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SHOULD ALL ENMESHED FAMILIES BE REGARDED AS DYSFUNCTIONAL: A STUDY OF THE CIRCUMPLEX MODEL OF MARITAL AND FAMILY SYSTEMS

by

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ABSTRACT

The purpose of the present study was to show that Turkish families are quite cohesive and that this cohesion does not necessarily lead to pathology in the family. The main concept under investigation was the level of family cohesiveness, that is the level of emotional bonding among family members. Specifically, the cross cultural validity of the findings generated from the Circumplex Model of Marital and Family Systems were of concern.

Three groups; "non-clinic" low educational level, "non-clinic" high educational level and "clinic" low educational level, each consisting of twenty married couples served as subjects. Level of family cohesion and marital satisfaction was assessed by The Third Family Adaptability and Cohesion Evaluation Scale (FACES III).

It was hypothesized that "non-clinic" Turkish families would function at the higher end of the cohesion continuum and that they would be satisfied with their current family functioning while "clinic" Turkish families would function at the two extreme ends of the cohesion continuum and that they would be less satisfied compared to "non-clinic" families.

The two "non-clinic" samples showed levels of functioning high on the cohesion continuum, and they were

satisfied. However, the "clinic" sample too was found to be functioning at similar high levels on the cohesion continuum but their level of satisfaction was significantly lower than the "non-clinic" families' level of satisfaction. These findings supported the contention that high family cohesion is a cultural norm in Turkish families. Thus, while the so called 'cohesion dimension' seems to assess levels of family functioning in terms of cohesion, its relation to pathology seems to be questionnable.

INTRODUCTION

The starting point of this research is Olson's (1985) contention that too high a level of cohesion in the family is by and large indicative of dysfunction. The cross cultural validity of this contention can be questioned.

Specifically, the purpose of the present study is to show that Turkish families are quite cohesive and that this cohesion does not necessarily lead to pathology in the family. The main concept under investigation is the level of family cohesiveness, that is the level of emotional bonding among family members.

When an individual family member experiences a major problem, generally there are implications for the other members of the family unit. Increasingly, families are going into therapy as units in an attempt to solve their difficulties. Similarly, psychologists are increasingly getting involved in family therapy to deal with the problems of families. Family therapy, in contrast to individual therapy, focuses more on interpersonal issues rather than intrapersonal ones. In a family, sharing the same environment, the output of one member provides the input for the others and vice verca. In this manner the family establishes a certain redundant interaction style. A specific behavior of any one member in the family is only meaningful within its context, that is the pattern of

communication established in the family. Behavior in itself is neither pathological nor normal. It can only be understood and explained in relation to the context in which it has occurred. For this reason clinicians have realized that observing the redundant patterns of communication among family members proved to be more efficient in solving problems (Phares, 1984).

Such an emphasis on communication may be traced back to its origins in the work on schizophrenia (Bateson, Jackson, Haley, Weakland, 1956). At that time, pathology was described as a failure in communication among family members. Utilizing such a communication model which emphasizes feedback and information, family therapy has gradually evolved to reach its present state. Family therapy now deals with the relationship between the individual family member and the family system, which by the end of therapy undergoes some alterations. From this point of view, the emphasis is not on the malfunctioning of the person, but on the lack of information which causes that person to founder. Family therapy, therefore, is a process of correcting the lack of information, in other words, changing the manner of feedback. Such an emphasis on communication is explained in detail by the most important concept in family therapy, the so called, general systems theory.

According to general systems theory, just as in biology, a network of relationships, that is sets of interacting units, are essential (Sundberg, Taplin and Tyler, 1983). Everything in a system is related to everything else in it. A change in one part of the system changes the whole pattern of relationships. Systems have boundaries that limit the area in which these relationships occur. Systems are organized in hierarchies or levels in the sense of inclusiveness, such as cells combining into organs and organs into organisms.

Influence and control extend in two directions. Changes made at higher levels affect the functioning of lower level systems and vice verca.

According to general systems theory, living creatures are open systems through which there is a continuous flow of information. Systems are self regulating and tend to maintain steady states. Negative feedback is essential to the maintenance of steady states while positive feedback leads to change. Within the systems perspective, system change implies a change of all entities functioning within the system.

General Systems theory provides the basis of the conceptual paradigms underlying Family Systems Theory, the universal characteristics of which may be summarized as follows (Walsch, 1982):

1- Circular causality: The family system is defined as a group of interrelated individuals such that a change in any one member affects other individuals and the group as a whole. This in turn, affects the first individual in a circular chain of influence. Causality is thus seen as circular rather than linear.

2- Nonsummativity: In order to understand the family system, it is necessary to attend to the ongoing interactional pattern rather than to the characteristics of individual members.

3- Equifinality: Each family has its unique way of responding to situational demands. Similar circumstances may lead to different outcomes and the same outcomes may result from different origins.

4- Communication: All behavior is regarded as communication transmitting interpersonal messages. Family units define relationships through mutual agreements or family rules.

5- Family rules: Family rules operate as norms within a family by which behavior is measured and from which it varies in degree. Rules organize family interaction, they provide expectations about roles and actions. Through the operation of a 'redundancy principle' the family interacts in repetitious sequences such that family operations are governed by a small set of patterned and predictable rules.

6- Homeostasis: In order to maintain a steady, stable state in the ongoing interaction system, norms are enforced by homeostatic mechanisms. Deviations from family norms are counteracted in order to regulate tension and restore the family equilibrium.

7- Morphogenesis: Thefamily is also expected to be flexible enough to adapt to internal and external change. Positive feedback provides the family system with constructive behaviors that enable the system to grow, create, innovate and change; the so called system morphogenesis state. Conversely, negative feedback attempts to maintain the system's balance; the so called system morphostasis state. With the help of these two mechanisms, the family adapts itself to both internal and external changes.

CIRCUMPLEX MODEL OF FAMILY AND MARITAL SYSTEMS

In the last decade various concepts describing marital and family dynamics have emerged, the majority of which originated in the field of family therapy. Most of these

concepts aim at establishing a central domain of marital and family interaction. General systems theory has provided a central framework for many of these approaches. However, little attempt has been made to achieve an integration of these concepts or to place them within a systematic model.

The conceptual clustering of numerous concepts from family therapy and other social science fields has revealed two significant dimensions of family behavior, namely cohesion and adaptability. These two primary dimensions are integrated in the Circumplex Model as formulated by Olson, Sprenkle and Russel (1979).

Family cohesion assesses the degree to which family members are separated from or connected to their family. Within the Circumplex Model, family cohesion is defined as "the emotional bonding members have with one another" (Olson et al, 1985). The specific variables used to assess the degree of family cohesion are, emotional bonding, supportiveness, family boundaries, time and friends and interests and recreations. Emotional bonding refers to the extent family members feel close to each other. Supportiveness refers to the family's rate of helping each other and the extent to which they consult one another on their decisions. Family boundaries relate to the family members' feeling of unitedeness in the face of the external world. Time and friends measure the extent to which family members like to spend free time with each other and the extent to which they approve of each others' friends. Interests and recreations relate to activites done together as a family.

The Circumplex Model presents four levels of family cohesion ranging from extreme low cohesion, through balanced levels to extreme high cohesion which are colled respectively: disengaged, separate, connected and enmeshed (Olson et al, 1985).

Olson states that a conceptual review of the literature shows that the cohesion dimension has been utilized in several social science disciplines which demonstrates its cross-vlaidation and its significance. The most recent interest in the dimension has come from family therapists who have developed numerous concepts that relate especially to the extreme ends of the dimension. They have referred to cohesion or to a concept relating to one extreme of this dimension giving less attention to the balanced levels. This shows that the two extremes are more representative of pathologic families seen by those who have developed these concepts. Cohesion, therefore is one of the two major dimensions for developing the Circumplex Model of marital and family systems.

Family adaptability assesses the extent to which the family system is flexible and able to change. Within the Circumplex Model, family adaptability is defined as "the ability of a marital/family system to change its power structure, role relationships and relationship rules in response to situational and developmental stress" (Olson et al,1985). The specific variables used to assess the degree of family adaptability are: leadership, control, discipline, roles and rules. Leadership clarifies whether the family is governed by one specific leader or many alternating leaders. Control assesses the extent to which children have a say in their discipline. Roles and rules measure the extent to which individual roles and family rules are flexible. The Circumplex Model presents four levels of family adaptability which are, respectively: rigid, structured, flexible and chaotic (Olson et al, 1985).

The family adaptability dimension appears to be one of considerable interest to family therapists. They have observed that families with an assertive style of communication, successful negotiation, role sharing and rule making relate

more to the balanced levels of the dimension, whereas families in chaos relate to the extreme ends of the dimension. However, there have been few attempts at conceptual clarification or integration of this dimension with other relevant family concepts. Being such a widely used concept, family adaptability constitutes the second major dimension for the development of the Circumplex Model.

