSIMILAR  
3. SOMEWHAT SIMILAR                      4. VERY SIMILAR

49. In general, how similar are your views about life to those of your parent? 1 2 3 4
50. In general, how similar are your interests to those of your parent? 1 2 3 4

The next few questions are about affection between you and your parent. Please answer each item as honestly as possible. Your choices are:

1. NONE    2. A LITTLE    3. SOME    4. A GREAT DEAL

51. How much would you say YOU TRUST your parent?                    1   2   3   4
52. How much would you say your parent TRUSTS YOU?                    1   2   3   4
53. How much would you say YOU UNDERSTAND your parent?                    1   2   3   4
54. How much would you say your parent UNDERSTANDS YOU?                    1   2   3   4
55. How much do you consider YOURSELF to be FAIR with your parent?                    1   2   3   4
56. How much do you consider your parent to be FAIR WITH YOU?                    1   2   3   4
57. How much RESPECT would you say YOU HAVE FOR your parent?                    1   2   3   4
58. How much RESPECT would you say your parent has FOR YOU?                    1   2   3   4
59. How much AFFECTION would you say YOU HAVE WITH your parent?                    1   2   3   4
60. How much AFFECTION would you say your parent has FOR YOU?                    1   2   3   4
61. To what extent do you feel you have a GENERAL CLOSENESS WITH your parent?                    1   2   3   4
- 

The following statements describe attitudes of adult children toward their older parents. Please respond to each statement with ONE of the possible choices that best represents your attitude.

1. STRONGLY DISAGREE                    2. DISAGREE  
3. AGREE                                    4. STRONGLY AGREE

62. Adult children should take care of their older parents, if they need it, in whatever way necessary when they are ill.                    1   2   3   4

63. Adult children should give their older parents financial help when they need it. 1 2 3 4
64. If adult children live nearby, within twenty miles, they should visit their older parents at least once a week. 1 2 3 4
65. Adult children who live at a distance, more than twenty miles away, should write or phone their older parents at least once a week. 1 2 3 4
66. Adult children should feel responsible for their older parents. 1 2 3 4
67. Adult children should give their older parents emotional support. 1 2 3 4
68. Older parents should be able to talk over matters of importance, that is those that deeply affect their lives, with their adult children. 1 2 3 4
69. When there is a need to have someone close because of some particularly trying situation older parents should be able to ask their adult children to be with them. 1 2 3 4
70. When older parents are lonely, they should ask their adult children to be with them. 1 2 3 4
71. Older parents and adult children should be together on special occasions, ex.: holidays, birthdays, and anniversaries. 1 2 3 4
- 

The following questions have to do with the interaction you have with your parent and how you rate your relationship with your parent. Please choose the response which is most accurate for you.

72. Do you enjoy the visits you have with your parent  
 1. NEVER 2. OCCASIONALLY 3. SOMETIMES 4. USUALLY  
 5. ALWAYS 6. NEVER VISIT
73. Do you enjoy the phone conversations that you have with your parent?  
 1. NEVER 2. OCCASIONALLY 3. SOMETIMES 4. USUALLY  
 5. ALWAYS 6. NEVER PHONE

74. Do you enjoy the correspondence by mail with your parent?  
 1. NEVER    2. OCCASIONALLY    3. SOMETIMES    4. USUALLY  
 5. ALWAYS    6. NEVER WRITE
75. Would you say that your relationship with your parent, in the past 2 years, has gotten worse, remained about the same, or gotten better?  
 1. WORSENER    2. REMAINED THE SAME    3. IMPROVED
76. How would you rate your overall relationship with your parent.  
 1. VERY POOR    2. POOR    3. FAIR    4. GOOD    5. VERY GOOD
- 

Following are four pairs of statements. Please pick ONE of the two choice.

77. 1. Some of the good and some of the bad things in my life have happened by chance.  
 OR  
 2. What has happened to me has been my own doing.
78. 1. When I make plans, I am almost certain that I can make them work.  
 OR  
 2. I have usually found that what is going to happen will happen regardless of my plans.
79. 1. I like to do things on the spur of the moment.  
 OR  
 2. I prefer to have things all planned out in advance.
80. 1. Often I seem to have little influence over what other people believe.  
 OR  
 2. When I'm right, I can usually convince others.
- 

Please choose ONE of the choices for the following questions.

