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Husbands' Forms of Address for Wives Predict Intimate Partner Violence against Women

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ABSTRACT. Intimate Partner Violence against women [IPV] is a serious human right abuse, so early intervention in IPV is socially required. Previous study found that several forms of address predicted physical IPV. Hence, I aimed to predict physical IPV from husbands' forms of address for wives. Participants were 76 married women in Japan. They aged 53.6 (*S.D.* = 13.5) and married 25.3 (*S.D.* = 13.3) years on average. They reported their husbands' forms of address to them. The forms were converted into arrogant and intimacy scores based on Semantic Scores of Japanese Forms of Address. They also answered the Communication Patterns Questionnaire and shortened version of the Conflict Tactics Scales. Results showed that arrogant and intimate scores of forms of address were significantly correlated with mutual constructive communication and physical IPV. Still, physical IPV was predicted only by arrogant scores. These findings were discussed from the perspective of context specifier.

KEY WORDS: Arrogant forms, Spousal Forms of Address, Physical Intimate Partner Violence against Women, Mutual Constructive Communication, Communication Patterns Questionnaire.

Introduction

Intimate Partner Violence against women [IPV] is defined as an intimate male partner's violence against women from physical (e.g., pushing, hitting), psychological (e.g., shouting, ignoring), and sexual aspects (e.g., forcing women to have sexual intercourse) [Johnson, & Ferraro, 2000; Straus, Hamby, Boney-McCoy, & Sugarman, 1996]. IPV is a serious human right abuse and lots of studies found that IPV is common throughout the world. World Health Organization (WHO) interviewed around

24000 women in the 10 countries and found that 13 to 61 percent of the women experienced physical IPV (Ellsberg, Jansen, Heise, Watts, Garcia-Moreno, & The WHO Multi-country Study, 2006). In the same line, 12.9 percent of the Japanese women experienced physical IPV (Garcia-Moreno, Ellsberg, Heise, Watts, & The WHO Multi-country Study, 2006). Furthermore, the women who experienced the IPV reported higher rates of suicidal thought and attempts than those who did not (Ellsberg *et al.*, 2008). Because physical IPV violates women's basic human right and aggravates their mental health, WHO requires intervention in physical IPV at an initial phase (Ellsberg *et al.*, 2008; Garcia-Moreno *et al.*, 2006).

To intervene in physical IPV efficiently, many assessment tools were developed, such as

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the Spousal Assault Risk Assessment (SARA) [Kropp & Hart, 2000], Ontario Domestic Assault Risk Assessment (ODARA) [Hilton, Harris, Rice, Lang, Cormier, & Lines, 2004], Domestic Violence Screening Instrument Revised (DVSI-R) [Williams, 2012], Historical, Clinical and Risk Management (HCR-20) [Douglas, Ogloff, Nicholls, & Grant, 1999], and Danger Assessment (DA) [Campbell, Webster, & Glass, 2009]. These tools have good predictive validities, so they were extensively used in justice or correction facilities. Still, they were not used widely in health-care centers. This is because they were mainly applied for women whose husbands were arrested or prosecuted on physical IPV, so several questions of them ask criminal or pathological histories of their husbands (e.g., Past assault of strangers or acquaintances [SARA], Prior domestic assault in police record management system [ODARA], Prior violation of orders of protection [DVSI-R], Early maladjustment [HCR-20], Prior history of attempts of suicide [DA]). These questions do not fit well with women whose husbands were violent but not arrested. Therefore, even though these tools have good predictive validities, they cannot be utilized as a tool to predict general physical IPV.

Many researchers found predictive indexes of general physical IPV, such as migrant status (Van Hightower, Gorton, & DeMoss, 2000), young age, low income level (Pan, Neidig, & O'Leary, 1994), low educational level, history of their parent's physical IPV (Naved & Persson, 2005), and drug/alcohol problems of

women's partners (Neff, Holamon, & Schluter, 1995; Pan *et al.*, 1994; Van Hightower *et al.*, 2000). Several researches also required to consider ethnic differences of couples, before researchers weigh these indexes (Neff *et al.*, 1995). Actually, frequency of spousal communication decrease risk of physical IPV in Bangladesh (Naved & Persson, 2005), but increase in Cambodia (Eng, Li, Mulsow, & Fischer, 2010). Although previous studies found many important indexes, most of indexes were unchangeable by early intervention. For example, husbands' age, income level, educational level, and history of observation of physical IPV cannot be changed by intervention. Their drug/alcohol problems might be changed but it requires great deal of time to change. Therefore, these indexes surely told the risks of physical IPV, but not the way of intervention in physical IPV at early phase.

On the other hand, family communication is a changeable trait of the predictive indexes (Naved & Persson, 2005). Furthermore, intervention in family communication also decreased family violence. For example, Henry (2012) sampled 1062 sixth-grade students with high levels of aggression and half of them received 15 weekly family group meeting including 4-6 families per group (See Smith *et al.*, 2004 for more detail). Henry found that family group meeting increased family closeness and parents' discipline practice, both of which decreased students' aggressive behaviors in family. Kumpfer and Alvarado (2003) also reviewed prevention program of youth problem behaviors and found that

effective family program required strategies for improving family communication. Alexander & Parsons (1973) also conducted randomized control trials to 86 families with at least one delinquent child. Treatment group received intervention, which “aimed at systematically extinguishing maladaptive interaction patterns and instituting reciprocity instead (p. 220)”. The treatment group showed lower level of recidivism rates compared to control groups. These studies were theoretically supported by many researchers (Bateson, Jackson, Haley, & Weakland, 1956; De Shazer *et al.*, 1986; Wakashima, Ikuta, & Hasegawa, 1999; Watzlawick, Beavin, & Jackson, 1967; Zimmerman, Prest, & Wetzel, 1997) and suggested that family communication changed violent act of a family member.

Previous studies also suggested that couple communication patterns are the best predictor of physical IPV among family communication variables (Naved & Persson, 2005). Couple communication patterns were defined as repetitive patterns of couple communication (Christensen & Shenk, 1991; Yokotani & Hasegawa, 2011) and were different between couples with and without physical IPV (e.g., Babcock, Waltz, Jacobson, & Gottman, 1993; Sagrestano, Heavey, & Christensen 1999; Holtzworth-Munroe, Smutzler, & Stuart, 1998). For example, demand/withdraw patterns (The demander pressures the partner through emotional requests and criticism, whereas the withdrawer retreats through defensiveness and passive inaction) were frequently occurred among couples with physical IPV, compared to

couples without physical IPV (Babcock *et al.*, 1993; Sagrestano *et al.*, 1999). On the other hand, mutual constructive patterns (Partner communicates constructively with each other) were infrequently occurred among couples with physical IPV, compared to couples without physical IPV (Holtzworth-Munroe *et al.*, 1998). Hence couple communication could be an index of physical IPV and a point to be intervened.

The present study focused on spousal form of address as couple communication. This is because forms of address in family reflected frequency of family communication (Yokotani, 2012) and family violence (Yokotani, 2008). Especially, husbands’ forms of address for wives predicted couple communication patterns in Japan (Yokotani, in press). Intimate husbands’ forms predicted mutual couple communication patterns positively, whereas arrogant husbands’ forms of address predicted mutual couple communication patterns negatively (Yokotani, in press). Because mutual couple communication patterns were negatively correlated with physical IPV (Holtzworth-Munroe *et al.*, 1998), intimate husbands’ forms of address would predict physical IPV negatively, whereas arrogant husbands’ forms of address would predict physical IPV positively.

Method

Participants

I accessed two local Christian churches in Japan to sample long-lasting couples. Because the long-lasting couples also could have

long-lasting forms of address, their forms of address could have more relevant with couple communication patterns. The participants were 76 married women. Their average age was 53.6 (*SD* 13.5). Average years of their education and marriage were 12.6 (1.9) and 25.3 (13.3), respectively. The average size of their family was 3.8 (1.1) members.

Procedure

The present study was acknowledged for ethics by three faculty members from A University and two ministers of the churches. The first author and the ministers greeted the potential participants and explained the aims of the study and the content of the questionnaire. Participation was voluntary, and their responses were anonymous. Most participants answered the questionnaire by themselves. Several participants could not read the questionnaire because of visual problems. For their accommodation, I read aloud the questionnaire and wrote down their answers.

Measures

Spousal forms of address: Husbands' forms of address for wives had four choices, *Okahsan* (kinship term, mother), *Kahsan* (kinship term, mother, plain), *Oi* (interjection for address), and "Other". If participants found a daily-used form of address among the choices, they circled the form of address. If not, they circled "Other" and wrote down the daily-used form of address. When someone had many forms of address, they wrote down the most used ones. These forms of address received intimacy and arrogance score so that a higher score of each scale reflected a higher sense of each value.

Each scale was derived from data of semantic differential method: intimacy ranges between 1 (distant) to 7 (close); arrogance ranges between 1 (humble) to 7 (arrogant). (See Yokotani in press, for more detail).

Couple communication patterns: I used the scale of Mutual Constructive Communication from the Japanese back-translated version (Yokotani & Hasegawa, 2011) of the Communication Patterns Questionnaire (Christensen & Sullaway, 1984). Mutual Constructive Communication includes 5 items (e.g., "Both members try to discuss the problem."). Items were rated on a 1- 9 scale (1 very unlikely, 9 very likely), so a high score predicted a high frequency of constructive communion. Cronbach's α of Mutual Constructive Communication was .83, which is similar to original version (Christensen & Shenk, 1991).

Couple satisfaction: The Couple Satisfaction Scale (Moroi, 1996) was used, which is a translation of part of the Quality Marriage Index (Norton, 1983). The Couple Satisfaction Scale has 6 items rated on a scale of 1 – 4 (e.g., I am satisfied with my marriage). The sum of the items was the couple satisfaction score, so that a higher score reflected greater couple satisfaction. The alpha coefficient of the Couple Satisfaction Scale was .95: the scale had satisfactory reliability.