For each dimension, the balanced levels are hypothesized to be most suitable for healthy family functioning. The extreme areas are generally seen as more problematic for couples and families over time. On the cohesion dimension, the high extreme, enmeshment, results in overidentification with the family;while the low extreme, disengagement, results in isolation or disengagement within the family. On the adaptability dimension, the high extreme, as suggested by its name, results in chaos; while the low extreme results in system rigidity. Therefore, for each dimension, the balanced levels are hypothesized to be areas of optimal functioning.

The Circumplex Model identifies sixteen distinct types of marital and family systems. They are identified by combining the four levels of the cohesion and the four levels of the adaptability dimensions (Appendix A). This four-by-four matrix forms sixteen cells, each of which identifies one possible type. The four types in the central area reflect balanced levels of both adaptability and cohesion and are called the balanced types which are namely the flexibly separated, flexibly connected, structurally separated and structurally connected cells of the matrix.

There are eight types which are extreme on one dimension and moderate on the other and are called the mid-range types, which are namely the flexibly disengaged, chaotically separated, chaotically connected, flexibly enmeshed,

structurally enmeshed, rigidly connected, rigidly separated and structurally disengaged cells of the matrix.

The four types at the extremes reflect very high or very low levels of adaptability and cohesion and are called the extreme types, which are namely the chaotically disengaged, chaotically enmeshed, rigidly disengaged and rigidly enmeshed cells on the matrix.

The central area, which represents moderate cohesion and adaptability (the balanced types) represent more functional marital and family systems. Within the balanced types, individual family members have the freedom to be more alone or connected to each other as they wish. However, they seldom remain at their extreme for long periods of time. The model is dynamic as it assumes that changes can occur in family types over time. Families are free to move in any direction that the situation or stage of the family life cycle may require. None of the four types at the center is described to be 'the ideal' at any given stage of the family life cycle, yet they all are more functional than the extreme types.

The four extreme types in the outer circle are seen as least functional to individual and family development as behavior at those extreme ends represent exagerated versions of both family cohesion and adaptability.

The central hypothesis derived from the model is that balanced families will function more adequately than extreme families. This hypothesis is built on the assumption that families extreme on both dimensions will tend to have more difficulties coping with situational and developmental stress. This assumes a curvilinear relationship between the dimensions of cohesion and adaptability on the one hand and family functioning on the other hand. That is, too little or too

much cohesion or adaptability is regarded as dysfunctional to the family system. Families that are able to function between these two extremes are regarded as coping better.

RESEARCH ON THE CIRCUMPLEX MODEL

The Circumplex Model was initially developed and tested in the dissertation work of Sprenkle and Russel under the supervision of Olson. Sprenkle (1979) focused on the adaptability dimension and examined the interaction process of twenty five couples in marriage counseling and twenty five non-clinical married couples, using the SIMFAM gome (The Simulated Family Activity Measurement). He found that non-clinical couples were more adaptable compared to those in marriage counseling.

Russell (1979) also used the SIMFAM interaction task to test the Circumplex Model. She studied both the cohesion and adaptability dimensions by testing thirty one non-clinical families with adolescent girls. Supporting the basic hypothesis derived from the Circumplex Model, she found that all of the low functioning families fell into extreme types while most of the high functioning families fell into the balanced types.

The Simulated Family Activity Measurement (SIMFAM), developed by Straus and Tallman (cited in Russell, 1979), provides for the observation and coding of four major variables, namely adaptability, cohesion, support and creativity.

Apart from the SIMFAM, The Family Environment Scale (FES) was also used to test the Circumplex Model. It was hoped that FES would provide an adequate self-report assessment

of family cohesion and adaptability. However, the use of FES in two studies indictaed that the scale did not adequately assess these two dimensions. Druckman (1979, cited in Olson, Bell, Portner, 1982) found that this scale did not adequately describe families with female delinquents, and Russell (1980, cited in Olson, Bell, Portner, 1982) found that FES did not correlate well with other measures of family cohesion. These limitations of FES created the need to develop a scale specifically designed to measure family cohesion and adaptability as defined in the Circumplex Model.

THE ORIGINAL FACES AND FACES II

FACES, The Family Adaptability and Cohesion Evaluation Scale, was developed in 1978 in Joyce Portner's (1981, cited in FACES II, 1982) and Richard Bell's (1982, cited in FACES II, 1982) dissertation work. This original self-report scale was constructed specifically to measure the two dimensions in the Circumplex Model.

FACES II, The Second Family Adaptability and Cohesion Evaluation Scale, was developed by Spring (1981, cited in FACES II, 1982) in order to overcome some of the limitations of the original FACES. FACES II, compared to the original FACES is a shorter instrument consisting of simpler sentences so that it can be administered to children and to those with limited reading ability. It is a thirty item scale containing sixteen cohesion items and fourteen adaptability items. There are two items for each of the following eight concepts related to the cohesion dimension: emotional bonding, family boundaries, coalitions, time, space, friends, decision making and interests and recreation. There are two or three items for each of the six concepts related to the adaptability dimensions: assertiveness, leadership, discipline, negotiation, roles and rules.

Compared to the original FACES, a new feature of FACES II is that it is designed to be administered twice, once for how family members currently see their family (perceived) and secondly, for how they would like it to be (ideal). By comparing both the perceived and ideal for each family member, it is possible to assess the level of satisfaction with the current family system. It also provides information regarding how each individual would like to see the family system change. Theoretically, the perceived-ideal discrepancy provides a measure of family satisfaction with the current family system.

RESEARCH ON THE CIRCUMPLEX MODEL USING THE SCALES FACES AND FACES II

A variety of studies using FACES and FACES II have been done to test the major hypothesis that balanced family types are more functional than extreme types. The following are findings of these empirical studies (Olson, 1985).

Joyce Portner (1981) compared fifty five families in family therapy with a matched control group of one hundred and seventeen non-problem families, using the original FACES. She found that more non-clinic families fell in the balanced areas of the Circumplex Model on cohesion and adaptability than the clinic families.

Richard Bell (1982) also utilized the original FACES to study thirty three families with runaways and compared them with the same one hundred and seventeen non-problem families used in the Portner study. He found significantly more non-problem families in the balanced area compared to the runaway families. He found more runaway families at the mid-range and extreme levels than non-problem families. He

also found that significantly more runaway families were disengaged than non-problem families.

Comparing twetnty seven high risk families with thirty five low risk families, Garbarino, Sebes and Schellenbach (1984) focused on the type of family systems by using the original FACES. They found the majority of the low risk families to be of the balanced type (mainly flexibly connected type), while the majority of the high risk families were of the extreme type (mainly chaotically enmeshed type).

John Clarke (1984) used FACES II to study schizophrenic and neurotic families who were in therapy, families who had had therapy in the past, and a no therapy control group. He found a very high level of extreme families in the neurotic and schizophrenic groups compared to the no therapy groups. Conversely, he found a significantly higher level of balanced families in the no therapy group compared to the other groups.

Olson and Killorin (1985) used the original FACES to study alcoholic families. They found that the group of alcoholic families which they tested had a significantly higher number of families on the extreme end compared to the non-dependent families.

Patric Carnes (1985) used FACES II to investigate the family systems in sex offenders. He found that about half had families of origin which were extreme family types, about two thirds of their current families were extreme, while only about less than one fourth of non-offender curent families were extreme.

Rodick, Henggeler and Hanson (1985) used FACES to compare fifty eight mother-son dyads from father absent families in which half had an adolescent juvenile offender

and the other half had adolescents with no history of arrest or psychiatric referral. They found that most of the non-delinquent families were balanced, while most of the delinquent families were mid-range or extreme types.

According to Olson, the findings of the studies mentioned above have consistently demonstrated both the validity of these scales and the discriminant power of these instruments and of the Circumplex Model in distinguishing between problem families and non-problem families in predicted directions. More specifically, the central hypothesis derived from the Circumplex Model has been supported as significantly more non-problem families were balanced while significantly more problem families were extreme types. Thus, there is a strong empirical support for the hypothesis that balanced families are more functional than extreme families.

Other studies that have used FACES and FACES II, which have not been mentioned by Olson, are as follows:

In a study by Zlotogorski (1983), family structures of holocaust survivor families were investigated. The majority of the work on families of holocaust survivors had been done with a client population. Based on the findings of these casework, it had been hypothesized that individuals who experience chronic deprivation in their psychological environment will develop distortions in their capacities for human relations, which will also inhibit the survivors' ability to form healthy parenting relationships with their children. Zlotogorski, in contrast to this hypothesis, expected holocaust survivor families to be characterized by a number of diverse patterns of family behavior. In this study, family cohesion and family adaptability were of particular interest. The original FACES was utilized to assess levels of family cohesion and adaptability. Results, as expected,

revealed a wide variety of family structures within holocaust survivor families. On the cohesion dimension, families ranged from enmeshed to disengaged as did the comparison families. On the adaptability dimension, the range was from rigid to chaotic for both survivor and comparison families. The average holocaust survivor family in this study was characterized by structured separateness. In the Circumplex Model, this type of family functioning represents moderate scores on both family cohesion and adaptability.