1. NEVER    2. SOMETIMES    3. FREQUENTLY    4. ALWAYS
81. The advice I give this parent is sound.                    1    2    3    4
82. I help this parent with household tasks or maintenance around the house when needed.    1    2    3    4
83. I provide financial help to my parent.                    1    2    3    4

84. I understand my parent's feelings, likes, dislikes, and problems. 1 2 3 4
85. An adult child should be involved in the life of the parent. 1 2 3 4
- 

Please choose one of the following answers to the next questions according to your perception.

1. NEVER    2. OCCASIONALLY    3. SOMETIMES    4. USUALLY  
5. ALWAYS

86. I am able to be open and honest with this parent. 1 2 3 4 5
87. I believe I communicate well with this parent. 1 2 3 4 5
88. I believe I make myself clear when I discuss concerns with my parent. 1 2 3 4 5
89. I believe what my parent tells me. 1 2 3 4 5
90. I am able to be truthful with this parent. 1 2 3 4 5
91. I feel my parent communicates well with me. 1 2 3 4 5
92. I am able to discuss any problem with my parent. 1 2 3 4 5
93. I believe my parent and I discuss concerns at the appropriate time. 1 2 3 4 5
94. I believe my parent and I communicate well together. 1 2 3 4 5

The following questions were added to the one week and one month questionnaires.

95. What did you get out of the classes? \_\_\_\_\_  
\_\_\_\_\_
96. What did you LIKE about the classes? \_\_\_\_\_  
\_\_\_\_\_
97. What did you DISLIKE about the classes? \_\_\_\_\_  
\_\_\_\_\_
98. What recommendations would you suggest to improve the classes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
99. Would you recommend this to a friend? \_\_\_\_\_  
\_\_\_\_\_
100. Would you do this again if you knew what to expect?  
\_\_\_\_\_  
\_\_\_\_\_

These are all the questions. THANK YOU VERY MUCH for your assistance.

APPENDIX C  
WORKSHOP



## WORKSHOP INFORMATION

We will meet four times for about 1-1/2 to 2 hours each time over a period of one month. During these times, I will present information which we will discuss, and we will have the opportunity to interact with each other based on this knowledge.

Week One

Interaction in the United States is based on democratic nor autocratic principles. We prefer to be treated as equals, which includes mutual respect. We prefer to have a choice in matters, a democratic principle, which means we also assume the responsibility for our choice(s). The question often asked "Can I?" is rather better asked as "Will I?" or "Do I wish/want to?" We even choose how we will respond to our physical and environmental state, because we choose what we will see in any situation. (Bus/blind story). The hardest action to take is to accept responsibility for the self while accepting the other as is and not attempting to change that other.

We all wish to belong, to have a special significance. We select our beliefs, feelings, and behaviors in order to have that significant place. All behavior has its own goal, and has a social purpose. Behavior is best understood by seeing the end result of that behavior. THE GOAL IS TO UNDERSTAND THE OTHER INDIVIDUAL, NOT TO AGREE.

If one cannot be recognized for positive behaviors, then one will try to achieve significance through negatives, indicating a discouraged individual. The negative ways we tend to achieve significance are by seeking attention, power, revenge, and displaying inadequacy. The behaviors for each of these are shown by the following examples: attention--demanding approval; power--making unreasonable demands; revenge--hurting others by word or deed; and inadequacy--blaming others. When we look at the results of the behaviors, we discover the purpose or goal. By monitoring our own response to the other's behavior, we gain a clue. When we observe the other person's reaction to our response (behavior), we have another clue to that individual's goal/purpose.

Ways to achieve a positive relationship include mutual respect, taking time for fun, encouragement, and communicating love. It also helps to remember that it is okay to be imperfect and make mistakes. By improving our communication, we can achieve these goals. Yet it does take time to do this because being open and honest is risky and involves trust. The first step is to be an effective listener, which includes eye contact, body language, and mutual respect. Remember, one need not agree, the other individual owns the issue. We don't even have to say anything, or reject what is said by body language or word.

Remember it is the other's belief. The next step is to reflect what one has heard, that is, repeat the feelings you have heard--not necessarily in the same words. One may reflect what wasn't said, but still heard. This lets the other know you are listening. If you heard incorrectly, the other person will let you know so you have the opportunity to try again. The third step is to give a nonjudgmental, or open, response, which gives the other person a chance to continue with the conversation. For example, 1st person: "I'm disappointed that Sal and the kids went away." 2nd: (poor) "Well you knew she was going." Better: "Seems as if she doesn't care, and you feel unloved." The fourth step is to make sure that what is said, the way it is said, and the body language are congruent (consistent). More than 70% of a message is nonverbal, for example, you notice a frown. If you wish to comment you might say, "You are frowning. Is something wrong?" This is an example of acknowledging nonverbal messages. Remember if you haven't received the correct message though you've stated what you heard, by showing that you are trying to understand, the other person is likely to try again. Don't get discouraged; it takes time to both learn a new habit, as well as break old habits. Have the patience to be imperfect and make mistakes.