Intimate Partner Violence: The psychological and physical violence scores were used from the Domestic Violence Screening Inventory [DVSI] (Ishii, Asukai, Kimura, Suenaga, Kurosaki, & Kishimoto,

2003). DVSI was a shortened version of the conflict tactics scale 2 for couples (Straus *et al.*, 1996). The psychological violence had 3 items (e.g., shouted or yelled at my partner) and physical violence had 8 items (e.g., Used a knife or gun on my partner). If they experienced these violence during the last year, they rated frequency between 1(one time) to 7(over 20 times). If not, they reported “they never experienced” or “they experienced before the last year”. The alpha coefficients of psychological and physical violence were .76, and .87, respectively. I regarded psychological and physical violence score as frequency of psychological, and physical IPV, respectively.

Statistical Analysis

Pearson's correlation was used to analyze relationships between two variables. To evaluate predictive validity, multiple regression analysis with stepwise fashion was used. The SPSS 21.0 in Japanese edition was also used.

Results

Preliminary analysis

Table 1 shows basic statistics of the spousal forms of address, couple communication patterns, couple satisfaction, and IPV. Participants' age, educational levels, years of marriage, and family sizes were not correlated with these primary variables, except for three correlations. Participants' years of marriage had a significant positive correlation with husbands' arrogant scores ($r = .32, p < .05, n = 53$). Their age was also positively correlated with physical IPV ($r = .26, p < .05, n = 59$). The number of family members was also correlated with mutual constructive communication ($r = .31, p < .05, n = 60$). Participants' traits had a few correlations with either couple communication or IPV, but their traits were not correlated with both couple communication and IPV. Hence, these traits cannot be a common component of the correlations between couple communication and IPV. Therefore, following analysis between couple communication and physical IPV cannot be contaminated by these traits.

Table 1. Basic statistics of primary variables

	<i>M</i>	<i>SD</i>	<i>n</i>	<i>α</i>
Intimacy of husbands' forms of address	5.2	0.8	55	-
Arrogance of husbands' forms of address	3.9	0.7	55	-
Mutual constructive communication	5.9	2.3	61	.83
Couple satisfaction	17.8	5.4	65	.95
Frequency of psychological IPV	4.0	5.8	65	.76
Frequency of physical IPV	0.6	1.9	65	.87

Note: IPV: Intimate Partner Violence against Women

Correlations among primary variables were also fit well with previous studies (See Table 2). Frequency of physical IPV was negatively correlated with mutual constructive communication ($r = -.29, p < .05, n = 59$) and couple satisfaction ($r = -.31, p < .05, n = 61$). The frequency of physical IPV was positively correlated with the frequency of psychological IPV ($r = .43, p < .01, n = 65$). Furthermore, as expected, intimacy of husbands' forms of address was negatively correlated with the frequency of physical IPV ($r = -.32, p < .05, n = 50$), whereas arrogance of husbands' forms of address was positively correlated with the frequency of physical IPV ($r = .55, p < .01, n =$

50). These data suggested that couple communication had significant relationships with physical IPV.

Hypothesis testing

To evaluate predictive validity of couple communication on physical IPV, I used stepwise regression on the frequency of physical IPV. The independent variables were mutual constructive communication, intimacy of husbands' forms of address, and arrogance of husbands' forms of address. Because my aim was to predict physical and psychological IPV based on couple communication, couple satisfaction, physical IPV and psychological IPV were not used as independent variables.

Table 2. Correlations among intimacy score of husbands, arrogance score of husbands, mutual constructive communication, psychological violence from husbands, and physical violence from husbands

	2	3	4	5	6
1. Intimacy of husbands' forms of address	-.47 ^{d**}	.28 ^g	.21 ^e	-.28 ^{f*}	-.32 ^{f*}
2. Arrogance of husbands' forms of address		-.39 ^{g**}	-.21 ^e	.17 ^f	.55 ^{f**}
3. Mutual constructive communication			.53 ^{c**}	-.23 ^c	-.29 ^{c*}
4. Couple satisfaction				-.38 ^{b**}	-.31 ^{b*}
5. Frequency of psychological IPV					.43 ^{a**}
6. Frequency of physical IPV					

Note: IPV: Intimate Partner Violence against Women, ^a: $n = 65$, ^b: $n = 61$, ^c: $n = 59$, ^d: $n = 55$, ^e: $n = 52$, ^f: $n = 50$, ^g: $n = 49$, **: $p < .01$, *: $p < .05$.

Table 3. Stepwise regression of couple communication on physical intimate partner violence against women

Independent variable	Arrogance of husbands' forms of address	β	$t =$		
		.45	3.4		**
$F(1, 45)$				11.9	**
Adjusted R^2				.19	

Note: **: $p < .01$.

Table 3 shows that arrogance of husbands' forms of address explained 19 % of physical IPV ($Adjusted R^2 = .19^1$). Furthermore, arrogance of husbands' forms of address predicted physical IPV better than mutual constructive communication and intimacy of husbands' forms of address. The regression analysis implied that husbands' forms of address could be a predictive index of physical IPV.

Discussion

Husbands' forms of address to their wives were correlated with mutual constructive communication. Because children's forms of address to their parents also had relevance with parent-child communication (e.g., Yokotani, 2012), husbands' forms of address could reflect couple communication patterns (Yokotani, in press). Based on the present and previous findings, Husbands' forms of address might have a function to specify a context of couple communication. For example, husband can say "*Anata aishiteru* [My honey, I love you]" and "*aishiteru Anata* [I love you, my honey]" to his wife. However, he can neither say "*Bakayaro*,

aishiteru [Bastard, I love you]" nor "*Aishiteru, bakayaro* [I love you, bastard]". This is because the form of address of "*Anata* [my honey]" specifies intimate couple context, so the phrase of "*aishiteru* [I love you]", which signals his intimacy to his wife, fit well with the context of "*Anata* [my honey]". On the other hand, the form of address of "*bakayaro* [bastard]" specifies insulting couple context, so the phrase of "*aishiteru* [I love you]" hardly matched with the context of "*bakayaro* [bastard]". In other words, as far as husband use the forms of address of "*bakayaro* [bastard]" to his wife, "*bakayaro* [bastard]" do not allow him to express his intimacy to his wife and might foster insulting couple communication patterns².

¹ The score of *adjusted R²* is not high, but several studies considered that the similar scores maintained a certain level of fitting (Komarraju, Karau, & Schmeck, 2009; Plotnikoff, Trinh, Courneya, Karunamuni, & Sigal, 2009; Swenson, Saylor, Powell, Stokes, Foster, & Belter, 2010), so I regarded the score maintained a certain level of fitting.

² Surely, "*bakayaro* [bastard], *aishiteru* [I love you]" can be realized, as far as the husband specifies his couple context in a skilled way. For example, he can specify "*bakayaro*" as false information and at the same time "*aishiteru*" as true information with his vocal tone and facial expression. Still, without his skillful communication, "*bakayaro aishiteru*" cannot be realized and might cause severe misunderstanding in the couple. In other words, realization of "*bakayaro aishiteru*" requires him energies and risks. To minimize them, he prefers to use "*Anata* [My honey] *aishiteru*" in daily couple communication than to use "*bakayaro aishiteru*". The present study focused on daily couple communication, so I limited discussion only within the frequent-used type of forms of address. Because the intentionally-used forms of address

These findings and implications suggested that husbands' forms of address for wives predict couple communication patterns.

Furthermore, arrogance of husbands' forms of address for wives predicted physical IPV. Previous study found that several forms of address in family predict family violence (Yokotani, 2008). The present study elaborated the previous study in marital relationships. Arrogance of husbands' forms of address specified the arrogant context of couple communication patterns (Yokotani, in press), so the arrogant form might encourage husbands to be arrogant to their wives. Their arrogant attitude to their wives might foster physical IPV (Eng *et al.*, 2010). However, arrogance of husbands' forms of address for wives did not predict psychological IPV. Their arrogant attitude could be relevant with psychological IPV, so their arrogant attitude is likely to predict psychological IPV, but not in actual. Previous study suggested that psychological IPV might not occur in the same way the physical IPV occurs, so the psychological IPV might be related with different communication patterns (Johnson, & Ferraro, 2000). For example, psychological IPV (e.g., shouting) could occur in general argument, so psychological IPV was not as likely to escalate over time, and was more likely to be mutual

included many important features (Crozier, & Dimmock, 1999; Crozier, & Skliopidou, 2002; Keltner, Young, Heerey, Oemig, & Monarch, 1998;), I cannot discuss them in this limited space

(Johnson, & Ferraro, 2000). Hence, many women who have conflicts with their husbands might experience psychological IPV, like their husbands experience. On the other hand, physical IPV (hitting) might be used to control women and was as likely to escalate over time, and was not likely to be mutual (Johnson, & Ferraro, 2000). Hence, women who were controlled by their intimate partner might experience physical IPV. The arrogant forms of address might reflect husbands' control over women, so the arrogant forms predicted physical IPV rather than psychological IPV.

The intimacy of husbands' forms of address was also positively correlated with mutual constructive communication; mutual constructive communication predicted physical IPV (Holtzworth-Munroe *et al.*, 1998). Hence, the intimacy of husbands' forms of address might predict physical IPV indirectly. However, the intimacy did not predict physical IPV directly. One of the reasons was that several wives with physical IPV maintained their intimacy with husbands (Sagrestano *et al.*, 1999). Therefore, the intimacy might not predict physical IPV among these women. Furthermore, husbands' intimate forms of address, such as "mama", might foster their demanding behavior. For example, the phrase of "mama, please raise my allowance" is better than "please raise my allowance". This is because the former specifies the intimate couple context, so she might feel difficulty to say simply no. As a result, their demanding behavior might not be restricted. Several studies reported that the demanding behaviors

might be linked with couple dissatisfaction (Christensen & Shenk, 1991; Yokotani & Hasegawa, 2011) and physical IPV (e.g., Babcock *et al.*, 1993). Therefore, husbands' intimate forms of address might have a positive correlation with physical IPV among several husbands, which weakened the predictability of the intimacy on physical IPV.

The links between arrogant forms of address and physical IPV were found in general sample, so the arrogant forms of address could apply general physical IPV, like many indexes, such as migrant status (Van Hightower *et al.*, 2000), young age, low income level (Pan *et al.*, 1994), low educational level, history of their parent's physical IPV (Naved & Persson, 2005), and drug/alcohol problems of husbands (Neff *et al.*, 1995; Pan *et al.*, 1994; Van Hightower *et al.*, 2000). Integration of these indexes might predict general physical IPV at the similar level as the SARA (Kropp & Hart, 2000), ODARA (Hilton *et al.*, 2004), DVSI-R (Williams, 2012), HCR-20 (Douglas *et al.*, 1999), and DA (Campbell *et al.*, 2009) predicted severe physical IPV. These findings imply that arrogant forms of address could be an indicator of general physical IPV.