Rayha (1984) in her study, attempted to provide construct validation of the FACES II dimensions of cohesion and adaptability. Twenty couples in marital therapy, twenty couples with the husband in individual psychotherapy and twenty nondistressed matched control couples responded to FACES II. Findings provide some support for the construct validity of the FACES II measure of cohesion and suggest serious difficulties with the FACES II measure of adaptability. This study also provides support of the system's notion that individual psychopathology is symptomatic of systemic dysfunction.

In a study which compared dual career and traditional couples in terms of their perceptions of their families' cohesion and adaptability and their reported level of marital satisfaction, Williams (1984) utilized FACES II to measure family cohesion and adaptability. Traditional and dual career husbands and traditional and dual wives were compared on their perceptions of their families' cohesion, adaptability and their reported level of marital satisfaction. Differences between these groups were also assessed as a function of age, length of marriage and presence of children. Findings showed that there was an inverse relationship between cohesion and years of marriage for both the husbands' and wives' groups. That is, the fewer the years married, the more cohesive, subjects

perceived their families to be. For the wives' group, a positive correlation was noted between adaptability and presence of children, while cohesion scores correlated negatively with the presence of children for the husbands' group. Findings revealed no significant difference between dual career and traditional husbands and wives on the variables of cohesion, adaptability and marital satisfaction.

Lemmon (1983) in his study investigated how the varying intergenerational relations between adult child and elderly parent affected the psychological well being of the elderly person. One of the areas examined in this study was the relationship of family cohesion to the psychological well being of the elderly woman. Results showed that distant relationships and relationships involving indirect communication of affect predicted lower life satisfaction in the elderly mother. On the other hand, close relationships and relationships involving direct expression of affect predicted higher life satisfaction in the elderly woman.

Polzien (1983), in his study aiming at broadening androgyny research, utilized FACES II to measure family cohesion and adaptability. Findings revealed that androgynous subjects perceived their families as significantly more cohesive and adaptable.

In a study by Lewis (1984) family cohesion was identified as one of the possible indicators of couple members' readiness to accomplish the developmental tasks inherent in the transition to marriage. Analysis of the data collected from twenty premarital couples and twenty early married couples showed that reports of a high degree of cohesion in one's family associated positively with relationships satisfaction, intimacy, love, commitment and flexible exchange orientation.

Barnes and Olson (1985) tested the relationship between parent-adolescent communication and the Circumplex Model of Marital and Family Systems. They tested the hypothesis derived from the Circumplex Model that Balanced families have more effective parent-adolescent communication than extreme families. Data were collected from both parents and one adolescent in four hundred and twenty six families. FACES II was utilized to assess family type according to the Circumplex Model. At the individual level analysis (parents and adolescents), results showed that the hypothesis was clearly supported for the parents but not for the adolescents. Results based on the parents' responses showed that effective communication was associated with the Balanced family type and low communication scores were overrepresented in the extreme family types. Findings at the family level indicated a linear relationship between parent-adolescent communication and the Circumplex dimensions (cohesion and adaptability) and family satisfaction. Families with good parent-adolescent communication perceived themselves in terms of the Circumplex Model, as higher on family cohesion, family adaptability and family satisfaction.

FACES III

FACES III, The Third Family Adaptability and Cohesion Evaluation Scale, is the third version in the series of FACES scales developed to assess the two major dimensions of the Circumplex Model. The primary goal in developing FACES III was to improve its reliability, validity and clinical utility. FACES III, compared to FACES II, is shorter; it consists of two empirically independent dimensions so it achieves better the theoretical criteria for the Circumplex Model; it consists of items that are relevant for a variety of family forms such as nuclear, blended, single parent, and married couples

without children; and has specific norms for married couples across the life cycle. It is a twenty item scale containing ten cohesion items and ten adaptability items. There are two items for each of the following five concepts related to the cohesion dimension: emotional bonding, supportiveness, family boundaries, time and friends and interests and recreation. There are two items for each of the following concepts related to the adaptability dimension: leadership, control and discipline; and four items for the combined concept of roles and rules.

An important aspect of FACES III is that it is designed to assess how family members currently see their family (perceived) and how they would like it to be (ideal). The perceived-ideal discrepancy for each family member assesses the level of family satisfaction with the current family system. More specifically, the greater the ideal-perceived discrepancy the less the satisfaction with the family system. Thus, theoretically this discrepancy is important as it provides a measure of family satisfaction.

In order to make the Circumplex Model culturally relevant to a variety of families with different ethnic and cultural backgrounds, a hypothesis was developed to reflect this diversity. According to this new hypothesis, if normative expectations of families support behavior extreme on one or both of the dimensions, families will function well as long as all family members are satisfied with these expectations. In other words, extreme types will function well as long as all family members like it that way (Olson et al, 1985).

THE TURKISH FAMILY

The present study aims at investigating the validity of this newly developed alternative hypothesis which states that extreme types function well as long as all family members are satisfied with the current family system. The present study focuses on the family cohesion dimension in the Circumplex Model. Research in Turkey, related to Turkish family system, supports high family cohesion, the findings of which have been summarized in Fişek's (1983) analysis of the Turkish family from a family systems theory perspective.

Fişek claims to have found evidence of high cohesiveness in the Turkish family system. She describes the social context as a somewhat fused, undifferentiated system of relationships; views certain subsystems of the nuclear family system as more or less enmeshed with diffuse boundaries, and defines the individual as one having a high need for a sense of belonging but as not being as aware of a need for separateness (Fişek, 1983). This reasoning seems to be in accordance with the findings of Köknel (1970; 1981); Geçtan (1973) and Kâğıtçıbaşı (1981), who claim that the traditional Turkish family dynamics foster the development of a passive, dependent, constricted and frustrated person without a sense of autonomy.

In light of the characteristics indicated above, the Turkish family system seems to be one of high cohesion. However, as Fişek points out, this is not exactly the case. Fişek points to a distinction between culturally ascribed role functions and individual psychological functioning which is not culturally ascribed. The hierarchical authoritarian structure of Turkish society provides for differentiation on a normative level. That is, the system is differentiated and boundaries are clear as far as the roles and functions norma-

tively expected from any individual are concerned. However, when normatively non regulated aspects of individual psychological functioning and emotional bonding is of concern, high cohesion is to be found. Thus, it is seen that the system is highly differentiated with regard to normative roles and expectations, but undifferentiated with regard to psychological and emotional relationships and experience of the individuals.

Fişek points further to the fact that in Turkish culture, high cohesion is not a family characteristic but a cultural norm. As long as cultural norms are accepted by the individuals, high cohesion does not necessarily induce disequilibrium in the family system nor does it have any negative effect on individual family members (Fişek, 1983). Thus, it is possible for Turkish families to function adequately in a highly cohesive manner.

Some previous research has been conducted in Turkey utilizing FACES II. Their findings are briefly summarized below:

Tunalı (1983) investigated the need for affiliation and its relation to the level of cohesiveness in the family. She administered FACES II to seventy female students between fifteen and seventeen years old belonging to lower middle socio-economic status families. In terms of four categories of cohesion (where the highest cohesion score could have been 80 and the lowest 16) of the seventy families, 37 were enmeshed, 22 were connected, 8 were separated, and 3 were disengaged with a mean cohesion score of 63 for the whole sample. Findings indicated a significant correlation between the cohesion level of the family and an individual's need for affiliation, such that the need for affiliation increased as families got more cohesive.

Fışıloğlu (1984), investigated the relationship between perceived family cohesion level and the ego strength of the family member. He used FACES II to measure perceived family cohesion. The sample consisting of 120 students showed a mean perceived family cohesion score of 63, the range being from 31 to 80. Results indicated no relationship between the perceived family cohesion level and the ego strength of the family member.

Lewicky (1985) compared intercultural and intracultural marriages in terms of the level of adaptation and marital satisfaction. She administered FACES II to 40 females to assess the level of adaptability and the level of marital satisfaction. Results indicated that there was no significant difference in the adaptation level of intercultural and intracultural marriages and that the level of adaptation was directly related to the level of satisfaction.

Ciliv (1985), investigated the relationship between pre-divorce family cohesion level and post divorce adjustment. She used FACES II to measure pre-divorce perceived family cohesion. The sample consisting of 50 divorced women of high socio-economic level, showed a mean perceived family cohesion score of 44. 35 of these women reported their previous family to be functioning at the disengaged level, while 14 reported theirs to be at the separated level and only one woman reported hers to be functioning at the connected level. In general, the resluts did not indicate a significant difference among the different levels of cohesion in terms of post divorce adjustment.

RATIONALE OF THE STUDY AND HYPOTHESES

As stated above, the newly developed alternative hypothesis derived from the Circumplex Model states that if normative expectations of families support behavior that is extreme on one or both of the dimensions, families will function well as long as all family members are satisfied with these expectations. Since research findings show Turkish families to be highly cohesive and this cohesiveness seems to be based on a cultural norm, it may be hypothesized that Turkish families are highly cohesive and are satisfied with their current family functioning.

