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The Multigenerational Transmission of Family Unit Functioning

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Bowen theory hypothesizes that a nuclear family’s level of functioning is influenced by the stability or functioning of previous generations. This longitudinal study tested this hypothesis with 49 newly developing nuclear families and their multigenerational families. Family functioning was measured using a composite of physical, emotional, social, and marital symptoms of the family members of the current and previous generations. The quantitative analysis supported the hypothesis. In a correlation analysis of the first five years of this twenty-year study, multigenerational functioning, especially nuclear family of origin functioning, was associated with nuclear family functioning.

INTRODUCTION

Bowen theory hypothesizes that a father and mother’s level of differentiation influences each child’s level of differentiation. Differentiation is reflected in an individual’s ability to maintain cognitive functioning in the midst of emotional processes and to sustain a separate self within relationship pressures. Some children develop a level of differentiation that is the same as their parents, while others develop a level of differentiation that is slightly higher or lower than their parents (Bowen, 1978; Kerr & Bowen, 1988; Papero, 1990). Usually, a child’s and parents’ level of differentiation are not significantly different from each other. Bowen theory posits that the adult child marries someone at the same level of differentiation, and the new couple repeats the orderly transmission of differentiation with their children.

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Bowen concept of multigenerational transmission (Bowen, 1978; Kerr & Bowen, 1988; Papero, 1990) describes the progression or regression in differentiation over the generations. The child who is most fused with the parents will develop a somewhat lower level of differentiation than the parents. The child who is least fused with the parents will develop a somewhat higher level of differentiation than the parents. Following this pattern over successive generations the level of differentiation gradually increases or decreases.

Each person’s level of differentiation is reflected not only in his/her individual functioning, but also in the functioning of his/her nuclear family. The individual’s undifferentiation or emotional immaturity and anxiety does not stay contained within the individual, but is projected onto the spouse and/or child and/or manifested in marital distance and/or conflict. (Anxiety is the response to real or perceived threat.) Because of these nuclear family processes, two unrelated individuals with similar levels of differentiation may function very differently individually, but their overall levels of family functioning may be the same. For instance, one may function well in the midst of a nuclear family with child dysfunction, and another may function poorly with nuclear family members functioning well. Therefore, to study the multigenerational transmission process, the unit of study moves from the individual to the nuclear family unit.

Couples with less differentiation and more anxiety develop nuclear families that are less stable and lower functioning than couples with more differentiation and less anxiety. This instability or lower functioning is reflected in the members’ physical, emotional, and social symptoms, as well as the degree of marital reactivity (Kerr & Bowen, 1988). Because a husband and wife’s level of differentiation is similar to their parents’ level of differentiation, a husband and wife’s nuclear family of origin stability or functioning should be similar to the couple’s developing nuclear family’s level of functioning. This article presents a study that tested the hypothesis that the functioning of a couple’s multigenerational families would be positively associated with the functioning of the couple’s developing nuclear family.

LITERATURE REVIEW

Previous research on nuclear family functioning has been assessed with general systems theory, rather than Bowen family systems theory, as the primary theoretical framework. Some of the predominant family measures are the Family Adaptability and Cohesion Scale, Version III (FACES III; Olson, Russell, & Sprengle, 1989), the Self-Report Family Inventory (SFI; Beavers & Hampson, 1990; Hulgus, 1989) the Family Assessment Device (FAD; Epstein, Baldwin, & Bishop, 1983) and the Family Environment Scale (FES; Moos & Moos, 1981). While these measures have operationalized a wide range of
nuclear family variables, the family literature did not report how the functioning of the multigenerational family influenced the stability of the nuclear family unit. No study using these measures has compared overall family unit functioning from one generation to the next.

While multigenerational transfer of family unit functioning has not been examined in quantitative studies, family research has confirmed that particular symptoms have a tendency to run in families. Some examples were affective disorders (McGuffin & Katz, 1986; Sullivan, Neal, & Kendler, 2000; and National Institute of Mental Health, 1998), divorce (Wolfinger, 2000; & Amato, 1996), alcoholism (Goodwin, 1991; Windle, 1996; Grant, 1998), antisocial or aggressive behavior (Conger, Nepl, Kim, & Scaramella, 2003; Thornberry, Freeman-Gallant, Lizotte, Krohn, & Smith, 2003); diabetes (Woodyatt & Spetz, 1942), and colitis (Morris, 1965). The explanations for these symptoms clustering in families ranged from genetic transmission to learning. In addition to specific symptoms or problems, general functioning areas of the nuclear family, such as physical, emotional, and social functioning, have also been associated with the corresponding areas of dysfunction in the multigenerational family (Klever, 2004).