Furthermore, arrogant forms of address are a type of communicative behaviors, so the forms of address can be changed by intervention (Eng *et al.*, 2010; Naved & Persson, 2005). Because forms of address could represent couple communication patterns (Yokotani, in press), if the forms are linked in vicious cycle, break out of the vicious cycle could be effective intervention (Alexander & Parsons, 1973;

Bateson *et al.*, 1956; Kumpfer & Alvarado, 2003; Watzlawick *et al.*, 1967; Wakashima *et al.*, 1999). On the other hand, if the forms are linked in virtuous cycle, reinforcement of the forms could be productive (De Shazer *et al.*, 1986; Henry, 2012; Smith *et al.*, 2004; Zimmerman *et al.*, 1997). These implications suggested that spousal forms of address could indicate not only the risk of physical IPV, but also the way of intervention in physical IPV.

The present study was based on wives' perspectives, so future study needs to investigate husbands' perspectives. Furthermore, the present study is cross-sectional design, so the study could not indicate causal relationships between arrogant forms of address and physical IPV. From theoretical perspective, the forms of address indicated the way of intervention in physical IPV (Alexander & Parsons, 1973; Bateson *et al.*, 1956; De Shazer *et al.*, 1986; Henry, 2012; Kumpfer & Alvarado, 2003; Smith *et al.*, 2004; Watzlawick *et al.*, 1967; Wakashima *et al.*, 1999; Zimmerman *et al.*, 1997). Future study needs to examine intervention effect with longitudinal design.

In conclusion, the present study found the link between spousal forms of address and physical IPV. Because forms of address are accessible without expertise, time and energy, the forms of address could be a useful assessment index for front-line detector, such as close relative, job mates and class mates of victims of physical IPV. Moreover, the forms of address also indicated the way of intervention in physical IPV, so clinical

psychologists, psychiatrists, social workers, and school teachers also could utilize the forms of address as a guide of their intervention. Utilization of forms of address for physical IPV could help to intervene in physical IPV at early phase, to protect women who suffered from physical IPV (Ellsberg *et al.*, 2008), and to reduce the number of serious human-rights violations (Garcia-Moreno *et al.*, 2006).

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Cumulative Family Relationship with Family Relationship History Graph

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Introduction

Parent-child relationship in the past produces problems in the present has been a traditional point of view in psychological therapy and clinical psychology since Freud. Parent-child and/or family relationship were seen as pathogenic. However empirical knowledge of what type of family relationships relates to problems and conditions based on the cumulative effect of family relationships from the past to the present day is sparse.

Wakashima et al. (2011) reported on new research methods which comprehensively understands the family based on simultaneous family relationships such as what covariant associations are possessed by marital husband-wife, parent relationships or multi-generational relations, or, as per the narrative, based on the cumulative family relationships from the past to the present. In it, in order to capture the cumulative family relationships, family relationship history graphs (FRHG) was utilized and a research using

FRHG was presented. Furthermore Usami et al. (2011) investigated the validity and credibility of FRHG. In the investigation of its validity, the comparison of cohesion of FRHG and the “quality of relationship” of NFRJ98 was conducted. The results showed the father-child/mother-child cohesion of FRHG of ages 3 to 18 has correlations with the NFRJ98 relationship quality of the same ages of 0.92 and 0.76, and it can be said to show results for the transition of cumulative parent-child relationship recalled at the present time to be no different from the transition created by accumulating the results on parent child relationship measured at each age. Based on this FRHG has a fixed validity as a measure of gauging the family relationship from the past to the present. Next we move on to the validity of re-testing. In the consideration of 1-month re-test credibility, the correlation of association from age 3 to 20 is high and in terms of the power, the correlation between age 9 and 20 was high. The 4-month re-test credibility showed a stable correlation above age 15 mostly and the power showed an unstable correlation relationship. In other words, when the validity and credibility were considered, it can be thought that a particularly good option is to utilize relationships as a variable. Also if

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the result of the power is considered, it can be supposed that the results from beyond the primary school stage should ideally be used.

From all of the above, the report suggests the direction for the research using FRHG with a focus on the relationship variable during the primary school period onwards. With this in mind, the following four points are considered and reported.

1. Two-person relationship and time period associated with current relationship and the transition of family relationships utilizing FRHG (105 women, 70 men, total 175)
2. Association between current SDS score and the family relationship utilizing FRHG (48 women, 52 men, total 100)
3. Association between current SDS score and the variability of family relationship utilizing FRHG (48 women, 52 men, total 100)
4. Comparison between clinical group and general group of family relationship transition using FRHG

Method

Participants

FRHG data reported by Wakashima et al. (2011) (October 2009. University and vocational school students targeted. Average age 20.64) excluding those targeted who provided incomplete answers - 75 people (57 women, 18 men), and data from 100 people (48 women, 52 men) from the FRHG implemented through internet survey in February 2013 (University students aged 18 to 28 were targeted. Mean age was 21.74) were analyzed.

SDS was implemented on these 100 people only.

The data of the clinical group was in effect in A counseling facility • B counseling facility from before November 2009 to January 2012. The evaluators of the clinical group were three men and six women. Mean age 41.00. There were two IP people, six mothers and one father. They were all Japanese.

Measure

The measures used were FRHG and SDS. (Moreover SDS was only implemented on the 100 people (48 women, 52 men) in the 2013 internet survey data).

It is noted that this research has been audited by the university ethics committee and approval given.

Results

The four analyses results are reported below. *Dyadic relationship and time period associated with current relationship and the transition of family relationships of FRHG (105 women, 70 men, total 175)*

The results are shown in Figure 1-3 and Table 1-3.

In general family relationships, in the present day, father-child relationship appears to be a little lower. In mother-child relationship, there is a decline during the junior high school period but is relatively stable at other times. Father-mother relationship is also relatively stable. If men and women are studied separately, there is a trend for men to generally give strong acknowledgement to the current relationship.

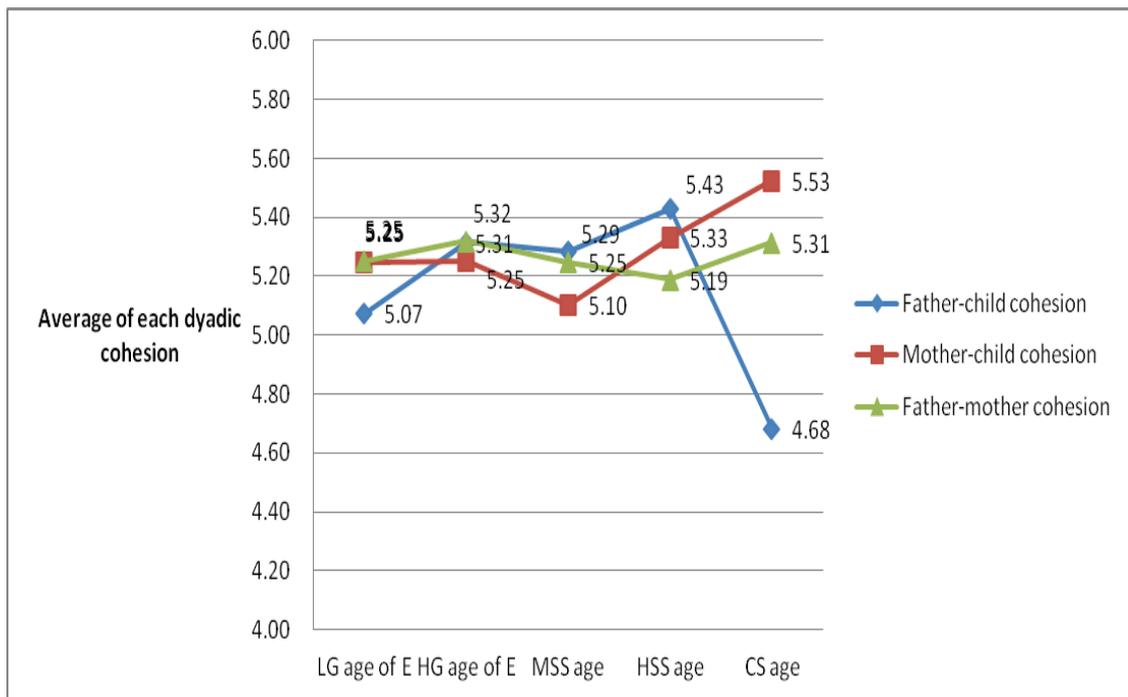


Figure 1. Average of each dyadic cohesion in all respondents ($N=175$)

Note. “LG age of E” means Low Grade of Elementary school, “HG age of E” means High Grade of Elementary school, “MSS age” means Middle School Student age, “HSS age” means High School Student age, and “CS age” means College Student age in this paper.

Although females show a decline toward the mother in the junior high school period there is a perception that there is a strong relationship which is relatively stable. Moreover it appears to be perceived that the relationship with the father declines in the present day. Husband-wife relationship declines a little during the junior and senior high school periods but is perceived, in the present day, to be similar to that in the previous period with a strong relationship.

It is the relationship just prior to the time concerned and other two-party relationships at present day which show the strongest relationship with the current two-party

Wakashima et al. (2010) and Usami et al. (2011). However when this is considered, several other characteristics can be seen. Current father-child relationship shows an association with the husband-wife relationship at present or at a time close to the present. The current mother-child relationship shows a strong association with the father-child relationship in the primary school lower years ($r=.61$). Moreover the father-mother relationship at present also shows a relatively high association with lower primary school years ($r = .53$), higher primary school years ($r = .56$) and junior high school period ($r = .50$).