The puropse of the present study is to show that "non-clinic" Turkish families function at the connected and enmeshed levels, that is the higher levels of the cohesion continuum and that, nevertheless they are satisfied. It is also the purpose of the present study to show that "clinic" Turkish families function at both the enmeshed and disengaged ends of the cohesion continuum and that they are less satisfied compared to "non-clinic" families.

This study, while referring to a conceptual model (The Circumplex Model of Marital and Family Systems), refers to an assessment device (FACES III), as well. It seems necessary to state that this study does not aim to test this Model. An evaluation of the scale FACES III rather than the model as a whole is of concern.

The specific hypothesis to be tested are as follows:

I. "Non-clinic" Turkish families function at the connected and enmeshed ends of the cohesion continuum while "clinic" Turkish families function at the enmeshed and disengaged ends of the cohesion continuum.

II. Husband and wife agreement on cohesion will be higher for "non-clinic" families than it will for "clinic" families.

III. "Non-clinic" families will show a higher level of satisfaction than "clinic" families.

IV. Husband and wife agreement on satisfaction will be higher for "non-clinic" families than that for "clinic" families.

METHOD

SUBJECTS

Two groups, non-clinic and clinic, each consisting of twenty married couples served as subjects. The non-clinic group consisted of married couples who have never applied for any psychological help either as a couple or individually or for their children. The clinic group, on the other hand, consisted of married couples who have sought psychological help as a couple or individually. All forty couples were of the lower educational level. That is, they were primary or secondary school graduates. Being of a lower educational level was the only criterion subjects needed to fulfill in order to participate in this study. Variables such as, years of marriage, number of children, spouses' occupation were not controlled. The reason is that couples across various family life cycle stages were interviewed so as to use the norms and cutting points on FACES III which corresponded to "all stages" as stated by Olson (1985).

Couples in both groups were selected conveniently. The non-clinic group consisted of 8 couples working in a shoe manufacturing factory and 12 couples working as janitors in districts such as Gayrettepe and Etiler in Istanbul. The clinic group consisted for fourteen couples receiving out patient treatment in a clinic of Istanbul University (Çapa),

and six couples receiving out-patient treatement in a state clinic (Bakırköy Ruh Sağlığı ve Hastalıkları Hastanesi) in Istanbul.

Apart from the above mentioned two low education groups, an additional non-clinic group of high educational level, consisting of twenty married couples, also served as subjects. The investigator, at the beginning of the data collecting process, had started interviewing non-clinic married couples of the high educational level. These data were to be compared with those from twenty clinic married couples of high educational level. In other words, this study, had initially aimed to compare family functioning of clinic and non-clinic families of the high educational level as well as low. However, it was not possible to interview clinic couples of high educational level, because the investigator found no access to high education clinic couples through the psychologists and psychiatrists in private practice. As a result, the study was conducted based on the data collected from one (non-clinic) high education group and two (clinic and non-clinic) low education groups.

MEASUREMENT INSTRUMENTS

FACES III (The Third Family Adaptability and Cohesion Evaluation Scale) was the only scale used in this study to assess both family cohesion and marital satisfaction.

FACES III is the third version in the series of FACES scales developed to assess the two major dimensions of the Circumplex Model, namely, adaptation and cohesion (Olson et al, 1985). It is a twenty item scale consisting of ten adaptability and ten cohesion items. In this study, only the items

related to cohesion were used. Emotional bonding, supportiveness, family boundaries, time and friends, and interests and recreations are the five concepts related to the cohesion dimension. There are two items connected to each of these five concepts.

The items are readable and understandable to adolescents down to the age of twelve years old. Ideally, FACES III should be administered to all family members who can complete the inventory so that multiple family member reports can be compared. Norms and cutting points are available for: 1) Parents across all stages of the life cycle, 2) Parents and adolescents in the adolescent and launching stages, 3) Young couples without children. Since, in this study, due to practical reasons, only parents were administered the inventory, norms and cutting points corresponding to adults across the family life stages were used. The cutting points are based on the responses of 2453 adults ($\bar{x}$ = 39.8, SD = 5.4). According to this scoring procedure on FACES III, the final range of individual scores on the cohesion dimension can be between 10 and 50, ranging from extreme low cohesion, disengaged (scores between 10-34), through moderate levels, separated (scores between 35-40) and connected (scores between 41-45) to extreme high cohesion, enmeshed (scores between 46-50).

The above cutting points are based on the responses of American adults. Whether these cutting points are valid for Turkish adults is debatable. For the sake of checking on this, scores on the cohesion dimension were divided into four equal levels such that scores between ten and twenty represented the disengaged level, scores between twenty-one and thirty represented the separated level, scores between thirty-one and fourty represented the connected level and scores between fourty-one and fifty represented the enmeshed level. The

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distribution of the sample groups into these four levels was of interest in order to compare the distribution of scores in each level for the American cut off norms versus such a divison.

Faces III has two versions. One assesses how family members perceive their family system and the other assesses how members would like their family system to be. Family satisfaction is measured by the ideal-perceived discrepancy. The greater the ideal-perceived discrepancy, the greater the dissatisfaction with the current family system.

Reliability and validity studies have been done to increase the scientific rigor of the scales. The correlation between cohesion and adaptability was reduced to almost zero on FACES III (r=.03). Another indication of the construct validity of the scales is the high correlation of the items within each scale with the total scale. The ten cohesion items are all highly correlated with the total score on cohesion and the ten adaptability items are correlated highly with the total adaptability score. The correlation between social desirability and adaptability has also been reduced to zero. However, a correlation still remains between cohesion and social desirability (r=.35). In terms of reliability, internal consistency scales are generally good (cohesion (r=.77), adaptability (r=.62), total(r=.68)). Test re-test reliability levels for FACES II are also good (.83 for cohesion, .80 for adaptability); (Olson et al. 1985).

The scale was translated to Turkish by the investigator and was translated back to English by four members of the Psychology Department in Boğaziçi University. The Turkish version of FACES III is first being applied in Turkey in this study (Appendix B).

PROCEDURE

For the 8 "non-clinic" families who worked in a shoe factory, the instrument was administered during working hours, while for the remaining 12 "non-clinic" families who worked as janitors, it was done in their homes. The 20 "non-clinic" high educational level families were administered the instrument at their homes. The 20 "clinic" families were interviewed at the clinics (Çapa and Bakırköy Ruh Sağlığı ve Hastalıkları Hastanesi).

The families were asked to participate in a research about family functioning in Turkey. They were told that this research investigated the general view of women as opposed to that of men on the various aspects of family functioning.

For all couples, the instrument was administered on an individual basis to husbands and wives separately. The investigator read the statements and asked them to decide for each one how frequently the described behavior occurred in his/her family. A large piece of paper on which the response categories were written was placed in front of the subject in order to facilitate his/her answer to each statement.

The two forms of the instrument, namely the actual and the ideal forms, were administered in order to assess how families currently saw their family and how they would like it to be.

RESULTS

The results of this study will be discussed by reviewing each hypothesis and the related findings. Hypotheses I and II are related to cohesion and hypotheses III and IV are related to satisfaction. Thus, the resluts related to cohesion will be discussed first. The distribution of the three sample groups into cohesion levels will be presented and followed by the discussion of the conclusions drawn from this distribution. Then husband and wife cohesion scores will be compared within each group and finally, in this section, comparisons of husband-wife agreement on cohesion across groups will be presented. Secondly, the results related to satisfaction will be discussed. In this section, comparisons of family satisfaction across groups, comparison of wives' and of husbands' satisfaction across groups, comparisons of husband and wife satisfaction within groups and comparisons of husband-wife agreement on satisfaction across groups will be presented.

For practical purposes, in the very beginning of the results section, the means and standard deviations of the scores on cohesion and satisfaction for the wives, husbands and families and the means and standard devitaions of the scores on husband-wife agreement on cohesion and on satisfaction will be presented in Table I.

TABLE I. Cohesion and Satisfaction Scores

		COHESION		SATIS-FACTION*		Husband - wife agreement on cohesion		Husband-wife agreement on satis-faction	
		mean	SD	mean	SD	mean	SD	mean	SD
CLINIC Low education	wife	43.20	4.36	4.05	4.95	-	-	-	-
	husband	42.35	5.67	5.40	4.52	-	-	-	-
	family	42.78	4.32	4.73	3.59	-.85	4.87	1.35	6.20
NON CLINIC Low education	wife	44.45	2.76	3.15	3.50	-	-	-	-
	husband	44.70	2.97	2.15	2.18	-	-	-	-
	family	44.56	2.66	2.65	2.48	-.25	4.66	-1.00	3.08
NON CLINIC High education	wife	41.75	3.10	3.30	3.67	-	-	-	-
	husband	41.10	3.82	2.15	4.40	-	-	-	-
	family	41.48	2.63	2.73	2.56	.65	2.89	-1.15	6.29

* Satisfaction scores were obtained by subtracting the actual cohesion scores from the ideal cohesion scores for wives, husbands and the family in each of the sample groups.