Although much of this research supported an intergenerational contribution to the development of particular symptoms, it had limitations in demonstrating the multigenerational transfer of family unit functioning or overall family symptomology. First, a family systems theoretical framework was lacking in most of this research. This created a critical difference in the unit of study—the individual or marital dyad versus the family as a unit. Without a systems framework it was difficult to see how the symptom in an individual was related to the system as a whole. The study of one symptom, such as depression, alcoholism, or marital instability, did not give a clear picture of the functioning of the family unit. Bowen concept of nuclear family emotional process describes how undifferentiation and/or anxiety in a family may manifest in one or both of the spouses, one or more of the children, and/or marital distance and/or conflict. Therefore, two families with a similar symptom may have different levels of overall symptomology or functioning. For instance, two alcoholics may have similar levels of individual functioning but different levels of nuclear family functioning. One may be in a nuclear family with few symptoms and the other in a nuclear family with severe marital problems, an obese wife, and delinquent children.

This research was also limited in informing the multigenerational transfer of unit functioning because a particular symptom may not always get passed on to the next generation, while levels of differentiation, anxiety, and symptomology do get passed on to the next generation. For instance, one generation may have manifested symptoms primarily in the marriage with violence and several divorces. The next generation may have manifested symptoms with minor marital conflict but severe child problems. The overall level of symptomology or functioning of these two units was similar
but manifested differently. Tracking marital reactivity across the generations would not have reflected the similarity of overall functioning in the two family units.

The study reported in this article expanded on the intergenerational research of symptom development by using the family unit and its overall symptomology as the unit of study. The hypothesis guiding this study was that the multigenerational family’s functioning level was passed on to the nuclear family at a similar level. The association between multigenerational functioning and nuclear family functioning was assumed to be reflected in a correlation analysis. The hypothesis suggested that a nuclear and multigenerational family’s functioning were predictably related to each other, instead of a random association. Couples who had less symptomatic multigenerational families would have less symptomatic developing nuclear families, and couples from more symptomatic multigenerational families would be more likely to have more symptomatic developing nuclear families.

Because the level of differentiation could gradually shift up or down with each generation, the average level of differentiation of a current nuclear family could be dramatically different from a family unit six generations removed. Therefore, it was more likely that a nuclear family’s functioning was more similar to the generation closest to the nuclear family. A nuclear family’s functioning level would probably be more similar to the husband’s and wife’s nuclear families of origin (parents and siblings) than to family units seven generations removed. The potential for a wider gap in family functioning increases with each added generation (Kerr & Bowen, 1988). This is not to say that a family unit six generations removed would always be significantly different from a current nuclear family unit. In fact, they may be very similar. But the possibility of significant disparity in functioning levels increases.

This study assumed that multigenerational functioning was not the only variable to influence nuclear family functioning. For instance, the level of challenge or stress may have varied from one generation to the next and consequently have raised or lowered a family unit’s functioning. The study reported in this paper was from the first five years of a twenty-year study. In addition, this study was part of a larger study that examined the influence not only of multigenerational functioning, but also of stress, individuality, and intergenerational fusion (Klever, 2003) on nuclear family functioning. To keep the scope of this paper from being too broad, multigenerational and nuclear family functioning are the only variables presented in this paper.

METHOD

This section presents the research design, description of participants, and quantitative methods.
Design

To learn about the influence of multigenerational functioning on nuclear family functioning over time a longitudinal design was selected. The data for this report were from the first five years of this twenty-year study of 49 couples. To study the relationship between multigenerational and nuclear family functioning, information about the participants’ multigenerational and developing nuclear family was collected annually through questionnaires and structured interviews.

Description of Participants

Participants in the study were recruited from the wider Kansas City metropolitan area. To be eligible for the study both the husband and wife had to finish the questionnaires, be interviewed individually, and be within the first three years of marriage. Of the 72 couples sent the questionnaires in the first year, 51 couples returned them and completed the face-to-face interview for an initial response rate of 71%. At the end of the fifth year, 49 couples had completed the research protocol.