In the case of males, the characteristic is that

Table 1. Correlation matrix of dyadic cohesion in all respondents (N=175)

	Father-child LG age of E	Father-child HG age of E	Father-child MSS age	Father-child HSS age	Father-child CS age	Mother-child LG age of E	Mother-child HG age of E	Mother-child MSS age	Mother-child HSS age	Mother-child CS age	Father-mothe LG age of E	Father-mothe HG age of E	Father-mothe MSS age	Father-mothe HSS age	Father-mothe CS age
Father-child LG age of E	0.93**														
Father-child HG age of E	0.93**	0.93**													
Father-child MSS age	0.66**	0.78**	0.68**												
Father-child HSS age	0.51**	0.62**	0.87**	0.87**											
Father-child CS age	0.25**	0.35**	0.52**	0.67**	0.67**										
Mother-child LG age of E	0.78**	0.73**	0.46**	0.34**	0.08	0.97									
Mother-child HG age of E	0.76**	0.74**	0.49**	0.36**	0.11	0.97	0.88**								
Mother-child MSS age	0.66**	0.67**	0.52**	0.41**	0.18	0.88**	0.90**	0.83**							
Mother-child HSS age	0.67**	0.65**	0.53**	0.45**	0.19	0.88**	0.90**	0.82**	0.80**						
Mother-child CS age	0.61**	0.58**	0.42**	0.35**	0.30**	0.77**	0.79**	0.88**	0.88**	0.88**					
Father-mothe LG age of E	0.77**	0.76**	0.52**	0.44**	0.23**	0.70**	0.79**	0.88**	0.88**	0.88**	0.79**				
Father-mothe HG age of E	0.73**	0.74**	0.46**	0.34**	0.08	0.97	0.88**	0.90**	0.82**	0.82**	0.88**	0.88**			
Father-mothe MSS age	0.61**	0.58**	0.42**	0.35**	0.30**	0.77**	0.79**	0.88**	0.88**	0.88**	0.79**	0.79**	0.79**		
Father-mothe HSS age	0.67**	0.65**	0.53**	0.45**	0.19	0.88**	0.90**	0.82**	0.82**	0.82**	0.88**	0.88**	0.88**	0.88**	
Father-mothe CS age	0.61**	0.58**	0.42**	0.35**	0.30**	0.77**	0.79**	0.88**	0.88**	0.88**	0.79**	0.79**	0.79**	0.79**	0.79**
Father-mothe LG age of E	0.77**	0.76**	0.52**	0.44**	0.23**	0.70**	0.79**	0.88**	0.88**	0.88**	0.79**	0.79**	0.79**	0.79**	0.79**
Father-mothe HG age of E	0.73**	0.74**	0.46**	0.34**	0.08	0.97	0.88**	0.90**	0.82**	0.82**	0.88**	0.88**	0.88**	0.88**	0.88**
Father-mothe MSS age	0.61**	0.58**	0.42**	0.35**	0.30**	0.77**	0.79**	0.88**	0.88**	0.88**	0.79**	0.79**	0.79**	0.79**	0.79**
Father-mothe HSS age	0.56**	0.61**	0.57**	0.57**	0.38**	0.66**	0.66**	0.66**	0.66**	0.66**	0.66**	0.66**	0.66**	0.66**	0.66**
Father-mothe CS age	0.53**	0.56**	0.50**	0.49**	0.47**	0.64**	0.64**	0.64**	0.64**	0.64**	0.64**	0.64**	0.64**	0.64**	0.64**

Note. *. $p < .05$, **. $p < .01$

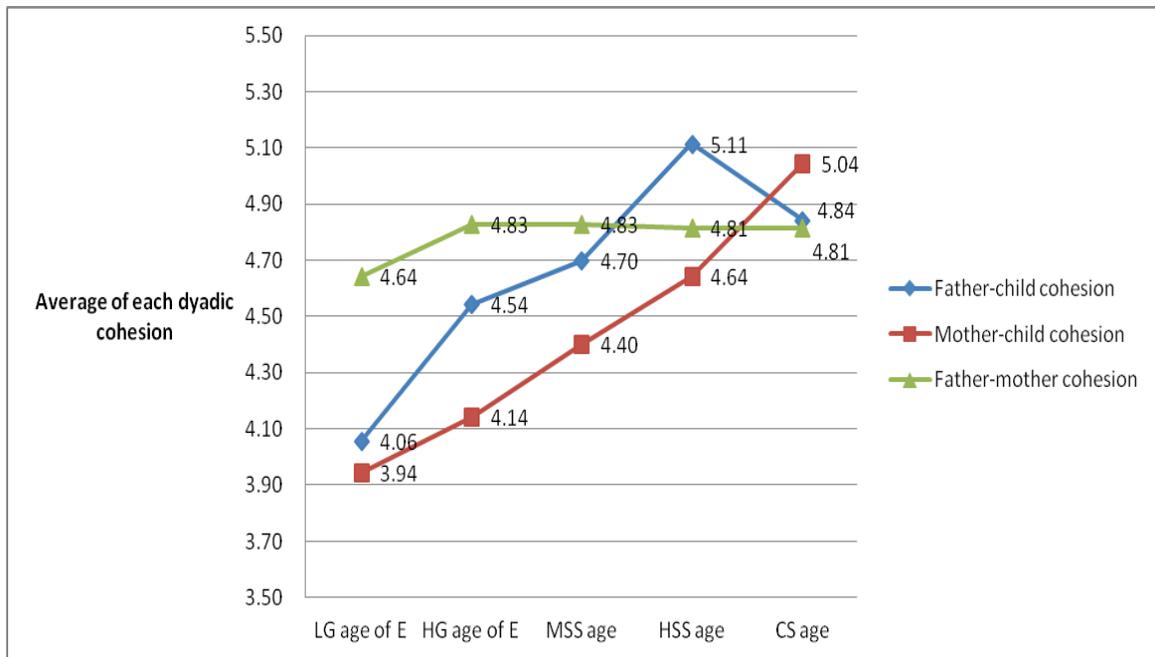


Figure 2. Average of each dyadic cohesion in male respondents ($N=70$)

the present day relationship indicates a relation to all periods and relationship. Furthermore the present day father-child relationship indicates a low relationship to the past mother-child relationship and high relationship with the present day mother-child and father-mother relationship. Present day mother-child relationship relates highly with the whole period/relationship. Present day father-mother relationship also relates to overall periods of father-child and mother-child relationship (Figure 2 and Table 2).

In women, the current father-child relationship did not indicate a strong association with time or relationship as a

whole, and it can be said to show an association with father-mother relationship close to the present day. The present day mother-child relationship relates to the whole of the time periods and relationships but what can be thought of as particularly important are the father-mother relationship in the initial period and father-child relationship in the lower primary school years ($r=.69$) and higher primary school years ($r=.64$). The present father-mother relationship relates to all periods and relationships (Figure 3 and Table 3).

Table 2. Correlation matrix of dyadic cohesion in male respondents (N=70)

	Father-child LG age of E	Father-child HG age of E	Father-child MSS age	Father-child HSS age	Father-child CS age	Mother-child LG age of E	Mother-child HG age of E	Mother-child MSS age	Mother-child HSS age	Mother-child CS age	Father-mother LG age of E	Father-mother HG age of E	Father-mother MSS age	Father-mother HSS age	Father-mother CS age
Father-child LG age of E	0.90**	0.30**	0.58**	0.46**	0.38**	0.67**	0.67**	0.45**	0.41**	0.40**	0.75**	0.75**	0.63**	0.62**	0.57**
Father-child HG age of E		0.90**	0.71**	0.60**	0.47**	0.68**	0.68**	0.50**	0.46**	0.42**	0.78**	0.80**	0.73**	0.68**	0.67**
Father-child MSS age			0.92**	0.92**	0.62**	0.37**	0.37**	0.47**	0.57**	0.47**	0.49**	0.63**	0.72**	0.68**	0.61**
Father-child HSS age				0.92**	0.69**	0.27*	0.27*	0.45**	0.61**	0.49**	0.44**	0.56**	0.67**	0.66**	0.55**
Father-child CS age					0.69**	0.11	0.11	0.33**	0.36**	0.60**	0.34**	0.48**	0.55**	0.50**	0.50**
Mother-child LG age of E						0.97**	0.97**	0.70**	0.56**	0.53**	0.77**	0.46**	0.41**	0.48**	0.48**
Mother-child HG age of E							0.97**	0.76**	0.61**	0.57**	0.80**	0.53**	0.48**	0.54**	0.54**
Mother-child MSS age								0.76**	0.61**	0.57**	0.58**	0.51**	0.51**	0.50**	0.50**
Mother-child HSS age									0.88**	0.72**	0.52**	0.50**	0.52**	0.48**	0.48**
Mother-child CS age										0.73**	0.51**	0.54**	0.58**	0.63**	0.63**
Father-mother LG age of E											0.91**	0.75**	0.70**	0.74**	0.74**
Father-mother HG age of E												0.89**	0.86**	0.83**	0.83**
Father-mother MSS age													0.95**	0.81**	0.81**
Father-mother HSS age														0.95**	0.84**
Father-mother CS age															0.84**

Note. *: $p < .05$, **: $p < .01$

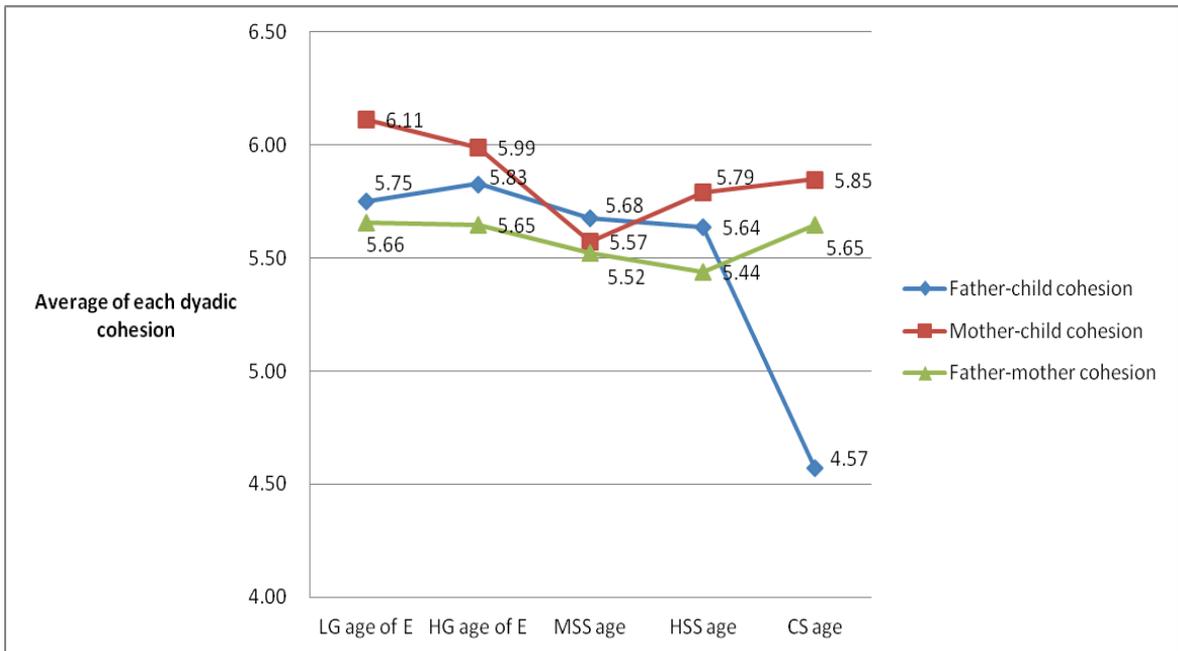


Figure 3. Average of each dyadic cohesion in female respondents (N=105)