RESULTS RELATED TO COHESION

Distribution of the Three Sample Groups into Cohesion Levels

Hypothesis I predicted that "non-clinic" families would function at the connected and enmeshed ends of the cohesion continuum, while "clinic" families would function at the disengaged and enmeshed ends of the cohesion continuum.

Chi-Square analyses were performed to test this hypothesis. The results are presented in Table II.

TABLE II. Cohesion Levels of the Three Sample Groups

c count row pct column pct total pct	Separated	Connected	Enmeshed	
Clinic (Low Education)	6 30.0 42.9 10.0	10 50.0 28.6 16.7	4 20.0 36.4 6.7	20 33.3
Non Clinic (Low Education)	2 10.0 10.3 3.3	11 55.0 31.4 18.3	7 35.0 63.6 11.7	20 33.3
Non clinic (High Education)	6 30.0 42.9 10.0	14 70.0 40.0 23.3		20 33.3
	14 23.3	35 58.3	11 18.3	60 100.0

The results indicate that there is a significant difference in the distribution of families from the three sample groups into the three levels of cohesion, namely separated, connected and enmeshed levels ($\chi^2=9.756$, $p<.044$). The following conclusions may be drawn from examining the frequency distribution presented in Table II.

The great majority of the "non-clinic" low educational level families (90%) fall into the connected and enmeshed levels of the cohesion continuum. The majority of the clinic couples (50%) also fall into the connected level, while the rest are distributed between the separated (30%) and enmeshed (20%) levels of the cohesion continuum. The distribution of "non-clinic" high educational level families along the cohesion continuum, on the other hand, reveals a different trend. The majority of the "non-clinic" high educational level families (70%) fall into the connected level, while the rest (30%) fall into the separated level of the cohesion continuum. These findings do not support hypothesis I, which predicted that "non-clinic" families would function at the connected and enmeshed ends of the cohesion continuum while "clinic" families would function at the disengaged and enmeshed ends of the cohesion continuum. The distribution of "clinic" families along the cohesion continuum follows a pattern similar to that of "non-clinic" low educational level families; that is, 90% of the "non-clinic" low educational level families function at the connected and enmeshed levels, while 70% of the "clinic" families function at the connected and enmeshed levels. The distribution of "non-clinic" high educational level families along the cohesion continuum, which revealed a different trend, seems to account for the significance of the Chi-Square Statistics.

Of the 60 couples interviewed, the majority (58.3%) fall into the connected level. The rest, are distributed

between the separated (23.3%) and enmeshed (18.3%) levels, with no frequencies at all at the disengaged level. Thus, the connected level of the cohesion continuum seems to be the most frequent among the three sample groups.

Comparison of Husband and Wife Cohesion Within Each Group

Hypothesis II predicted that husband-wife agreement on cohesion would be higher for "non-clinic" families than that for "clinic" families. In connection with this hypothesis it was expected that there would be no significant differences in "non-clinic" husbands' versus wives' cohesion ratings while there would be significant differences in "clinic" husbands' versus wives' cohesion ratings.

To lest this expectation, t-tests were performed to compare husbands' and wives' cohesions cores for each sample group. The results are presented in Table III.

TABLE III. Differences between husbands' and wives' cohesion scores within each group

Variable	N	Mean	T-value	P
Cohesion, non clinic low education Wives Husbands	20	44.45 44.70	-.39	.70
Cohesion, non clinic high education Wives Husbands	20	41.75 41.10	-.39	.70
Cohesion, clinic Wives Husbands	20	43.20 42.35	.78	.45

The results indicate that there is no significant difference between husbands' and wives' cohesion ratings for either of the "non-clinic" samples. Similarly, there is no significant difference between "clinic" husbands' and wives' cohesion scores. However, for the "clinic" families, the difference in means, although not significant, shows that wives have a tendency to give higher cohesion ratings than do the husbands.

Comparison of Husband-Wife Agreement on Cohesion Across Groups

In order to test hypothesis II which predicted that husband-wife agreement on cohesion would be higher for "non-clinic" families than it would for "clinic" families, the wives' cohesion scores were subtracted from the husbands' cohesion scores, these differences were summed and the means were computed to yield a husband-wife agreement index on cohesion. T-tests were then computed on the difference between the means. In connection to hypothesis II, the two "non-clinic" samples were also contrasted in terms of husband-wife agreement on cohesion. The results are presented in Table IV.

TABLE IV. Differences between husbands' and wives' cohesion scores across each group

Variables	N	Mean	T-value	P
Husband wife agreement on cohesion Clinic Non-clinic low education	20 20	-.85 .25	.13	.90
Husband wife agreement on cohesion Clinic Non-clinic high education	20	-.85	.91	.37
Husband-wife agreement on cohesion Non-clinic low education Non-clinic high education	20 20	-.65 .25	.78	.44

The results indicate that there is no significant difference between "clinic" and "non-clinic" families in husband-wife agreement on cohesion ratings.

RESULTS RELATED TO SATISFACTION

Comparison of Family Satisfaction Across Groups

Hypothesis III stated that "non-clinic" families would show a higher level of satisfaction than "clinic" families. To test this hypothesis, each sample groups mean actual cohesion score and mean ideal cohesion score were computed. The difference between these scores was called the "discrepancy index for families". Then t-tests were computed to test the differences between the discrepancy index for families of clinical versus non-clinical low educational level, clinical versus non-clinical high educational level and non-clinical low educational level versus non-clinical high educational level groups. The results are presented in Table V.

TABLE V. Differences Between Groups on the Discrepancy Index for Families

Variables	N	Mean	T-value	P
Satisfaction Clinic (low education) Non clinic low education	20 20	4.725 2.650	2.13	.04
Satisfaction Clinic (low education) Non-clinic high education	20 20	4.725 2.725	2.03	.05
Satisfaction Non-clinic low education Non-clinic high education	20 20	2.650 2.725	-.09	.93

The results indicate that "non-clinic" low educational level families are significantly more satisfied than "clinic" families. Similarly, "non-clinic" high educational level families are significantly more satisfied than "clinic" families. The results of the t-tests performed on the data of the two "non-clinic" samples (low educational level and high educational level), on the other hand, revealed no significant difference.

In connection with Hypothesis III, it was expected (though not hypothesized) that "non-clinic" wives and husbands, would show higher levels of satisfaction than "clinic" wives and husbands. The results are presented in Table VI.

TABLE VI. Differences Between "Clinic" and "Non-clinic" Wives' and Husbands' Actual and Ideal Cohesion Scores

Variables	N	Mean	T-value	P
Wife Satisfaction Clinic Non-clinic low education	 20 20	 4.05 3.15	.66	.51
Wife satisfaction Clinic Non clinic, high education	 20 20	 4.05 3.30	.54	.59
Wife Satisfaction Non clinic low education Non clinic high education	 20 20	 3.15 3.30	-.13	.90
Husband Satisfaction Clinic Non clinic, low education	 20 20	 4.52 2.18	2.89	.01
Husband Satisfaction Clinic Non clinic high education	 20 20	 5.40 2.15	2.30	.03
Husband Satisfaction Non clinic low education Non clinic high education	 20 20	 2.15 2.15	.00	1.00

The results indicate that there is no significant difference between the satisfaction level of "clinic" wives and that of "non-clinic" low educational level wives and "non-clinic" high educational level wives. However, the difference is in the predicted direction. That is, both "non-clinic" low education and "non-clinic" high educational level wives are more satisfied than "clinic" wives. Similarly, the results also indicate that both "non-clinic" low educational level husbands and "non-clinic" high educational level husbands show significantly higher levels of satisfaction than "clinic" husbands. Comparison of wife satisfaction and of husband satisfaction between the two "non-clinic" samples, on the other hand, revealed no significant difference.

Comparison of Husband and Wife Satisfaction within Groups

Hypothesis IV predicted that there would be no significant differences between "non-clinic" husbands' and wives' agreement on satisfaction ratings while there would be significant differences between "clinic" husbands' and wives' agreement on satisfaction ratings. In connection with this hypothesis, it was expected that there would be no significant differences in "non-clinic" husbands' versus wives' satisfaction ratings; while there would be significant differences in "clinic" husbands' versus wives' satisfaction ratings. To test this expectation, a mean actual-ideal difference was computed for husbands and wives, yielding a mean discrepancy index for husbands and a mean discrepancy index for wives. Then t-tests were performed on these two indices within each group ("non-clinic" low education, "non-clinic" high education and "clinic"). The results are presented in Table VII.

TABLE VII. Husbands' and Wives' Satisfaction Scores

Variables	N	Mean	T-value	P
Satisfaction, non clinic low education Wives Husbands	20	3.15 2.15	-1.45	.16
Satisfaction, non clinic high education Wives Husbands	20	3.15 2.15	-1.45	.16
Satisfaction, clinic Wives Husbands	20	4.05 5.40	.97	.34

The results indicate that there is no significant difference between "non-clinic" low educational level husbands' versus wives satisfaction ratings. Similarly, there is no significant difference between husband versus wife satisfaction ratings for the "non-clinic" high educational level families. The findings support hypothesis IV, but for both "non-clinic" groups, husbands seem to be more satisfied than wives. The results also indicate that although the difference in husband versus wife satisfaction ratings of "clinic" families is not significant, there is a tendency for wives to be more satisfied than husbands.