BE TENTATIVE IN YOUR FEEDBACK. If you sound authoritative or as if you are mind reading, this may shut the other one up. Of course, you know that you don't have to respond to everything the other does or says, especially if you believe it is done for attention, or if you have talked about it more than a few times. A possible reply might be, "Since we've discussed this a few times, I'll let you deal with it because I have faith in your ability."

"I" messages are usually the easiest for another individual to digest because you are telling the other what you think, believe, or feel. There are three parts to an "I" message: (a) Describe the behavior which interferes with you; (b) State the feelings you have about the consequence of the other's behavior; and (c) State the consequence. For example: "When you don't call me at the agreed time, I worry because I don't know if something horrible happened." Notice the focus is on the self, not the other, which prevents blaming. "I" messages show the wish to problem solve, by including the other. "I" messages tend to state how you feel, by focusing on the self, and by being specific. Remember the tone of voice and body language can undo or support the verbal message. "You" messages tend to blame/criticize and focus on the other. One can just give the first and third party of the "I" message.

Practice time: Work in groups of three, one to talk, one to listen, and one to give feedback. Each person will have the opportunity to talk, listen, and give feedback. Each one try sending a message that has meaning to you. Some possible examples: Needing a ride to shop or to see the doctor; needing a baby sitter; needing privacy; wishing there was more time to visit; fear about the results of the lab tests; fixing the car; taking out the trash; shopping for food; problems with animals; bad breath; what to eat for lunch/supper; where to go out to eat; be ready on time; hearing aids; help with illness and health maintenance-diet, exercise.

Week Two

Before we start today, are there any questions?

Today I'll be both reviewing and going into depth about some of last week's session. We then will have more opportunity to practice sending and receiving "I" messages.

Remember the four negative ways to achieve significance--attention, power, revenge, and inadequacy? ATTENTION per se isn't negative, because we all wish to be noticed. At the same time, if we feel ignored, believe we are unable to be or are not recognized, we will do anything to be noticed. That may mean calling to complain about work, kids, neighbors, health, or anything. One way to end this is to give attention when it isn't expected or asked for. Put the emphasis on the giving not the getting (demanding). Learn to ignore the behavior you don't like: if you coax, scold, punish, etc., you are actually rewarding the other's behavior, for he or she has gotten attention, negative though it may be.

POWER occurs when individuals believe they are unimportant and unfulfilled and therefore make unreasonable demands. They believe they are significant only if they are in control--the boss. This individual is bossy, defiant, and demanding. The other individual feels angry, provoked, put down, or just defeated and gives in. One deals with this situation by removing oneself from the power struggle.

Either don't get angry or at least don't show your anger. Enlist the help and cooperation of the other; show how to use power in a constructive way.

REVENGE occurs when individuals believe they are disliked, betrayed, or treated unfairly, and they give up hope. They believe they are not lovable and only significant if they hurt others by word or deed. They will do this when alone or in front of others, and the usual response is to retaliate. Examples are the promotion of conflict or passive, destructive behavior such as "forgetting," being lazy or stubborn. The way to deal with this behavior is NOT TO RETALIATE. Send "I" messages; deal with the issue not the behavior, which means doing detective work, being a good listener, and being willing to absent oneself until the other learns you mean what you say and will not accept those behaviors.

INADEQUACY occurs with individuals who have given up hope of ever succeeding. The wish is to prevent others from ever expecting anything from them, in one or all areas. The others feel the same way, say "What's the use," and throw in the towel. To deal with inadequacy, one does NOT criticize, give pity, give up, or show negativity. Instead, focus on the strengths and assets of the other. This may be difficult because the other has this behavior down to an art, and any positive assertions are apt to be rejected or

treated as falsehoods. One needs to assist the other to manage, for example, money, cooking, or shopping. WE MAY INADVERTENTLY REINFORCE NEGATIVE BEHAVIOR BY OUR INTERACTIONS AND THEREFORE WE MAY NEED TO CHANGE WHAT WE DO!