Table 3. Correlation matrix of dyadic cohesion in female respondents (N=105)

	Father-child LG age of E	Father-child HG age of E	Father-child MSS age	Father-child HSS age	Father-child CS age	Mother-child LG age of E	Mother-child HG age of E	Mother-child MSS age	Mother-child HSS age	Mother-child CS age	Father-mother LG age of E	Father-mother HG age of E	Father-mother MSS age	Father-mother HSS age	Father-mother CS age
Father-child LG age of E		0.94**	0.70**	0.53**	0.22*	0.80**	0.77**	0.71**	0.75**	0.69**	0.78**	0.72**	0.59**	0.52**	0.49**
Father-child HG age of E	0.94**		0.80**	0.63**	0.32**	0.75**	0.75**	0.71**	0.71**	0.64**	0.74**	0.70**	0.61**	0.56**	0.49**
Father-child MSS age	0.70**	0.80**		0.85**	0.49**	0.49**	0.52**	0.52**	0.50**	0.38**	0.52**	0.52**	0.52**	0.51**	0.42**
Father-child HSS age	0.53**	0.63**	0.85**		0.68**	0.38**	0.39**	0.39**	0.38**	0.27**	0.42**	0.42**	0.47**	0.51**	0.45**
Father-child CS age	0.22*	0.32**	0.49**	0.68**		0.09	0.11	0.14	0.13	0.16	0.17	0.15	0.22*	0.29**	0.29**
Mother-child LG age of E	0.80**	0.75**	0.49**	0.38**	0.09		0.97**	0.86**	0.87**	0.83**	0.67**	0.59**	0.45**	0.39**	0.43**
Mother-child HG age of E	0.77**	0.75**	0.52**	0.39**	0.11	0.97**		0.90**	0.88**	0.84**	0.65**	0.59**	0.46**	0.41**	0.44**
Mother-child MSS age	0.71**	0.71**	0.52**	0.39**	0.14	0.86**	0.90**		0.90**	0.82**	0.56**	0.53**	0.46**	0.39**	0.42**
Mother-child HSS age	0.75**	0.71**	0.50**	0.38**	0.13	0.87**	0.88**	0.90**		0.92**	0.55**	0.50**	0.46**	0.40**	0.42**
Mother-child CS age	0.69**	0.64**	0.38**	0.27**	0.16	0.83**	0.84**	0.82**	0.92**		0.52**	0.47**	0.40**	0.35**	0.39**
Father-mother LG age of E	0.78**	0.74**	0.52**	0.42**	0.17	0.67**	0.65**	0.56**	0.55**	0.52**		0.94**	0.77**	0.63**	0.57**
Father-mother HG age of E	0.72**	0.70**	0.52**	0.42**	0.15	0.59**	0.59**	0.50**	0.50**	0.47**	0.94**		0.86**	0.70**	0.62**
Father-mother MSS age	0.59**	0.61**	0.52**	0.47**	0.22*	0.45**	0.46**	0.46**	0.46**	0.40**	0.77**	0.86**		0.90**	0.79**
Father-mother HSS age	0.52**	0.56**	0.51**	0.51**	0.29**	0.39**	0.41**	0.39**	0.39**	0.30**	0.63**	0.90**	0.90**		0.82**
Father-mother CS age	0.49**	0.49**	0.42**	0.45**	0.29**	0.43**	0.44**	0.42**	0.42**	0.39**	0.57**	0.79**	0.82**	0.82**	

Note. *.p<.05, **.p<.01

Association between current SDS score and the family relationship utilizing FRHG (48 women, 52 men, total 100)

The results are shown in Table 4-8.

The association between current SDS score and family relationship utilizing FRHG was considered. Moreover classifications were made into the high group, middle group and low group based on the SDS score and correlation analysis with the FRHG relationship score was conducted. As a result association was seen with FRHG relationship score only in the SDS high group.

Firstly, in the SDS high group (all target population) a significant link was shown between the present day SDS score and father-mother relationship during junior and

senior high school periods.

Next, although there are fewer participants, among the men, a significant link was seen between present day SDS score and father-child relationship during the later years of primary school.

Moreover, the present SDS score and father-mother relationship during senior high school period showed a significant association.

Next, among the females, there was a significant association between the present SDS score and father-child relationship during senior high school period.

Moreover the present day SDS score and father-mother relationship at junior high school period showed a significant association.

Table 4. Correlation coefficient between father-mother cohesion in each age and SDS points at present (high SDS participants : $N=11$).

	LG age of E	HG age of E	MSS age	HSS age	CS age
SDS	-0.36	-0.54	-0.78**	-0.78**	-0.56

Note. *: $p < .05$, **: $p < .01$

Table 5. Correlation coefficient between father-child cohesion in each age and SDS points at present (high SDS male participants : $N=5$).

	LG age of E	HG age of E	MSS age	HSS age	CS age
SDS	-0.67	-0.91*	-0.55	-0.87	-0.10

Note. *: $p < .05$, **: $p < .01$

Table 6. Correlation coefficient between father-mother cohesion in each age and SDS points at present (high SDS male participants : $N=5$).

	LG age of E	HG age of E	MSS age	HSS age	CS age
SDS	-0.29	-0.57	-0.84	-0.91*	-0.81

Note. *. $p < .05$, **. $p < .01$

Table 7. Correlation coefficient between father-child cohesion in each age and SDS points at present (high SDS female participants : $N=6$).

	LG age of E	HG age of E	MSS age	HSS age	CS age
SDS	0.22	0.09	-0.75	-0.82*	-0.63

Note. *. $p < .05$, **. $p < .01$

Table 8. Correlation coefficient between father-mother cohesion in each age and SDS points at present (high SDS female participants : $N=6$).

	LG age of E	HG age of E	MSS age	HSS age	CS age
SDS	-0.42	-0.50	-0.82*	-0.78	-0.42

Note. *. $p < .05$, **. $p < .01$

Association between current SDS score and the variability of family relationship utilizing FRHG (48 women, 52 men, total 100)

Next, the relationship between the variability of family relationships and the current SDS score was investigated. The results are shown in Table 9-10. The variability of family relationships was calculated, as per Usami et al. (2011), as (the score at each point) – (score immediately prior). The results are as below.

Significant relationship was seen only among

the men. The decline of father-mother relationship from the senior high school period to the present day showed a weak association to the present day SDS score. Furthermore, although not significant, the decline of the mother-child relationship from primary school lower years to higher years show the relation of $r=-.24$ in men and $r=-.22$ in women. In future it is desired that a similar analysis be conducted with additional data supplemented.

Table 9. Correlations between variability of dyadic cohesion and SDS in male respondents (N=51).

	Variability of father- child cohesion (LG age of E to HG age of E)	Variability of father- child cohesion (HG age of E to MSS age)	Variability of father- child cohesion (HSS age to CS age)	Variability of father- child cohesion (LG age of E to HG age of E)	Variability of mother- child cohesion (LG age of E to HG age of E)	Variability of mother- child cohesion (HG age of E to MSS age)	Variability of mother- child cohesion (HSS age to CS age)	Variability of father- mother cohesion (LG age of E to HG age of E)	Variability of father- mother cohesion (HG age of E to MSS age)	Variability of father- mother cohesion (MSS age to HSS age)	Variability of father- mother cohesion (HSS age to CS age)
SDS	0.12	0.03	-0.11	-0.24	0.07	0.11	-0.11	-0.12	0.08	-0.08	-0.30*

Note. *: $p < .05$, **: $p < .01$

Table 10. Correlations between variability of dyadic cohesion and SDS in female respondents (N=49)

	Variability of father- child cohesion (LG age of E to HG age of E)	Variability of father- child cohesion (HG age of E to MSS age)	Variability of father- child cohesion (HSS age to CS age)	Variability of mother- child cohesion (LG age of E to HG age of E)	Variability of mother- child cohesion (HG age of E to MSS age)	Variability of mother- child cohesion (HSS age to CS age)	Variability of father- mother cohesion (LG age of E to HG age of E)	Variability of father- mother cohesion (HG age of E to MSS age)	Variability of father- mother cohesion (MSS age to HSS age)	Variability of father- mother cohesion (HSS age to CS age)
SDS	0.08	0.17	-0.04	-0.22	0.09	-0.08	0.06	-0.09	-0.11	-0.02