Comparison of Husband-Wife Agreement on Satisfaction Across Groups

Hypothesis IV predicted that husband and wife agreement on satisfaction would be higher for "non-clinic" families than it would for "clinic" families. To test this hypothesis, the ideal-actual difference for the wives was subtracted from the ideal-actual difference for the husbands. The resulting score was called the husband-wife agreement index. The mean agreement index score for each group was compared

using t-tests. It was expected that the husband-wife agreement score for "non clinic" families would be less than that for "clinic" families. The results are presented in Table VIII.

TABLE VIII. "Clinic" and "Non-clinic" Samples' Mean Agreement Index Scores

Variables	N	Mean	T-value	P
Satisfaction				
Clinic families	20	1.35	1.52	.14
Non clinic low education families	20	-1.00		
Satisfaction				
Clinic families	20	1.35	1.27	.21
Non clinic high education families	20	-1.15		
Satisfaction				
Non clinic low education families	20	-1.00	.10	.92
Non clinic high education families				

The results indicate that there is no significant difference on the husband-wife agreement index on satisfaction between the "clinic" families and "non-clinic" families. However, the difference, although not significant, is in the predicted direction. That is, both "non-clinic" low education level and "non-clinic" high education level families' agreement on satisfaction seems to be higher than that of "clinic" families. The comparison of the "non-clinic" low education level families and the "non-clinic" high educational level families in terms of husband-wife agreement on satisfaction, revealed no significant difference.

DISCUSSION

The purpose of the present study was to investigate the level of family cohesion reported by a sample of Turkish families and the relation of these levels to satisfaction with the family. More specifically, it was hypothesized that "non-clinic" Turkish families function at the connected and enmeshed ends of the cohesion continuum and that they are satisfied with their families' functioning. It was also hypothesized that "clinic" Turkish families function at both the enmeshed and disengaged ends of the cohesion continuum and that they are less satisfied compared to "non-clinic" families. In this section, results pertaining to the hypotheses will be discussed followed by a general discussion and a conclusion.

DISCUSSION RELATED TO THE HYPOTHESIS ON COHESION

The distribution of the three sample groups into the four cohesion levels was found to be significantly different. That is, the frequency of distribution of "clinic", "non-clinic" low educational level and "non-clinic" high educational level families along the cohesion continuum followed different trends. The majority (90%) of the "non-clinic" low educational level families fell into the connected and enmeshed levels of the cohesion continuum. The majority (70%)

of the "non-clinic" high educational level families also fell into the connected level of the cohesion continuum. These findings support first half of hypothesis I which predicted that "non-clinic" families would function at the connected and enmeshed ends of the cohesion continuum.

However, Hypothesis I also predicted that "clinic" families would function at the disengaged and enmeshed ends of the cohesion continuum, and this prediction was not supported. The majority of the "clinic" families (50%) fell into the connected level, while the rest were distributed among the separated (30%) and enmeshed (20%) levels of the cohesion continuum. The fact that none of the "non-clinic" samples fell into the disengaged end of the continuum is understandable, however, the fact that none of the "clinic" sample fell into the disengaged end calls for an explanation. Additionally, a close examination of the results shows that the connected level of the cohesion continuum is the level in which most of the families fell among all three groups. The conclusions which may be drawn from this finding are manifold. The high representation of the connected level in this sample will be discussed first, followed by a discussion of the lack of representation at the disengaged level.

Since in all of the three sample groups, the largest number of cases fell into the connected level, this level may be the one which represents Turkish family functioning best. However, the level of family functioning labelled as "connected" by Olson, is a reflection of American family functioning at the "connected" level. Whether the American cutoff points are valid for Turkish families is debatable. For the sake of checking on this, the distribution of the sample groups into four equal levels on the cohesion continuum was studied. A Chi-Square test revealed that the majority of couples in all of the three sample groups scored high on

cohesion, thus the distribution along the four equal levels revealed no significant differences. However, this emphasizes the fact that these Turkish couples whether "clinical" or "non-clinical", tend to score high on cohesion and function at same level near the upper end of the cohesion continuum.

One possible explanation of these results may be the correlation between cohesion and social desirability. As mentioned in the methods section, the correlation between cohesion and social desirability could not be reduced to zero in FACES III (r=.35). Olson states that because high cohesion is a characteristic embedded into his culture as an ideal for families, some family members may report high cohesion and high levels of satisfaction in order to preserve an illusion of family unity (1983, cited in Green et al, 1985). Since in Turkey high cohesion is a cultural norm in addition to being a family characteristic, it is very likely that most families reported high levels of cohesion and satisfaction as is normatively expected of them. In addition to this normative expectation, they could have avoided voicing dissatisfaction because of their tendency to present themselves favorably. Such a distortion, whether conscious or unconscious may account for the fact that in all the sample groups, the highest frequency fell into the connected level.

Still another explanation may be given in terms of the items on FACES III. The manner in which the statements are presented calls for positive responses, especially when administered to Turkish people for whom close interpersonal ties are culturally supported. Should the items refer to more specific instances and periods in the family life cycle, the likelihood of responses lower on the cohesion continuum might have been increased. When this shortcoming of the instrument is combined with the social desirability factor, the high score on cohesion for Turkish families becomes understandable.

Coming to the lack of representation at the disengaged level, one possible explanation is that once again the American standards of the four levels of cohesion do not fit with those of the Turkish standards. Another possible explanation is the social desirability factor such that even "clinic" families find it difficult to express low levels of cohesion and satisfaction because of their tendency to present themselves in a favorable light, as is culturally expected.

The frequency distribution for the "clinic" families along the cohesion continuum followed a similar trend to that of "non-clinic" low educational level families, whereas "non-clinic" high education families clustered more toward the middle of the cohesion continuum. Considering the fact that "clinic" families were of low educational level too, it seems as if the variable of level of education is better at differentiating the distribution of families along the cohesion dimension than is the variable of being "clinic" or "non-clinic". In other words, the presence or absence of pathology in the family system does not seem to account for the different distribution of families along the cohesion continuum.

The high educational level families interviewed were of higher socio economic status compared to the low educational level ("non-clinic" and "clinic") families. Due to their higher educational level and higher socio economic status they may have different life styles. That is, they live in larger houses, are exposed to various kinds of media, are more aware of Western Culture and are being exposed to foreign ideas. Such privileges which the higher educational and socio economic level families enjoy in comparison to low educational and socio economic level families, may account for the fact that they are clustered more toward the middle of the cohesion continuum showing no frequencies at the higher end of the continuum.

Stretching this discussion further, the question of whether the two extreme ends on the cohesion continuum, namely the disengaged and enmeshed ends, are related to pathology calls for an answer. A detailed discussion on this issue will be presented after the hypotheses on family satisfaction are discussed.

As expected, in connection to Hypothesis II, there was no significant difference between husbands' and wives' cohesion ratings for either of the "non-clinic" samples. Similarly, but counter to the expectation, there was no significant difference between "clinic" husbands' and wives' cohesion ratings. In other words, in all groups, whether "clinic" or "non-clinic" there were no significant differences between husband and wife cohesion scores, and they were all high on the dimension. This finding supports the idea that in Turkey, cohesion can be seen more as a cultural norm than a family characteristic. A detailed discussion on this issue will be presented in the general discussion section under the heading the issue of cohesion in cultural context.

The expectation in connection to Hypothesis II found partial support such that "clinic" wives showed a tendency to give higher cohesion ratings than did the husbands. Considering the fact that wives were most often the identified patients in the "clinic" sample, "being a closely united family" may seem more important to women than it does for men. Therefore, wives are found to value their relationship with spouses more than husbands do.

DISCUSSION RELATED TO THE HYPOTHESES ON SATISFACTION

Hypothesis III, which stated that "non-clinic" families would show a higher level of satisfaction than "clinic" families

was supported. Both "non-clinic" low education level and high education level families were significantly more satisfied than "clinic" couples. Thus, level of education seems to be a less important factor than the presence of pathology in the family system when family satisfaction is concerned.

"Non-clinic" husbands of both educational levels showed significantly higher levels of satisfaction than "clinic" husbands, and "non-clinic" wives from both educational levels tended to be more satisfied than clinic wives. Here again, the effect of pathology within the family system can be observed.