Four positive goals to foster a good relationship are (a) accepting responsibility for one's own behavior, (b) cooperating, (c) contributing to the relationship, and (d) encouraging the other person. There is a difference in praise and encouragement. We tend to praise as a type of reward for winning or being competitive. Encouragement is given for the effort or improvement, regardless of the amount. It is given without strings attached. Focus on the individual's strengths and assets. Avoid comparison to others. Encouragement helps the other feel worthy, because you can give it at any time. Encouraging another means concentrating on what the other is doing, or did, so the focus is on the internal evaluation and contribution. This helps the other to center on the self as is, with faults, to have confidence in the self, and to feel useful through contributions of the self. So one would (a) accept the other as is, (b) point out past positive aspects of behavior, (c) show faith in the other in hopes that the other will develop faith in the self, (d) recognize the effort and improvement, and (e) show appreciation for the contribution(s).



Some examples of what one might say are: "I like the way you . . .;" "I'm glad you are pleased with/about . . .;" "How do you feel about . . .;" "I have confidence in your . . .;" "It was thoughtful of you to . . .;" "I really enjoyed . . .;" "It looks as if you worked hard on . . .;" "It looks as if you spent a lot of time thinking about . . .;" "It looks as if you spent a lot of time thinking that through." What we are talking about is building positive relationship(s). Learning to build a positive relationship takes time for this is NOT an innate ability. The ability, love, and support will grow stronger as one practices. Mutual respect is achieved as one shows respect for the other, because respect is earned, not given.

Yelling, nagging, talking down, hitting, and doing for others when they can do for themselves demonstrates a lack of respect. When the other does something positive, acknowledge it instead of showing the attitude "of course, it's what I expected." Remember to accept responsibility for your behavior and self-esteem. Instead of criticizing the other, encourage the other to try different behaviors, recognizing the positives with compliments and help. Discuss issues when one is calm and the feelings between the two of you are friendly. Resolve the conflicts; don't sweep them under the carpet to lie there waiting to trip you up later. Make sure you take time to have fun, doing something

you both enjoy. Discuss the plans of what will be done, for example, shop, walk, theatre, or worship. Remember, it is not necessary to point out the negatives; it is important to emphasize the positives. As we love and accept ourselves, we are able to love and accept others. Communicate that love by word and deed--touching, kissing, and hugging. It is okay to say what isn't liked, with "I" messages.

We will again have the opportunity to practice. I would like you to get into groups of three, preferably with someone you didn't work with last week. One person will send an "I" message, the other will be the receiver, and the third will give feedback. I would like you all to have the chance to practice each part. Again, take examples from your life, what happened today or this week.

Week Three

Any questions about what we've covered so far? Have any of you been putting these new ideas to use at home or with others?

Today we will continue with our discussion of the past two weeks and have more time to practice with each other.

Remember, we actually show respect for another individual by letting that person learn through experience. It is okay to give advice, but only if asked for (it can be hard to resist; yet by not saying anything, you are saying "I know you will manage, either by doing or by asking when you deem it necessary.") A MISTAKE IS A LEARNING EXPERIENCE. Mistakes are OKAY. They don't mean failure; they mean we have tried, unsuccessfully. Now it is a matter of figuring out why and what can be done differently. When mistakes are repeated, then we tend to wonder what is going on. When we dominate, control, overprotect, or pity another we show no respect; we actually prevent the individual from becoming resourceful with decision making. Moreover, it is also okay for US to make mistakes.

We need to focus on both the assets and strengths of all involved, the self included. The person who shows or feels inadequate lacks belief in his or her ability. When the other individual's behavior is not what we'd like it to

be, we can respond in an unexpected way that will surprise the other person.

Our emotions are based on what we believe, that is, our purpose. We feel as we believe. If we believe the world is unfriendly, we will set the stage to keep others away and of course the opposite is true; we will attract others when we believe the world is friendly. The best way is to set our limits, rather than trying to be controlling. Others can then decide how or what they wish to do and accept the consequence for the decision. By this process, we show faith in the other's ability to learn and grow.

Our current beliefs are based not only on what we observed when we were young but also on our interpretation of the events. At that time, we decided how to react to what occurred, and unless we have made the effort to change, we probably are still responding according to our old belief system.

When something makes you feel unsettled or angry, decide who the problem belongs to--you or the other party(ies). If you are upset and the other isn't, the problem is yours. If one does something that does not affect either, there's no problem. If you are doing something and it upsets the other, it is the other's problem. The issue is how to change. Now is the time for "I" messages. As you discuss the issue, many different and

creative ideas will emerge, particularly if you are both honest. One needs to listen, empathetically, in order to solve problems. Try to understand that which is influencing the relationship, for example, illness of the other or family member, exhaustion from working late, or problem with another important person in that life.