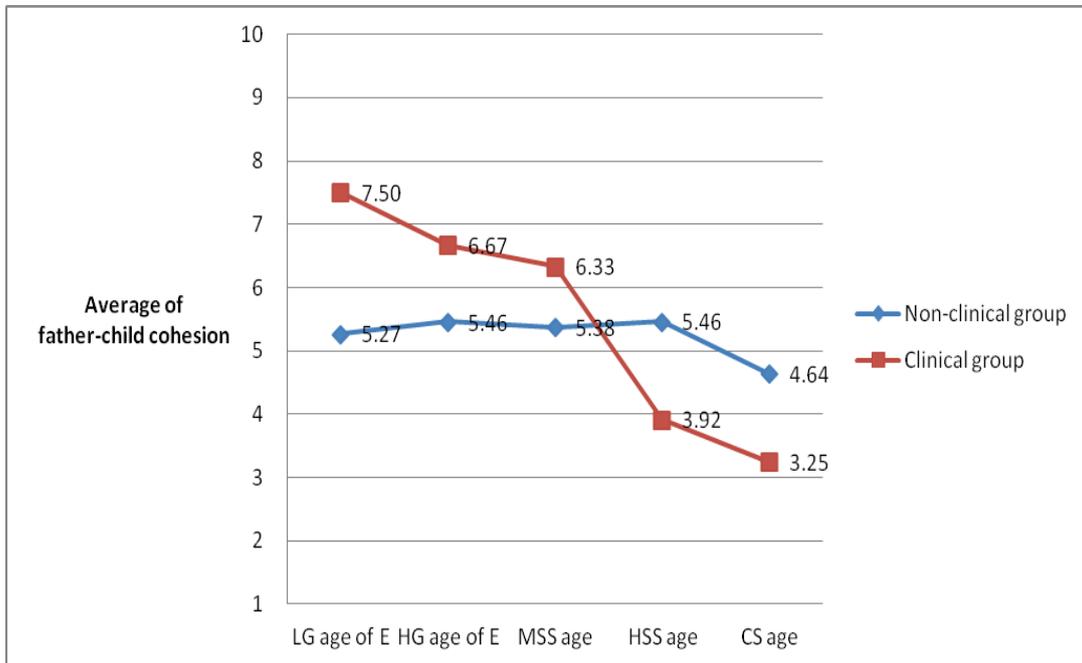


Figure 4. Average of father-child cohesion in clinical and non clinical groups.

Comparison between clinical group and non-clinical group (general group) of family relationship transition using FRHG (data contains 6 women, 3 men, total 9 people)

This is a comparison between the clinical group and non-clinical group (general group) of the transitions of the family relationship utilizing FRHG. The breakdown of the targeted population is: school truancy 7, depression 1, relationship with family 1. The results are shown in Table 11-19 and Figure 4-6.

In the clinical group relative to the non-clinical group, father-child relationships

were acknowledged to decline because of occurrence of issues or else to decrease or have decreased by beyond the senior high school period.

Mother-child relationship is lower or perceived to be lower on the whole in the clinical group compared with the non-clinical group.

Father-mother relationship also drastically declines or is perceived to decline from the occurrence of issues or over the time period from senior high school to the present day.

Table 11. Average of father-child cohesion in clinical and non clinical groups.

	LG age of E	HG age of E	MSS age	HSS age	CS age
Non-clinical group	5.27	5.46	5.38	5.46	4.64
Clinical group	7.50	6.67	6.33	3.92	3.25

Table 12. Standard deviation of father-child cohesion in clinical and non clinical groups.

	LG age of E	HG age of E	MSS age	HSS age	CS age
Non-clinical group	3.31	2.99	2.66	2.78	2.81
Clinical group	2.48	2.86	2.75	0.92	0.66

Table 13. Number of respondents on each time points.

	LG age of E	HG age of E	MSS age	HSS age	CS age
Non-clinical group	185	185	183	183	181
Clinical group	8	8	8	4	3

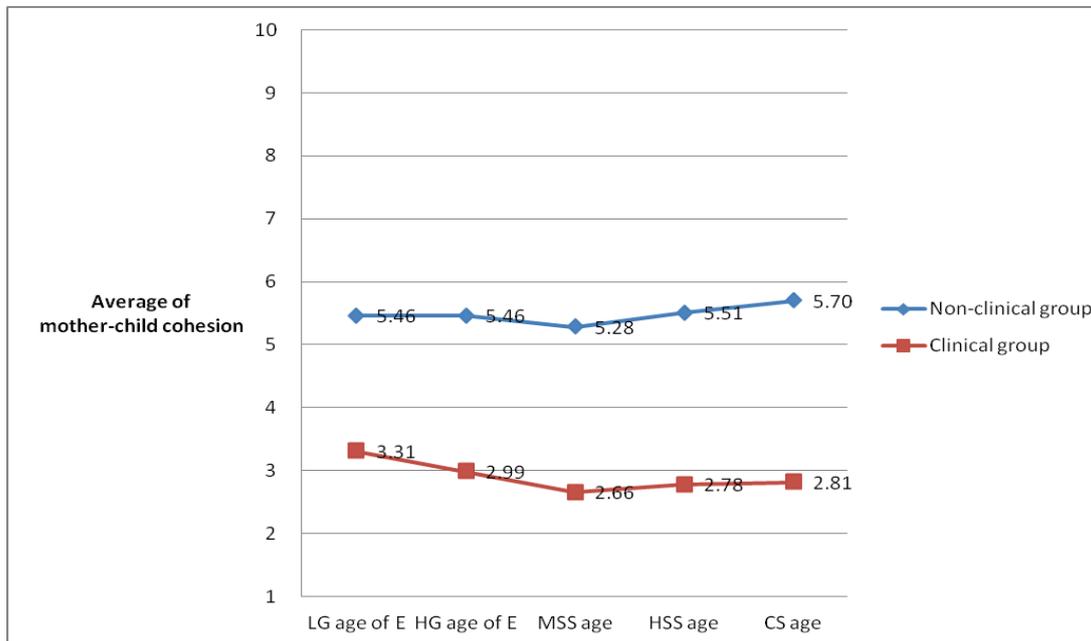


Figure 5. Average of mother-child cohesion in clinical and non clinical groups.

Table 14. Average of mother-child cohesion in clinical and non clinical groups.

	LG age of E	HG age of E	MSS age	HSS age	CS age
Non-clinical group	5.46	5.46	5.28	5.51	5.70
Clinical group	8.48	7.89	7.04	6.00	4.88

Table 15. Standard deviation of mother-child cohesion in clinical and non clinical groups.

	LG age of E	HG age of E	MSS age	HSS age	CS age
Non-clinical group	3.74	3.44	3.14	3.26	3.40
Clinical group	1.54	1.99	1.94	1.78	3.18

Table 16. Number of respondents on each time points.

	LG age of E	HG age of E	MSS age	HSS age	CS age
Non-clinical group	185	185	184	184	184
Clinical group	9	9	9	5	5

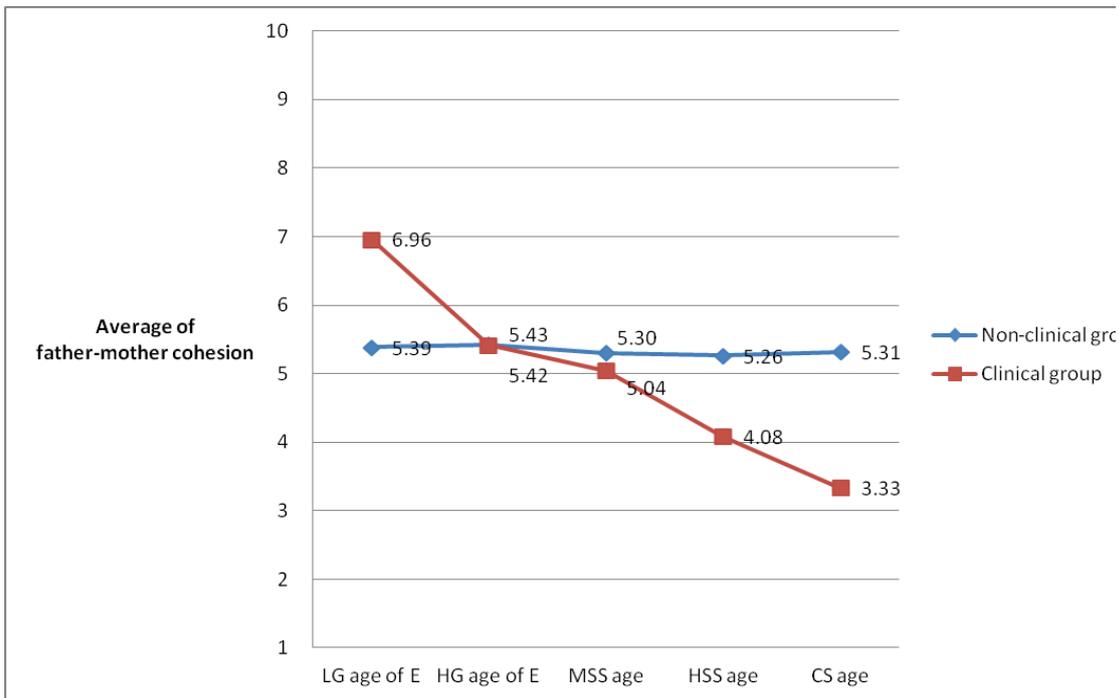


Figure 6. Average of father-mother cohesion in clinical and non clinical groups.

Table 17. Average of father-mother cohesion in clinical and non clinical groups.

	LG age of E	HG age of E	MSS age	HSS age	CS age
Non-clinical group	5.39	5.43	5.30	5.26	5.31
Clinical group	6.96	5.42	5.04	4.08	3.33

Table 18. Standard deviation of father-mother cohesion in clinical and non clinical groups.

	LG age of E	HG age of E	MSS age	HSS age	CS age
Non-clinical group	3.22	3.04	2.78	2.79	3.02
Clinical group	2.70	3.28	3.08	2.91	2.08

Table 19. Number of respondents on each time points.

	LG age of E	HG age of E	MSS age	HSS age	CS age
Non-clinical group	181	181	178	178	175
Clinical group	8	8	8	4	3

Discussion

This research is a challenging research utilizing FRHG which is a method capturing the cumulative family relationships from the past to the present day. In it the following four points were considered.

First is two-person relationship and time period associated with the current relationship and the transition of family relationships utilizing FRHG.

Second is association between current SDS score and the family relationship utilizing FRHG.

Third is association between current SDS score and the variability of family relationship utilizing FRHG.

Fourth is comparison between clinical group and non-clinical group (general group) of family relationship transition utilizing FRHG.