In the first year of the study the mean age was 28.73 (SD = 5.1). The median income was $55,000. Ninety-five percent of the participants were Caucasian, and 5% were African American, Hispanic, and Pacific Islander. The mean length of marriage in the first year was 1.5 years (SD = 1.2, range 0–3). For 90% of the couples this was their first marriage. For the remaining 10% the previous marriage lasted from one to eleven years. In the first year of the study, seven couples had children (nine children total). At the end of the fifth year, 38 couples had 67 children.

Quantitative Methods

The instruments used to assess nuclear and multigenerational family functioning are described in the following sections.

Nuclear Family Functioning Scale

The Nuclear Family Functioning Scale, NFFS, (Klever, 2001) assessed each nuclear family’s level of functioning or overall symptomology. Bowen concept of nuclear family emotional process provided the framework for this scale. The concept suggested three subscales—adult functioning (physical, emotional, and social), marital functioning (distance and conflict), and child functioning (physical, emotional, and social). Annually, the husband and the wife filled out the NFFS without input from the other. Then, during a structured interview conducted separately, the spouses clarified missing or unclear answers on the written questionnaire. The scale was composed of
50 questions. The subscale and composite scores were computed by adding the husband’s and wife’s scores and dividing by two. A composite score, which indicated the degree of overall symptomology of the nuclear family unit, was constructed to have a range of 0–1. No dysfunction was reflected by 0, and high dysfunction was reflected by 1. The actual range of scores for the forty-nine nuclear families was .028–311 (SD = .066). The composite scores were low to moderate because none of the participants had life threatening or severe symptoms in all symptom areas and the scale intentionally allowed for increasing levels of dysfunction over time. This measure demonstrated adequate reliability in two ways: the average annual test-retest correlations over the five years was .648 and the Cronbach’s alpha coefficient was .77. The composite score showed convergent validity in a correlational analysis by associating as predicted with the following variables: functional level of differentiation −.371, p < .01 (LDSS, Haber, 1990); marital stability −.635, p < .01 (RDAS, Spanier, 1976); fusion with parents .390, p < .01 (IFPQ, Klever, 2003); and broader multigenerational contact −.307, p = .032 (MFCQ, Klever, 2003).

**MULTIGENERATIONAL FAMILY FUNCTIONING QUESTIONNAIRE**

The Multigenerational Family Functioning Questionnaire (MFFQ), developed for this study, was administered annually to assess the functioning of the multigenerational family members. The questionnaire measured functioning by assessing the preponderance and severity of symptoms of individuals in the multigenerational family. Participants answered six questions about functioning for each of their siblings, parents, aunts, uncles, grandparents, and step family members. These six questions formed the five subscales of multigenerational functioning—physical, emotional, social (job and legal), marital, and child. The following questions were asked with a four-point Likert scale response (no problems 0, minor 1, moderate 2, and severe problems 3) to assess each area: Physical functioning—“How would you describe each person’s state of physical health? (Consider any medications, hospitalization, surgery, or limited functioning.)” Emotional Functioning—“How would you rate each person’s emotional, behavioral, or psychological health? (Consider the tendency to depression, significant mood swings, anxiety or phobias, obsessive thinking, compulsive behavior or addictions, excessive or inappropriate aggression, etc.)” Social functioning—“How has each person fulfilled the responsibilities of his/her job? (This includes homemaking for those who do not have another job.)” “How has each person done at following the laws of the community and/or society? (As indicated by being arrested, on probation or parole, jailed or imprisoned, engaged in illegal activities.)” Marital functioning—“How would you describe this person’s marriage(s) over the last year? (degree of distance and/or conflict)” Child functioning—“How
would you describe the overall functioning (physical, emotional, social, and marital) of this person’s children?” For the first year, participants gave summary answers about each living and dead person’s functioning over his/her life. After the first year the time frame for responses was the last year. Participants indicated if they had no information about a family member, or if they were uncertain about their response.