It is not only okay but desirable to set limits. One doesn't need to either fight or give in. Let the other individual accept the consequences of his or her decision. Remember, nothing needs to be set in concrete; you or circumstances may change. If you don't like the results achieved, do things differently next time. If we can call or identify problems as challenges, they may be easier to resolve. Normally the challenge isn't the problem; the way we respond, handle, or deal with the challenge is the issue. There is more than one way to view and solve problems. Brainstorming at the corporate level is one example.

Avoid discouraging the other. Here are some ways we discourage the other without realizing it:

1. Subtle domination: "my way is the best," take over the task;
2. Intimidation: expect the other to do and/or be more, regardless of what has been done so that the one individual realizes the other is never satisfied;

3. Withhold positive feedback: failure to acknowledge growth may prevent the second individual from feelings of self-worth; and

4. Oversensitivity: no matter what is said the receiver hears the message as meaning "I'm less." Eventually the sender becomes sensitized to this reaction and is less than honest with messages.

Building on success is productive. Don't waste time thinking of the past, or feeling guilty or regretting goofs. That takes energy away from the here and now. Thinking of the past helps when we are trying to learn to do something differently. To think of the past in an accusatory way only inhibits problem solving, because it shuts the other off and enhances resentment.

Now it is time to form groups of three to practice the interactions between people. What issues have you been dealing with in your personal lives that you might like to practice here in our safe environment? See how what you say is received by others, how you feel after sending your message, and then brainstorm for other possible ways to handle the same issue.

Week Four

This will be our last instructional group meeting. We will review what has been done the past three weeks, have the chance to hear how you've used these ideas away from here, and have time for practice.

1. How we feel is based on our beliefs.
2. We all need to be noticed, and if we aren't recognized for our positives, we will behave negatively. The four negative goals are attention, power, revenge, and inadequacy.
3. We all make mistakes and that is okay. We are all imperfect; the point is to learn as best we can. We need to let others be who they are and accept them as they are.
4. "I" messages tell the other how we feel. Their purpose isn't to change the other. Ideally, both can discuss the issue and reach an agreement, which may be to continue to disagree. Rarely is there a perfect solution.
5. We show faith in the other by letting that individual make decisions. Advice may be given when asked for, but telling the other what to do is a put down, and sends the message that "You are NOT okay."

If we wish others to see us as worthwhile, we need to accept others as they are, with their imperfections. When we "if only they would . . ." we put a block in the way. A person who does not feel worthy sees no reason to improve.

Each person needs to accept responsibility for his or her behavior.

It is possible to separate the task from the doer. We can value the individual even though we do not like the behaviors. Each individual is responsible for creating and maintaining the relationship. If one individual changes, the relationship changes.

When help is requested, one may wish to try a different response, for example, "Have you considered . . .?;" "Wonder what would happen if . . .;" or "I've found . . . to be helpful." This allows the asker to maintain a sense of self-worth. Sometimes reflective listening may give the other the opportunity to figure out the solution best for him or her. You may help the person list various alternatives, without judging them until the list is complete. Then the alternative and consequences of each possibility can be judged. The decision when to implement the choice can be made as well as when to evaluate what has been done to make sure the desired result has been achieved. If it hasn't, one of the previously discarded ideas may be tried or new ones brainstormed. As with most things, the timing of what is said is important.

Anger is a way to acknowledge that something is wrong, and that one needs to check out what is occurring and do some repair work. How frequently do you get angry? Is it a



response to the other's interaction? What is the purpose of the anger: to gain control, get even, or win? If it happens frequently, is the other provoking you or trying to control? It is probably safe to say communication is at a standstill; people are not hearing each other. How else would you like to relate? THE PROBLEM ISN'T THE OTHER'S BEHAVIOR; RATHER, IT IS THE CONSEQUENCE THAT THE BEHAVIOR PRODUCES IN THE SELF, BECAUSE ONE'S OWN RIGHTS AND NEEDS HAVE BEEN INFRINGED.

We need self-awareness to know where we are in order to be in charge of our own life. We need awareness of the other in order to know when to support, praise, or help. Remember, don't try to change too many things in the self at one time. Don't pity the other because it implies you believe that person is defective, which handicaps the individual.

Ideas for ways to resolve conflict:

1. Be specific about the problem. Pinpoint the real problem, issue, or conflict. WORK ON ONE AT A TIME, because it takes effort to do.