The expectation, in connection to Hypothesis IV, that there would be no significant differences in "non-clinic" husbands' and wives' satisfaction ratings was supported. However, in both of the "non-clinic" groups (low and high educational level) the husbands tended to be more satisfied than the wives. The explanation of this slight difference in satisfaction in favor of husbands may be derived from the family systems model. According to the family model, the family is an open system exchanging information with the environment. This means that a member of the family, while being esentially a part of the family system, may still be a part of another larger system such as a work organization. A family member who also belongs to other systems, may not solely depend upon the within system members for her/his need for self-definition, because she/he has other sources for that. The entire sample of wives used in this study consists of non-working housewives. Compared to their husbands who all hold jobs, they are more system bound, and they have rather limited options for self definition. As Bahar (1982) claims, a working woman may not be limited to the small number of self-definitions offered within the family, but she may have the possibility of producing more options and therefore appears to be significantly more satisfied than the non-

working woman. A similar line of reasoning is followed in Köknel's (1981) definition of the Turkish families who have moved from rural to urban areas. He explains that the husband who is working has more chances to adapt himself to the requirements of living in a big town and in relation to that his point of view gradually changes to conform more to those living in urban ares rather than to those in rural areas. Thus, unless his wife works, there will be a gap between them which will gradually unbalance the family system, pressuring the husband to search for a state of living that will satify his now altered way of thinking and acting. The family systems model's notion of the family as an open system, and Köknel's and Bahar's findings related to this issue, may account for the fact that in both "non-clinic" groups husbands tended to be more satisfied than wives.

The expectation, in connection to Hypothesis IV, that there would be significant differences in clinic husbands' and wives' satisfaction ratings was not supported. However, wives in this group showed a higher level of satisfaction compared to husbands. In the majority of the "clinic" families interviewed, the wives were the identified patients (n=15). The fact that the wives, due to their pathologies, may be defensive, sensitive and neglectful of their duties may account for their reporting higher levels of satisfaction than their husbands.

Hypothesis IV which stated that husband and wife agreement on satisfaction would be higher for "non-clinic" families than it would for "clinic" families, although not significant received some support. Both "non-clinic" families (low and high educational level) tended to agree more on their level of satisfaction than did the "clinic" families. Büyükberker and Kerimoğlu (1972, cited in Fişek, 1983) show that so called 'neurotic' couples surveyed differed from

'normal' control couples on a number of dimensions. Neurotic couples had more problems with joint decision making, and they agreed less on child rearing, how to spend money, and entertainment priorities. Neurotic couples, compared to normal control couples did not practice mutual sharing and praise and could not express affection. All the above mentioned characteristics which the neurotic marriage lacks may account for the fact that husbond-wife agreement on satisfaction is higher for "non-clinic" families compared the that of "clinic" families.

GENERAL DISCUSSION

The discussion in this section will focus on the issue of cohesion in cultural context, some theoretical issues, and finally some methodological issues.

The Issue of Cohesion In Cultural Context

In the introduction section it was noted that high cohesion could be seen more as a cultural norm than a family characteristic. That this may indeed be the case receives some support from a pilot study and other previous studies conducted in Turkey using FACES II. In the pilot study (Fişek, personal communication) fifteen upper socio-economic status families, fifteen lower-middle socio-economic status families, seven lower socio-economic status families, and twelve 'clinic' families of middle to lower socio economic status were administered FACES II. The distribution of their scores among the four levels of cohesion is presented in Table IX. The pattern is rather similar to that found in the present study, with high mean scores for all groups. The higher socio-economic status sample and the "clinic" sample have lower cohesion scores than the lower and lower-middle socio-economic

status samples, but there are hardly any "disengaged" families. This pattern of distribution supports the contention that high family cohesion is a cultural norm in Turkish society.

TABLE IX. Level of Cohesion and SES Level in a Pilot Sample

	disengaged	separated	connected	enmeshed		
Upper SES	1	4	8	2	15	$\bar{x}$=65.73
lower-middle SES	0	0	6	9	15	$\bar{x}$=74.7
lower SES	0	1	5	1	7	$\bar{x}$=69.78
'clinic' (middle to low SES)	1	8	3	0	12	$\bar{x}$=61.87

In the above mentioned pilot study and Tunalı's (1983) and Fışıloğlu's (1984) studies, which were described in the Introduction, FACES II (with a range of scores from 16 to 80) was used to measure perceived family cohesion. In all of these studies, the sample means seem to be clustered around 60, which corresponds to the connected level on the cohesion dimension. It is important to notice that families belonging to different socio economic statuses and members of various ages and occupations have yielded similar levels of family cohesiveness, reflecting high levels of interconnectedness as a cultural norm.

In Ciliv's (1985) study, of 40 divorced women the sample showed a mean perceived family cohesion score of 44 which corresponds to the disengaged level on the cohesion continuum in FACES II. Since already divorced women were interviewed in Ciliv's study, the reason for their reporting low pre-divorce family cohesion levels is explicable. On the other hand, of the twelve 'clinic' families interviewed in the pilot study, only one fell into the disengaged level, and in the present study, there were no "clinic" families falling into the disengaged level.

All of these findings show that the presence of pathology does not necessarily cause Turkish families to function at the disengaged level of the cohesion continuum. In other words, findings of the studies conducted in Turkey show that only families who have experienced a phenomenon such as divorce report their family functioning to be disengaged. In all the studies mentioned above, except Ciliv's, samples show overall means between sixty one and seventy one. Such a high mean score supports the idea that cohesion, in Turkey can be seen as more a cultural norm than a family characteristic. This clarifies the fact that, in the present study, both "clinical" and "non-clinical" husbands' and wives' ratings on cohesion are similar and high on the dimension.

Some Theoretical Issues

Olson and his associates suggest that too little or too much cohesion can be seen as dysfunctional to the family system and hypothesize that families that are able to balance between these two extremes cope better. This hypothesis not only presents low cohesion (disengagement) and high cohesion (enmeshment) as polar opposites but also implies that these two extremes are associated with dysfunction. This bipolar presentation of the dimensions on the Circumplex Model and the association of the two poles with dysfunction have been strongly criticized.

Bilbro and Dreyer (1981) discuss the presence of a conflict between unidimentionality and multidimentionality in the conceptualization of the cohesion dimension. They point to some probable theoretical questions in the construction of the cohesion subscale of FACES. According to Bilbro and Dreyer (1981), in the initial construction of FACES, Olson has listed nine concepts related to cohesion which can be taken as

evidence of his viewing cohesion as a multidimentional construct. On the other hand, in the initial stages of questionnaire construction, potential cohesion items were rated on a scale ranging from low cohesion to high cohesion which has the implication of construct unidimensional in nature. Following this line of argument, Bilbro and Dreyer additionally point out that, although most of the cohesion items selected for the final version of FACES came from four factors (disengagement, separatedness, connectedness and enmeshment) which suggests multidimensionality, in the final scoring, scores on all items from each factor are added together, which suggests unidimentionality. Olson and his associates, in their construction of the cohesion subscale, stated that disengagement and enmeshment do not correlate with each other. Bilbro and Dreyer claim that the fact that enmeshment and disengagement are two separate states which can be experienced at the same time indicates a multidimentional view of the cohesion dimension. In summary Bilbro and Dreyer point at some problematic theoretical questions rearding construction of the cohesion subscale of FACES.

Olson and his associates have considered low cohesion (disengagement) and high cohesion (enmeshment) as polar opposites. According to Beavers and Voeller (1983), on the other hand, what are considered polar opposites in the Circumplex Model, are in fact closely related. They claim that some families, instead of fitting in one of the proposed poles, move continuously from low cohesion to high cohesion and vice versa. They suggest the placement of issues such as cohesion on an infinite unipolar continuum since they regard various states of family functioning as an orderly progression in family systems. That is, they consider moving from one pole to the other as aspects of developmental processes. Following this line of reasoning, Beavers and Voeller criticize the statement that balanced families function more adequately

than extreme families, since they consider various states of family functioning as levels of competence which are best placed on an infinite continuum.

A further problem has to do with the way Olson and his associates conceptualize cohesion. They operationalize family interconnectedness as family cohesion which they define as "the emotional bonding members have with one another". The specific variables used to assess the degree of family cohesion are emotional bonding, supportiveness, family boundaries, time and friends and interests and recreation. The high extreme of each of these five variables are hypothesized to form high cohesion, enmeshment, and it is assumed to be associated with pathology. Wood and Talmon (1983) and Wood (1985) claim that the concept of family boundary is neutral with respect to pathology. As a result of their analysis of the concept of boundary in terms of proximity and hierarchy, they state that these two form various configuraitons all of which are not necessarily associated with pathology but which can be observed in families during transitional periods. They emphasize the importance of differentiating between transitional difficulties from the more permanent dysfunctions. Therefore, they conclude that blurred boundaries and lack of hierarchy in a family do not necessarily indicate dysfunction or psychopathology. In fact, Napier and Whitaker (1980) go even further and suggest that blurred boundaries and lack of hierarchy should, when necessary, be encouraged and state that such patterns, as long as they are not static, should not be regarded as pathological. When these criticisms are taken into consideration, the extent to which enmeshment and disengagement are distinct states of family functioning and the extent to which they can be associated with pathology still calls for further clarification.