The scores for each subscale were added and divided by the number of family members reported for each question. The social functioning score was computed by adding the responses for job responsibility and legal compliance and dividing by two. The multigenerational functioning score was computed by adding the scores for physical, emotional, social, marital, and child functioning for all multigenerational family members the participant reported. A nuclear family of origin functioning score was computed by using just the nuclear family of origin members. The range of scores for the MFFQ were 0–8.25 (average SD 1.386). The reliability of the measure was demonstrated in two ways: year to year correlations, which ranged from .441 to .741 and Cronbach’s alpha coefficient of .738. A panel of four Bowen’s theory experts evaluated the subscale items and agreed that each of the items had face and content validity. (Inter-rater reliability = 1.00)

For convergent validity the MFFQ correlated with fusion with parents, .345, \( p = .016 \) (IFPQ, Klever, 2003). The MFFQ’s nuclear family of origin functioning subscale correlated with fusion with parents, .441, \( p = .002 \) (IFPQ, Klever, 2003); an aspect of functional level of differentiation, \( - .283, p = .041 \) (LDSS, Haber, 1990); and family stability, \( .237, p = .016 \) (FSI, Caskie, 1994).

In addition to the MFFQ, during the annual interview participants described the physical, emotional, social, and marital symptoms of each multigenerational family member. These symptoms were recorded for each member. This written information was used in the interview to verify their MFFQ responses. This promoted reliability and validity of the MFFQ.

The following are two contrasting multigenerational families. One couple’s multigenerational family is more dysfunctional with a higher MFFQ score, and the other couple’s multigenerational family is less dysfunctional with a lower MFFQ score. The couple with a more highly symptomatic multigenerational family had a cumulative MFFQ score of 39.35 with a yearly average of 7.87. The range of cumulative scores for all the couples for the five years was 5.04–42.74. The husband reported three of his four grandparents to be alcoholics, both of his grandfathers to be involved in illegal activities, and one to be underresponsible in his work. One of his aunts and one of his uncles experienced chronic depression. Another aunt was physically abused in her marriage. His father was an alcoholic, depressed, and had a moderately severe stroke in his sixties. His mother was diabetic. Half of his siblings had been diagnosed with depression and had alcohol and drug problems. Several of his siblings had been in trouble with the law or had
difficulty keeping a job. Several others had health problems—obesity, back problems, and cancer. The wife reported one grandfather dying of cancer at 47 years old and one grandmother being obese. Two of her aunts were obese, two were alcoholic, and two had been diagnosed with depression. Another aunt had chronic work problems. The wife reported her mother as emotionally unstable and a younger sister who was “always sick,” abused alcohol, had her license suspended, and demonstrated irresponsibility in school and work.

A less symptomatic multigenerational family had a cumulative MFFQ score of 9.61, average score of 1.92, and range from .43 to 3.7 over the five years. While there was dysfunction in this multigenerational family, overall the dysfunction was less severe, less chronic, and less widespread. The husband’s paternal grandfather was generally healthy through the fifth year of the study. He had developed hypertension, which was controlled, in his late fifties and had a successful hip replacement in his sixties. The husband’s paternal grandmother was healthy until she developed breast cancer in her mid-seventies and died at 78 years old. His maternal grandparents were healthy until they died in a car accident when they were in their mid-seventies. No emotional or social problems were evident with the husband’s grandparents. His paternal and maternal uncles had no physical, emotional, or social dysfunction. One uncle had been divorced. The husband’s father and mother had no physical, emotional, or social problems. His sister had minor anxiety and a school phobia during part of her childhood. The wife’s parents and sister had no physical, emotional, or social problems, except for the mother’s “gal bladder attack” in her fifties. Her paternal grandfather had no apparent dysfunction until he died at 72 years old from a heart attack. Her paternal grandmother died at 67 years old from breast cancer. Her maternal grandfather died from colon cancer at 36 years old, while her maternal grandmother was 86 with no symptoms at the end of the study’s fifth year. Four of her eight aunts and uncles had no dysfunction. One of the other four was diabetic; one was obese and divorced; one had high blood pressure; and one had chronic physical, emotional, and marital problems. This research couple was one of the least symptomatic in the study, while the former couple was one of the most symptomatic in the study.