2. Don't look at the past; look at how to solve the problem and prevent it from occurring in the future. Negotiation occurs when various alternatives are examined. each treats the other with mutual respect, as an equal.

3. Give "I" messages, accept responses, NO BLAMING, do active listening. The whole point is for BOTH to understand. Don't give the usual reply. Avoid low blows and foul play.

4. Avoid absolutes--always, never, should, ought.

5. See solution as tentative--try it, if it works, great, if not try again.

6. Facts are affected by our beliefs. Check out your attitude about the problem.

7. Avoid procrastination. Do it now. Discuss a best possible time.

8. Say what you think or feel. The other may not be aware of your perceptions. Saying what you feel and are experiencing doesn't mean the other will change. It is risky to be open, without expectations from the other. Speak with judging, criticizing, or complaining about the other.

9. Set a time limit for discussion.

10. Give time for change to occur, because it takes time to break old habits and learn new ones.

11. Accept responsibility for your own feelings and mistakes.

12. Look for satisfaction, not perfection, in the relationship. Respect is the important ingredient.

The wish is to understand, to value, and to give the other the benefit of the doubt. Be flexible and willing to change.

At this time we will go into groups of three and bring up issues to discuss using the above ideas.

I would like us to meet next week to fill in the questionnaire. I am hoping that we can meet at this time.

Are there any questions on any matter we have been discussing this past month? Any questions about next week?

I would like to thank you for your continuing cooperation.

\*Adapted from Dinkmeyer (1982, 1984, 1989)

APPENDIX D  
WORKSHOP HANDOUTS

## SUMMATION OF WEEK ONE

1. Interaction in the United States is ideally based on democratic principles.
  - A. Treat each other as equals, showing respect.
  - B. We prefer to have choices; therefore, one needs to assume responsibility for his or her choices and their consequence.
2. Our choice of response to any situation, physical or emotional, is based on our beliefs.
3. Accept responsibility for the self; accept the other as he or she is. Do NOT attempt to change the other.
4. We all wish to belong and have a special significance. We will do so to the best of our ability, if not in a positive way, then negatively, by:
  - A. Attention: demanding approval
  - B. Power: making unreasonable demands
  - C. Revenge: hurting others by word or deed
  - D. Inadequacy: blaming others
5. Our GOAL--TO UNDERSTAND the other person, NOT necessarily to AGREE.
6. Ways to achieve a positive relationship include:
  - A. Mutual respect
  - B. Taking time for fun
  - C. Encouragement
  - D. Communicating love

7. It is okay to be imperfect and make mistakes.
8. Improve communication by:
  - A. Effective listening--eye contact, body language, and mutual respect
  - B. Reflect what has been heard.
  - C. Give nonjudgmental responses.
  - D. Be tentative with your replies.
  - E. "I" messages: describe behavior which interferes; state the feelings you have about the consequences; state the consequences.

## SUMMATION OF WEEK TWO

1. We may inadvertently reinforce negative behavior by our interactions and may need to change what WE do.
  - A. Attention: give attention when not expected. Ignore the behavior that is not liked.
  - B. Power: remove self from the power struggle.
  - C. Revenge: do NOT retaliate. Send "I" messages about issues not the behavior.
  - D. Inadequacy: focus on the strengths and assets of the other.
2. Four positive ways to foster a good relationship:
  - A. Accept responsibility for one's own behavior.
  - B. Cooperate.
  - C. Contribute to the relationship.
  - D. Encourage the other.
3. Encouragement, not praise. Encouragement is given for the effort or improvement, regardless of the amount. This helps build confidence in the self. Praise is based on competition.
  - A. Accept the other as is.
  - B. Point out past positive aspects of behavior.
  - C. Show faith in the other to help the other develop faith in the self.
  - D. Recognize the effort and improvement.
  - E. Show appreciation for the contribution(s).
4. Building a positive relationship takes time; it is NOT an inborn ability.
5. One needs to earn respect.

6. When something positive is done, acknowledge it. Don't act as if it is expected.
7. Discuss issues when both are calm and the feelings between the two of you are friendly.
8. Resolve conflicts; don't pretend they don't exist.
9. IT IS IMPORTANT TO EMPHASIZE THE POSITIVE!!! IT IS NOT NECESSARY TO POINT OUT THE NEGATIVE!