Coming back to the variables used to assess the degree of family cohesion, Wood (1985) claims that these variables are related yet different concepts of interconnectedness and also claims that they do not measure cohesion as it is defined. As mentioned in the introduction section, the Turkish family system is highly differentiated with regard to normative roles and expectations but undifferentiated with regard to psychological and emotional relationships and experience of the individuals. Thus, for example, emotional bonding and supportiveness may reflect the diffusion of personal relationships, but family boundaries, interests and recreation may reflect normative differentiation and role segregation within families. Time and friends may reflect a totally different issue in low socio economic level families who may be spending their time together because they live in very small houses. Therefore the variables used may reflect distinct aspects of family functioning which cannot be combined under the label "the emotional bonding members have with one another". Considering Wood's criticizm and the situation related to boundaries in the Turkish family system, the lack of correspondance between the hypotheses derived from Olson's Model and the results may reflect a conceptual problem of the Model. Further, this conceptual issue may be especially relevant in non-American cultures.

Some Methodolgical Issues

The issue of whether data gathered from couples individually reflect the level of family functioning adequately in terms of cohesiveness is also subject to criticism. Fisher et al. (1985) state that creating data that will reflect the family as a unit is a major problem facing family clinicians and researchers. To address this problem, Fisher, et al present a framework for family assessment based on three measurement strategies: individual family member assessment,

relational family assessment and transactional family assessment. Olson et.al. make use of the so-called 'relational' strategy of data collecting strategy in which individual level data collected from family members are combined or contrasted in some way to indicate characteristics (descriptive statements) about the family. Fisher et al. emphasize the importance of the selection of appropriate methods of combining or contrasting such data into a score from which statements about the family can be made. Olson et al. (1985) suggest that a family mean score, discrepancy score and distance from center scores are particularly useful when working with FACES. They state that the mean and the discrepancy scores are complementary in nature and therefore should be used in combination. While the mean score assesses the location of the family on each dimension in the circumplex, it eliminates the possible differences that exist between family members. Conversely, while a discrepancy score has the advantage of providing an assessment of differences between family members, it does not indicate their location on the major dimensions. Fisher et.al. state that when mean scores are used, it is necessary to account for the differences among the scores or other aspects of the separate distributions of family members' scores. Olson's and his associates' suggestion of the complementary use of the mean and discrepancy scores fit in with Fisher et.al's line of thinking, since relatively independent information is contained in each.

CONCLUSION

The central hypothesis derived from the Circumplex Model is that balanced family types are more functional than extreme types. However, in order to make the Circumplex Model culturally relevant to a variety of families with different ethnic and cultural backgrounds, and additional hypothesis was derived

to reflect this diversity. According to this hypothesis, if the normative expectations of families support behavior extreme on one or both ends of this dimension, families will function well as long as all family members are satisfied with these expectations. As mentioned in the introduction section, in Turkey high cohesion is a cultural norm. Therefore it was hypothesized that Turkish families would function at the higher end of the cohesion continuum and that they would be satisfied with their functioning. This hypothesis was supported as both "non-clinic" samples showed levels of functioning high on the cohesion continuum, and they were satisfied. However, the "clinic" sample too was found to be functioning at similar high levels on the cohesion continuum but their level of satisfaction was significantly lower than the "non-clinic" families' level of satisfaction. This finding supports the notion that high cohesion is more a cultural norm than it is a family characteristic. While the so called 'cohesion dimension' seems to assess levels of family functioning in terms of cohesion, its relation to pathology seems to be questionable.

As mentioned in the introduction section, when a family member experiences a major problem, it has implications for the other members of the family. For this reason families are increasingly seeking therapeutic help as units and psychologists are increasingly getting involved in family therapy. A lot of research is being conducted in this domain as there is an increasing interest and need for family models. Beavers Systems Model (1985), and the Circumplex Model are the most recently used family assessment models in this domain. The extent to which findings generated from these models apply to Turkish families is questionnable. However, such findings are necessary for the growth and practice of family therapy in Turkey. For this reason it is necessary to conduct research using such family models and to readjust them according to

Turkish family systems or create models of our own. In either case it is important to start somewhere. A few studies have been conducted in Turkey using FACES II of the Circumplex Model, the findings of which have consistently revealed that Turkish families of various socio economic levels, ages and occupations seem to be functioning at a relatively high level of cohesion. This study aimed to extend these findings and explore the relationship of cohesion to family satisfaction and pathology. It is probably one of a very few such studies conducted in Turkey. The fact that it raises so many interesting questions indicates a need for much further research on this topic.

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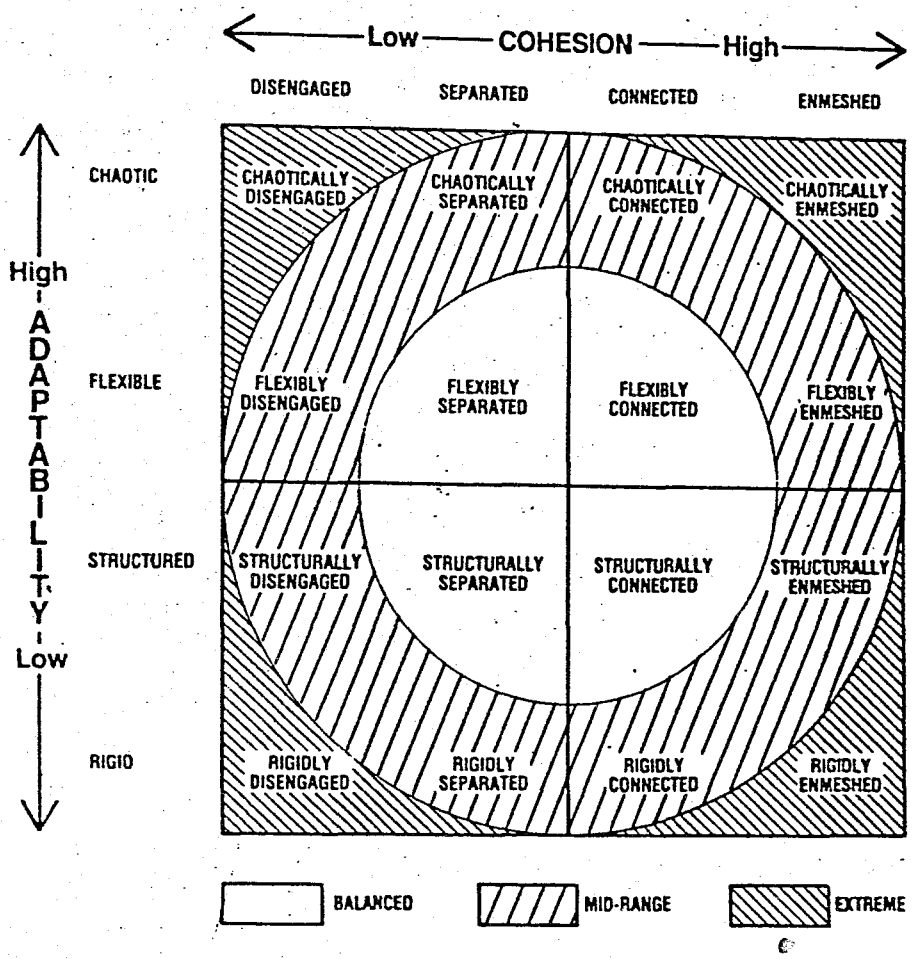
APPENDICES

APPENDIX A - CIRCUMPLEX MODEL: SIXTEEN TYPES OF MARITAL AND FAMILY SYSTEMS



APPENDIX B - FACES III

(ACTUAL)

1- Aile fertleri birbirlerinden yardım isterler.
2- Birbirimizin arkadaşlarını uygun görürüz.
3- Ailece birşeyler yapmayı severiz.
4- Aile fertleri kendilerini birbirlerine, aile dışındaki insanlardan daha yakın hissederler.
5- Aile fertleri boş zamanlarını birlikte geçirmeyi severler.
6- Aile fertleri kendilerini birbirlerine çok yakın hissederler.
7- Birtakım faaliyetler için biraraya geldiğimiz zaman herkes orada olur.
8- Ailece, birlikte yapacak şeyler düşünmekte zorluk çekmeyiz.
9- Aile fertleri kararları hakkında diğer aile fertlerine danışır.
10- Aile beraberliği çok önemlidir.

(İDEAL)

Aileniz idealinizdeki gibi olsaydı:

1- Aile fertleri birbirlerinden yardım isterdi.
2- Birbirimizin arkadaşlarını uygun görürdük.
3- Ailece birşeyler yapmayı severdik.
4- Aile fertleri kendilerini birbirlerine, aile dışındaki insanlardan daha yakın hissederlerdi.
5- Aile fertleri boş zamanlarını birlikte geçirmeyi severlerdi.
6- Aile fertleri kendilerini birbirlerine çok yakın hissederlerdi.
7- Birtakım faaliyetler için biraraya geldiğimiz zaman herkes orada olurdu.
8- Ailece, birlikte yapacak şeyler düşünmekte zorluk çekmezdik.
9- Aile fertleri kararları hakkında diğer aile fertlerine danışırdı.
10- Aile beraberliği çok önemli olurdu.