RESULTS

The quantitative analysis tested the multigenerational transmission hypothesis by examining the relationship between nuclear family functioning and multigenerational family functioning. A bivariate correlation analysis was conducted between the scores on the MFFQ and the NFFS. The bivariate correlation between the summed totals for years one through five NFFS
and years one through five MFFQ was .363, \( p = .010 \). The correlation increased in significance when only nuclear family of origin functioning was associated with the couple’s developing nuclear family functioning .425, \( p = .002 \).

Over the five years the association between cumulative nuclear family functioning and cumulative multigenerational family functioning stayed fairly steady with a slight increase in the fifth year. Year 1 .279, \( p = .047 \); years 1–2 .350, \( p = .013 \); years 1–3 .310, \( p = .028 \); years 1–4 .325, \( p = .021 \); and years 1–5 .363, \( p = .010 \). The association between cumulative nuclear family functioning and cumulative nuclear family of origin functioning demonstrated stronger associations but a similar trend. Year 1 .407, \( p = .003 \); years 1–2 .436, \( p = .002 \); years 1–3 .345, \( p = .014 \); years 1–4 .397, \( p = .004 \); and years 1–5 .425, \( p = .002 \).

**DISCUSSION**

The purpose of this study was to test the hypothesis that the functioning level of the multigenerational family was transferred at a similar level to the nuclear family unit. While research has shown that many diverse symptoms tend to run in families, almost no research has demonstrated or even addressed whether or not the overall level of unit functioning was passed on to the next generation. This study began to examine that idea by comparing the degree of symptomology in the multigenerational family with the degree of symptomology in the developing nuclear family. The results of this study were consistent with this multigenerational transmission hypothesis. The degree of multigenerational symptomology or functioning, especially nuclear family of origin functioning, was associated with the degree of functioning in the developing nuclear family. If unit functioning from one generation to the next were random, then the correlation analysis would have been statistically insignificant. This study suggested that the transmission of family unit functioning has a degree of predictability.

The association between multigenerational and developing nuclear family functioning was stronger when just the nuclear family of origin members (parents, step parents, siblings, and half and step siblings) were used in the analysis. The correlation between multigenerational and nuclear family functioning was less when grandparents, aunts, uncles, and extended step family members were included. If even more generations could have been included in the analysis, the correlations would probably have lessened in significance. This is congruent with Bowen theory, which suggests that levels of differentiation may gradually move up or down each generation with children who are more or less the participants in the family projection process.
This study also supported the viability of measuring unit functioning through a composite of the family members’ physical, emotional, social, and marital symptoms. This approach was suggested from Kerr and Bowen (1988, p. 222), “The average level of functioning of a nuclear family can be assessed by evaluating the individual functioning of each member of that family.” While the measurements for unit functioning did not describe the variability of individual functioning within the unit, it provided a series of snapshots of the family as a group or organism over time. This approach broadened the lens from a particular symptom to the overall stability, functioning, or symptomology of the unit. This method enabled a comparison of family units with widely different symptoms within each participant’s multigenerational family and among the various participants.

Although the NFFS and MFFQ did not measure basic level of differentiation, these family snapshots over five years measured one outcome of the interplay between differentiation and anxiety. Bowen theory suggests that the families with less symptomology over time probably would have had higher levels of differentiation and/or less anxiety. Families with more symptomology over time probably would have had lower levels of differentiation and/or more anxiety.

**LIMITATIONS**

While this study lent generally moderate support for unit functioning being transferred from one generation to the next, the pathways for the transmission were not tested. Another limitation of the study was the homogeneity of the participants. Compared to the general United States population, the participants on average had more education, higher incomes, and were disproportionately Caucasian. Also under represented were populations with more severe symptoms, such as schizophrenia, criminal behavior, and life-threatening diseases. Also, no couples divorced in the first five years, which does not follow the statistical average of the general population. Another limitation of this self-report study is the potential for subjects to answer questions in a socially desirable fashion.

**FUTURE DIRECTIONS**

One of the directions for future study is to test the relationship of multigenerational and nuclear family functioning over a longer period of time. Another direction is adding the other independent variable—individuality, stress, and intergenerational fusion—to the analysis and examining the interplay of these variables. That analysis may give a broader understanding of factors contributing to variation in nuclear family functioning. A third area of inquiry is testing whether specific types of anxiety-binding mechanisms—child
focus, marital instability, or reciprocal functioning between the spouses—are transferred multigenerationally.

REFERENCES


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