## SUMMATION WEEK THREE

1. A mistake is a learning experience, unless it is repeated over and over. Mistakes mean we have tried, unsuccessfully. Now figure out what to do differently next time.
2. Our emotions are based on what we believe. We feel as we believe.
3. When upset, angry, or unsettled, decide who the problem belongs to.
  - A. If you are upset, and the other isn't, it is your problem.
  - B. Something occurs and no one is upset, no problem.
  - C. You do something, and the other is upset, that is the other's problem.
4. How to change what has occurred? "I" messages. Discuss options. We may not agree on a solution. It is okay to agree to disagree.
5. Important to set own limits of what you will or will not accept.
6. It is okay to make a decision now, that you may change later.
7. Re-label the issue. Rename "a problem" "a challenge."
8. THE CHALLENGE ISN'T THE PROBLEM, THE WAY WE RESPOND OR HANDLE THE CHALLENGE IS THE ISSUE.
9. Avoid discouraging the other in the following ways:
  - A. Subtle domination: "my way is best," or taking over the task.
  - B. Intimidation: never be satisfied with what is done. Always expect more or better.
  - C. Oversensitivity: receiver always hears "I'm less."
  - D. Withholding positive feedback: failure to acknowledge growth in the other.
10. Use the past as a learning example.

## SUMMATION OF WEEK FOUR

1. We show faith in the other by letting that individual make decisions.
2. Advice is to be given only when asked for. Examples of ways to share advice:
  - A. "Have you considered . . .?"
  - B. "I wonder what would happen if . . .?"
  - C. "I've found . . . to be helpful."
3. Accept responsibility for your own behavior.
4. When we say/think "If only they would . . ." a block is placed in our way.
5. Reflective listening may be beneficial. Let the other think aloud. If choices are being considered, list all of them before evaluation. Think of the consequences of each choice. Decide when to implement the choice and when to evaluate the effectiveness of the decision.
6. Anger means something is going on; stop and think what, then act.
7. THE PROBLEM ISN'T THE OTHER'S BEHAVIOR; RATHER, IT IS THE CONSEQUENCE THAT THE BEHAVIOR PRODUCES IN THE SELF.
8. Self-awareness is needed so we can take charge of our own life.
9. Awareness of the other is needed in order to support, help, or encourage.
10. DON'T TRY TO CHANGE TOO MANY THINGS IN THE SELF AT ANY ONE TIME.
11. Ways to resolve conflicts:
  - A. Be specific about the problem. Work on only one problem at a time.
  - B. Don't dwell on the past. Instead look at how to solve the challenge, and how to prevent reoccurrences. Negotiation involves examining various alternatives.

- C. Give "I" messages, NO BLAMING. Both need to understand.
- D. Avoid absolutes--always, never, ought, should.
- E. See solutions as tentative. If they work, great; if not, re-try.
- F. Avoid procrastination.
- G. Say what you think or feel, without judgment or criticism.
- H. Set a time limit for the discussion.
- I. Give time for change to occur.
- J. Accept responsibility for your own feelings and mistakes.
- K. LOOK FOR SATISFACTION, NOT PERFECTION, IN THE RELATIONSHIPS. Respect is the important ingredient.

APPENDIX E  
INFORMED CONSENT

## Use of Human Subjects

## INFORMED CONSENT

NAME OF PARTICIPANT \_\_\_\_\_

1. I give my consent to Roberta Goldstein to do the following research procedures: to assist me in filling out questionnaires, and to attend four group classes that will each last no longer than two hours.
2. People will be randomly assigned to the different parent and child groups. Not all those involved will be able to participate in the group class experience at the same time. All will be offered the opportunity to take part in the classes at some time.
3. I have heard and/or read a clear explanation and understand the nature of the procedures, as well as any possible discomforts involved. I have heard and/or read a clear explanation of the benefits to be expected. I understand that the procedures to be done are for research and that I may withdraw from this project at any time. With my understanding of what is involved, and having received satisfactory answers to the questions I have asked, I voluntarily consent to being a part of the procedures outlined in part one above.

Signed: \_\_\_\_\_ [Participant] \_\_\_\_\_ [Date]

Signed: \_\_\_\_\_ [Witness] \_\_\_\_\_ [Date]

Signed: \_\_\_\_\_ [Witness] \_\_\_\_\_ [Date]

If the participant is unable to write his or her name, legally the participant may make an X with two witness signatures.

APPENDIX F  
LETTER TO DON DINKMEYER, Ph.D.

ROBERTA EISMAN GOLDSTEIN, M.N., R.N., L.P.C.  
LICENSED PROFESSIONAL COUNSELOR  
4017 Buena Vista #115  
Dallas, Texas 75204-1638

March 18, 1989

Don Dinkmeyer, Ph.D.  
202 S. State Street, #1212  
Chicago, IL 60604

Dear Dr. Dinkmeyer:

I am a Ph.D. candidate at the University of North Texas, in Denton, Texas, and am currently trying to accomplish the dissertation. My topic is communication between the adult child and parent.