This report indicates a method approaching a clinical research utilizing FRHG, and the results actually shown here are not complete. It is of utmost importance to present the method of use of FRHG and the methodology of the research. Moreover the development of FRHG allows the family system to be captured from the cumulative family relationships. The family system theory tends to reserve the time concept including the past and the present, and there was a strong tendency to understand the family system based on synchronic family relationships. FRHG is also applied in researches of self-decisions and family caregiving of the elderly (for example Hiraizumi et al., 2011; Wakashima et al., 2011b).

In this review the following has been understood. Firstly, as far as first point is concerned, the fact that it is the period immediately prior to or else a different 2-party relationship at present day which relates most with the present day 2-party relationship is similar to Wakashima et al. (2011) and Usami et al. (2011), but if the associations were studied in considering these several characteristics were observed. For example, in men, the father-child relationship relates to a different present dyad relationship, and in the case of women, the father-child relationship has a moderate relationship with father-mother relationship in the time period close to the present. Moreover in the case of mother-child relationship, on the one hand among men there is an association as a whole to other two-party relationships and each time period, among women there is association with father-mother relationship in the initial period or father-child relationship in the lower • higher primary school years, hence, showing a difference in the cumulative family relationships among men and women or else a difference in its perception.

Next in second point, the association between FRHG and SDS was considered. For this the SDS scores were divided into the high group • middle group • low group and the correlation of each with FRHG were analyzed. As a result, an association with FRHG was seen only in the SDS high group. For example, a significant association was shown, in men, with the father-child relationship in the higher primary school years, and in women, with the

father-child relationship in the senior high school period and father-mother relationship in the junior high school period. The association between the variability of third point and SDS score was also shown. Among men, the decline of father-mother relationship from senior high school period to the present day showed a weak association with the present day SDS score. Moreover, although this was not significant, the decline of mother-child relationship from lower primary school years to higher years showed an association in men of $r=-.24$ and in women of $r=-.22$.

Above results may not be direct associations. However it suggests re-examination with an increased sample size and using another appropriate measure other than SDS.

Furthermore in fourth point, it was understood that in the clinical group general historical family relationships as considered in first analysis was not drawn and instead quite a severe family relationships can be illustrated. The sample size is small and there are differences in the target population viewpoints so conclusions cannot be drawn but questions can be raised. We suppose any of the following. Is the family relationship constructed as a result of a problem arising, or else should family relationship be perceived negatively. Else there is the supposition family relationship is constructed such that it attracts problems or generates them. Aoki (2007) conducts interview surveys on the association among family members as well as the understanding of truancy by three types of family members (child/mother/father) experiencing truancy

from the point of view of life history. Here avoidance consciousness from the mother to the father is seen with the background of mistrust, reticence and avoidance behaviour of the father with work as a reason and increase in the required care by the mother for the truanting child. Hence there are reports that truancy understanding and reinterpretation may make the father late to come on board and results in them not participating in new family strategies. The clever point with Aoki(2007)'s research is that family relationship is not considered as the cause of the problem of truancy but instead researches from the point of view of how family is involved in the problem of truancy. This will no doubt ease the interpretation of the aforementioned optional supposition.

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Comparative Study on Adolescents' Response to Parents' Marital Conflict in Japan and China

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ABSTRACT. The Adolescents' Response to Parents' Marital Conflict Scale was developed and administered to 602 high-school students in the 1st, 2nd, and 3rd grade in order to examine its constructs and internal consistency. A multiple-group confirmatory factor analysis showed that the scale had a common structure across the Japanese and Chinese samples. To some extent, the internal consistency of the Adolescents' Response to Parents' Marital Conflict Scale was confirmed. When encountering a parents' marital conflict, women scored higher than men on "depression/anxiety," "irritation/anger," and "interventional behavior" in both countries. Moreover, 3rd grade (high-school) students scored higher on "parents' conflict resolution" than 1st and 2nd grade students in both countries. There were some differences between the two countries in the adolescents' response: Japanese adolescents scored high on "coping efficacy toward self," and "avoidance behavior," and Chinese adolescents scored high on "parents' conflict resolution," "depression/anxiety," "irritation/anger," and "interventional behavior." The differences of adolescents' response between the two countries were discussed from the perspective of cross-cultural psychology.

KEY WORDS: *Adolescents' Response to Parents' Marital Conflict Scale, Chinese adolescents, Japanese adolescent.*

Introduction

Researches on young adolescents have indicated the association between parents' marital conflicts and internalizing problems (Amato & Afifi, 2006; Davis & Windle, 2001). The cognitive-contextual framework proposed by Grych and Fincham (1990), and the emotional security hypothesis proposed by Davis and Cummings (1994) have drawn attention for interpreting the association between parents' marital conflicts and

children's psychological adjustment. Grych and Fincham (1993) focused on the framework of children's cognition of parents' marital conflicts, claiming that the cognition of the "conflict properties," "threat," and "self-blame" is the intermediary mechanism that underlies the association between children's internalizing and externalizing problems and parents' marital conflicts. Davis and Cummings (1994) have proposed an intermediary mechanism in which children's psychological adjustment is influenced by parents' marital conflicts through the threats on that child's or the family's emotional security. Davis and Cummings examined the association between parents' marital conflicts and children's internalizing and externalizing problems by estimating

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emotional response and interventional/avoidance behavior toward parents' marital conflicts as the indexes of emotional security. However, Turner and Barret (1998) have claimed that both the emotional security hypothesis and the cognitive-contextual framework are important in the process of explaining children's adjustment, indicating that both children's cognition of parents' marital conflicts and emotional security toward their parents have a unique impact on children's adjustment. This suggests that it is important to consider not only cognitive response but also emotional and behavioral responses of children.

A number of studies related to the influence of parents' marital conflicts on children's adjustment have been conducted in the Western countries, while the number of empirical research on this area has been limited in Japan and China. (Yamamoto & Ito, 2012; Chi, 2008). The existing scales for examining children's perspective on parents' marital conflicts have been established mainly for the context of the Western population. Thus they have not been

standardized based on the Japanese and Chinese social systems and cultural backgrounds.

This study aimed to develop a scale to investigate adolescents' response toward parents' marital conflict and to examine its constructs, and internal consistency in Japan and China. Upon verifying the homogeneity of the data and the constructs of the scale, an international comparison was made by weighing the subscale scores of the adolescents' response to parents' marital conflict in Japan and in China.

Methods

Procedures

A questionnaire survey was conducted separately in September 2012 and November 2012 at a private high school located in the Tohoku District of Japan and at a public high school located in Northern China. 602 high-school students in the 1st, 2nd, and 3rd grade participated in this study. The participants without parents (including those with single parents), those with 5 or more

Table.1 sample description

	Japan				China			
	grade							
	1st	2nd	3rd	sum	1st	2nd	3rd	sum
gender								
male	29	32	50	111	18	80	19	117
female	43	53	44	140	30	95	23	148
missing	0	0	0	0	2	9	0	11
sum	72	85	94	251	50	184	42	276

missing items in their responses, or those marked "I could not imagine at all" on the check item involving scene imagination were removed from the analysis. The total number of valid responses were 527 (251 Japanese and 276 Chinese) (Table 1). The average age of the participants was 16.73 ($SD = 0.82$).

Measures

A Chinese version of the Adolescents' Response to Parents' Marital Conflict Scale was first created, which was later translated in to Japanese version. The author independently performed the basic translation, and then requested three Chinese students majoring in Psychology to perform a back-translation. Afterwards, the scale was revised for fluency, based on the opinions of Japanese graduate students majoring in Psychology.

Face sheet

Participants were asked to fill up the basic demographics (gender, age, and grade-level) of themselves and their family members.

Adolescents' Response to Parents' Marital Conflict Scale

Participants were asked to imagine the described parents' marital conflict situation it would as actually be happening in their family and provide answers for the Adolescents' Response to Parents' Marital Conflict Scale. In the current research, we focused on the parents' marital conflict situation caused by household chaos. Items related to cognitive response: according to the CPIC (Children's Perception of Interparental Conflict Scale) by Grych et al. (1992), and other previous studies (Chi, 2008), three constructs for "parental factors" and three

constructs for "child factors" were proposed, and a total of 24 items were developed. Items related to emotional response: referring to previous studies on psychological stress responses of high school students (Sakano et al., 1994; Zheng, 2001), two constructs, "irritation/anger" and "depression/anxiety" were proposed, and a total of 10 items were created. Items related to behavioral response: referring to previous studies on children's coping strategies and parents' marital conflicts (Grych et al., 1993; Cummings et al., 1994; Xiao & Li, 2010), it was hypothesized two constructs for "interventional behavior" and "avoidance behavior," and developed 11 items. Check items: 4 items were assumed, including the item asking how well the participant was able to imagine the described scene. These items were evaluated on a 4-point scale.

Results

Exploratory factor analysis by country

After confirming the floor and ceiling effects, an exploratory factor analysis using the principal factor method and promax rotation was performed on the Japanese and Chinese responses. The results displayed similarity in factor structure but a difference in item structure between Japanese and Chinese participants. In both samples, two factors for cognitive response involving "parental factors" ("threat about parents" and "parents' conflict resolution"), two factors for cognitive response involving "child factors" ("threat about oneself" and "coping efficacy toward self"), two factors for emotional response ("irritation/anger" and

“depression/anxiety”), and two factors for behavioral response (“interventional behavior” and “avoidance behavior”) were extracted. The internal consistency of the subscales was $\alpha = .54-.89$. While the “coping efficacy toward self” among cognitive response involving “child factors” was relatively low in Chinese sample ($\alpha = .54$), others showed .62 or higher.

Exploratory factor analysis using all data

The Japanese and Chinese data were combined, confirming the floor and ceiling effects, an exploratory analysis using the principal factor method and promax rotation was performed. The results displayed similar factor structure with the results of the exploratory factor analysis conducted by country, but showed a difference in item structure. The internal consistency of the subscales was $\alpha = .59-.85$ using the combined data. While the “coping efficacy toward self” among cognitive response involving “child factors” was relatively low ($\alpha = .59$), others showed .73 or higher. The scale was created based on both the results from the exploratory factor analysis by country and from the combined data, while taking the content of each factor and the items into consideration. The

scale employed 33 items including: 31 items that were common among the Japanese, Chinese, and the combined data; one item that was common among the Japanese and the combined data; and one item that was common among the Chinese and the combined data.

Examining the factor structure and the internal consistency

A confirmatory factor analysis was performed to examine the homogeneity of the Japanese and Chinese samples for the Adolescents’ Response to Parents’ Marital Conflict Scale. First, the data was analyzed by country. The results are shown in Table 2. From these results, it was indicated that the compatibilities of the model with the data were reasonable among all of the subscales. The models did not fit the data well with the Japanese data, yet the study proceeded to examine the factorial invariance.

Next, in order to examine the factorial invariance, a multiple-group confirmatory factor analysis was conducted, and the following three models were compared and examined; the pattern invariant model (model 0), the measurement invariant model (model 1), and the strong factorial invariant model (model

Table.2 The results of confirmatory factor analysis by country

	Japan			China		
	GFI	AGFI	RMSEA	GFI	AGFI	RMSEA
Cognitive response(parental)	.92	.87	.10	.96	.93	.06
Cognitive response(child)	.90	.83	.11	.95	.92	.07
Emotional response	.96	.91	.09	.96	.91	.09
Behavioral response	.90	.81	.13	.96	.93	.06

2). The results are shown in Table 3. The results suggested a high possibility that both populations from Japan and China had the same factor structure for Adolescents' Response to Parents' Marital Conflict.

The RMSEA values of confirmatory factor analysis by country and multiple-group confirmatory factor analysis were relatively high. Theoretically, there is a close fit if the RMSEA is less than 0.05, whereas a value of RMSEA greater than 0.1 indicates a poor fit. An RMSEA in the range of 0.05 to 0.1 is considered an indication of fair fit. Although the model was preferentially selected according to the author's assumption in this study, it is expected that stable results can be obtained as data increase in further research.

The internal consistency of the subscales was $\alpha = .59-.86$. While the "coping efficacy toward self" among cognitive response involving "child factors" was relatively low ($\alpha = .59$), others showed .70 or higher. Therefore, to some extent the reliability of the Adolescents' Response to Parents' Marital Conflict Scale was confirmed.

Comparing Japanese and Chinese scores

A three-way factorial ANOVA of "country," "gender," and "grade-level" ($2 \times 2 \times 3$) was performed on the 8 subscale responses from the Japanese and Chinese participants.

The main effect of "country" was significant in a total of six factors; "parents' conflict resolution", $F_{(1,504)} = 55.24, p < .001$; "coping efficacy toward self", $F_{(1,504)} = 28.12, p < .001$; "depression/anxiety", $F_{(1,504)} = 28.72, p < .001$; "irritation/anger", $F_{(1,504)} = 3.91, p < .05$; "interventional behavior", $F_{(1,504)} = 236.84, p < .001$; and "avoidance behavior", $F_{(1,504)} = 164.06, p < .001$. Japanese adolescents scored high on "coping efficacy toward self," and "avoidance behavior," and Chinese adolescents scored high on "parents' conflict resolution," "depression/anxiety," "irritation/anger," and "interventional behavior."

There was main effect of "gender" on "depression/anxiety", $F_{(1,504)} = 8.12, p < .01$; "irritation/anger", $F_{(1,504)} = 7.83, p < .01$; and "interventional behavior", $F_{(1,504)} = 4.98, p < .05$. Women scored higher on "interventional behavior" in both countries.

Table.3 The results of multiple-group confirmatory factor analysis

	model	GFI	AGFI	RMSEA	AIC	BCC
Cognitive response (parental)	model 0	.94	.90	.06	212.81	215.83
	model 1	.93	.90	.06	219.02	221.48
	model 2	.90	.90	.06	217.09	219.47
Cognitive response (child)	model 0	.93	.88	.07	246.58	249.60
	model 1	.93	.89	.06	236.46	238.92
	model 2	.92	.89	.06	241.83	244.21
Emotional response	model 0	.96	.91	.06	140.68	142.57
	model 1	.95	.91	.06	138.08	139.65
	model 2	.95	.92	.06	136.61	138.13
Behavioral response	model 0	.93	.87	.07	207.16	219.96
	model 1	.92	.87	.07	219.74	221.73
	model 2	.92	.88	.07	218.04	219.96

“depression/anxiety,” “irritation/anger,” and

The main effect of “grade-level” was found only in “parents’ conflict resolution”, $F_{(2,504)} = 5.20$, $p < .01$). The score of the 3rd grade students was significantly higher than that of the 1st grade and the 2nd grade students. No significant differences were found between 2nd grade students and 1st grade students.

The interaction between “country” and “grade-level” was only significant on “depression/anxiety”, $F_{(2,504)} = 4.35$, $p < .05$. Chinese adolescents in the 1st and 2nd grade scored higher than Japanese adolescents of the same grade-level, but there was no significant difference between 3rd grade Japanese and Chinese adolescents.

Discussions

The results of this study showed several commonalities between Japanese and Chinese adolescences. Firstly, for the populations of both countries, the measurement invariance of the constructive concept of Adolescents’ Response to Parents’ Marital Conflict were confirmed, suggesting the high possibility of having the same factor structure. In other words, “Adolescents’ Response to Parents’ Marital Conflict” is a relatively stable construct in Japan and China. Secondly, when facing parents’ marital conflict, women, in both countries, are more likely to show stronger emotional response such as depression, anxiety, irritation, and anger, and are more likely to intervene with the conflict scene than men. Moreover, 3rd grade (high-school) students, in both countries, are more likely to predict the

parents’ marital conflict to end in reconciliation, than 1st and 2nd grade students. This result indicates a certain pattern of Adolescents’ Response to Parents’ Marital Conflict associated with the differences in sex and a developmental stage, regardless of the cultural differences.

Furthermore, the assessment suggested several differences in the response of Japanese and Chinese adolescences. When facing parents’ marital conflict, Japanese adolescents were more likely to feel that they could stay calm and to avoid conflict scene than Chinese adolescents. On the other hand, Chinese adolescents showed stronger emotional response and were found to be more likely to intervene with the conflict scene than Japanese adolescents, even if their parents’ conflict was predicted to eventually reconcile. According to the psychological stress model, Chinese adolescents might be more sensitive to perceiving parents’ marital conflict as a stress factor than Japanese adolescents. Many couples have been trying to maintain their relationship for the sake of their children’s growth in a complete family since China launched the one-child policy. However, it results in more frequent exposure of children in parents’ marital conflicts. Chinese adolescents are more likely to take responsibility for solving their parents’ conflicts, for they view that their parents are staying together only for their sake. While in Japan, parents’ marital conflicts are usually considered as the problems between couples in which children are not involved too much. Presumably, there are differences

between the two countries in adolescents' coping strategies of parents' marital conflicts, based on cultural factors. There have been other research, as well, asserting that the selections on 'conflict resolution strategies' are pertinent to cultural values (Ting-Toomey, 1994). Although both Japan and China are regarded as collective culture, as with the coping strategies in conflict situation, Chinese adolescents are more likely to intervene in their parents' marital conflicts which are more like to occur in individualistic culture.

By shedding light on the characteristics of adolescents in Japan and China, this study provides additional clues as to how to protect adolescents from parents' marital conflicts.

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Collaboration in the Time of Graduation

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KEY WORDS: Collaboration, Graduation, Non-attendance at school

Problem

The client was male sixth-grader who started missing school when he was in fourth grade. He rarely missed the school completely, but arrived late or left early depending on his health condition (fatigue) and class. He was able to spend 3-4 hours every day at school. He could also participate school events such as study camp. To support him, teachers and I (school counselor: SC) had discussed what could be done for him to grow before his graduation and entering junior high school.

Characteristics of the client

The client tried to work on whatever seriously. When he felt “hard” or “cannot do well” whatever, he told his mother so or cried. Every time this occurred, his mother contacted school. He was unable to answer back when being spoken to harshly and he was suffering from it. His mother was making efforts to solve the problem with him. When psychological

insecurity persisted, his mother brought him to his pediatrician (our school doctor) and he trusted this doctor. His study was in retard, and he showed signs of immaturity such as his interest in animation for younger kids.

His family was of six people; father, mother, himself, younger brother (fourth grader) and his grand parents.

Supporting measures

So far, measures taken had focused on improving his everyday life experience. His learning and preliminary study for school events were not conducted as scheduled because he could not stay school over certain hours and he left when he felt tired. As the situation had not changed after he went on to sixth grade, the following two pillars of measures were established: improving the quality of everyday life and preparing for graduation/entering junior high school.

Regarding the preparation, teachers and I especially confirmed with him and his parent about the necessity of support towards graduation, considering that he was the first child in their family. Hereafter I report focusing on the point.

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A Meeting at June, X.

At the time of meeting held in June, plan towards graduation was shared among his parents, school doctor, class teacher, and nursing teacher. His family and the teachers asked the school doctor to be present. External organizations (medical or study support, SC) were also discussed.

Continuing support

As a part of continued efforts made from a meeting in June until graduation, consultation with family doctor (school doctor) and information-sharing session with school were held several times.

Moreover, teachers and SC of junior high school has discussed the client's transition from elementary to junior high school.

In addition, vice-principal and nursing teacher answered questions from his parents directly or on the phone about what has not been cleared in the discussion with the class teacher.

A Meeting at January, X+1

In January of the next year, his parents, class teacher, vice-principal and nursing teacher participated in consultation meeting. They shared and confirmed information on tasks and schedules towards graduation, and the aim to improve the rest of the school life.

Change

No major change occurred until around September. His class teacher suggested him to convey his feelings ("hard, do not like it") with his words. The teacher and classmates supported his independence by accepting such

words. As a result, he started to converse more often with his teacher and within the class.

Furthermore, he could complete his tasks for graduation writings with the help of the teacher and classmates.

Moreover, he started participating event preparation and discussion although he attended school only partially.

Finally, His parents wished to have meeting with SC in December, X, and started monthly meeting (from December, X to March, X+1). They visited SC and received explanation.

Discussion

By discussing graduation of A, who had been missing the school for a long period of time, at an earlier stage helped to share an important goal of "graduation" between those who were concerned. This attenuated family's anxiety and allowed them to proceed step by step.

The linkage of supports within (class teacher, school executives, nursing teacher) and outside (school doctor, junior high school adviser, junior high school SC) of the school was considered to have contributed to a natural transition between elementary and junior high school.

After the entrance of junior high school, he did not miss the school but attended the class selectively.

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