Part of my dissertation is to teach the participants an improved way to communicate based on your STEP program. I am writing to see if you believe there would be any problem in using your program for adult to adult rather than adult to child. I feel comfortable as I have been working on the booklet that the transition is effective and will be appropriate. At the same time, I do not wish to be presumptuous or assume I am correct. Therefore, I am writing for both your thoughts on the matter and your permission to use your concept for my dissertation.

Sincerely,

Roberta Eisman Goldstein

APPENDIX G

LETTER FROM DON DINKMEYER, Ph.D.





**Communication & Motivation  
Training Institute, Inc.**

4010 NW 99 Avenue  
Coral Springs, Florida 33065  
(305) 752-0793

**DON DINKMEYER**

President  
Diplomate, Counseling Psychology, A.B.P.P.  
Diplomate, Marriage & Family Therapy, A.B.F.P.

March 29, 1989

Roberta Eisman Goldstein, M.N., R.N., L.P.C.  
4017 Buena Vista #115  
Dallas, TX 75204-1638

Dear Roberta:

I received your questionnaire regarding teaching participants to improve their participation based on STEP. It occurred to me you were not aware two of my other publications, **TIME FOR A BETTER MARRIAGE [T.I.M.E.]**, published by American Guidance Service, 1984, and **TAKING TIME FOR LOVE**, published by Prentice Hall, 1989. These will already have the adult communication built into them.

I will be interested in learning the results of your dissertation.

Cordially,

Don Dinkmeyer, Ph.D.

DD:anb

APPENDIX H  
LETTER TO DR. QUINN

4017 Buena Vista, #115  
Dallas, TX 75204  
January 21, 1988

William H. Quinn, Ph.D.  
Associate Professor and Director  
Clinical Training and Services  
The University of Georgia  
College of Home Economics  
Dawson Hall  
Athens, GA 30602

Dear Dr. Quinn:

My turn to apologize for my tardiness in thanking you for sending on your research material. Unfortunately, I am all too familiar with the traumas a bad back can bring; therefore, I do empathize with you.

I am working on my dissertation and my concern is with the adult child and his or her parent. I wish to see if I can assist the communication process. Know exactly what I want to do, finding the tool to measure the interaction and change if any is my current stumbling block. I find your tool of interest. If I decide to use it, do I have your permission to do so? I, too, wish to assess the adult child and parent's change, or perception. You kindly sent me much of your work, except the validity and reliability indices. Is it possible to send these on as it will affect the use of your tools.

Sincerely,

Roberta Goldstein

APPENDIX I  
LETTER FROM DR. QUINN

The University of Georgia  
College of Home Economics  
Dawson Hall  
Athens, Georgia 30602  
(404) 542-4831



## DEPARTMENT OF CHILD &amp; FAMILY DEVELOPMENT

February 1, 1988

Roberta Goldstein  
4017 Buena Vista #115  
Dallas, TX 75204

Dear Ms. Goldstein:

I received your letter regarding your dissertation work on communication process and intergenerational family relations. I am very pleased that you are doing this as it is a very important domain of study which has been underemphasized.

You do have my permission to use any measure which I employed in my related research. I have enclosed a reprint of an article which addresses reliability and validity.

Best wishes on your work. I would be pleased to receive any results of your activities on the topic.

Sincerely,

William H. Quinn, Ph.D.  
Associate Professor and  
Director of Clinical Training  
and Service

WHQ/dc

APPENDIX J  
LETTER TO ALL PARTICIPANTS

Dear Participant:

I am writing to let you know how much I appreciate your help. My Ph.D. wouldn't be possible without your volunteering. This questionnaire needs to be filled out and returned immediately, if at all possible. There will be one more in another month, and that will terminate your involvement with me.

Those of you who only filled out the questionnaires and never attended a workshop/class will be offered the opportunity to do so when my Ph.D. has been accomplished, sometime in May or June. If you wish to attend, we will make arrangements that all are able to agree on.

Again, I wish to say THANK YOU!!!! I realized it was a lot to ask and all you have done was not assumed to be expected. I realize the effort it took.

I do hope you all have a super holiday season and that the New Year is all you'd like it to be.

Sincerely,

Roberta Eisman Goldstein  
4017 Buena Vista, #115  
Dallas, TX 75204-1638  
(214) 520-0005

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